



Core Standards Policy Manual

95B Station Street Penrith NSW

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Aboriginal and Torres Strait Islander People Policy and Procedures

PURPOSE AND SCOPE

- Phil Terry Health Care Services wishes to recognise the Traditional Owners of the land and the Aboriginal communities served by the service.
- Phil Terry Health Care Services to provide services and supports that meet the needs of Aboriginal and Torres Strait Islander people.
- To work with the local Aboriginal and/or Torres Strait Islander people.
- Phil Terry Health Care Services to ensure staff are trained in culturally appropriate actions and requirements.

POLICY

It is the policy of Phil Terry Health Care Services to create a safe and welcoming environment for all people. This is to ensure that individuals have the right to engage with their Aboriginal and Torres Strait Islander community members and to access for support as required. Staff are to work with Aboriginal and Torres Strait Islander community members to support participants in their support plans and activities.

PROCEDURE

- Phil Terry Health Care Services will ensure that resources and symbols are responsive to indigenous needs. This may include brochures, websites and images in the environment.
- Phil Terry Health Care Services will display a Statement of Traditional Owners.
- All participants who access the services will be asked if they identify and have an Aboriginal and Torres Strait Islander background.
- Contacting and maintaining networks with local Aboriginal and Torres Strait Islander communities.

- Working with community linkages for the benefit and support of the participant.
- Contacting the participant's family, extended family and community.
- Establishing communication processes for maintaining individual's indigenous supports.
- Work with other services in a coordinated manner to ensure services for participants.
- Planning will include actions that promote cultural safety and connectedness and respect the cultural and spiritual identity of Aboriginal and Torres Strait Islanders.
- Participants and staff will be encouraged to actively participate in community events, collaborative service provision, referrals, consortia involvement and memorandums of understanding.
- Phil Terry Health Care Services is to research and contact local communities to determine any upcoming events so participants can participate in any cultural, sporting or community events. Director is to ensure that this information is shared amongst staff to allow for preparation of participants to attend these activities.

Phil Terry Health Care Services will ensure support for Aboriginal people to access Aboriginal services, supports and local Aboriginal people.

All files of participants who identify as Aboriginal and Torres Strait Islander will be reviewed including:

- Service access and support strategies for Aboriginal people.
- Service involvement/links with the Aboriginal community and Aboriginal services, as relevant.
- Individual and support management plans for alignment with documented processes. For example, inclusion of Aboriginal cultural needs, and
- Feedback from Aboriginal and Torres Strait Islander people and Aboriginal and non-Aboriginal carers related to the cultural competence of the services provided to Aboriginal and Torres Strait Islander people.

Staff and Volunteer Training

Phil Terry Health Care Services will train all staff and volunteers to ensure staff are aware of strategies for cultural competence in Aboriginal or Torres Strait Islander cultural identity. The aim of this training is to increase access to the service by Aboriginal and Torres Strait Islander people.

RELATED DOCUMENTS

- Support Plans
- Support Management Policy and Procedure
- Inclusion Policy

REFERENCES

- Human Rights and Equal Opportunity Commission Act 1986
- Anti-Discrimination Act 1977 (NSW)
- Disability Discrimination Action 1992 (Commonwealth)
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018
- NSW disability Inclusion Act and Regulation (2014)

Assessment Policy and Procedures

PURPOSE AND SCOPE

Each participant participates in an assessment; appropriate to the complexity of their needs, and with consideration for special needs.

The assessment process will provide relevant, reliable and valid data that assists in identifying a participant's strengths and care needs.

POLICY

Assessments must be undertaken prior to the commencement of the Phil Terry Health Care Services's service. Staff are required to determine if interpreter is required prior to commencement of assessment to ensure that correct data is gained from the participant. Information gained during the assessment such as areas of independence and identified needs form the basis of discussion with the participant to create the Participant's Support Plan.

PROCEDURE

Assessment Principles

- Assessment tools utilised are validated or considered "best practice".
- The assessor understands and applies the principles of flexibility, validity and relevance to the assessment process.

Independence is promoted during the assessment process. This involves the following principles:

- Abilities and difficulties are assessed,

- Expectations are set through assessment; support is balanced against abilities and the need for support, and
- Support Plans acknowledge support needs, abilities to foster independence and the Participant's goals.

Undertaking Assessments

Assessment interview time/s are arranged over the phone. Staff are to:

- Invite the Participant's representative/ Advocate to be present; if required or desired.
- Identify any special needs. For example, an interpreter and information in the service user's language is sourced for service users who are culturally and linguistically diverse.
- Contact Director to arrange an interpreter.

During the assessment process:

- Explain to the Participant:
 - Information on collection and use of information
 - Privacy and confidentiality considerations
 - Advocacy options
 - Information sharing requirements
- Assessments are undertaken.
 - These must include but are not limited to Assessments outlined in the Assessment Pack.
- Completed assessments are reviewed by the Director.

Responsibility for Assessments

Only staff trained in assessments can conduct reviews of Participants. These include a Psychologist or other qualified professional.

Recording Assessment Information

Assessment is recorded as hours spent with the Participant as well as write-up time. This is recorded in hours directly into the Participant Management System.

Assessments are entered into the system.

RELATED DOCUMENTS

- Phil Terry Health Care Services Assessments
- Support Plan
- NDIS Quality and safeguard Commission (2018)

REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulations 2014
- Privacy Act (1988)
- Equal Opportunity Act 2010

Collaboration Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services's Collaboration Policy has been developed to give clear understanding about the importance of collaborating with participants, families, communities and other providers. This will allow all parties to have input into the service to ensure supports are relevant, appropriate and in line with the service agreement.

Phil Terry Health Care Services is committed to ensure that employees understand the Collaboration Policy and the importance of working with others to benefit the participant.

POLICY

Phil Terry Health Care Services has a collaborative approach to service delivery. Staff are required to undertake this approach when:

- Locating key worker with family and other providers.
- Working with other providers in the supply of supports or services.
- Transition and exiting the service.
- Capacity building.
- Support planning, and
- Developing Service Agreements.

Employees are required to work cooperatively with other agencies in the delivery of service. This may include initial contact, sharing ideas and input from participants and families, following through on ideas of provider, and actively listening to discussions. We will collaborate with all relevant parties to provide participants with the opportunity to access a service network that meets the full range of their needs. Director will contact and establish the relevant service provider and maintain collaborative relationships and protocols and participate in networks with relevant agencies.

Information, knowledge and skills are communicated and shared between the family, the provider, and other collaborating providers. Phil Terry Health Care Services will collaborate with the participant and their family to ensure that the participant maintains the functionality.

PROCEDURE

Key Worker

Participants and families may require assistance to locate the right person for the participant.

- Discuss requirements with participant, family and /or advocate.
- Gain written consent to be able to share information with other providers.
- Contact other service providers working with the participant to collaborate and determine the criterion.
- Identify a key support worker and contact participant, family/advocate, and the other providers.
- Participant and family / advocate will select the person.
- Record information in participant's support plan.

Collaborating with other Providers

- Make sure consent has been given prior to contacting other providers.
- **Director** is to make initial contact.
- Maintain contact through emailing, phoning and networking.
- Record contact in participant's support plan.

Transition and Exit

The participant's needs, interests or aspirations may change during the delivery of their supports. This may lead to a need to transition to or exit from their current service. If this occurs then we will, with consent of participant, contact the relevant service provider to:

- Send or request documents relevant to the participant.
- Communicate current supports, practices and needs to enable the participant to transfer or exit smoothly.

- Document the process in the participants support plan.

Risks associated with each transition to or from Phil Terry Health Care Services are identified, documented and responded to. (See Participant Transition and Exit Policy and Risk Management Policy)

Capacity building

To build the participant's capacity to support and increase functional capacity of the participants, Phil Terry Health Care Services will:

- Collaborate with participant and family to affirm, challenge, and support.
- Collaborate with providers to:
 - Further develop participant's skills and
 - Improve practice and relationships.

Participant Outcomes

Collaboration with participant and family is the basis ensuring function outcomes are based on their needs, priorities, and the skills.

- Record collaboration in support plan.

Support Planning

During the assessment and support planning process, collaboration is undertaken with participant, family and/or advocate to:

- Complete a risk assessment
- Document a risk assessment
- Plan appropriate strategies to treat known risks
- Implement appropriate strategies to treat known risks
- Review annually or earlier according to their changing needs or circumstances

Service Agreements

Phil Terry Health Care Services will collaborate with the participant to:

- Develop a service agreement which establishes;
 - Expectations,
 - Explains the supports to be delivered, and
 - Specifies any conditions attached to the delivery of supports, including why these conditions are attached.

With the consent or direction from the participant, Phil Terry Health Care Services collaborates in the development of the support plan, with other providers to:

- Develop links
- Maintain links
- Share information
- Meet participant's needs

RELATED DOCUMENTS

- Support Plan
- Consent Form
- Consent Policy

REFERENCES

- National Disability Insurance Agency
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Community Engagement and Referral Policy

PURPOSE AND SCOPE

People with disability have the same right as other members of Australian society to realise their full potential. They should be supported to participate in and contribute to social and economic life. Inclusion of, and access for, people with disability to mainstream and community-based activities and other government initiatives. (National Disability Strategy 2010-2020)

To inform the community of Phil Terry Health Care Services's service provision capacity including the priority of access process and eligibility criteria requirements. We will encourage and manage requests for service from potential participants and referrals to and from other agencies.

This policy is inclusive of all community groups and will include people such as Aboriginal and Torres Strait Islander, culturally and linguistically diverse, various ages and stages of development, sexual orientation and disability. This policy will apply to all Phil Terry Health Care Services services and employees who are managing services for all participants.

Phil Terry Health Care Services is committed to support our participants to access offerings of their community.

POLICY

Phil Terry Health Care Services will access links between other service systems (for example, education) which will improve and support the varying needs of people with disability, their families and carers.

We will:

- Facilitate the provision of fair, equitable and transparent services in consultation with our participants.

- Work with services in the community to ensure our participants are provided with contacts to other services and community networks to facilitate their personal goals, outcomes and aspirations, and be in line with their support plan.
- Actively encourage and support our participants to maintain personal networks, make community connections and participate in their community.
- Use networks and community engagement feedback to inform management processes.

Referral may be received for services through face-to-face contact, email, website information, and / or advertising materials. All information gained from potential participants will be recorded and assessed to ensure privacy and confidentiality is maintained. Participants; whom we are unable to assist will be referred to a relevant organisation.

To ensure that Phil Terry Health Care Services refers participants to appropriate external services within the community, through timely responsive service integration and referral, and in a manner appropriate to meet individual needs. Phil Terry Health Care Services will contact organisations and networks within the community and relevant to target group. Staff will be required to contact networks and maintain contact on a regular basis.

Phil Terry Health Care Services's commitment is to make sure people with disability are connected into their communities by:

- Providing information on mainstream services and community activities which will benefit people with disability, as well as their families and carers.
- Contributing to linkage and networks within the community.
- Providing participation and inclusion of people with disability by working in partnership with community organisations.
- Supporting carers to build the capacity of carers and families to help sustain their caring role, by linking them into direct carer support services.
- Linking carers and families to social and recreational activities that provide carers with a break from their caring role and connect them with the community.

- Sourcing activities that promote carer's well-being such as personal development, peer support and mentoring.

Phil Terry Health Care Services is committed to identifying and liaising with other stakeholders including: local community support organisations, job networks, training organisations, housing agencies etc.

PROCEDURE

Phil Terry Health Care Services will actively engage with the community to ensure appropriate supports for the participant. This may include:

- Actively pursuing contacts that have been chosen by the participant.
- Contacting local communities such as cultural, religious, sexual orientation groups or spiritual groups including Aboriginal and Torres Strait Islander communities.
- Contacting government agencies to support individual participants.
- Seeking community members and groups to receive input into the service including policy or support mechanisms.
- Contacting advocates to assist with the development of community support plans for participants.
- Actively supporting the rights of the participant to seek contact with those in the community; relevant to their wishes, goals and aspirations. Participant will be encouraged to participate with relevant community links as required.
- Following the participant's aspirations and needs to actively participate in the community.

Phil Terry Health Care Services will make relevant contacts for the participant to assist in initial involvement.

- Establishing and communicating with community including community leaders and elders.

The outcome for people with disability will maintain their ability to:

- Be connected and have the information they need to make decisions and choices.
- Have the skills and confidence to participate and contribute to the community and protect their rights.

- Use and benefit from the same mainstream services as everyone else.
- Participate in and benefit from the same community activities as everyone else.
- Actively contribute to leading, shaping and influencing their community.

Phil Terry Health Care Services will work with Aboriginal and Torres Strait Islander people and culturally diverse groups to actively engage with their communities. Support from community will be incorporated within the support plan. This support will be assessed, monitored and reviewed to ensure that goals and aspirations of participants are met using the relevant support.

Phil Terry Health Care Services will listen to feedback from community members regarding services to determine if services and processes are meeting participant's need to engage in their community. Data gained will inform management of participant's supports and may lead to adjustment of policies and procedures. This information will be included in

Continuous Improvement Plan and referred to Strategic Plan (Corporate Governance Policy and Procedure).

REFERRAL PRINCIPLES

Phil Terry Health Care Services's referral principles will ensure that we will:

- Engage with and inform community organisation of how to access services provided.
- Undertake assessment/re-assessment, and consultation with the participant will identify the need for referral.
- Undertake consultation with the participant and/or representative regarding: Suitable referral agencies and, consent to liaise with agencies on behalf of the participant, and
- Make every effort to follow-up with participant and / or referral agency to facilitate external services.

Networking and engagement

- Director will liaise with stakeholders including local community support organisations; job networks; training organisations, housing agencies and others as relevant.
- Networking and coordination of other services is promoted through attendance at network meetings, education, conferences and telephonic discussions.
- Phil Terry Health Care Services maintains a contact database and range of brochures that outline other relevant community services and supports to assist in referrals.
- Phil Terry Health Care Services maintains a register of clearances where evidence of current checks and registrations are held (as required).

Identifying the need for referral

- The need for referral may be identified at initial participant's consultation or as / when support needs change.
- A referral to another service provider may be required in the following circumstances:
 - Change in eligibility requirements to access funded programs.
 - We do not have the capacity to provide the required services due to lack of appropriately skilled staff or funding to provide the required services.
 - The needs of the participant changed, or
 - The participant requires or requests specific assistance from another service provider.

Referral process for ineligible service contact

- Ineligible service contacts are provided with contact details of agencies that may be able to meet their stated needs.
- If appropriate, our staff may contact the agency to confirm eligibility and to make an appointment for the person.

Referral process for exiting participants

The referral process generally includes the following steps. The Director:

- Liaises with the participant and/or their representative and identifies the need for services from another agency.
- Explains the need for a referral to another agency including the reasons for being unable to provide the required or requested services.
- Identifies referral options and discusses these with the participant.
- Continues to provide existing services (as applicable).
- Obtains consent to liaise with other providers on behalf of the participant.
- Contacts other appropriate service providers and discusses the service needs of the participant.
- Checks to see that all disability service checks / working with children checks and registrations required are current and does not refer where credentials are expired.
- Refers the Participant to another provider and completes an Agency Referral form.
- Follows-up with the participant and/or provider referred to, to check on the outcome of the referral.
- Shares any further information to the other provider as required.
- Documents any relevant information in the participant's record.
- Updates new agencies / changes to current agencies within the community resources information held by Phil Terry Health Care Services.

Monitoring participant referral processes

Participant referral processes and systems are regularly audited as part of our audit program, and staff, participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

RELATED DOCUMENTS

- Participant Information Consent Form
- Phil Terry Health Care Services suite of assessments
- Support Plan
- Agency Referral Form

REFERENCES

- Privacy Act (1988)
- Work Health and Safety Act 2011
- Disability Discrimination Action 1992 (Commonwealth)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Complaints, Compliments and Feedback Policy

PURPOSE AND SCOPE

To comply with the service provider and brokerage policy for the NDIS funded disability service providers.

POLICY

It is the policy of Phil Terry Health Care Services to create an environment where complaints and concerns, compliments and suggestions (feedback) are welcomed and viewed as an opportunity for acknowledgement and improvement. This is to ensure that individuals have the right to make comments and complaints, and are encouraged to exercise their right in blame free and resolution focused culture; respecting an individual's right to privacy and confidentiality.

It is acknowledged that such comments and complaints are vital to review internal performance and processes and to seek continuous improvement of services as we seek to achieve our care commitment. Participants, families, and / or other stakeholders may submit compliment, complaint and / or feedback form about Phil Terry Health Care Services's supports or services, staff, and / or contractors.

It is our policy to follow the principles of procedural fairness and natural justice and comply with the requirements under the National Disability Insurance Scheme (Complaints Management and Resolution) Rules 2018.

Phil Terry Health Care Services maintains that complaints and feedback can be managed effectively through:

- An open and transparent complaint handling system.

- The observation of the principles of natural justice and compliance with relevant mandatory reporting under Australian law.
- Commitment to the right of stakeholders to complain either directly or through their representatives.
- Undertaking procedural fairness to reach a fair and correct decision.
- Taking reasonable steps to inform the complainant of the NDIS Commission Complaints process. This may include using various communication means such as oral and written.
- The maintenance of complete confidentiality and privacy.
- Assurance that staff must abide by the Code of Conduct.
- Staff training and a clear documented process.
- Complaints being considered seriously and with respect.
- Informing participants about their right and providing guidance on how to make a complaint during the assessment and orientation process.
- Easily available information for people, about the complaints process.
- The provision of support for those people who may need assistance to make the complaint.
- The protection of complainants against retribution or discrimination.
- The prompt investigation and resolution of complaints.
- Communicating and consulting with participants, family, carers and advocates during the complaint's process, and providing feedback and resolutions.
- Consistent interpretation and application of policies and processes.
- The provision of opportunities for all parties to participate in the complaints resolution process.
- The acceptance of the Phil Terry Health Care Services and its employees being accountable for actions and decisions taken as a result of the complaint.
- The commitment to resolve problems at the point of service or through referral to alternatives.
- The commitment to use the complaint as a means of improving the planning, delivery and review of services through our continuous improvement processes, and
- Referring complaints and feedback into continuous improvement policy.

DEFINITION

Complaint - An expression of dissatisfaction or a circumstance regarded as a cause for such expression.

PROCEDURE

Complaint Process

Complaints and suggestions can be made through:

- Utilisation of the Compliments, Complaint / Feedback Form.
- Contacting a member of staff verbally or in writing. The member of staff must offer to document the complaint on behalf of a participant (if required) and refer the matter to the Director.
- Contacting the Director , verbally or in writing.
- Responding to questionnaires and surveys.
- Attending meetings / care conferences.
- Contacting external complaint's agencies.
- Oral communication, in writing or any other relevant means

Complaints may be made by:

- employees,
- Participant,
- The public,
- An advocate,
- Family member,
- Carers, or
- Anonymously.

Results are recorded in Complaint Register to allow for input into Continuous Improvement processes.

If a complaint is about:

- **Support or services** - The complaint will be dealt with by the Director

- **A staff member** - The complaint will be dealt with by the Director
- **The Director** - An external person or body may be approached (NDIS Commission Ph: 1800 035 544 -9 am to 4 pm)

Complaint and Resolution Stages

- Acknowledge all complaints quickly (within one working day where possible) and
- Review and analysis of complaint will include:
 - Consulting with participant regarding desired outcome.
 - Informing the complainant of support regarding - their right to advocacy, an interpreter, stages of decision making, mechanisms to protect privacy, ability to complain to the NDIS Commission and progress and outcome.
 - Determining the type of complaint - service, support or process
 - Ascertaining preventative actions and continuous improvement
 - Keeping the complainant informed of all stages of the status of their complaint
 - Informing the complainant of the decision including the reason for the decision and give options for reviewing the decision
 - If a meeting is required, then it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant.
- Investigate adhering to the principles of impartiality, privacy, confidentiality, transparency and timeliness
- Complaints will not be discussed with anyone who does not have a genuine responsibility for resolving the issue.
- Where the complainant is a recipient of disability services under the NDIS, check the participant record for a preferred key contact for complaints or ask the participant if they would like to nominate a key contact from one of the Phil Terry Health Care Services's persons; assigned to handle complaints.
- If a meeting is required, then it will be held in a safe environment that has been determined by the complainant and at a time relevant to the participant.
- Complainant must be informed at all stages of the status of their complaint.

- Where the complainant is a recipient of disability services under the NDIS, check the participant record for a preferred key contact for complaints or ask the participant if they would like to nominate a key contact from one of the Phil Terry Health Care Services's persons; assigned to handle complaints.
- Phil Terry Health Care Services must take into consideration any cultural and linguistic needs of the participant and provide the relevant support mechanism such as interpreters or similar.
- Assessing the Complaint
 - Assess the complaint,
 - Give it priority,
 - Think about resolution pathway (where required),
 - Plan and investigate.
 - Complaints will be investigated and wherever practicable the resolution is attempted at the time the complaint is lodged with the Director. It is always Director's responsibility to keep the complainant informed in relation to the complaint. Written responses must be approved by Director prior to being sent out.
 - Respond to the complainant with a clear decision.
 - After investigation and a satisfactory response has been documented the Director will:
 - Ensure that the complaint investigation has been satisfactorily completed.
 - Determine if the complainant is satisfied with the outcome.
 - Follow-up and consult with complainants about any concerns.
 - Consider if there are any systemic issues.
 - Staff, participants and/or person's responsible, visiting health professionals and visitors are informed of the complaints process through:
 - Participant Introductory Procedure Adjust; as required
 - Staff Orientation and training
 - Meetings
 - Participant Agreements
 - Signage
 - Contractor Agreements
 - Complaints resolution will be monitored according to the audit schedule and feedback will be provided to the complainants personally.

Documentation

- All complaints will be recorded in a Complaints Register.
- Information in the register will include:
 - Information about the complaint
 - Identified issues
 - Actions undertaken to resolve the complaint
 - Outcome of the complaint
- Upload documents including Compliments, Complaint / Feedback forms into computer system.
- Keep copy of information given to complainant in relevant file.
- Keep all documents for seven (7) years from day of record.
- Collect statistical and other information to:
 - Review issues raised
 - Identify and address systematic issues
 - Report information to the Commissioner if requested by the NDIS Commissioner.
- Policy review will occur if there are legislative changes or on a regular basis (annually)

Unresolved Complaints

- Unresolved complaints will be referred to the Director for investigation and resolution. Should the complaint not be resolved to the complainant's satisfaction, the complaint will be escalated to a person nominated by the complainant (with the complainant's permission).
- When complaints cannot be resolved internally, the complainant may be referred to the external agency, listed below;

NDIS Commission

Ph: 1800 035 544 (free call from landlines) or TTY 133 677.

Interpreters can be arranged.

National Relay Service and ask for 1800 035 544.

Completing a complaint contact form.

<https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>

RELATED DOCUMENTS

- Compliments, Complaint / Feedback Form
- Service Agreement
- Code of Ethics and Conduct Policy / Form
- Continuous Improvement Policy
- Incidents, Accidents and Emergencies Policy
- Risk Management Policy

REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- NDIS (Complaints Management and Resolution) Rules 2018
- Privacy Act (1988)

Conflict of Interest Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services is committed to ensuring that actions and decisions taken at all levels in the organisation are informed, objective and fair. A conflict of interest may affect the way a person acts, decisions they make and / or the way they vote on group decisions.

Phil Terry Health Care Services will act proactively to manage perceived and actual conflicts of interest through development and maintenance of organisational policies. This will ensure organisational/ethical values do not impede participant's right to choose and control.

Conflicts of interest must be identified, and action taken to ensure that personal or individual interests do not impact on the organisation's services, activities or decisions.

All management, staff, and contractors are always required to act in the interests of the organisation, and to notify the organisation when this conflicts with other interests or commitments.

Declaration and management of conflicts of interest are specifically required for management members as part of their legal responsibilities as management members.

POLICY

This policy requires all employees and management:

- Act impartially and without prejudice
- Declare any potential or actual conflict of interest, and
- Do not accept gifts or benefits that would influence a decision.

This will include situations in which:

- Close personal friends or family members are involved, such as decisions about employment, discipline or dismissal, service allocation or awarding of contracts.
- An individual or their close friends or family members may make a financial gain or gain some other form of advantage.
- An individual is involved with another organisation or offers services that are in a competitive relationship with our organisation and therefore may have access to commercially sensitive information, plans and / or financial information.
- An individual is bound by prior agreements or allegiances to other individuals or agencies that require them to act in the interests of that person or agency or to take a Position on an issue.

PROCEDURE

Registration of known conflicts of interest

A register of conflicts of interest will be kept, and management and staff will be asked to declare:

- Potential or actual conflicts of interest that exist when a person joins the organisation.
- Conflicts of interest that arise during their involvement with the organisation.

The register will be maintained by the Director. All potential and actual conflicts will be recorded in the register, showing:

Identification and declaration of conflicts of interest

In addition to an initial declaration of any potential conflicts of interest at the beginning of their involvement with the organisation, all management and staff are required to declare any potential or actual conflicts of interest they are aware of:

- At the beginning of any meeting or decision-making process, informing those present when a conflict becomes apparent.
- Outside of a meeting, speak with the Director when a conflict becomes apparent.
- By providing formal notification in writing to Director.

Management of conflicts of interest

Where a conflict of interest is declared or identified for staff members:

- The conflict will be assessed by the staff member's immediate senior, or the most senior staff person or Director.
- If a conflict of interest exists or there is a perception that a conflict exists, the staff member may be asked to:
 - Contribute to the discussion but abstain from voting or taking part in a decision on the matter.
 - Observe but not take part in the discussion or decision making.
 - Leave the meeting during discussion and decision on the matter.

Staff involvement in external activities

Phil Terry Health Care Services encourages and supports staff members to get involved in community activities and volunteer work in their personal lives. However, it is possible that staff members may undertake volunteer or professional roles outside the organisation that may give rise to a conflict of interest, or a perception of conflict (e.g. staff undertaking consultancy work for member organisations or government agencies).

As a result, Phil Terry Health Care Services expects that all staff members declare their involvement in external activities related to the work of Phil Terry Health Care Services when they are employed, and discuss and plan with Director as on how any potential conflicts of interest can be managed. Staff members taking on other (new) work outside Phil Terry Health Care Services need to inform Director.

Contractors

All contracts with external consultants being engaged by the organisation will include a declaration that no conflict of interest exists.

RELATED DOCUMENTS

- Code of Conduct Policy/Form
- Privacy Policy

- Conflict of Interest Declaration

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- NDIS Act 2013
- Privacy Act 1988 (Commonwealth)
- Australian Privacy Principles (APP)
- Privacy and Personal Information Protection Act 1998 (NSW)

Consent Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services must gain consent from the participant prior to sharing any information with family, representatives, other providers and government bodies.

Children under the age of 18 will need their family / advocate / guardian's consent to share information with other providers and government bodies. It is the responsibility of all employees to inform participants about their rights regarding the provision of consent.

POLICY

- Phil Terry Health Care Services recognises the importance of maintaining the privacy and confidentiality of all participants. There are times when it is essential to share information with other parties such as government bodies and other service providers.
- Phil Terry Health Care Services will not give any information to person or authority without the participant's consent unless the disclosure is a legal requirement.
- Phil Terry Health Care Services will inform all participants (upon entry into the service) about their rights to privacy and confidentiality.
- Phil Terry Health Care Services will inform all participants that they have an opt-out option if information is requested for audit purposes.

PROCEDURE

If a participant wishes to give consent to another person or organisation, then the following procedures is required to be undertaken:

- Inform participant that consent is required to share any information about the support.
- Inform participant that consent can be withdrawn at any time.
- Communicate information about consent in a method relevant to the participant.
- Participant to complete Consent Form.
- Consent form is to be placed at front of support plan, and
- Relevant employees are informed about the consent.

RELATED DOCUMENTS

- Consent form

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)

Continuity of Support Policy and Procedure

PURPOSE AND SCOPE

Good continuity of care planning contributes to improved quality and safety of care, increased satisfaction of participant, carer and service provider, and will maximise use of resources; including access to level of care.

Phil Terry Health Care Services undertakes participant's reasonable and necessary supports considering any informal supports already available to the individual (informal arrangements that are part of family life or natural connections with friends and community services) as well as other formal supports, such as health and education. To this end, Phil Terry Health Care Services will ensure that the participant has consistent support to allow them to undertake daily activities and supports to maintain their life choices.

This policy applies to the staff managing and working with participants.

POLICY

Director will arrange schedules to ensure that participants know who is attending to their needs and supports. Director will pair participants with workers who hold appropriate skills and knowledge. Participant's requests such as workers who speak the same language, are from the same culture, or meet specific criteria are matched, wherever possible.

Workers will be placed with participants close to their location to reduce travel and increase retention. Staff are allocated to a participant on a regular basis to allow for predictability and provide continuous support. All supports are linked to the participant's plan and demonstrate a consistence with their preferences and needs (see Support Management Policy and Procedure).

PROCEDURE

To ensure participants have timely and appropriate support without interruption, Phil Terry Health Care Services's staff will:

- Document all participant's requirements
- List all appointments and tasks related to needs.
- Allocate staff according to the needs of the participant to allow continuity of support.
- Access, read and comply with participant's plan.
- Provide quality services as per plan.
- Inform Director of any absences in advance.
- Contact participants if there are any changes or potential changes in their care, and
- Undertake emergency procedures; as required.

Disruptions and changes

Phil Terry Health Care Services informs participants when unavoidable interruption occurs. Staff make every attempt to inform participants via telephone and email prior to any unavoidable interruptions to services or participant appointments. When not possible, participants are informed on arrival at next appointment.

Director contacts participant to:

- Seek agreement to the change.
- Explain alternative arrangements to the participant, and
- Seek participant's agreement to ensure they are completely aware of the changes.

In case of an emergency, when worker cannot attend work due to circumstances out of their control (such as illness, family emergency) then Phil Terry Health Care Services will attempt to place a worker who has known to the participant but if this is not possible, then will send the best match to the participant. Phil Terry Health Care Services will contact the participant and inform them of the situation and give details of the replacement worker to the participant.

Absence or Vacancy

When a worker is absent, or a vacancy becomes available then Phil Terry Health Care Services's Director will:

- Contact a staff with relevant qualifications to locate a suitable replacement.
- Where possible, provide a staff member who has worked with the participant previously and be aware of the participant's needs and other responsibilities.
- Where possible, advise the participants of replacement staff and gather feedback on replacement staff member.
- Replacement staff are sensitive to participant's needs and ensure that care is consistent with the participant's expressed preferences.

Staff who are unable to work, they are required to contact the Director. If there is an intended absence (such as vacation or appointment) then the staff member should inform the Director at the earliest opportunity to allow time to prepare the participant.

Service Agreement

Phil Terry Health Care Services ensures arrangements are in place to make sure that support is provided to the participant without interruption throughout the period of their service agreement. These arrangements are relevant and proportionate to the scope and complexity of supports delivered.

- Contingency plans are drawn-up and adhered to ensure the continuity of care to all participants throughout their time with us.
- No appointments are ever double booked. When travelling to participants, it is important that adequate travel time is factored in to ensure correct arrival time.

RELATED DOCUMENTS

- Support Management Policy and Procedure
- Support plans

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018)
- National Disability Insurance Scheme Act (2013)
- Privacy and Confidentiality Act (1988)

Continuous Improvement Policy

PURPOSE AND SCOPE

- To ensure the Phil Terry Health Care Services actively pursues and demonstrates continuous improvement in all aspects of business operations.
- To meet legislative and regulatory requirements.
- To support Phil Terry Health Care Services's commitment to high quality service for all stakeholders.

Continuous Improvement	Is a formal, cyclical series of steps that are designed to improve processes and that lead to better outcomes for Participants and other stakeholders. The steps usually include matters such as identifying opportunities for improvement, collecting data, analysing data, deciding on a new approach based on the data analysis, developing and implementing changes, and evaluating the effectiveness of the changes.
Internal auditing	Is an independent, objective assurance and consulting activity designed to add value and improve the organisation's operations. It helps the organisation to accomplish its objectives by bringing a systematic and disciplined approach to evaluate and improve the effectiveness of its quality management system.
Corrective Action	Is an action, or a plan, created by management to address a non - conformance.

Performance measures	<p>Performance measures (or 'indicators') are the way in which outcomes or results are evaluated. They are the measures of how well the service provider is carrying out its work and achieving its aims. They are expressed as numbers rather than as descriptions. They can tell a service provider such as Phil Terry Health Care Services:</p> <ul style="list-style-type: none">• How much it has done (for example: numbers of people using a service, numbers of activities provided).• How well it has done something (for example: levels ,of satisfaction by numbers of people, timeliness or efficiency of activities).• What effect it has had (for example: outcomes for numbers of people receiving service, changes in social well-being or social policy).• Sound corporate governance.• The financial health of the service provider.• Levels of satisfaction with the service received.• Achievement of positive outcomes for people receiving services.• Staff morale, and• A positive profile for the service provider among stakeholders.
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POLICY

Continuous improvement process

The basis of Phil Terry Health Care Services's quality system is a cycle of self-improvement that follows a basic model that involves planning, acting, checking and acting to improve and standardise. This model is used at a whole of organisation level, to determine, measure, analyse and improve performance. At a process level, this approach involves:

- Identifying problem or improvement opportunity, investigate and determine root cause.

- Developing and implementing an action plan, listing tasks, set target dates, nominating responsibility and tracking progress through management.
- Checking that the improvement has led to improvement through performance measures, and identifying any new or additional measures needed, and
- Standardising improvements made e.g. through policies or other documents.

Measurements of quality

Phil Terry Health Care Services uses survey and audit results to measure outcomes required under the NDIS Practice Standards and Quality Indicators, in addition to other legislative requirements.

Sources of data for continuous improvement

Changes in legislation / regulation and best practice

Phil Terry Health Care Services Management captures this information via structured access to government, industry and association information channels, and via attendance at industry conferences, networking events and education. This information will assist Phil Terry Health Care Services in assessing the need for change in practice and/or approach to operations and/or services, and to make any improvements that may be necessary.

Policies and procedures will be reviewed to ensure compliance with legislation. Version control will occur to ensure current documents are available to staff and participants.

Feedback and evaluation data

Phil Terry Health Care Services will conduct formal surveys at least annually to obtain opinions and feedback from Participants as well as those of their families, guardians/advocates (where possible).

Such feedback will assist Phil Terry Health Care Services to accurately assess the quality of services and to make any improvements that may be necessary.

Phil Terry Health Care Services will collate the feedback from its surveys and advise Participants of any proposed improvements to service delivery. Surveys and focus groups may also, as required, be targeted

to review specific aspects of performance, such as our information provision, or assuring participants be involved in their planning and decision-making.

Staff surveys will also be conducted on an annual basis. These will be used to measure morale, understanding of Phil Terry Health Care Services's policies and procedures, operating environment, roles within the organisation, training and information needs, and commitment to its values. "Feedback Analysis" is fed into continuous improvement plan.

Internal/ External Audits

Phil Terry Health Care Services will conduct periodic internal audits to determine whether or not the quality management system conforms to the requirements of the relevant quality standards. The internal audits will check all processes and documents to ensure that the quality management system has been effectively implemented and maintained.

Internal and external audits will be designed to ensure that legislation, industry standards, and operational processes are properly understood and implemented in accordance with organisational policy.

Data obtained from audits will be stored, and used to ensure corrective actions are recorded, verified and closed out. The data collected from internal audits and corrective actions will be used as part of the continuous quality improvement system.

Complaint Management

All complaints will be investigated to determine root causes and any needed improvements. Improvements will be tracking progress through management systems (meetings and reports) to capture and evaluate corrective actions.

All employees will be responsible to promote the development of a positive complaint handling culture.

Management will review complaints at least every six (6) months to ensure that these have been handled in accordance with Policy and Procedure.

The Director (or person appointed) will annually review the complaint handling system as a whole to ensure that changes to policy and practice are made where necessary. The complaint data will be analysed to determine if there are any trends or patterns of on-going concern. Such analysis will be linked to the continuous improvement system and corporate governance.

Incident Reporting

The Director will be responsible for reviewing incidents including incidents recorded under the "Participant Incident Register"; requirements of major and minor impacts on the participant. They will collect the data from incident reports, analyse that data, and determine if there are any issues, trends or patterns of on-going concern. Such analysis will be linked to the continuous improvement system.

Unsolicited feedback

Every participant and employee have the right, and is encouraged, to provide feedback and / or suggestions that they believe can lead to improvements in the overall operation of the organisation.

They may use the Complaint Form, put their thoughts and ideas in writing to

the Director. Additionally, feedback can be provided via our website portal. All suggestions will be fully considered, and improvements implemented; wherever possible. This information is linked to our corporate governance to allow changes in policies and procedures to improve practices.

Communication of Improvements

An overview of improvements is communicated via:

- Staff Meetings
- Email
- Sub-contractor meetings
- Updated policies and procedures

Monitoring Continuous Improvement Processes and Systems

- Continuous improvement processes and systems are regularly audited as part of our audit program, and staff, Participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.
- Continuous improvement should include feedback from participants and community to ensure that Phil Terry Health Care Services meets the needs of the community in which it functions.
- Continuous improvement ideas and strategies will be used to inform our Corporate Governance.
- Document and version control measures will include Document Control Register. New documents are forwarded as per communication in this document.

RELATED DOCUMENTS

- Compliments, Complaints and Feedback Forms
- Incident Investigation Form
- Feedback Analysis Annual Review
- Complaints Register
- Continuous Improvement Register
- Hazard Report
- Orientation Process
- Policies and Procedures Reviews
- Document Control Register
- Corporate Governance

REFERENCES

- Work Health and Safety Act (2011)
- Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018

Cultural Awareness

PURPOSE AND SCOPE

Phil Terry Health Care Services will welcome participants, visitors and employees, that reflects its ethos, values diversity, expresses a commitment to access and equity, and demonstrates ethical conduct.

Phil Terry Health Care Services has a commitment to cultural diversity and a commitment to Australian Indigenous peoples. It will recognise and value the multicultural nature of Australian society and give specific acknowledgement and support to the cultures of Australian Indigenous peoples.

Phil Terry Health Care Services will provide a diverse and flexible delivery of services and provide a work environment which supports, values and encourages cultural diversity. It will assist in the development of understandings through staff training.

Phil Terry Health Care Services will identify any real or potential barriers for the participant to access our services.

POLICY

Phil Terry Health Care Services recognises, respects, promotes and celebrates the value of cultural diversity and will adopt and implement inclusive policies and strategies, which advance cultural diversity.

PROCEDURE

Phil Terry Health Care Services will ensure that all participants are treated fairly and in a non-discriminatory manner. This will include referral and intake processes as well as service delivery. Information provided will be either in home language or using an interpreter. If a participant has a barrier

of not being able to read or understand information, then a support person will be supplied to assist the participant to understand what is being said or explained.

Employment policies and procedures will foster the cultural diversity of the staff. Training and development programs will be conducted to cultural diversity based on need. Input from employees, visitors and participants from diverse background will be sought to make changes to service provision and staff training to ensure that all participants and staff are being treated fairly and without discrimination.

RELATED DOCUMENTS

- Human Resource Management Policy
- Compliments, Complaint and Feedback Form
- Participant/Staff Handbook
- Participant Service Agreement
- Participant Intake form
- Staff Training

REFERENCES

- The Racial Discrimination Act (1975)
- NDIS Practice Standards and Quality Indicators 2018
- The Human Rights and Equal Opportunity Omission Act (1986)
- The Disability Act (1995)

Participant Money and Financial Management Policy and Procedure

PURPOSE AND SCOPE

- To maximise each participant's control of their funding and finances.
- To ensure all participants are giving the opportunity to personally manage their NDIS funding.
- To ensure that financial management of NDIS Disability Programs and any government programs are undertaken in an orderly manner in accordance with legislation and regulation.
- To support Participants to manage their own financial affairs independently.
- To ensure there is a process in place to protect Participants who require assistance with managing financial affairs. When Phil Terry Health Care Services staff are involved with handling Participant's money, strict procedures contained herein will always be followed to protect them from financial abuse.
- To ensure that all participants are informed of costs and payment process for all services provided.
- To provide participants with technical assistance to increase their capacity to direct their own support and teach them to self-manage.

POLICY

We will ensure all financial transactions and procedures are undertaken in a manner that meets the requirements of legislation and contracts. To safeguard all participants and staff, the procedures outlined in this policy will be strictly followed.

All participants requiring financial assistance must approve the arrangement and sign a user agreement and consent form. The participant's advocate/carer must also sign the agreement. All documents will be kept on file and included in the participant's care plan.

We will undertake annual audits and forward required documentation. We will ensure the business is financially viable and inform participants of costs and payment procedures.

PROCEDURE

Financial Management Guidelines

At times certain participants may require assistance with their finances (E.G. Paying Bills, Banking, and/or Shopping). Staff must follow these guidelines and the procedures below when financially assisting a participant (either alone or with the participant's assistance):

- Staff are at NO TIME allowed access to a participant's personal identification number (PIN) or use an ATM on the participant's behalf.
- Financial assistance may only be offered if it is documented in the participant's care plan.
- If a participant requests financial assistance and it is not documented in their care plan, staff must contact the Director for approval.
- Transaction receipts must be obtained and given to the participant for the following:
 - Money received.
 - Money spent.
 - Money returned.
- The staff member must be sure to count the money in front of the participant on receipt and return.
- Staff must record all financial transactions carried out for participants in the Financial Transaction Register (FTR) (if in use) and in the participant's progress notes. Records must be documented clearly, accurately and immediately.
- Staff must not give financial advice to participants or their companions or act as a witness for any legal documents.
- Staff must not accept money or gifts from participants.

Staff Procedure

- Immediately record the amount of money you receive from the participant (cash, cheque, voucher etc) in the FTR or, if no FTR in use, record in participants progress notes.
- Count any cash carefully in front of the participant.
- Participant and staff member to sign the entry; confirming the correct details have been recorded.
- Staff to complete the transaction and obtain transaction receipts.
- Staff to carefully count out and return any money and all transaction receipts to the participant.

Director Procedure

If a request for financial assistance is made by a participant and there is no record of a financial assistance agreement in the participants care plan, the following steps are taken:

- If the service is conducted on behalf of another agency, approval must first be sought from the on-call coordinator for the agency.
- If there are no other agencies involved then the request must be considered on the basis of:
 - Participant agreement
 - Need/Urgency
 - Participant safety
 - Time available
- All details of the participants request and the final decision must be documented in the participants progress notes and care plan.

Financial Management

Roles and Tasks:

- Financial roles and responsibilities are determined by Phil Terry Health Care Services.
- An accountant will be accessed to complete the required financial compliance and obligations.
- Financial decisions are the responsibility of Phil Terry Health Care Services.

Financial Management Practices

The following practices apply to financial management including recording of the business earning separately and being documented as a legitimate enterprise, with a clear revenue stream and records of deductible business expenses. As, documentation and organisation of information about company transactions will be used to facilitate financial management for tax purposes.

Bank accounts

All bank accounts are maintained. Separate bank accounts are maintained for business and private purposes.

Credit Cards

Cardholders must only use a Phil Terry Health Care Services Corporate Credit Card for official Phil Terry Health Care Services business activities only.

Budget

An annual budget is developed by Phil Terry Health Care Services, supported by the financial advisor.

Books of Accounts

Phil Terry Health Care Services is responsible for maintaining accounts, assisting the financial advisor in the preparation of the annual budget and for preparing monthly, quarterly and annual financial reports.

Phil Terry Health Care Services is responsible for processing all receipts and payments.

Income

All monies received are receipted and recorded in the electronic finance system. Receipts and a banking statement are printed from the electronic finance system.

Payments

All payments (except petty cash) are made by electronic transfer

Recurrent payments

Recurrent payments; wherever possible, are made electronically.

Supplier accounts

Wherever possible, accounts are established with suppliers and purchases charged to the accounts.

Accounts are paid in full, within the required terms for payment, on receipt of the statement or invoice.

Asset Register

The Asset Register will list the assets owned by Phil Terry Health Care Services. It will contain pertinent details about each fixed asset to track their value and physical location. The register will show the quantity and value of items such as office equipment, motor vehicles, furniture, computers, communications systems and equipment. (see "Asset Register" form)

Reconciliations and ATO reports

The following reconciliations and ATO reports are completed at the end of each month:

- All banks accounts are reconciled against bank statements.
- The Instalment Activity Statement is completed and forwarded to the ATO.

The following reconciliations and ATO reports are completed at the end of each quarter:

- The Business Activity Statement is completed and forwarded to the ATO.
- Superannuation Guarantee contributions are reconciled, and payments made.

The following reconciliations and ATO reports are completed at the end of each year:

- Books of accounts are balanced and closed off.
- Wages are reconciled, and Payment Summaries completed and forwarded to staff and the ATO.
- Audit reports are prepared.

Audit

Annual Acquittal Statement and audited Financial Report will be forwarded as per contractual requirements to the relevant government bodies. If the business grows to more than \$50,000 then Financial Acquittal Statements will be forwarded.

An annual audit is undertaken each year by a qualified external Auditor.

Applying For Funds

The following applies to all applications for funding:

- Phil Terry Health Care Services must adhere to the NDIA Price Guide or any other Agency pricing arrangements and guidelines as in force from time to time.
- Phil Terry Health Care Services must declare relevant prices to Participants before delivering a service. This includes declaring any notice periods or cancellation terms. Participants are not bound to engage the services of Phil Terry Health Care Services after their prices have been declared.
- Phil Terry Health Care Services can make a payment request once that support has been delivered or provided.
- No other charges are to be added to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all Phil Terry Health Care Services charges regardless of whether funding for the support is managed by the participant, or managed by Phil Terry Health Care Services, or managed by the Agency.
- A claim for payment is to be submitted within a reasonable time (and no later than 60 days from the end of the Service Booking) to the Participant or to the NDIS
- Phil Terry Health Care Services will not charge cancellation fees, except when specifically provided in the NDIA Price Guide.
- Phil Terry Health Care Services and Participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Wherever required, Phil Terry Health Care Services will obtain a quote for services and have this approved by the Participant.

SUSPECTED FINANCIAL ABUSE

Staff are trained to look for signs of financial abuse when with participants. Staff are also trained to discuss preventive measures with participants. These measures include:

- Ensure they are aware of their rights to confidentiality and privacy.
- Encouraging participants to have networks beyond their family circle.
- Not to relinquish control of their finances if they are still able to manage them themselves.
- Not to make significant financial decisions following a major event (i.e. Loss of a partner).
- Ensure they are aware of their right to refuse people access to their funds.
- Encouraging them to make plans in advance whilst they are still independent.
- Encouraging them to ask for help if they feel overwhelmed, confused or feel they are being taken advantage of.

If any staff member suspects that a participant is being financially abused then the following steps are to be taken:

- Staff to gather evidence and record in participants case notes.
- Contact Director to discuss evidence gathered.
- Director will gather the details of the abuse and write a report of the situation.
- Director to inform the relevant authorities and obtain support for the participant.

PARTICIPANT FEES AND PAYMENTS

Payments and Pricing (NDIS)

- Phil Terry Health Care Services must adhere to the NDIA Price Guide or any other Agency pricing arrangements and guidelines as in force from time to time.
- Phil Terry Health Care Services must declare relevant prices to Participants before delivering a service. This includes declaring any notice periods or cancellation terms. Participants are not bound to engage the services of Phil Terry Health Care Services after their prices have been declared.
- Phil Terry Health Care Services can make a payment request once that support has been delivered or provided.
- No other charges are to be added to the cost of the support, including credit card surcharges, or any additional fees including any 'gap' fees, late payment fees or cancellation fees. These requirements apply to all Phil Terry Health Care Services regardless of whether funding for the support is managed by the participant, or managed by a Phil Terry Health Care Services, or managed by the Agency.

- A claim for payment is to be submitted within a reasonable time (and no later than 60 days from the end of the Service Booking) to the Participant or to the NDIS
- Phil Terry Health Care Services will not charge cancellation fees, except when specifically provided in the NDIA Price Guide.
- Phil Terry Health Care Services and Participants (except for those that are self-managing) cannot contract out of the Price Guide. Where there are any inconsistencies between the Service Agreement and the Price Guide, the Price Guide prevails.
- Where required, Phil Terry Health Care Services will obtain a quote for services and have this approved by the Participant.

MONITORING, EVALUATION AND REPORTING

Phil Terry Health Care Services exhibits a continuous improvement culture to facilitate the improvement of its services and processes. Stakeholder's input is pursued and when received it is reviewed immediately.

All Phil Terry Health Care Services's policies are reviewed annually and take into account the input from all stakeholders. Policy reviews also take into account the results attained through monitoring and evaluation, and changes in legislation.

REFERENCES

- Work Health and Safety Act 2011
- Australian Securities Industry Council (financial abuse)
- Provider Registration Guide to Sustainability
- Terms of Business for Registered Providers NDIS
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018
- Corporations Act 2001

Human Resource Management Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services's policy objective, is to safely and effectively manage our employees.

It is also Phil Terry Health Care Services's goal to create a structured, fair, safe and supportive environment that supports Phil Terry Health Care Services's staff to meet organisational requirements and to facilitate the delivery of a high level of participant service and satisfaction.

POLICY

Human resource management principles

- Only staff with appropriate qualifications, skills and competence are recruited.
- All staff are required to undertake and successfully pass the NDIS Worker Screening Check, NDIS Worker Orientation Program, as well as any State requirements.
- Adequate levels of staff are maintained to provide quality support that meets the assessed needs of participants and organisational requirements.
- Ongoing supervision and support with comprehensive training programs and annual performance reviews are provided to enhance the skills and competence of staff.
- All staff will have current, legislated work checks, professional registrations, licences, insurances and other employment requirements (as needed).
- Performance management will be undertaken, where there are poor performance and/or allegations of misconduct.
- Human resource management procedures are continually reviewed and improved.
- Expert external advice and information on human resource management is accessed by management when required.
- Working conditions for staff will comply with relevant legislation and be comparable with industry standards.

- Phil Terry Health Care Services will apply the following principles to all aspects of its relationship with staff:

- Fairness and equity
- Respect for individuals, their privacy and confidentiality
- Accountability for actions and performance
- Support and encouragement for professional development
- Understanding and workplace flexibility for personal needs

Management

All persons who influence the Phil Terry Health Care Services's governance are required to hold the relevant experience and knowledge to undertake their role. If person requires additional knowledge, then Phil Terry Health Care Services will arrange for this education.

Staff Recruitment

- Individuals are appointed based on their ability to meet criteria that are consistent with the role and position description.
- We have a range of staff to ensure that the organisation is effectively managed and services meet the needs of participants. These are outlined in the organisational structure within the Phil Terry Health Care Services's– Corporate Governance Policy.
- All staff are recruited according to our Equal Employment Opportunity Policy (see below)
- All permanent vacancies are advertised externally and internally
- Director is responsible for the recruitment of Support Workers and Administration staff.
- Only staff who successfully pass the NDIS worker screening and NDIS Worker Orientation will be employed.

Equal Employment Opportunity Policy

Phil Terry Health Care Services commits to:

- Providing Equal Employment Opportunity (EEO) to all prospective and current staff.
- Promoting a fair and equitable work environment.
- Complying with all relevant anti-discrimination legislation.

- Creating and maintaining an environment in which diversity is valued, human dignity is respected, and people are treated with equity and tolerance.
- Ensuring staff and visitors are free from any forms of discrimination, harassment or victimisation.

Our organisation chooses the best person for the job, regardless of:

- Race
- Nationality or ethnic origin
- Disability (physical, intellectual or psychological)
- Gender
- Age
- Sexual orientation
- Marital status
- Family status and responsibility; including pregnancy
- Religious or political beliefs, and
- Activities or practices.

Process for Filling a Vacant Position

-Review the Position

- Clarify the need for and the role of the position, and develop or review the position description.
- Develop essential and desirable selection criteria e.g. the Recruitment and Selection Form.
- Determine how each of the selection criteria are assessed, e.g. written application and/or interview.

-Advertise the Position

- Positions are advertised internally and externally.

-Interview Applicants

- The interview will be conducted by the Director, with an appropriate Interview Form. All applicants are asked the same questions. The questions explore the applicant's relevant skills and experience to perform the duties.

- When all interviews have been completed the preferred applicant is selected.
- Recruitment decisions and reasons for decisions are documented.
- Pre- Employment/Reference Checks are conducted.
- The successful applicant will be notified, and feedback provided to unsuccessful applicants.
- An offer of employment is made to the successful applicant conditional on the following pre-employment checks:
 - Reference checks e.g. Telephone Reference Check Form, (if the position is a Risk Assessed Role)
 - Criminal record check and working with Children Check
 - Registration Check (as applicable to role).
 - Insurances (as applicable to role).
 - Licences (as applicable to role).
 - Mandatory Worker Screening.
 - NDIS Worker Orientation Program
- An 'Offer of Employment' is sent to the applicant for signing; prior to commencing employment.

Procedure for New Staff

- The Director will complete an Orientation procedure with the new employee.
- An Orientation Form will be completed by the new employee and signed off by the Director.
- All forms and documents signed by the employee are filed in the employee file with copies provided to the employee as appropriate.

Supervision of New Staff

- New staff are supervised and orientated to their position.
- Senior staff are mentored by the Director.
- The duration of support is dependent on the new staff person's skills and experience but at least two support worker shifts are supervised by another support worker once general orientation is complete.

Position Descriptions

- All staff have a position description which specifies their roles and responsibilities.
- Position descriptions are reviewed and updated.
- Each staff person is provided with a copy of their position description prior to commencing employment and whenever their position description is changed.

Code of Conduct and Privacy and Confidentiality

- All staff are required to comply with the Code of Conduct, which encapsulates the respectful, safe and professional delivery of support to our participants, representatives, the community and any other stakeholders.
- Staff are required to sign a 'Code of Conduct' and a 'Privacy and Confidentiality Agreement' on commencement. Disciplinary action will be taken if staff do not abide by it.

CODE OF CONDUCT

- Act with respect for individual rights to freedom of expression, self-determination and decision-making in accordance with applicable laws and conventions.
- Respect the privacy of people with disability.
- Provide supports and services in a safe and competent manner, with care and skill.
- Act with integrity, honesty and transparency.
- Promptly take steps to raise and act on concerns about matters that may impact the quality and safety of supports and services provided to people with disability.
- Take all reasonable steps to prevent and respond to all forms of violence against, and exploitation, neglect and abuse of people with disability.
- Take all reasonable steps to prevent and respond to sexual misconduct.
- Abide by the philosophy of our organisation.
- Observe all the rules of our organisation.
- Provide supports in a safe and ethical manner with care and skill.
- Work in a safe and competent manner in accordance with the policies and procedures of our organisation.

- Respect the dignity and culture, values and beliefs of all individuals.
- Do not discriminate against any participant on any basis.
- Respond in innovative and flexible ways to support participant's decision making.
- Do not discuss confidential issues with people outside the organisation, regard all information provided to them by a participant as confidential and never disclose personal information to a participant.
- Do not harass other staff or members of our organisation.
- Do not alienate participants from their Family or representatives.
- Do not take illegal drugs or consume alcohol when on duty or on the organisation or participant's premises.
- Do not accept gifts or purchase any items from participants.
- Do not engage in sexual misconduct.
- Do not take participants to their (staff) homes or engage in a relationship with a participant outside of a professional relationship.
- Represent our organisation in a positive way.
- Wear suitable clothing.
- Adhere to all our record keeping and accounting procedures.
- Provide services to the best of their ability.

Staff Information

Phil Terry Health Care Services's policies and procedures contain key information that all staff need to know to complete their roles safely and effectively.

New staff are provided with time to read the policies and procedures and will be reminded at staff meetings and through communication with co-staff.

Staff Uniform

Staff who represent Phil Terry Health Care Services are required to wear our uniform. The uniform must be clean and neat prior to commencing work.

Record keeping

A staff personnel file is maintained for each employee. It includes:

- Application for Employment
- Criminal Record Check and Working with Children check
- Professional registrations
- Signed Offer of Employment
- Copy of driving licence, car registration/insurance (wherever applicable)
- Signed Code of Conduct
- Signed Privacy and Confidentiality Agreement
- Training offered
- Training provided
- Attendance at mandatory training
- Evaluation of training events
- Mandatory Worker Screening

Employees are entitled to see their file at any suitable time arranged with the Director.

Phil Terry Health Care Services must not allow a person to become a staff member unless satisfied that regulatory checks are current and in place.

Staff Supervision and Support

- Supervision and support are important for ensuring that staff are supported in their work and that their work is carried out effectively. Additionally, supervision sessions provide an opportunity to follow-up on staff development issues noted in staff development reviews.
- Phil Terry Health Care Services to supervise performance issues both at Phil Terry Health Care Services offices, in the community and at participant's homes.
- Upon employment, all staff are provided with Phil Terry Health Care Services's contact details. The Director are available for staff to contact over phone and to arrange a meeting where staff require time to discuss concerns.

- Staff's annual competency assessment, education and training, and performance appraisal also provide other avenues to support and supervise staff.
- All staff can attend meetings/care conferences, to ensure that they are aware of changes to support for participants and have an opportunity to provide input and feedback.

Performance Development Reviews

- Phil Terry Health Care Services is committed to supporting staff to improve their efficiency and effectiveness. Staff are expected to perform their duties to the best of their ability and to show a high level of personal commitment to provide a quality and professional service always.
- Performance development reviews are conducted annually in consultation with individual staff.
- Performance development reviews are based on position descriptions and agreed work plans.
- The aims of the review are:
 - To allow free and confidential discussions about work between the employee and Director.
 - To discuss the employee's job performance in the context of their position description.
 - To discuss any work problems and search for solutions.
 - To discuss means of improving work performance including identification of training and development needs or changes to work practice.

Staff Education and Training

Phil Terry Health Care Services provides appropriate training and development opportunities for all employees. This includes:

- The identification of training needs through ongoing staff input, management input and annual performance development reviews.
- The provision of training to meet identified needs.
- Opportunities for all staff to attend training.
- Ongoing evaluation of training to ensure it meets staff needs and improves the operations and services.
- Complete "Training Needs Analysis".

Staff Development Opportunities

The training needs of staff are discussed with each staff person on recruitment, at the annual staff performance reviews and at supervision sessions.

Phil Terry Health Care Services utilises the following mechanisms to support staff development:

- Staff attendance for up to three (3) days per year at workshops, seminars and conferences.
- Flexibility of working hours to participate in an accredited course of study at a recognised educational institution.
- Purchasing resources such as videos and research literature.

PROCEDURE

Staff Performance Dispute Procedure

The following is the procedure to deal with a staff performance dispute not involving misconduct.

Misconduct is an action by staff that results in instant dismissal. (see definition below).

Verbal Warning

The employee is told as soon as possible of any complaint concerning the performance of their work and is provided with an opportunity to discuss the complaint.

The Director, in consultation with the employee, outlines how the employee must improve their performance. Any assistance needed by the employee to improve their performance is identified and provided; wherever possible.

A date to review the employee's performance is set, while considering to provide adequate time for the person to resolve the issue and risk to the organisation.

First Written Warning

If the employee's performance is still unsatisfactory at the time of the review, there is further discussion with the employee. This will include the employee, a representative of their choice (optional) and the Director.

The complaint against the employee and plans for improvement are put in writing and a copy given to the employee, clearly stating that a lack of improvement by a given date will result in a final written warning.

Final Written Warning

If, at the date set, the employee's performance has not improved, there is further discussion with the employee. This includes the employee, a representative of their choice and the Director.

The complaint against the employee and plans for improvement are recorded in writing and a copy is given to the employee clearly stating that a lack of improvement by a given date will result in termination.

Termination of Employment

- If the problem persists after the date set in the final written warning, the employee's employment may be terminated.
- The termination must be approved by the Director.
- If the termination is not approved, an alternative process for managing the performance issue is developed.

Detailed notes of performance dispute management are recorded and kept in the individual employee's personnel file.

Staff Grievance Procedure

If an employee has a grievance related to their employment or concerning another staff person, the following process applies:

Discussion

The employee may approach the Director for discussion and advice on the issue. The discussion is confidential. The employee may put the issue in writing to a senior staff member and request that the issue be raised.

A decision on the issue and discussion with the employee, will occur within seven business days.

If the employee considers that the discussion has not addressed their concerns adequately, they may seek external advice. This may be with their union representative or another independent body.

Misconduct

Misconduct includes very serious breaches of our policies and procedures or unacceptable behaviour that warrants the dismissal of an employee. Examples of misconduct include:

- Theft of property or funds from our organisation.
- Wilful damage of property belonging to our organisation.
- Intoxication through alcohol or other substances during working hours.
- Verbal or physical harassment or discrimination of any other employee or participant.
- The disclosure of confidential information regarding the organisation to any other party without prior permission.
- The disclosure of participant information other than information that is necessary to assist participants and to ensure their safety.
- Carrying on a private business from our premises or using the organisation's resources for private business without the permission.
- Falsification of any records belonging to the organisation.
- Failure to comply with the Code of Conduct.

Seek Advice

- The Director must be informed immediately following receipt of an allegation of misconduct.
- If necessary, the Director will obtain external professional advice.
- Staff should consider seeking advice from their union and / or another independent body.

Suspension of Duties

The employee is told as soon as possible of any allegation of misconduct. The employee may be suspended with full pay pending an investigation of the allegation.

A letter outlining the time, date and alleged misconduct is given to them.

Leave

-Application for Leave

Any employee taking leave must complete an "Application for Leave" Form. If the application form is not completed, payment will not be made for leave taken.

The application must be completed and approved before annual leave, long service leave, or if unpaid leave is taken.

-Sick Leave

- A doctor's certificate is required for sick leave of more than two consecutive days.
- When sick leave is required, this should be communicated to the Director as soon as possible and at a minimum of at least two hours prior to the usual start time of the employee.
- An Application for Leave must be completed immediately after an employee returns to work after sick leave.
- The Continuity of Support Policy and Procedure will be implemented to support participants.

-Personal/Carer's Leave and Compassionate Leave

- Personal/Carer's Leave and Compassionate Leave is defined in the relevant award. (This only applies if staff are under an award.) To qualify for personal leave, an employee's reason for leave must meet the definition of Personal/Carer's Leave and Compassionate Leave within the Award.
- An Application for Leave must be completed immediately after an employee returns to work.
- When leave is required, this should be communicated to the Director as soon as possible and at a minimum of at least two hours prior to the usual start time of the employee.

-Recording Annual Leave

Annual leave taken and owing to staff is tracked on the Phil Terry Health Care Services (Place name of whatever system the organisation uses for Timesheets/Leave/Holidays/Superannuation).

Time-sheets (does this apply to your organisation?)

Each staff person is required to maintain up-to-date Time-sheets. This must be submitted to the Director on the Wednesday of each pay week. The Director checks the time-sheets against the roster hours before forwarding them to the Administration Office for payment.

Workers' Compensation

When an employee suffers an injury or suffers from a disease and work is a substantial contributing factor to that illness or injury, Phil Terry Health Care Services ensures that financial benefits and other assistance are provided as required by the relevant State legislation and regulations.

Employee Exit Procedure

When an employee leaves Phil Terry Health Care Services, the following procedure applies:

- An exit interview is conducted by the Director and this will provide useful feedback to the staff member and the organisation.
- The exit interview is to be documented.
- Completed documentation is relevant for review and consideration of improvements.

RELATED DOCUMENTS

- Application for Employment
- Application Interview Form
- Recruitment and Selection Form
- Telephone Reference Check Form
- Offer of Employment
- Staff Employment checklist
- Staff Orientation Form

- New Employee Details
- Personnel File Contents Checklist
- Application for Leave
- First/Second Written Warning
- Termination of Employment
- Code of Conduct form
- Privacy and Confidentiality Agreement
- Compliments, Complaints/Feedback Form
- Training Needs Analysis

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- NDIS (Code of Conduct) Rules 2018
- Work Health and Safety Act 2011
- Workers Compensation Regulation
- Fair Work Act 2009
- Anti-Discrimination Act 1977
- Privacy Act 1988
- Workplace Gender Equality Act 2012

Incidents, Accidents and Emergencies Policy and Procedures

PURPOSE AND SCOPE

Phil Terry Health Care Services recognises that many of the participants of Phil Terry Health Care Services services are at risk of incidents and accidents. Phil Terry Health Care Services's accident, incident and emergency policy seek to:

- Minimise risk and prevent future incidents through the development of appropriate participant centred plans, staff training, assessment and review.
- Ensure that there is immediate management of an incident, accident or emergency and that each of these events are appropriately prioritised, managed and investigated.
- Identify opportunities to improve the quality of participant supports by ensuring that the Accident/Incident system is planned and coordinated, and links to the quality and risk management systems.

To comply with the National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018. To maintain an incident management system that covers incidents that consist of acts, omissions, events or circumstances that:

- Occur in connection with providing supports or services to a person with disability; and
- Have, or could have, caused harm to the person with disability.

PROCEDURE

Incident Management

Phil Terry Health Care Services will establish procedures that identify, manage and resolve incidents, including the following:

- Completion of an Incident Report that identifies and records the incidents
- Staff are to report incidents to the Director.
- The Director is responsible for reporting incidents that are reportable incidents to the Commissioner.
- Phil Terry Health Care Services will comply with National Disability Insurance Scheme (Incident Management and Reportable) Rules 2018
- Support and assist the participant affected by an incident through;
 - Informing them that they have access to an advocate, if the participant does not have an advocate then Director can assist them to access an independent advocate.
 - Reviewing their health status to assist and support.
 - Reviewing the environment to ensure their safety and to prevent any recurrence.
 - Make sure that their well-being is supported and help with the development of their confidence and competence, so that they do not lose any functions.
- Director or their delegate will review the incident with the participant.
- Phil Terry Health Care Services will collaborate with the person to manage and resolve the incident.

This information will be used to alter practices and be inputted into continuous improvement as required;

- When an investigation by the registered NDIS provider is required to establish the causes of a particular incident, its effect and any operational issues that may have contributed to the incident occurring, and the nature of that investigation.
- If an incident requires corrective action to be undertaken, then a plan will be developed to adjust practices according to the nature of that action required.

Incidents, Accidents and Emergencies Principles

- Phil Terry Health Care Services staff will always respond to incidents and accidents by ensuring that they protect themselves first and respond to the incident or accident within their training and qualifications.
- Staff are not to provide active medical assistance unless they are properly trained.
- Staff are required to contact the Director immediately when an incident occurs.

- Staff will ensure they communicate with the participant and appropriate health and management personnel in an emergency.
- The Director or their delegate may seek expert advice and engage experts/consultants or specialists where a major incident is occurring or has occurred.
- Phil Terry Health Care Services will support a transparent approach when responding to an incident that places the participant /staff member central to the response. This includes the process of open discussion and ongoing communication with the participant and staff member.
- Phil Terry Health Care Services will create a “fair workplace culture” where it is safe to report incidents and where a systems approach to incidents and investigation is used.
- Phil Terry Health Care Services will maintain participant and staff's right to confidentiality and privacy.

Incident / Accident Minimisation

- Phil Terry Health Care Services will risk assess all participant in conjunction with the Phil Terry Health Care Services's Risk Management policy.
- All staff will be trained at orientation and attend regular training sessions in Incident/Accident/Emergency procedures and minimisation.
- Risks will be identified together with the participant and control mechanisms agreed upon.
- Phil Terry Health Care Services staff will implement participant specific risk control mechanisms.
- Effectiveness of mechanisms will be reviewed via:
 - Participant review processes including Support Plan review
 - Participant's feedback
 - Case Conferencing
 - Internal and External Audits, and/or
 - Review of policies and procedures.

Incident / Accident Investigation

- Investigate incident and accidents in accordance with the process listed within the "Incident Form" to determine:
 - The immediate reasons for the event.

- The basic reasons for the event.
- Immediate actions require to fix the reasons for the event.
- Preventive actions required for the future.
- The information gained from incidents, Phil Terry Health Care Services will be incorporate into our Continuous Improvement cycle to enable prevention of the incident or accident in the future.
- Analysis will include:
 - Determining the cause of the incident
 - Ascertaining if the incident was an operational issue.
 - Reasoning; why this occurred – environmental factors, participant’s health
 - Ascertain if strategies or processes need review and improvement
 - Devising new strategies or processes
 - Plan for staff training in these new strategies
 - Implementing new strategies, and
 - Review of new strategies
- Consideration of views of participant including:
 - Whether the incident could be prevented
 - How the incident was managed and reviewed
 - Remedial action to prevent future reoccurrence or minimise impact
- Implement corrective actions and evaluate actions as soon as possible to check for effectiveness as per Continuous Improvement Policy – Plan, Do, Check, Act
- Each incident's investigation and analysis will vary due to the seriousness of the incident.
- All Incident Forms must be closed out by the Director and/or Administrator and one other staff member.

Informing Participants

Phil Terry Health Care Services will inform participants or their advocate about the outcome of the incident in writing or verbally; dependent on the participant and the situation. A collaborative practice will be undertaken to ensure that the participant and their advocate are involved in the management and resolution of the incident.

Staff Training

Phil Terry Health Care Services recognises the importance of prevention to ensure the safety of both employee and participant. Our Orientation Process includes training in work health and safety comprising manual handling, infection control, safe environments, risk and hazard reduction.

Upon commencement, staff are trained in organisational processes including how to report an incident and to whom this is to be reported. Staff have access to policies and procedures at all times.

Staff are trained in how to report incidents to the Director.

Reportable Incidents

The Director is responsible for reporting all Reportable Incidents to the NDIS Commission.

Reportable incidents are serious incidents or allegations, which result in harm to an NDIS participant.

Phil Terry Health Care Services as a registered provider must report serious incidents (including allegations) to the NDIS Commission, arising from the organisation's service provision;

- The death of an NDIS participant.
- Serious injury of an NDIS participant.
- Abuse or neglect of an NDIS participant.
- Unlawful sexual or physical contact with or assault of an NDIS participant.
- Sexual misconduct committed against or in the presence of an NDIS participant, including grooming of the NDIS participant for sexual activity.
- The unauthorised use of a restrictive practice in relation to an NDIS participant.

Reportable Incident Procedure

- Immediately notify the Director and/or Administrator.
- Follow procedure as per Incident/Accident policy (as above).
- The Director and/or Administrator will notify the NDIS Commission within 24 hours of being made aware of the reportable incident - reportableincidents@ndiscommission.gov.au

Assessment of the incident by the Director and/or Administrator to:

- Assess the impact on the NDIS participant.
- Whether the incident could have been prevented.
- How the incident was managed.
- What, if any, changes are required to prevent further similar events occurring.

All incidents are to be recorded and actions taken to respond and prevent them happening again.

Documentation

- All Incident Reports and Registers must be maintained for seven (7) years.
- This policy will be reviewed on an annual basis or due to legislation changes.
- All participants, families, carers and advocates will be informed of this policy in the Participants Handbook or through oral communication.
- Staff will be trained in this process and this is recorded in their personnel file.

RELATED DOCUMENTS

- Training Needs Analysis
- Orientation Checklist
- Employment Checklist
- Risk Management Policy

REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- NDIS (Incident Management and Reportable Incidents) Rules (2018)

Inclusion Policy

PURPOSE AND SCOPE

- To ensure that all people who access or have contact with the Phil Terry Health Care Services are to be treated equitably and with respect.
- To ensure the inclusion of all people regardless of their background, ethnicity, culture, language, beliefs, gender, age, sexual-orientation, socioeconomic status, level of ability, additional needs, family structure or lifestyle.
- To promote inclusive practices and ensure the successful participation of participants in the community to reach their goals and aspirations.
- This policy applies to Phil Terry Health Care Services's staff and management.

POLICY

Phil Terry Health Care Services is committed to demonstrating holistic and strengths-based approaches to service delivery that strives to ensure that each participant feels respected, supported and included in their community, and at Phil Terry Health Care Services.

Phil Terry Health Care Services is committed to social inclusion and community participation in the delivery and expansion of services to participants who are disadvantaged and work in partnership with the community, Aboriginal and Torres Strait Islander people, culturally and linguistically diverse groups, people with different sexual-orientations and those with disabilities.

Phil Terry Health Care Services is committed to strong and lasting partnerships to minimise disadvantage amongst these groups.

Phil Terry Health Care Services will uphold and promote the legal and human rights of all people.

Phil Terry Health Care Services will treat all people with courtesy, dignity and recognise their human rights to self-determination and privacy.

Phil Terry Health Care Services will follow the principles and promotion of inclusion. Staff will be trained to follow these principles and promotion strategies.

Community Participation and Integration

Community participation is a practice place's people at the heart of all activities. This participation is carried out by people and with people, rather than on people or to people...Community participation also known as community engagement or community action.

This participation may include:

- Education
- Shopping
- Work
- Social activities
- Volunteering or joining clubs or groups
- Interacting with others; with similar interests.

Factors that affect this may include:

- Poverty
- Disability
- Societal – such as distance, physical accessibility of buildings, transport experience and interests).

Phil Terry Health Care Services will seek networks and community linkages to develop, enhance and support these activities.

Phil Terry Health Care Services principles of approach to social inclusion

Phil Terry Health Care Services will ensure that their services make the most of their participant's strengths, including the strengths and community links that enhance the social inclusion of Aboriginal and Torres Strait Islander peoples and people from other cultures.

Phil Terry Health Care Services will provide services that meet the aspirations and goals of the participant for inclusion in the community.

Phil Terry Health Care Services will work with the community to actively encourage the participant to participate in various activities including employment, education, sporting activities, cultural events, and any relevant activities.

Phil Terry Health Care Services is committed to building relationships with key stakeholders, including Government, organisations and communities working together to get the best result for their participants.

Phil Terry Health Care Services will ensure that their services are tailored to ensure that they are meeting their participant's needs in a flexible way, acknowledging that each person's needs are different.

Phil Terry Health Care Services will give a high priority to providing early intervention and prevention towards each participant's situation, thus heading off problems by understanding the root causes and intervening early.

Phil Terry Health Care Services will undertake Cultural Competence training for staff to increase knowledge and strategies of working in an inclusive manner.

Phil Terry Health Care Services promotes inclusion by:

- Working closely with a network of health and allied health professionals to be able to support the holistic needs of our participants.
- Building effective partnerships with participants and their families and support people to discuss and build on shared priorities and the participant's individual needs and goals.
- Focused efforts on building social inclusion and participation opportunities within the range of services provided.
- Providing information on community events and other relevant networks that meet participant's needs and identified goals.

- Working within the participant's networks and supports including childcare, kinder, school or home environments, which allows Phil Terry Health Care Services to assist the participant to foster relationships and participate in familiar surroundings.
- Having a community linkages policy that outlines the ways in which Phil Terry Health Care Services will work with other communities for the betterment of their participants.
- Operating within the Phil Terry Health Care Services equity and access policy to ensure all people can access our service.

REFERENCES

- Human Rights and Equal Opportunity Commission Act 1986
- Disability Discrimination Action 1992 (Commonwealth)
- Racial Discrimination Act 1975
- Sex Discrimination Act 1984
- Privacy Act (1988)
- NDIS Practice Standards and Quality Indicators 2018

Information and Record Keeping Policy and Procedure

PURPOSE AND SCOPE

- To ensure Phil Terry Health Care Services operates effective communication processes and information management systems.
- To maintain information systems and practices in accordance with legislative, regulatory compliance and organisational standards.
- It is the policy of Phil Terry Health Care Services that all Participants, Staff, Volunteers and Contractors of Phil Terry Health Care Services will have records established upon entry to the service and maintained whilst active at Phil Terry Health Care Services.

POLICY

- Phil Terry Health Care Services will maintain effective information management systems that maintains appropriate controls of privacy and confidentiality for stakeholders.
- Phil Terry Health Care Services's Policies and Procedures are maintained as read-only documents in the Policies and Procedures folder on the shared drive.
- The Phil Terry Health Care Services is responsible for maintaining the currency of this information with assistance from the Director and other staff as required.
- The involvement of all staff is encouraged to ensure Phil Terry Health Care Services's Policies and Procedures reflect practice and to foster ownership and familiarity with the material.
- A copy of each form used by our organisation is maintained in the shared drive in the sub-folder; entitled "Forms".
- All staff can access the Policies and Procedures at Phil Terry Health Care Services's Office in paper based or electronic format.
- Policies and procedures are reviewed every three years at minimum or as required.

- All superseded policies and procedures are removed from the Phil Terry Health Care Services's Policy and Procedure folder and electronically archived by the Director only.

Phil Terry Health Care Services Information Management System

PROCEDURES

Participant Documentation Procedure

- Confidentiality of participant's records is maintained.
- All Phil Terry Health Care Services's staff and volunteers responsible for providing, directing or coordinating Participant care or support, must document their activities.
- Participant's files will provide accurate information regarding their care and support and will contain, but is not limited to:
 - Participant's personal details
 - Referral information
 - Assessments
 - Support plans and goals
 - Participant's reviews, and
 - Details regarding service responses.
- Original Participant documentation will be stored in the Participant's central file.
- Information relating to Participant's ongoing situation, including changes to their situation (i.e. increased confusion, deteriorating health, increased risks, etc.) is to be documented in the Participant's notes.
- All Phil Terry Health Care Services's staff required to document the activities relating to care and support of Participants, will be appropriately trained in effective documentation and record keeping.
- Individuals are not permitted to document on behalf of another person.
- Participant's records will be audited regularly to ensure documentation is thorough, appropriate and of high quality.
- Participant records will be stored in a safe and secure location with access available to authorised persons only.

- Agreements with brokerage agencies will include a requirement for brokerage workers to regularly document their activities.
- Staff must ensure that all relevant information about the progress of or support provided to a Participant is entered into that person's file notes in a factual, accurate, complete and timely manner.
- Staff must only use information collected from a Participant for the purpose for which it was collected.
- Participants should be advised that data which has been collected but which does not identify any Participant may be used by the organisation for the purposes of service promotion, planning and evaluation.
- Participants and their guardians have a right to access any of their personal information that has been collected. Staff will support such persons to access their personal information as requested.

Entering Phil Terry Health Care Services Service

- Create a Participant file to act as the central repository of all Participant's service information and interactions. This will only contain material relevant to the management of care or support needs including but not limited to:
 - Enquiry form
 - Copy of signed agreement
 - Assessments
 - Support Plan
 - Participant Intake form
 - Communication notes
 - Privacy statement, and
 - Complaint information
- Assign a unique identifier for each Participant for documentation and record keeping purposes.
- Collect initial information using the Phil Terry Health Care Services's Participant Intake form.
- Collect only personal information necessary to adequately assess and manage the Participant's care and support needs.

- Use the Phil Terry Health Care Services's Assessment Report to document Participant's assessment information.
- Phil Terry Health Care Services's Director will work with the Participant, their advocates(s) and any other family or service providers/individuals to develop and document a Participant Support Plan. This will be documented using the Phil Terry Health Care Services's Support Plan.

Ongoing Documentation Procedures

- Maintain Participant information in the electronic "Participant Management System" in accordance with system practices.
- Document Participant's information and service activities only on Phil Terry Health Care Services's approved forms or tools.
- Ensure other service agencies and health professionals involved with the care or support of Phil Terry Health Care Services's Participant provide adequate documentation of their activities and the Participant's well-being or condition.
- Clearly document:
 - The outcomes of all ongoing Participant's assessments and reassessment.
 - Changes or redevelopment of Participant's Support Plans including revised goals or preferences.
 - Any critical incidents or major changes in the Participant's health or well-being.
 - Conversations (in person or via telephone) with the Participant, family members, their representative or advocate.
 - Conversations regarding the Participant, with any other providers, agencies, health/ medical professionals, family members or other individuals with an interest in the Participant.
 - Activities associated with Participant's admission and exit including referrals.

Setting up and maintaining files for Participants

- Once the personal file for Participants has been established, staff must maintain that file. This requires staff to ensure that all information is accurate, up-to-date and complete.
- Staff must document in the person's file, significant issues and events that arise during their work with the Participants, as those events and issues occur.

- As information in the personal file becomes non-current (that is, information that no longer has any bearing on the services being provided to the Participant), staff will establish an archival file, and progressively cull such non-current information into that file for storage in a secure place.
- The Director must regularly audit the files of Participants to ensure that
 - The file is up-to-date
 - All forms are being used appropriately
 - Non-current information is being culled and stored in the archival file, and
 - The progress/file notes are factual, accurate, complete and in chronological order.
- When a Participant leaves the service, his/her personal file and archival file are to be stored in a secure place such as a locked area, or password protected file on a computer; all under the control of Phil Terry Health Care Services.

Participants file formats in hard copy

The files of Participants will be established and maintained in the following format:

- The file will consist of a standard manual folder or other similar folder.
- The forms must be based on the current formats, which have been approved by Phil Terry Health Care Services
- Archival files may be in the form of lever-arch folders or archive boxes and may be multiple in number; as required.
- If files are held in an electronic format, the forms/domains and formats must similarly be approved, and
- For ease of access, materials in the archival file should be listed chronologically with each page numbered in order, in groups of similar forms.

Security of files and Participant information

- All current hard copy files for Participants must be kept in a secure area such as a lockable filing cabinet at the service to ensure that only authorised personnel can gain access to personal information of a Participant. Authorised personnel include Phil Terry Health Care Services's staff members who are employed to provide support to the Participants. If it is not possible for files to be

stored at the service, then alternative arrangements should be made by the Participant and the Director to ensure confidentiality and security.

- All electronic files must be password protected to ensure confidentiality and security.
- If stored at the service, current files of Participants can only be taken from the service by relevant staff from Phil Terry Health Care Services when it is clearly for the purpose of assisting the Participants to provide information to, or to access another service such as a doctor.
- Non-current files should not be removed from the service unless:
 - They are being moved to a more secure archival storage unit
 - Permission has been sought from the Director to do so
- Faxing of information about Participants should only be considered in exceptional circumstances. For example, this may be required when time constraints prohibit the use of normal secure services and only when the receiver of the fax can guarantee the security of the information.
- Staff must not undertake any of the following actions without the express approval of the Director:
 - Photocopy any confidential document, form or record.
 - Copy any confidential or financial computer data to any other computer, USB or storage system such as google docs.
 - Convey any confidential data to any unauthorised staff member or to any other person(s)

Transporting hard copy files of Participants

If for any reason the files of Participants need to be transported from one location to another (such as from their normal location to a doctor), the files must be transported in a locked document container such as a briefcase or attaché case. Phil Terry Health Care Services will provide such locked cases wherever required.

Communication / file notes for Participants

- Communication/file notes for Participants must include the following components:
 - The date of each entry being made
 - The time when the entry is being made
 - The time when the event occurred
 - The nature of the event in a factual, accurate, complete and timely manner

- The signature of the person making the entry
- The surname of the person making the entry (printed in brackets)
- The person's position of employment
- Staff must ensure that all relevant information about the Participant is entered into the person's file notes in a factual, accurate, complete and timely manner.
- The file notes for each Participant should be written when a significant event occurs or to record the type of support provided while on duty. The definition of a significant event will vary from person to person and should be determined in consultation with the Director, and should normally relate to the support required by the person-centred plan.
- It is required that staff make an entry in the progress/file notes on each shift even when the person's day has gone according to plan and without occurrence of unusual or extraordinary events.
- All entries made into file notes should be placed on the next available line. Under no circumstances should blank spaces be left on the progress/file notes sheet.
- All file-note entries made by staff on behalf of another staff member (e.g. dictating over the phone) must be signed by the person dictating the notes on their next shift. It is the responsibility of that person to check the entry for accuracy, and if required note any corrections that need to be made on the next line available.
- Whenever required, the Participants should be made aware of what has been recorded in their progress/file notes

Access to files of Participants

- Participants and/or their guardians must have access to their own records on request. The Director should approve and control the way Participants access their own records to ensure that the security of other non-related information is maintained.
- Access to files of Participants is the direct responsibility of the Director. When access is requested by anyone other than staff employed by Phil Terry Health Care Services, it will only be granted when the Director is satisfied that the policies and procedures of Phil Terry Health Care Services have been followed and access to the file is in the best interest of the Participant. Such access will only be granted when consent has been given by the appropriate person.

- All files of Participants are the property of Phil Terry Health Care Services and although Participants and their guardians can access the file, it cannot be taken by the Participants or their guardian or be transferred to any service external to Phil Terry Health Care Services without permission of the Director.
- Copies of files that are legitimately released for any reason shall be recorded on an appropriate letter which shall be signed as a receipt by the service recipient or their legal guardian.
- The proper procedure for releasing information about Participants to persons or services that are external to Phil Terry Health Care Services is to proceed as per the "Consent Policy and Procedure."
- Any students on placement at Phil Terry Health Care Services may only access files with the consent of the Participant or their guardian. Students will be required to provide a written undertaking that they will always maintain confidentiality and only use non-identifying information. The contract is to specify that what information is to be used for, and that any written compositions containing the information will be given to the Director for approval.

Staff Records

Staff files are kept in a filing cabinet in the Director's office and are available only to the Director. The filing cabinet is locked when the office is unattended.

Minutes of Meetings

Minutes of meetings are maintained on the shared drive.

Other Administrative Information

- Individual staff are responsible for organising and maintaining the filing of general information in accordance with their job descriptions.
- Administrative information including funding information, financial information and general filing is maintained in the filing cabinets in Director's office. The cabinets are locked out of hours or when the office is unattended for a lengthy period of time.

Electronic Information Management

-Data Storage

- All data is stored on the shared drive of the server.
- Only the Director can add new data folders to the shared drive of the server.

-Backup

- All computer data (including emails) is backed up every night to a remote server.
- Periodic testing of backed-up data is undertaken to check the reliability of this system.

-External Programs

- No programs, external data or utilities are installed onto any workstation without the permission of the Director.

Log-in Credentials

- Assigned by the Director.

Email

- Staff may send and receive minimal personal emails.
- All emails are filed in the appropriate folders set up by the Director.
- Pornographic, sex-related or other junk email received is to be deleted immediately. Under no circumstances are staff allowed to respond to junk emails.

Internet

- Internet access is restricted to work related purposes.
- Internet access reports are maintained on the server and are regularly reviewed by the Director.
- Under no circumstances are staff allowed to access pornographic or sex-related sites.

Getting Help and Reporting Problems

- Our organisation maintains an ongoing IT support agreement.
- If staff experience problems with a program or computer or any other piece of equipment, they can in the first instance, contact the Director.
- If necessary, the Director will arrange for the IT Consultant(s) to provide assistance.

Social Media

- We are aware that social media (social networking sites; Facebook, Twitter etc., video and photo-sharing sites, blogs, forums, discussion boards and websites) promotes communication and information sharing.
- Staff who work in our organisation are required to ensure the privacy and confidentiality of the organisation's information and the privacy and confidentiality of Participant's information. Staff must not access inappropriate information or share any information related to their work through social media sites.
- Staff are required to seek clarification from the Director, if in doubt as to the appropriateness of sharing any information related to their work on social media sites.

Monitoring Information Management Processes and Systems

- Information management processes and systems are regularly audited as part of our audit program.
- Staff, Participants and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made.

Archival and Storage

- All records after their active time must be kept in archive files for an additional period. This retention period is determined by regulatory, statutory, legislative requirements and /or defined by Phil Terry Health Care Services as best practice. (Please See "Disposal and Archiving of Documents" (Attachment 1) for a guide to retention periods.).
- Records in archive must be identified and stored in a way that allows for easy access and retrieval when required.
- Archived records in hard copy must be stored in an environment which minimises deterioration and damage, i.e. not exposed to direct sunlight, moisture, extremes of temperature, pests, dust, fire hazards, etc.

Destruction of Records

- The following procedures apply for the destruction of records

- Junk mail and instructional post-it notes may be placed in recycling bins or other bins as required.
- All other Phil Terry Health Care Services's records/documents for destruction are to be
 - Shredded first and then placed in recycling bins, or
 - Sent off-site to be securely pulped, or
 - Deleted from the network

REFERENCES

- Disability Discrimination Action 1992 (Commonwealth)
- Privacy Act (1988)
- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018

RELATED DOCUMENTS

- All electronic and hard copy Phil Terry Health Care Services documentation
- Inquiry form
- Copy of signed agreement
- Assessments
- Support Plan
- Communication notes
- Privacy statement
- Complaint information

Attachment 1
Disposal and Archiving of Documents

Function/Activity	Description	Retention/Disposal Action	Custody
Aboriginal & Torres Strait Islander	Documents relating to Aboriginal health Normal operational documents	<ul style="list-style-type: none"> • Lifetime • 7 years after the person's last contact with the service 	Office
Business Information	Name Address Telephone number Compliance notices Financial records	<ul style="list-style-type: none"> • 7 years 	Office
Internal Audits	Audit schedule Audit questions Audit reports	<ul style="list-style-type: none"> • 2 years 	Office
Participant Records	Name Address Telephone number Emergency contact details Application or other documents Complaints about non-delivery of services	<ul style="list-style-type: none"> • 7 years 	Office

Contracts / Leases	Properties etc.	• 7 years	Office
Corrective Action	Corrective Action Requests	• 2 years	Office
Financial	Audits Budgets Receipts Cheques Petty Cash Documents and other financial records	• 7 years	Office
Management Review	Minutes of Meetings Monthly Reports	• 2 years	Held on PCs according to type of meeting

Linkage Policy

PURPOSE AND SCOPE

- People with disability have the same right as other members of Australian society to realise their full potential.
- They should be supported to participate in and contribute to social and economic life.
- Inclusion of, and access for, people with disability to mainstream and community-based activities and other government initiatives (National Disability Strategy 2010-2020).

POLICY

Phil Terry Health Care Services will access links between other service systems (for example, education), which will improve and support the varying needs of people with disability, their families and support workers.

Phil Terry Health Care Services' commitment is to make sure people with disability are connected into their communities by:

- Providing information on mainstream services and community activities which will benefit people with disability, as well as their families and support workers.
- Contributing to Linkage and networks within the community
- Providing participation and inclusion of people with disability, by working in partnership with community organisations.
- Supporting support workers to build the capacity of support workers and families to help sustain their caring role, by linking them into direct carer support services.
- Linking support workers and families to social and recreational activities that provide support workers with a break from their caring role and connect them with the community.

- Sourcing activities that promote carer's well-being such as personal development, peer support and mentoring.

PROCEDURE

The outcome for people with disability will maintain their ability to:

- Be connected and have the information they need to make decisions and choices.
- Have the skills and confidence to participate and contribute to the community, and protect their rights.
- Use and benefit from the same mainstream services as everyone else.
- Participate in and benefit from the same community activities as everyone else.
- Actively contribute to leading, shaping and influencing their community.

RELATED DOCUMENTS

- Participant Information Exchange Consent Form
- Agency Referral Form

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Framework for Information Linkages and Capacity Building

Participant Information Consent Form

Personal information collection, holding, use and disclosure of personal information by Phil Terry Health Care Services is protected by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) (Privacy Act).

Personal information is any information or an opinion that identifies you or could identify you, and includes information about your health.

The purpose for collecting personal information from you is to:

- Provide services, including planning, coordinating, funding, implementing, monitoring and reviewing our services
- Report to NDIS, government or other funding bodies of how funding is serviced by us,
- Take audio recordings, photographs and videos for therapeutic and marketing purposes
- Responding to your feedbacks, and
- Responding to your queries.

* Please note that Phil Terry Health Care Services is required to release information about service users (without identifying you by full name or address) to the Disability Services Commission and to the Australian Institute of Health and Welfare, to enable statistics about disability services and their participants to be compiled. The information will be kept confidential. This information is used for statistical purposes only and will not be used to affect your entitlements or your access to services. As a user of National Disability Agreement services, you have the right to access your own files and to update or correct information included in the Disability Services National Minimum Data Set collection.

Phil Terry Health Care Services will not disclose/use information about you for any secondary purpose unless:

- You have consented to the use or disclosure; or

- You would reasonably expect Phil Terry Health Care Services to use or disclose the information for the secondary purpose as it is directly related to the primary purpose; or
- The use or disclosure of the information is required or authorised by or under an Australian law or a court/tribunal order; or
- Phil Terry Health Care Services reasonably believes the use or disclosure is necessary to lessen or prevent a serious threat to life, health or safety of an individual or to public health and safety; or
- Phil Terry Health Care Services has reason to suspect an individual may have done something unlawful or engaged in serious misconduct that relates to Phil Terry Health Care Services functions or activities;
- Phil Terry Health Care Services reasonably believes that the use or disclosure is reasonably necessary to assist another person to locate a person reported as missing.

Use of Media (please tick)

- I do not give Phil Terry Health Care Services authority to use audio recordings, photographs and videos for therapeutic purposes
- I do not give Phil Terry Health Care Services authority to use audio recordings, photographs and videos for marketing purposes.
- I do not give Phil Terry Health Care Services authority to send me information about services via a Newsletter
- I do not give Phil Terry Health Care Services authority to contact me to advise me of service related opportunities

I give authority for Phil Terry Health Care Services Support Services; to collect, store, use and disclose personal and sensitive information, including health records, for the primary purpose of service provision and directly related needs in accordance with the Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) whilst I/we remain a participant of Phil Terry Health Care Services. If my/our circumstances change I agree to notify Phil Terry Health Care Services as soon as practicable.

Participant's Name:			
Signed by:		Date:	

Print Name:		Relationship to Participant:	

Note: Where a participant does not have the capacity to give informed consent and does not have a legal guardian who has the authority to make decisions on behalf of the participant, the participant's parent, family member or other person with a close personal relationship to the participant may sign this form. The person who signs on the participant's behalf must print their relationship to the participant next to their name.

Please send completed forms to: Phil Terry Health Care Services

Participant Consent for Third Party Release of Information

Pursuant to *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*

The purpose of this form is to provide consent to the release of personal information to third parties as requested by the Participant which is protected and governed by the privacy provisions of *The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*

I _____

.....

Consent to release to

.....
.....

Personal information which Phil Terry Health Care Services, or its staff need to release in order to respond to the following concern or issue:

Information regarding

I understand this may include personal information within the meaning of The Freedom of Information and Protection of Privacy Act 2012 (Cth).

I further understand that Phil Terry Health Care Services will only release as much information as is needed to respond to my concern and subject to the restrictions and provisions of The Freedom of Information and Protection of Privacy Act 2012 (Cth).

Signature of Person Consenting to Release

Date:

Consenting to the Release of Personal Information

- In order to comply with privacy legislation, this consent is necessary when participants ask third parties to either advocate or make inquiries on their behalf regarding various issues or services provided by Phil Terry Health Care Services
- In all cases, Phil Terry Health Care Services will only release as much information as is needed in order to respond to the inquiry or participant's concern.
- Certain information will not be released by Phil Terry Health Care Services (e.g. information about other individuals, records subject to solicitor-participant privilege, records relating to a current lawful investigation, records the release of which would affect the safety or health of anyone).
- In the event a subsequent inquiry is made by the same third party which is unrelated to any previous participant concern, another consent form will need to be completed.

Participant Service Charter of Rights

The Participant Service Charter outlines your rights, how you will be treated and what you can expect from Phil Terry Health Care Services. It also sets out your responsibilities and how you can give feedback on any aspect of the service.

Phil Terry Health Care Services takes a person-centred approach to care where the participant or their advocate is primary to any decisions being made.

Phil Terry Health Care Services exists to work with our participants, their advocates, family members and other service providers as relevant, to provide the services our participants need and need within the scope of our services.

We will provide support and work with other groups and education programs directly or in partnership with other services.

You can find information about our services on our website Phil Terry Health Care Services or by asking one of our staff.

Phil Terry Health Care Services will aid with services (as above) and provide support and work with other groups and programs directly or in partnership with other services.

Our Commitment to you

Phil Terry Health Care Services takes a strengths-based, person centred, holistic approach to care where the participant or their advocate is primary to any decisions being made. Will ensure that your care and support are managed with respect and consultation. When you are in contact with our organisation, we will:

- Treat you with respect at all times
- Treat you fairly and without discrimination

- Inform you of your rights and responsibilities
- Protect your personal information and only use it for the right reasons
- Involve you in decisions about the services you access and support you to have a say
- Support you to connect with other services if needed
- Tell you how to provide us with feedback on our service and how to make a complaint
- Ensure your safety and undertake practices that prevent injury to you and others.

WHAT YOU CAN EXPECT:

- Help you to access and use our services.
- Comply with your signed Service Support Agreement.
- Inform you of your rights and responsibilities.
- Arrange for an interpreter or other language services if you need this.
- Be polite and respect your views, opinions, personal circumstances and cultural diversity.
- Protect your personal information and only use it for the right reasons.
- Provide you with advice on other supports and services that may be available.
- Provide staff that have the appropriate skills and competencies to meet your needs.
- Treat you with dignity, fairness and respect, without discrimination or victimisation.
- Involve you in decisions about the services you receive and support you to have a say.
- Inform you how you can make a complaint and provide information on how we will respond to that complaint.
- Provide support and care that recognises and acknowledges each person's preferences, choices, interests and capability.
- Support your rights to receive quality care and support in an appropriate environment which promotes your participation.
- Provide services that meet or exceed relevant industry standards such as the National Standards for Disability Services and the Charter of Rights.

HOW YOU CAN HELP:

- You can help provide a quality service if you or your support person;
- Provide complete and accurate information about yourself and your situation

- Explain if there is a change in your health
- Let your support worker know if things change or you cannot keep an appointment or commitment
- Complete consent forms so we can work with your advocate (if applicable)
- Act respectfully and safely towards other people using the service and towards support worker
- Provide feedback about the service and how it could work better
- Report back to us if unhappy with services or if there is any matter of concern

HOW YOU CAN PROVIDE FEEDBACK:

Phil Terry Health Care Services values your feedback on a positive experience you have had with the service or how it could be improved. We also would like to know if you are not happy with the service you have received or believe you have not been treated fairly and reasonably.

You can give this feedback by;

- Completing a Compliments, Complaint/Feedback form
- Talking directly to a support worker
- Ask to speak to a more senior person
- Contacting the office on the phone

HOW THE COMPLAINTS, FEEDBACK WILL BE MANAGED:

Phil Terry Health Care Services will resolve complaints openly, honestly and quickly. Your complaint and a response will be acknowledged within 1 working day. If you are not satisfied with the resolution of your complaint, you may contact an independent body such as:

NDIS Commission

Ph: 1800 035 544 (free call from landlines) or TTY 133 677. National Relay Service and ask for 1800 035 544.

<https://forms.business.gov.au/smartforms/servlet/SmartForm.html?formCode=PRD00-OCF>

Participant Transition or Exit Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services's Transition or Exit policy complies with the National Disability Insurance Scheme Act 2013 which promotes access, inclusion and choice for people with disability.

This policy applies to all participants receiving supports and services from Phil Terry Health Care Services. The purpose of this policy is to define a Transition or Exit process for participants, his or her nominee (where applicable). The policy provides direction for Phil Terry Health Care Services's staff when considering the exit of a participant from the organisation.

POLICY

Phil Terry Health Care Services is committed to providing participants with information and support through the process of transition into or exiting from the organisation's services.

- All participants are provided with the necessary information and explanation in appropriate communication formats in relation to their transition into or exit from the service.
- Participants are provided with information and support through the process of transition into or exit from the organisation's service.
- Participant transition strategies and exit planning will be documented in the participant's service agreement and support plan.
- The participant entry and exit process for programs is clear and the organisation adopts fair and non-discriminatory processes when a participant chooses to or is required to leave the service.

DEFINITIONS

<p>Transition</p>	<p>Is preparing for and supporting the participant to enter or exit the service or referral from another service or to another service or program where appropriate.</p>
<p>Exit (or discharge)</p>	<p>Is the process through which participants transition out of the services of Phil Terry Health Care Services .</p> <p>The exit process generally occurs when the participant has reached their goals outlined in the participants support plan. For some participant there may be a period of transition to exit or some form of continuing care.</p>

The circumstances which will lead to an exit from a service provided by Phil Terry Health Care Services include; participant goals have been met, or a participant chooses to leave or cease the services, or a participant wishes to transfer to another service provider, or the participant no longer is eligible for services.

PROCEDURE

Phil Terry Health Care Services will;

- Undertake a collaborative approach when undertaking all decision-making processing regarding transition and exit to allow for an informed approach.
- Ensure it is explained to all participants at the time of development of their individual service agreement and support plan, how and when a process of transition or exit can occur.
- A transition or exit plan will be developed at the time of entry to the service.

- As per the Service Agreement, give a minimum notice of no less than 14 days or a longer period, as is adequate to enable the participant, his or her nominee, or Phil Terry Health Care Services, to nominate an alternative Registered Provider to deliver those support services.
- Ensure the issue of Transition or Exit is discussed in participant service reviews.
- Ensure that the participant is aware of any risks involved with transitioning into or exiting from the service
- Ensure that Transition or Exit is timely, seamless and offers flexible and reliable support linked to other services.
- Support participants to transition into our service, to other services or cease services as needed.
- Phil Terry Health Care Services will give notice of intent to withdraw/terminate services to a participant in accordance with the Service Agreement which states no less than 14 days' notice or longer as required.
- An entry interview is part of the transition entry, participants wishing to make a complaint regarding their transition into the service will be provided with details on the complaint process.
- An exit interview is part of the Exit plan, participants wishing to make a complaint regarding their exit will be provided with details on the process of complaint.
- Risks associated with the transition or exit process' are identified during the planning stage, documented in the participants plan and responded to immediately.
- Once a participant has accepted a support Transition, Phil Terry Health Care Services, will aim to minimise the impact of change that is occurring for the participant and to create a support schedule that meets the participant's goals, needs and requirements in a person-centred way.

RELATED DOCUMENTS

- Service Agreement
- Participant Support Plan

- Progress Notes
- Compliments and Complaint/Feedback Form
- Code of Conduct policy

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Privacy and Confidentiality Act (1988)
- NSW Anti-Discrimination Act

Privacy & Confidentiality Agreement

I, _____ agree to the following terms, which form part of the employment conditions of all Phil Terry Health Care Services employees.

The employee acknowledges that in the course of their employment at Phil Terry Health Care Services, they may have access or become acquainted with the written materials and other confidential health information, and agrees;

- a) To maintain the confidence of the confidential information and to prevent unauthorised disclosure to or use by any other person, firm or company;
- b) To only use confidential information for the purpose of carrying out their duties whether that be during employment or after it has ceased;
- c) Not to remove any part of the confidential information from the premises of the employer without written consent of the employer;
- d) Not for any reason appropriate, copy, memorize or in any manner reproduce or part with any confidential information; and
- e) On termination of their employment or else when required to do so by the employer, return any and all of the confidential information including any copy of that information, in whatever form that could be.
- f) When borrowing manuals/information they will return it wholly and in good condition at the time required by the employer

All employees must read the Phil Terry Health Care Services Policy and Procedure regarding Privacy and Confidentiality.

Any employee in breach of the Privacy and/or Confidentiality Agreement and Policy and Procedure will face disciplinary action.



Phil Terry Health Care Services Policy and Procedures Manual

() I have read and understood the information regarding the Privacy and Confidentiality Agreement

Employee Signature

Employee Name

Director Signature

Director's Name

Date

Privacy and Confidentiality Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services to manage and ensure that the rights of the participants remain private and only used for purpose that it is collected. This policy applies to all employees.

POLICY

Phil Terry Health Care Services is committed to protecting and upholding the right to privacy of participants, staff, management and representatives of agencies we deal with.

Phil Terry Health Care Services is committed to protecting and upholding the rights of our participants to privacy in the way we collect, store and use information about them, their needs and the services provided to them.

Phil Terry Health Care Services requires employees and management to be consistent and careful in the way they manage what is written and said about individuals and how they decide who can see or hear this information.

Phil Terry Health Care Services is subject to NDIS (Quality and Safeguards) Commission. The organisation will follow the guidelines of the Australian Privacy Principles in its information management practices.

Phil Terry Health Care Services will ensure that each participant understands and agrees to what personal information will be collected and why, including recorded material in audio and/or visual format.

Phil Terry Health Care Services will advise each participant of confidentiality policies using the language, mode of communication and terms that the participant is most likely to understand.

Phil Terry Health Care Services will ensure that:

- It meets its legal and ethical obligations as an employer and service provider in relation to protecting the privacy of participants and organisational personnel.
- Participants are provided with information about their rights regarding privacy and confidentiality.
- Participants and organisational personnel are provided with privacy and confidentiality when they are being interviewed or discussing matters of a personal or sensitive nature.
- All staff, management and volunteers understand what is required in meeting these obligations.
- Participants are advised of confidentiality policies using the language, mode of communications and terms that are most likely to be understood. Our company will attempt to locate interpreters and use easy access materials such as those on NDIS website.

This policy conforms to the Federal Privacy Act (1988) and the Australian Privacy Principles which govern the collection, use and storage of personal information.

This policy will apply to all records, whether hard copy or electronic, containing personal information about individuals, and to interviews or discussions of a sensitive personal nature.

PROCEDURES

Dealing with personal information

In dealing with personal information, Phil Terry Health Care Services staff will:

- Ensure privacy for participants, staff, or management when they are being interviewed or discussing matters of a personal or sensitive nature.

- Only collect and store personal information that is necessary for the functioning of the organisation and its activities.
- Use fair and lawful ways to collect personal information.
- Collect personal information only by consent from an individual.
- Ensure that people know what sort of personal information is held, what purposes it is held it for and how it is collected, used, disclosed and who will have access to it.
- Ensure that personal information collected or disclosed is accurate, complete and up-to-date, and provide access to any individual to review information or correct wrong information about themselves.
- Take reasonable steps to protect all personal information from misuse and loss and from unauthorised access, modification or disclosure.
- Destroy or permanently de-identify personal information no longer needed and/or after legal requirements for retaining documents have expired.
- Ensure that participants understand and agree to what personal information will be collected and why.
- Participants will be informed why any recordings occur - audio and/or visual format. These must be agreed to in writing.

Participant Records

Participant records will be confidential to participants and staff directly engaged in delivery of service to the participant. Information about participants may only be made available to other parties with the consent of the participant, or their advocate, guardian or legal representative. All participant records will be kept on a securely protected database that is restricted to staff members directly engaged in delivery of service to the participant.

All paper participant records will be kept securely in a locked filing cabinet, in the office of Director.

Responsibilities for managing privacy

- All staff are responsible for the management of personal information to which they have access, and in the conduct of research, consultation or advocacy work.
- Director is responsible for content in Phil Terry Health Care Services publications, communications and website and must ensure the following:
 - Appropriate consent is obtained for the inclusion of any personal information about any individual including Phil Terry Health Care Services personnel (Consent policy)
 - Information being provided by other agencies or external individuals conforms to privacy principles
 - That the website contains a Privacy statement that makes clear the conditions of any collection of personal information from the public through their visit to the website.
- Director is responsible for safeguarding personal information relating to Phil Terry Health Care Services staff, management, contractors.
- Director will be responsible for:
 - Ensuring that all staff are familiar with the Privacy Policy and administrative procedures for handling personal information.
 - Ensuring that participants and other relevant individuals are provided with information about their rights regarding privacy.
 - Handling any queries or complaint about a privacy issue.

Privacy information for participants

At the first interview participants will be told what information is being collected, how their privacy will be protected and their rights in relation to this information.

Privacy for interviews and personal discussions

To ensure privacy for participants or staff when discussing sensitive or personal matters, the organisation will:

- Only collect personal information which is necessary for the provision of information provided on the site;
- Which is given voluntarily; and

- Which will be stored securely on the Phil Terry Health Care Services database

When in possession or control of a record containing personal information, will ensure that:

- The record is Phil Terry Health Care Services protected against loss, unauthorised access, modification or disclose, by such steps as it is reasonable in the circumstances to take;
- If it is necessary for that record to be given to a person in connection with the provision of a service to Phil Terry Health Care Services, everything reasonable will be done to prevent unauthorised use or disclosure of that record.

Phil Terry Health Care Services will not disclose such personal information to a third party:

- Without the individual's consent; or
- Unless that disclosure is required or authorised by or under law

RELATED DOCUMENTS

- Code of Conduct Form
- Privacy and Confidentiality Agreement
- Policies and Procedures

REFERENCES

- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Quality Management Policy

PURPOSE AND SCOPE

Quality management system has been established to provide focus and direction within anPhil Terry Health Care Services to have a positive impact on operational effectiveness resulting in a high-quality service.

It is the responsibility of Director to manage the quality management system and to undertake appropriate measures.

It is the responsibility of employees engaged in service deliver to follow quality policies.

POLICY

Phil Terry Health Care Services recognises the importance of managing a quality system. This policy will give an overview of the systems refer to the policy for the details of the process. the detail of each policy listed. Quality Management System in to support service delivery and ensure that the service meets the requirements under NDIS.

Phil Terry Health Care Services Quality Management System includes:

- Auditing and reviewing legislation that directly affects service provision (Legislative Compliance Policy);
- Auditing and reviewing policies and procedures to meet National Disability Insurance Standards and Guidelines (Legislative Compliance)
- Using data gained from complaints and feedback to improve services and procedures(Complaints and Feedback Policy);
- Managing the continuous improvement system to determine areas of improvement including input from:

- Complaints and Feedback Policy and Procedure
- Risk Management Policy and Procedure
- Incident Reporting Policy and Procedure
- Continuous Improvement Policy and Procedure
- Reporting all relevant improvements from Continuous Improvement Register to the management and into Corporate Governance processes to inform management of the service;
- Risks highlighted through the Risk Management Policy will be used to reduce hazards and improve practices;
- Human resources to include training staff in providing quality support to meet the individual needs of participants including:
 - Employment Register – qualifications, checks, registers
 - Participants are to access to quality services and be able to have input via Complaints and Feedback;
 - Service delivery to meet best-practice standards, evidence-based, person-centred support plans designed for the individual participant. Review of policies and procedures combined with feedback strategies allow for a quality management of services.

PROCEDURE



Identification

Risks are identified through the following mechanisms:

- Hazard data
- Risk assessments including Environmental and Equipment assessments

- Incident\Accident information
- Staff, participant and visitor feedback and complaints
- Maintenance Log items
- Review of policies and procedures
- Input from staff meetings
- Information from planning days including, Strategic and Operational planning sessions
- Information obtained via education and training
- Internal and external audits

Planning

Phil Terry Health Care Services have established and maintain a Risk Management Plan. The Plan identifies and addresses:

- Risks to Phil Terry Health Care Services – Including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff illness, damage to reputation and relationships, changes in compliance requirements and eligibility, decisions by the Director and loss of data due to natural disasters.
- Risks to staff - Including lack of suitably qualified staff, extended staff illness, staff injury due to WHS risks, changes in training and education compliance requirements, impacts of natural disasters and infection.
- Risks to Participants - including environmental, fire, falls, transport, staff working in Participant's home, changes in consistency of performance of activities, interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan includes the following information:

- The risk,
- Date the risk was identified,
- Risk rating; possible consequence/s of the risk,
- The actions to eliminate, mitigate or control the risk, and
- Risk review dates; new controls and changes to existing controls.

The Risk Management Plan is reviewed by Director every two months or more frequently, as required in response to information received via WHS, Audit and Continuous Improvement systems.

Managing Risks

-Controls

Controls are strategies utilised to manage risk and are balanced against the cost and inconvenience of the control. Controls utilised by Phil Terry Health Care Services include:

- Strategic Plan
- Risk Management Plan
- Staff orientation, education and training
- Actions from Environmental Risk Assessments and all other Phil Terry Health Care Services risk assessments
- Phil Terry Health Care Services information systems including meetings and memos
- Policies, procedures and work instructions
- Position descriptions
- Capital Maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances

-Improvement Committee

All risks will be reviewed by Phil Terry Health Care Services's Director.

Members of the Improvement Committee are representatives of the Phil Terry Health Care Services workforce.

The Committee meets quarterly, and its function is to identify risks through the review of information listed as above (see Procedure - Identification).

Where risks are ongoing, these items are entered in the Risk Management Plan and Continuous Improvement Plan.

Management is charged with ensuring that all actions required to manage risks are undertaken in accordance with nominated timeframes.

-Hazard Identification

Where a hazard or potential hazard is identified, staff must place details of the hazard on the Hazard Form and provide this to the Director on the same working day

If the consequences of the hazard are assessed as High or Extreme, staff must contact Phil Terry Health Care Services to inform the Director immediately or as soon as it is safe to do so.

Director will take steps to address Extreme or High hazards immediately.

Detailed documentation of action taken must be placed on the Hazard and Risk Assessment forms and where required, on the Continuous Improvement Plan.

All hazard reports are forwarded to the Phil Terry Health Care Services Improvement Committee for review.

-Monitoring

Risk management processes and systems are regularly audited as part of our Audit program.

-Reporting

Phil Terry Health Care Services will use the data gained from the Risk Management process to inform decisions and plans to continuously improve practices. The analysis will be referred to allow changes in services, policies and procedures. This analysis will include but not limited to:

- Complaints and feedback,
- Financial risk,
- Staffing issues,
- Participant satisfaction,
- Risks to participants and staff,
- Changes to legal or compliance requirements,

- Training and education.

RELATED DOCUMENTS

- Hazard Form
- Continuous Improvement Policy
- Compliments, Complaints/Feedback Policy and Form
- Risk Assessment Form
- Strategic Plan
- Risk Management Plan
- Actions from Environmental Risk Assessments and all other Phil Terry Health Care
- Documentation, including meetings and memos
- Policies, procedures and work instructions
- Position descriptions
- Capital Maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances
- Complaints and Feedback Policy and Procedure
- Risk Management Policy and Procedure
- Incident Reporting Policy and Procedure
- Continuous Improvement Policy and Procedure
- Corporate Governance Policy

REFERENCES

- Work Health and Safety Act (2011)
- Privacy Act (1988)
- NDIS (Quality and Safeguards) Commission (2018)
- NDIS Practice Standards and Quality Indicators 2018
- National Disability Insurance Scheme Act (2013)

Risk Management Policy and Procedure

PURPOSE AND SCOPE

Phil Terry Health Care Services is actively working to identify, address and monitor potential risks to promote a safe environment for participants, staff and visitors and to maintain effective and viable business operations.

It is the responsibility of the Director to carry out risk management analyses for the organisation and to take appropriate measures.

POLICY

Phil Terry Health Care Services; recognises the importance of managing risk and ensure that all stakeholders are aware of their own roles in identifying, analysing, evaluating, treating, monitoring and communicating risk in a systematic risk management approach.

Phil Terry Health Care Services understands the organisation may be at risk when:

- They do not have a well-functioning governance structure;
- Management plans, policies and processes are inadequate;
- Team member roles and responsibilities are unclear;
- They do not require participants to sign consent forms or waivers;
- Equipment and facilities are not safe for intended use;
- They have not implemented a comprehensive Risk Management Plan;
- Insurance is inadequate or inappropriate; or
- Operations are not regularly evaluated.

DEFINITION

Risk	Is the chance of something happening that will have an impact on the Service’s objectives. It is measured in terms of consequences and likelihood and if the risk will have a positive or negative impact.
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PROCEDURE



Identification

Risks are identified through the following mechanisms:

- Hazard data
- Risk assessments including Environmental and Equipment assessments
- Incident\Accident information
- Staff, participant and visitor feedback and complaints
- Maintenance Log items
- Review of policies and procedures
- Input from staff meetings
- Information from planning days including, Strategic and Operational planning sessions
- Information obtained via education and training
- Internal and external audits

Planning

Phil Terry Health Care Services have established and maintain a Risk Management Plan. The Plan identifies and addresses:

- Risks to Phil Terry Health Care Services – Including loss of funding, inability to deliver funded outcomes within budget, embezzlement of funds, lack of suitably qualified staff, extended staff illness, damage to reputation and relationships, changes in compliance requirements and eligibility, decisions by the Director and loss of data due to natural disasters.
- Risks to staff - Including lack of suitably qualified staff, extended staff illness, staff injury due to WHS risks, changes in training and education compliance requirements, impacts of natural disasters and infection.
- Risks to Participants - including environmental, fire, falls, transport, staff working in Participant's home, changes in consistency of performance of activities, interruptions to service delivery and exit plans (transitioning services to another service provider).

The Risk Management Plan includes the following information:

- The risk
- Date the risk was identified
- Risk rating; possible consequence/s of the risk
- The actions to eliminate, mitigate or control the risk
- Risk review dates; new controls and changes to existing controls.

The Risk Management Plan is reviewed by Director every two months or more frequently, as required in response to information received via WHS, Audit and Continuous Improvement systems.

Managing Risks

-Controls

Controls are strategies utilised to manage risk and are balanced against the cost and inconvenience of the control. Controls utilised by Phil Terry Health Care Services include:

- Strategic Plan
- Risk Management Plan
- Staff orientation, education and training
- Actions from Environmental Risk Assessments and all other Phil Terry Health Care Services risk assessments
- Phil Terry Health Care Services information systems including meetings and memos
- Policies, procedures and work instructions
- Position descriptions
- Capital Maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances

-Improvement Committee (Please review)

All risks will be reviewed by Phil Terry Health Care Services's Director.

Members of the Improvement Committee are representatives of the Phil Terry Health Care Services workforce.

The Committee meets quarterly, and its function is to identify risks through the review of information listed as above (see Procedure - Identification).

Where risks are ongoing, these items are entered in the Risk Management Plan and Continuous Improvement Plan.

Management is charged with ensuring that all actions required to manage risks are undertaken in accordance with nominated time frames.

-Hazard Identification

Where a hazard or potential hazard is identified, staff must place details of the hazard on the Hazard Form and provide this to the Director on the same working day

If the consequences of the hazard are assessed as High or Extreme, staff must contact Phil Terry Health Care Services to inform the Director immediately or as soon as it is safe to do so.

Director will take steps to address Extreme or High hazards immediately.

Detailed documentation of action taken must be placed on the Hazard and Risk Assessment forms and where required, on the Continuous Improvement Plan.

All hazard reports are forwarded to the Phil Terry Health Care Services Improvement Committee for review.

-Monitoring

Risk management processes and systems are regularly audited as part of our Audit program.

-Reporting

Phil Terry Health Care Services will use the data gained from the Risk Management process to inform decisions and plans to continuously improve practices. The analysis will be referred to allow changes in services, policies and procedures. This analysis will include but not limited to:

- Complaints and feedback
- Financial risk
- Staffing issues
- Participant satisfaction
- Risks to participants and staff
- Changes to legal or compliance requirements
- Training and education

Consequence Rating Table – the participant				
Insignificant	Minor	Moderate	Major	Extreme
Less than first aid injury or	First aid injury or	Substantial injury resulting in	Significant injury causing	Avoidable death of a person or
Brief emotional disturbance	Emotional disturbance impacting more than two days – does not require treatment	medical treatment or	permanent impairment or	Systemic faults allowing
		Temporary impairment or	Severe, long lasting or significant	widespread abuse/ neglect of people receiving support
		Development /exacerbation of mental illness requiring treatment or	exacerbation of mental illness requiring long-term treatment or	
		Some cases of abuse/ neglect of the person	Significant faults allowing	
			significant abuse/ neglect of people receiving support.	

Consequence Rating Table – Support Worker and others				
Insignificant	Minor	Moderate	Major	Extreme
Nil or minor first aid injury or Brief emotional disturbance	First aid injury or Psychological injury impacting more than two days– does not require treatment	Substantial injury resulting in medical treatment or Temporary impairment or Development / exacerbation of psychological injury requiring treatment.	Significant injury causing permanent impairment or Severe, long lasting or significant exacerbation of mental illness requiring long-term treatment.	Preventable fatality

RELATED DOCUMENTS

- Hazard Form
- Continuous Improvement Policy
- Compliments, Complaints/Feedback Policy and Form
- Risk Assessment Form
- Strategic Plan
- Risk Management Plan
- Actions from Environmental Risk Assessments and all other Phil Terry Health Care
- Documentation, including meetings and memos
- Policies, procedures and work instructions

- Position descriptions
- Capital Maintenance and equipment budgets and plans
- Maintenance of current registrations and insurances

REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)

Safe Environment

PURPOSE AND OBJECTIVES

Phil Terry Health Care Services recognises the right of participants to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse.

Phil Terry Health Care Services will encourage and support any person who has witnessed abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

Phil Terry Health Care Services acknowledges that prevention is the best protection from abuse and neglect and recognises its duty of care obligations to implement prevention strategies that include suitable recruitment and screening protocols for identifying potential risks.

Phil Terry Health Care Services recognises that prevention strategies should include the employment of skilled staff who respect the rights of participants and who are aware of current legislation and policies pertaining to abuse and neglect. Such staff will assist participants and their families or guardians to access complaints mechanisms and to raise any concerns they have about service provision.

Where abuse, harm or neglect has occurred, Phil Terry Health Care Services will respond quickly, considerately and effectively to protect the service user from any further harm, ensuring all reporting is in line with standards.

To provide support to participants to be safe within any environment.

POLICY

This policy aims to:

- Take a preventative, proactive and participatory approach to participant safety;
- Value and empower participants to participate in decisions which affect their lives;
- Foster a culture of openness that supports all persons to safely disclose risks of harm to participants
- Respect diversity in cultures and/or child-rearing practices while keeping participant safety paramount;
- Provide written guidance on appropriate conduct and behaviour towards participants;
- Engage only the most suitable people to work with participants and have high quality staff and volunteer supervision and professional development;
- Ensure participants know who to talk with if they are worried or are feeling unsafe, and that they are comfortable and encouraged to raise such issues;
- Report suspected abuse, neglect or mistreatment promptly to the appropriate authorities(refer to Working with Children Policy and Procedures for process);
- Record any details and outcomes of reviews and investigations of allegations and incidents use information to prevent future occurrences.
- Ensure that participants are aware that they have the right to live in a safe environment;
- Share information appropriately and lawfully with other organisations where the safety and well being of participant is at risk; and
- Value the input of and communicate regularly with families, advocates or representatives.
- Phil Terry Health Care Services staff are identified as support worker through wearing uniforms or carrying identification.
- Ensures the support environment is safe for the participant.
- Review other providers and services to identify and treat risks, ensure safe environments, and prevent and manage injuries (Risk Management, Work Health and Safety policies)

Application, Steps and Process

Strategies to embed an organisational culture of child safety

- As part of Annual compliance and business monitoring activities, Phil Terry Health Care Services has and will continue to review safe practices and standards.
- Phil Terry Health Care Services annually engages in a review of its philosophy and business practices with the purpose of ensuring that policies, procedures and practice are underpinned by the aims of this policy.
- The Director will continue to provide advice and ensure leadership around child safe principles.

Statement of commitment to safety

Phil Terry Health Care Services has implemented the following statement of commitment to safety

Phil Terry Health Care Services is committed to safety and well being of all participants. This will be the primary focus of our support and decision-making. Phil Terry Health Care Services is committed to providing a safe environment where participants are safe and feel safe, and their voices are heard about decisions that affect their lives. Attention will be paid to the cultural safety of Aboriginal participant and participant from culturally and/or linguistically diverse backgrounds, as well as the safety of participant with a disability.

Every person involved in Phil Terry Health Care Services has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure that the well being and safety of all participant and young people is at the forefront of all they do and every decision they make.

Safe code of conduct

Phil Terry Health Care Services have developed the following code of conduct

- Phil Terry Health Care Services is committed to the safety and well being of participant and participants.
- Our business recognises the importance of, and a responsibility for, ensuring our environment is a safe, supportive and enriching environment which respects and fosters the dignity and self-esteem of all people, and enables them to thrive.
- This Code of Conduct aims to protect both and participants and to reduce any opportunities for abuse or harm to occur. It also assists in understanding how to avoid or better manage risky behaviours and situations. It is intended to complement child protection legislation, disability legislation, Department policy, policies and procedures and professional standards, codes or ethics as these apply to staff and other personnel. Phil Terry Health Care Services management will support implementation and monitoring of the Code of Conduct, and will plan, implement and monitor arrangements to provide inclusive and safe environments.
- All staff, contractors, volunteers and any other community members involved in participant-related work are required to comply with the Code of Conduct by observing expectations for appropriate behaviour below. The Code of Conduct applies in all situations, including planned activities and in the use of digital technology and social media.

Acceptable behaviours

As staff, volunteers, contractors, and any community members involved in participant-related work individually, we are responsible for supporting and promoting the safety of participant by:

- Upholding the Phil Terry Health Care Services' statement of commitment to child safety at all times [Including and adhering to the Phil Terry Health Care Services Working with Children policy]
- Treating participant and participants plus their families with respect both within the environment and outside activities as part of normal social and community activities.

- Listening and responding to the views and concerns of participant and participants, particularly if they are telling you that they or another child has been abused or that they are worried about their safety/the safety of another child
- Promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander students through interactions with their community leaders and members.
- Promoting the cultural safety, participation and empowerment of students with culturally and/or linguistically diverse backgrounds through engagement with the community accessing the service
- Promoting the safety, participation and empowerment of people with a disability
- Reporting any allegations of child or participant abuse or other child safety concerns to the Director.
- Reporting any allegations and incidents of violence, abuse, neglect, exploitation or discrimination are reported to Director.
- Support and assist the person making an allegation
- Understanding and complying with all reporting or disclosure obligations (including mandatory reporting see Working with Children Policy and Procedure) as they relate to protecting participant from harm or abuse.
- Record any details of allegation or incident
- Maintaining the right to live in a safe environment through promoting and informing the participants of their rights.
- If abuse is suspected, ensuring as quickly as possible that the student(s) are safe and protected from harm.
- Providing autonomy is respected including the participant's right to intimacy and sexual expression.
- Identify self upon entering premises and using required identification.

Unacceptable behaviours

As staff, volunteers, contractors, and any community member involved in participant-related work we must not:

- Ignore or disregard any concerns, suspicions or disclosures of abuse

- Develop a relationship with any participant that could be seen as favouritism or amount to ‘grooming’ behaviour (for example, offering gifts)
- Exhibit behaviours or engage in activities with participants which may be interpreted as abusive and not justified by the educational, therapeutic, or service delivery context
- Ignore behaviours by other adults towards young participants when they appear to be overly familiar or inappropriate
- Discuss content of an intimate nature or use sexual innuendo with participants, except where it occurs relevantly in the context of parental guidance, delivering the education curriculum or a therapeutic setting
- Treat a participant unfavourably because of their disability, age, gender, race, culture, vulnerability, sexuality or ethnicity.
- Communicate directly with an underage participant through personal or private contact channels (including by social media, email, instant messaging, texting etc) except where that communication is reasonable in all the circumstances, related to work or activities or where there is a safety concern or other urgent matter

Screening, supervising, training and HR practices to reduce the risk of child abuse

All staff will be required to undertake checks including both Police and/or Working with Children.

Phil Terry Health Care Services has completed the following checks

- Working with children check.
- Criminal History Check.
- Mandatory Worker Screening.

Strategies to identify and reduce or remove risks of child abuse

Phil Terry Health Care Services recognise that creating a safe organisation begins with a clear understanding of the potential risks to participant and other participants in an organisation’s setting – what could go wrong and what you can do to reduce or remove these risks. To reduce

the likelihood of harm, Phil Terry Health Care Services will consider, define and acted against its organisational risks.

This includes:

- Thinking about the organisation, its activities and the services it provides to participant and participants,
- Planning how to make activities as safe as possible,
- Develop a safety plan for individuals who require additional supports,
- Supporting participants with disabilities to understand plans and safety procedures in a manner that supports their understanding,
- Informing participants that have the right to live in a safe environment,
- Being proactive to reduce the likelihood of risks.

To report child abuse please go to Working with Children Policy and Procedure for this process.

REFERENCES

- United Nations Convention on the Rights of the Child 1989
- The National Framework for protecting Australia's Children
- NDIS Practice Standards and Quality Indicators 2018

Service Agreement Policy

PURPOSE AND SCOPE

Phil Terry Health Care Services undertakes the development of a Service Agreement during the Assessment Process and with the collaboration of relevant parties.

It is the responsibility of the Director to undertake the development of Service Agreement with the participant to ensure it is designed specifically for the participant.

POLICY

Phil Terry Health Care Services collaborates with each participant to develop a service agreement which establishes:

- Expectations,
- Explains the supports to be delivered, and
- Specifies any conditions attached to the delivery of supports, including why these conditions are attached

Participant is supported to understand their service agreement and conditions using the language, mode of communication and terms that the participant is most likely to understand.

PROCEDURE

Phil Terry Health Care Services undertakes the following process to develop a Service Agreement with each participant:

- Collaborate with the family, advocate or representative to ensure that the service agreement meets the requirements and is linked to needs, interests and aspirations.

- Use appropriate communication method to explore, explain and determine what is being provided within the agreement.
- Records are kept explaining the process undertaken.
- Copy of Service agreement is given to the participant.
- Should a participant not wish to keep a copy of the agreement, then the circumstance under which the participant did not receive a copy of the agreement, must be documented and kept on the participants file. It is good practice to have the participant make note on the agreement that a copy was not required.
- Supported Disability Accommodation Service Agreement must include outline the party or parties responsible and their roles (where applicable) for the following matters:
 - Addressing how a Participant's concerns about the dwelling will be communicated;
 - Management of potential conflicts involving participant(s);
 - Agree on how changes to participant circumstances and/or support needs will be communicated;
 - In shared living, method of filling vacancies, including each participant's right to have their needs, preferences and situation taken into account; and
 - Management of behaviours of concern which may put tenancies at risk, if this is a relevant to participant

RELATED DOCUMENTS

- Service Agreement

REFERENCES

- Work Health and Safety Act (2011)
- NDIS Practice Standards and Quality Indicators 2018

Support Management Policy and Procedure

PURPOSE AND SCOPE

- To provide management and program design, individual planning, coordination and Support Management.
- To ensure staff are trained and act professionally at all times when developing plans that empower participant to achieve their needs, goals and aspirations.
- To keep participants informed on their plan whilst undertaking a holistic approach that incorporates strengths-based and person-centred plans.

POLICY

It is Phil Terry Health Care Services policy that all case-managed services are developed and delivered in collaboration with Participants or their advocates. All participants, family members, representatives or advocates must be included in any decision-making processes, choice of strategies or activities and approval for all aspects of their support plan. Support Management will include delivery, monitoring, review and reassessment in a timely manner.

Support Management will be utilised to:

- Empower Participants;
- Promote independence;
- Allow them to express their choices, aspirations and preferences;
- Participate in their community and engage in mainstream activities of their choosing;
- Communicate current status against goals and outcomes; and
- Enable them to make arrangements that meet their care needs.

This will ensure that a holistic approach linked to the participant's strengths, needs, goals and aspirations are incorporated within their plan. Phil Terry Health Care Services will utilise this policy to ensure the organisation maintains a contemporary approach to support management services

PROCEDURE

Support Management Principles

Support Management includes: Screening; Comprehensive assessment; Support Planning & Support Plan implementation; Monitoring; Review; and Case closure.

Phil Terry Health Care Services Director of packaged care services will:

- Match available resources and participants needs;
- Work across the service boundaries to ensure that Participants with complex care needs are able to have access to a full range of allied health, health and social support services they need;
- Provide a single point of contact for participants that require a complex range of services and/or require intensive levels of support

Screening & Comprehensive Assessment

- Ensure Participant referred to Phil Terry Health Care Services case managed service is screened for eligibility and suitability in accordance with applicable program guidelines and Phil Terry Health Care Services Policies & Procedures - Service Access and Assessment;
- Verify that consent for assessment and services was received, and is recorded in the Participant's file;
- Review the Participant's referral information and confirm eligibility and suitability for a Phil Terry Health Care Services service;
- Contact the Participant and arrange a suitable time for a comprehensive assessment;

- With the Participant's consent, arrange interpreters, advocates, guardians, or other service providers to attend the assessment, as appropriate;
- Determine (if possible) whether clinical assessment of the Participant's health condition is required and arrange for the appropriate staff (i.e. RNs) to attend the assessment;
- Ensure representatives identified by the Participant such as family member and carers, are contacted and if necessary, assisted to attend the assessment;
- On the day of the assessment, the assessment should be carried in accordance with organisation's Policy & Procedure and based on the participant's needs and situation.
- Within five (5) days after comprehensive assessment, contact the referrer and any existing care or support providers for further information if necessary;
- If indicated, arrange additional specialised assessments;
- Investigate potential options for sourcing care and support including availability of Phil Terry Health Care Services staff/resources and use of brokerage resources;
- (If necessary) arrange a case conference with relevant services, and individuals to further discuss the Participant's situation;
- Ensure outcomes from Support Management are documented within the support plan and advise the Participant that their services will be continually reviewed by the Coordinator for effectiveness;
- Where appropriate, and with Participant consent, provide the Support Plan to Participant's General Practitioner or Representative;
- Develop a support plan that includes a plan of action that meet the participant's needs, requirements and aspirations. The support plan will include:
 - Participant information - personal details, health details, cultural and spiritual requirements, sexual identification, Aboriginal and Torres Strait Islander
 - Goals,
 - Advocate, interpreter requirement
 - Consent forms,
 - Active engagement planning,
 - Plan to develop, sustain and strengthen independent life skills

- Medical information including conditions, doctors, medications, use and management,
- Risks to participant and staff - management of the risk, if required.
- Any financial budget requirements (if application)
- Participant involvement in any planning and decision-making process

Service Monitoring

Monitor the relevancy of the support plan through regular contact with the Participant and other representative and service providers involved in the well-being of the Participant. This should occur via:

- Home visits
- Telephone contact
- Case conferences
- Service reviews, and
- Feedback from external service providers and care staff
- Phone contact with Participant
- Collecting and reviewing Participant, Home Care Staff, representative and other service provider concerns, complaints and compliments
- Support planning meetings
- Staff meetings

Document monitoring/assessment contacts in the Participant's file. Include information source, date, information obtained, and action taken. If significant changes occur: Review the service, re-assess the Participant, schedule a case conference and update the Support plan as required. Note any changes to a Support plan in the Participant's file or notes and, if necessary, assess the need to change the service agreement.

Reassessment of Support Requirements

Support Management reviews are a tool to assist with Support Management, where more than one worker is involved, whether within or across organisations. This process is an essential element in the provision of focused and relevant supports, occurring at various points in the Support Management continuum, depending on the needs of the participant or family, urgency and complexity of the family's needs and changes in family circumstances. Case reviews may be held to:

- Determine if current roles and responsibilities of workers and organisations are meeting the needs of the individual;
- Review if the support workers are meeting participant's goals;
- Review the purpose, intent, and direction of an intervention;
- Review the service currently being supplied against the participant's strengths, needs, goals and aspirations;
- Review previous assessment and determine if any more are required;
- Re-assess the Participant using the relevant assessment tool;
- Review using evidence gathered during work with the participant;
- Review current status of case plan;
- Make decisions relevant to the participant – ensuring that all parties are informed;
- Review goals/actions;
- Schedule a case conference with participant and/or relevant stakeholders to ensure their active involvement and to inform changes in service are discussed;
- Plan towards case transfer and/or case closure if relevant;
- Records any changes to a Support plan in the Participant's file or notes and, if necessary;
- Assess the need to change the service agreement.

Case Closure

When the Participant's needs begin to exceed program resources, or should the Participant change to another service provider, the Director will:

- Follow the guidance of Phil Terry Health Care Services Policy - Transition and Case Closure
- Informing the participant on any potential risk of transferring or exiting

- Negotiate Participant handover arrangements with the new case manager or service provider.
- Inform participant of risk related to leaving the service

RELATED DOCUMENTS

- Phil Terry Health Care Services Suite of Assessments
- Support plan
- Care Review Form

REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018
- NSW Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)

Support Planning Policy and Procedures

PURPOSE AND SCOPE

- The purpose of this policy is to outline the legislative requirements and practice procedures for undertaking support services for NDIS participants.
- To comply with the requirements of NDIS Practice Standards. Compliance with the policy is a condition of appointment for all persons engaged to provide services on behalf of Phil Terry Health Care Services.

POLICY

It is the policy of the that all participants and their support networks are aided to participate in the development of a goal-oriented Support plan. The Support plan will reflect an individual's goals and aspirations and will look at strengths and functionality of the participant. It is based on the presumption of capacity and will safeguard risks and needs of the participant.

The support plan to incorporate both general supports (described as nature of a coordination, strategic or referral service or activity) and reasonable and necessary supports funded under NDIS (activities that support goals, maximise independence, allow to live independently and undertake mainstream activities).

The Plan will provide clear and written information to the participant, detailing the services and type of supports they will receive from Phil Terry Health Care Services. Where there is a change in the participant's needs, preferences and goals, an amended Support plan will communicate this change in supports required to the participant.

Staff must be screened, trained and qualified in the roles that they undertake.

Support Planning Principles:

- Support planning process is consultative where the participant, family, friends, carer or advocate work together to identify strengths, needs and live goals with a focus on choice and decision-making.
- The participant's preferences, values and lifestyle choices should be supported (wherever possible).
- Support plans should promote the valued role of people with disability that is of their own choosing.
- Promotion of functional and social independence and quality of life.
- Support plans will contain goals. Service choices agreed to should reflect the participant's personal goals.
- Support plans should be creative, flexible and not developed by set patterns or methods of service delivery.
- Care must be inclusive of the participant's chosen communities and maintain connections with their community to allow for active participation.
- If a participant identifies as Aboriginal or Torres Strait Islander, then this community will be contacted to allow for engagement and support services.
- The Support plan is reviewed regularly and amended to respond to participant needs and preferences.
- Support plans should be strength based, seeking to maximise independence, and build on the participants existing networks.
- The Support plan should be provided to the participant in their first language where appropriate and/or requested.
- Participants or their advocates may request a review of the support plan at any time.
- Staff conducting support plan development will have the necessary skills and competence to undertake this function.
- Participants with a disability will also be facilitated to understand their NDIS plan including:
 - Understanding and self-directing their NDIS plan
 - Understanding the supports in their NDIS plan
 - Funded support budgets

- Purchasing general funded supports
- Purchasing stated funded supports)
- Managing and paying for their supports
- Choosing their providers
- Making agreements with their chosen providers.

PROCEDURE

Support Plan Development

-Planning

- Explain the Support plan development process to the participant.
- Arrange a meeting time with the participant and (if applicable) their advocate.
- Develop the Support plan with as much input, choice and decision-making from the participant as the participant wishes. Document the reasons (should a participant choose to have minimal input into their Support plan).
- Prior to meeting with the participant review: Participant's assessment information; any referral documents, and other relevant notes or data available that will assist in understanding the participant as an individual.

-Providing Information to the Participant

- Emphasise the importance of the participant identifying their own personal goals and aspirations.
- Use the appropriate Support plan as a prompt to assist the participant to identify areas where Phil Terry Health Care Services services may help them realise their goals.
- Outline the prompts on the plan including discussion of the participant's physical, emotional, spiritual, cultural, community, social and financial needs.
- Provide the participant with a clear understanding of choices and services available so that they are able to make informed decisions about their choices and priorities.
- Explain to the participant any information sharing requirements with other parties.

- Provide the participant with examples or suggestions of how Phil Terry Health Care Services may be able to help them achieve their goals.

-Facilitating the Development of Participant Centred Goals

- Work with the participant and their advocate(s) to identify their personal goals.
- Ask the participant to identify the types of help or assistance that would be most important to them.
- Help the participant to recognise their strengths and capabilities
- Transform the participant's goals into SMART (Specific, Measurable, Attainable, Realistic and Timely)
 - **Example Simple Goal:** To be able to get the mail.
 - **Example SMART Goal:** To be able to walk to the mailbox each day by myself to get the mail.
- Set a timeframe with each goal so that progress can be determined.
 - Example: To be able to walk to the mailbox each day by myself to get the mail. To achieve this by 30 Nov 20XX
- Use the participants expressed priorities, agreed actions and goals to develop their Support plan.

Also consider:

- The financial resource capacities and any limitations of Phil Terry Health Care Services services or specific programs to be utilised;
 - The capacities, expertise and appropriateness of current Phil Terry Health Care Services care staff to provide the services;
 - The availability of specialised subcontracted staff or services (if applicable);
 - Other services/individuals who will provide services (as designated by the participant);
- and
- Any volunteer supports available.
 - Determine with the participant how each goal will be measured so that progress can be recorded.

- Identify with the participant, any potential barriers to achieving their goals and work out strategies to alleviate these barriers.
- Ask the participant to prioritise their goals if many goals have been identified. For each Goal, list the actions/responsibilities / frequencies and durations, of services to be coordinated on behalf of the participant. Document in the Support plan
- Identify all stakeholders (Participants, family, community engagement links, other services or agencies) that will undertake to help the participant achieve each goal, and document this in the Support plan.

Support Plan Delivery and Review

- Negotiate the specific days for services or support and document these in the Support plan.
- (Where possible) agree upon time ranges for the services to build a level of flexibility into the service roster. (e.g.: Start time of between 1 and 1:30 pm and 1hr of Domestic assistance).
- (If not yet finalised) negotiate service fees and record these in the participant Agreement and on the Support plan.
- Ask the participant to sign the Support plan to acknowledge their agreement with it.
- Agree on the criteria to evaluate the effectiveness of Phil Terry Health Care Services service responses and document this in the Support plan.
- Ensure all involved stakeholders have copies of the agreed support plan
- Explain to the participant that the Director will monitor the progress of the Support plan, but they may also request a review of the Plan at any time.

RELATED DOCUMENTS

- Phil Terry Health Care Services Suite of Assessments
- Support plan

REFERENCES

- Work Health and Safety Act 2011
- NDIS Practice Standards and Quality Indicators 2018
- Privacy Act (1988)
- My first plan and Developing the Plan, NDIS, 2016

Work Health Safety Environmental Management

POLICY

Phil Terry Health Care Services aims to promote and maintain the highest degree of physical, mental and social well-being of all individuals in the workplace. The organisation will comply with all relevant federal and state legislation to ensure a safe workplace and all personnel have a responsibility to ensure a safe workplace by implementing safe systems of work.

Phil Terry Health Care Services will make resources available to comply with relevant Acts and Regulations associated with workplace health and safety and to ensure that the organisation's workplaces are safe and without risk to health.

Phil Terry Health Care Services will undertake regular reviews and take steps to enhance workplace health and safety on a continuous improvement basis.

Statement of Injury Management and Return to Work

Phil Terry Health Care Services is committed to:

- Establishing and reviewing the return to work program that is consistent with the injury management program to ensure injured workers return to work in a timely and safe manner.
- The effective management of claims and return to work of employees injured in the workplace.
- The establishment of individualised injury management plans according to legislative requirements as outlined in the policy and procedures.
- Consultation with employees and other stakeholders on health and safety issues.
- Compliance with relevant WHS legislation and regulations and associated legislation.

- Providing and maintaining equipment and associated personal protection equipment for the safe use by employees.
- Providing employees with information, training and supervision, as it is necessary to enable them to work in a safe manner and without risks to health.
- The documentation, investigation and review of incidents.
- Document, display and/or distribute the WHS policy and associated documentation in the workplace including the return to work program.
- The maintenance of required insurance cover.
- The appointment of a designated person to manage all claims for workers' compensation, occupational rehabilitation and return to work programs.
- Clearly outlining roles and responsibilities of all relevant parties in the return to work process.

Regular review of Workers Compensation claims.

Environmental Management

Management will endeavour to minimise environmental impact on the following:

- Phil Terry Health Care Services waste
- Site contamination and spills
- Noise emission
- Damage to flora and fauna
- Unnecessary energy consumption

Phil Terry Health Care Services will actively take part in the following:

- Identify waste streams and options for effective waste management.
- Review purchasing (buy recycled materials, reduce waste, use less harmful/volatile chemicals).
- Improve storage (reduce quantity, waste and spills, reduce odours by keeping containers closed).

- Conserve energy (eco-friendly lights, turn lights off, emergency efficient equipment, greener fuel sources).
- Conserve water (install water saving accessories, repair leaks).
- Preserve water ways (clearly mark and protect storm water drains).
- Emergency planning and spill response.
- Improve education/awareness.
- Notify relevant authority in the event of a major environmental impact.

Incident Management

Incident management forms part of operational management and is integrated into all aspects of Phil Terry Health Care Services planning processes. All stakeholders are encouraged to raise any concerns regarding risk, incidents or safety. Identified care delivery issues and their contributing factors are identified and utilised as Phil Terry Health Care Services's performance measures.

- Phil Terry Health Care Services management are ultimately accountable for incident management throughout Phil Terry Health Care Services's services.
- Phil Terry Health Care Services's accountability is reinforced by governance structures including policy, performance management and delegations, and defines the acceptable level of risk for Phil Terry Health Care Services.
- Director is responsible for overseeing the incident management system including monitoring, reviewing and reporting on its effectiveness.
- Director is responsible for the management, review and implementation of the contingency disaster plan, including the establishment and maintenance of service agreements.
- Director has overall responsibility for incident management processes.
- Director is required to inform of results and analysis of incident investigations.
- Director is responsible for evaluating and documenting actual and potential risks with a formal risk assessment.
- All staff within Phil Terry Health Care Services have a responsibility to identify and engage in the minimisation of clinical risks that may exist in care service delivery.

Responding and Reporting Obligations

- Phil Terry Health Care Services have a responsive risk management hazard, incident and accident reporting system in place.
- All incidents of any nature are a matter of concern and as such should be recorded through incident and hazard reports.
- All notifiable incidents will be reported to Work Cover NSW and NDIS Commission as per regulatory requirements.
- Details of incidents are to be documented through the incident management system.

Documentation

- All information is gathered with due regard to privacy and confidentiality, recorded comprehensively and stored securely.
- The incident report is for the use of Director only as it will contain identifying information. Minimum information includes description of the event, damage, injuries, and reporting requirements, parties/persons involved and recommendations.
- When discussing the Incident Findings and Recommendations in a meeting, care must be taken not to minute any identifying information.

Evaluation and Feedback

- Staff involved in the incident should be advised of the findings and recommendations of the incident investigation.
- Information may be reported through the meeting system
- Phil Terry Health Care Services may trend incidents and accidents and critical events
- Reviews of policy, procedure and equipment may occur as a result of the incident/accident

Support for Stakeholders

Any staff member, participant and visitor involved in or affected by an incident is offered support.

Manual Handling

- Phil Terry Health Care Services have a minimal lift policy and all staff are instructed in this procedure at induction and as required.
- Maintenance of participants' independence, by encouraging mobility is a priority.
- The manual handling needs of participant are assessed and documented on entry to Phil Terry Health Care Services.
- Manual handling is a component of the annual education and training program.
- Staff members are instructed on the correct manual handling and lifting techniques
- All staff members are assessed on their manual handling techniques during induction, monthly during probation and then annually.
- All manual handling injuries and incidents are reviewed, and risk assessments are conducted, and risks are controlled.
- Risk identification, assessment and control are carried out in consultation with staff.
- Incidents, accidents and hazards identified from manual handling activities are reported through the communication meeting and other associated meetings as deemed by management as appropriate.
- Appropriate equipment is provided for manual handling activities to be safely executed
- Personal manual handling equipment such as 'slide sheets' are maintained according to infection control guidelines.

Director will ensure that the general layout of the workplace is conducive to the safe handling of participants and safe use of equipment.

WHS Consultation

Phil Terry Health Care Services will establish and maintain systems for WHS consultation to enable staff to contribute to the making of decisions affecting their health, safety and welfare at work.

It is intended that as an outcome of this policy:

- The risk of injury to workers and others will be prevented.

- Workers will be consulted in the risk management process.
- The social and financial costs of work health and safety hazards will be reduced.
- Safe systems of work will be established and maintained.
- Phil Terry Health Care Services will maintain regulatory compliance.
- Consultation on WHS matters will be undertaken in a timely manner taking into consideration the level of risk involved in any specific WHS issue.
- WHS training will be available for staff and will be updated according to current regulatory WHS requirements.

Nature of consultation

- Sharing health and safety information.
- Providing workers with a reasonable opportunity to:
 - Express their views
 - Raise work health and safety issues
 - Contribute to the decision-making process
- Taking the views of workers into account.
- Advising workers on the outcome in a timely manner.

When consultation is required

Consultation is required when:

- Identifying and assessing risks to health and safety.
- Deciding ways to eliminate or minimise those risks.
- Deciding on the adequacy of facilities for worker welfare.
- Proposing changes that may affect the health and safety of workers.

WHS Resolution

- Employees will be consulted on all proposed changes to the work environment, equipment, policies, protocols and procedures that may affect their health and safety.
- Information on hazards, Work Health & Safety activities and achievements will be disseminated to employees through: staff meetings, memos.

- Staff may approach Director to bring forward issues in the workplace.
- Director will attempt to resolve the issue locally.
- A reasonable effort to achieve a timely, final and effective resolution will be made.

Work related problems, concerns or complaints in relation to Work Health & Safety shall be managed in accordance with the Grievance Procedure documented in the Human Resource Management Policy.

Only after reasonable efforts have been made to resolve the issue can the parties seek the assistance of an inspector. This right arises whether all, some or only one of the parties have made reasonable efforts to have the work health and safety issue resolved. This means that a party's unwillingness to resolve the issue would not prevent an inspector being called in.

The inspector's role is to assist in resolving the issue, which could involve the inspector providing advice or recommendations or exercising any of their compliance powers, for example issuing a notice.

Even if an inspector has been called in to assist with resolving a Work Health and Safety issue, the rights of a worker to cease unsafe work under the model WHS Act remain.

If the issue is resolved, the details of the issue and the resolution will be set out in writing to the satisfaction of all the parties.

As soon as reasonably practicable after the issue is resolved;

- The workers affected by the issue are informed of the details of the agreement between the parties.
- A copy of the agreement to the resolution of an issue may be forwarded by any of the parties involved or Phil Terry Health Care Services that represents the party.

Work Place Incidents

Phil Terry Health Care Services will:

- Have a current workers' compensation insurance policy that covers all workers.
- Notify Worker of any workplace incidents as per legislative requirements.
- Make suitable duties available to injured workers.
- Keep a record of wages according to regulatory requirements.
- Keep a register of workplace-related injuries and illnesses.
- Forward any worker's compensation payments to injured workers.
- Not dismiss an injured worker because of their injury within six months of the injury or illness occurring and the injured worker's incapacity to work.
- Maintain a register of acceptable modified duties.
- Make offers for modified duties in writing and provide these to the injured worker and healthcare practitioner.
- Educate employees in relation to the causes of the injury and subsequent risk.
- Keep associated records as required.
- Display an "If you are injured" (or similar) poster for employees.
- Ensure all employees are aware of responsibilities and rights in relation to RTW (return to work) through training and education.
- Manage disputes according to regulatory requirements.

Notification of injuries

- All injuries must be notified to Director as soon as possible.
- All injuries will be recorded.
- The workers' compensation Agent will be notified of any injuries within 48 hours.
- Worker will be notified immediately for any serious incidents involving a fatality or a serious injury or illness.

Recovery

- The management will ensure that the injured worker receives appropriate first aid and/or medical treatment as soon as possible.

- The injured worker must nominate a treating doctor who will be responsible for the medical management of the injury and assist in planning a return to work.

Return to work**Management will:**

- Arrange a suitable person to explain the return to work process and the injury management plan to the injured worker.
- Ensure the injured worker's right to confidentiality of medical information.
- Ensure that no information will be used to discriminate against the injured worker.
- Provide the ability to communicate across cultures, including ethnicity, gender and age.
- Ensure RTW plans are completed within the legal timeframes.
- Return to work plans will be based on the advice of the employee's own treating health practitioner/doctor, and the work rehabilitation provider.
- Be in compliance with the relevant legislation and agreed consultation procedures.
- Suitable work will be made available where possible, when an employee's injury does not allow an employee's return to immediate pre-injury duties. These duties shall be made available on a temporary basis.
- Contact and communication with an injured employee shall be maintained during the period of incapacity and absence from work.
- Confidentiality of the injured employee's information and records will be maintained.

Work Health and Safety – Management Program

The program consists of a set of activities, policies and procedures that are updated as required and relates to all aspects of work health and safety including:

- WHS training and education
- Work design, workplace design and standard/safe work procedures
- Emergency procedures
- Provision of WHS equipment, services and facilities
- Workplace inspections and evaluations
- Reporting, recording and reviewing incidents, accidents, injuries and illnesses

- Hazard identification activities
- Equipment assessment procedures and practices
- Participant risk assessment procedures and practices
- Risk assessment procedures and practices
- Information on WHS to employees, participants and their families
- Implementing safe manual handling procedures and safe work procedures

Education/Training

Every employee shall, within seven (7) days of commencing employment be given instruction in relation to:

- Identification and minimisation of hazards; in/or around a participant's home.
- Procedure to be followed in the event of an emergency.
- Every employee will receive emergency training at least annually.
- Education/training will be conducted by appropriately authorised and skilled personnel.

Hazard Identification and Risk Management

Management actively encourages the reporting of hazards and promotes a positive and timely response. Employees, visitors and visiting health professionals are informed of the mechanism for hazard identification. On identification and reporting of a hazard, employees, visitors and visiting health professionals will:

- Where possible, take immediate action to minimise the hazard(s).
- Report to the person in charge immediately where action is beyond role limitations and the hazard poses a high risk.
- Record the hazard according to the hazard reporting requirements.

Identified hazards are reported and reviewed using Phil Terry Health Care Services's continuous improvement and risk management processes. Refer to Risk Management Policy and Continuous Improvement Policy.

Risk Management

Phil Terry Health Care Services considers risk management to be fundamental to good management practice. Effective management of risk will provide an essential contribution towards the achievement of Phil Terry Health Care Services’s strategic and operational objectives and goals. Risk management must be an integral part of Phil Terry Health Care Services’s decision making and must be incorporated within the strategic and operational planning processes at all levels across Phil Terry Health Care Services.

Phil Terry Health Care Services will maintain strategic and operational risk management plans. Management is committed to ensuring that all staff are provided with adequate guidance and training on the principles of risk management and their responsibilities to implement risk management effectively.

Phil Terry Health Care Services will regularly review and monitor the implementation and effectiveness of the risk management process, including the development of an appropriate risk management culture across [Organisation.Name]

DEFINITIONS

Bullying	According to the Law Society of NSW, bullying can be defined as “unreasonable and inappropriate workplace behaviour that may intimidate, offend, degrade, insult or humiliate an employee (or another person), possibly in front of others and which can include physical or psychological behaviours”
Clinical Risk Management	Clinical Risk Management is an approach to improving quality of care which places special emphasis on identifying circumstances which

	<p>put participants at risk of harm, and then acting to prevent, control or accept those risks. The aim is to improve the quality of care for participants and to reduce the costs of risks for care providers.</p>
<p>Dangerous Goods</p>	<p>Those substances that give risk to an immediate physical effect, such as fire, explosion, vapour release and are defined as such under WHS Legislation.</p>
<p>Due Diligence</p>	<p>Where a PCBU (person conducting a business or undertaking) has a health and safety duty, an officer of the PCBU is required to exercise ‘due diligence’ to ensure the PCBU meets that duty.</p> <p>Due diligence means taking reasonable steps:</p> <ul style="list-style-type: none"> • To gain and update knowledge of WHS matters; • To understand the nature of the business/undertakings operations and the general hazards and risks involved; • To ensure the PCBU has appropriate resources for eliminating/minimising risks, and that these resources are used; • To ensure the PCBU has processes for receiving, reviewing and responding to information about incidents, hazards and risks; and • To ensure the PCBU implements processes for complying with their duties, such as: <ul style="list-style-type: none"> • Consultation;

	<ul style="list-style-type: none"> • Providing training and instruction; and • Reporting of notifiable incidents.
Environment	<p>Components of the earth, including:</p> <ul style="list-style-type: none"> • land, air and water; • any layer of the atmosphere; • any organic or inorganic matter and any living organism; • Human-made or modified structures and areas and includes interacting natural ecosystems.
Hazard	<p>Something with the potential to cause injury, illness or disease.</p>
Hazardous Substances	<p>Those substances which can cause detrimental health effects, such as damage to respiratory tract, skin, eyes, etc., including carcinogens and are defined as such under WHS Legislation.</p>
Health and Safety Representative (HSR)	<p>The person elected by members of a work group within the PCBU, or across several businesses (e.g. multiple workplaces) to represent that work group during consultation on work health and safety issues</p>
Health and Safety Committee (HSC)	<p>A PCBU must establish an HSC where requested to do so by the HSR, or a minimum of 5 or more workers at the workplace or at the PCBU's own initiative. The HSR can be a member of the HSC if they consent.</p> <p>The key functions of the HSC are to:</p> <ul style="list-style-type: none"> • facilitate co-operation between the PCBU

	<p>person's health or safety emanating from an immediate or imminent exposure to:</p> <ul style="list-style-type: none"> (a) an uncontrolled escape, spillage or leakage of a substance; or (b) an uncontrolled implosion, explosion or fire; or (c) an uncontrolled escape of gas or steam; or (d) an uncontrolled escape of a pressurised substance; or (e) electric shock; or (f) the fall or release from a height of any plant, substance or thing; or (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations; or (h) the collapse or partial collapse of a structure; or (i) the collapse or failure of an excavation or of any shoring supporting an excavation; or (j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or (l) any other event prescribed by the regulations but does not include an incident of a prescribed kind.
<p>Safety Data Sheet (SDS)</p>	<p>Information containing data regarding the properties and effects of a particular substance that must be provided by the manufacturer,</p>

	supplier or importer of the hazardous substance/dangerous good. SDS must be current –within 5 years of the issue date and meet specific legislated format requirements
Officer of the PCBU	A person who makes, or participates in making, decisions that affect the whole, or a substantial part, of the business or undertaking.
Person conducting a business or undertaking (PCBU)	A person or entity that conducts the business or undertaking alone or with others whether or not the business or undertaking is conducted for profit or gain.
Personal Protective Equipment (PPE)	Personal Protective Equipment (PPE) is defined as safety clothing or equipment for specified circumstances or areas, where the nature of the work involved or the conditions under which people are working, requires it's wearing or use for their personal protection to minimise risk.
Provisional Improvement Notice (PIN)	A written notice from a Health and Safety Representative to a person or the PCBU, advising there either has been a breach of the Act that is likely to be repeated, or there is a current breach of the Act.
Reasonably Practicable	<p>Taking all steps, a duty holder was reasonably able to, taking into account:</p> <ul style="list-style-type: none"> • Likelihood of the hazard or risk happening; • Consequences (or degree of harm) if it does occur; • What the person knows, or should know

	<p>about the hazard/risk and ways of eliminating or minimising it;</p> <ul style="list-style-type: none"> • Availability and suitability of ways to eliminate or minimise the risk. • The cost of eliminating or minimising the risk, and whether this cost far exceeds the level of reduction of risk.
Risk	<p>The chance of something happening that will have an impact upon the services Phil Terry Health Care Services provides. Measured in terms of likelihood and consequences.</p>
Risk Analysis (Incident)	<p>Seriousness of the event’s consequences and its likelihood or frequency of occurring again. This provides a Category Code (CAT), generating a numerical rating which guides appropriate action.</p>
Risk Identification	<p>Data sources that assist identification of risk include Coroners reports, clinical indicators, variance analysis, incident reporting, complaints and other feedback.</p>
Risk Register	<p>All levels of Phil Terry Health Care Services are responsible for the continual monitoring of the strategic risk profile. A risk register identifies major risks for Phil Terry Health Care Services including an indication if existing controls or management systems are in place to manage that risk.</p>
Risk Treatment	<p>Risk can be avoided, controlled, retained or</p>

	<p>eliminated. Two major approaches to control risk are reducing risk before it arises (in essence proactive system design such as WHS Risk Management Site for Safe Work Method Statement, equipment maintenance) or reducing the risk after the problem arises (counter measures or barriers such as increased training).</p>
<p>Serious injury or illness</p>	<p><i>Serious injury or illness</i> of a person means an injury or illness requiring the person to have:</p> <ul style="list-style-type: none"> (a) immediate treatment as an in-patient in a hospital; or (b) immediate treatment for: <ul style="list-style-type: none"> (i) the amputation of any part of his or her body; or (ii) a serious head injury; or (iii) a serious eye injury; or (iv) a serious burn; or (v) the separation of his or her skin from an underlying tissue (such as de gloving or scalping); or (vi) a spinal injury; or (vii) the loss of a bodily function; or (viii) serious lacerations; or (c) medical treatment within 48 hours of exposure to a substance, and any other injury or illness prescribed by the regulations but does not include an illness or injury of a prescribed kind.
<p>Shiftwork</p>	<p>Shiftwork is defined as any system of working whereby out of hours work is required. This</p>

	includes weekend, afternoon, night and rotating shifts, split or broken shifts, extended shifts, rostered overtime and (un- rostered) extended working hours.
Trained first aid personnel	<p>Trained first aid personnel means either:</p> <ul style="list-style-type: none"> • a person who holds a current first aid certificate issued after successful completion of a Work Cover- approved first aid course; or • a person who holds a current occupational first aid certificate issued after successful completion of a Work Cover-approved occupational first aid course; or • a registered nurse; or • a level 3 or greater New South Wales ambulance officer; or a medical practitioner.
Worker	Anyone carrying out work, in any capacity, for a PCBU including direct employees; contractors and subcontractors, and their employees; labour hire employees engaged to work in the business or undertaking; outworkers; apprentices, trainees and students on work experience; and volunteers.
Work Group	A work group is the group of people represented by the HSR. This could be a specific department, shift (e.g. day/night shift), location or type of worker. Work groups are determined by negotiation between the PCBU and workers (and their representative if required).
Work Health and Safety (WHS)	The main objective of the model Work Health and

	<p>Safety Act is to:</p> <p><i>‘provide for a balanced and nationally consistent framework to secure the health and safety of workers and workplaces’.</i></p>
Workplace	<p>A workplace is a place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work.</p>
Work Health and Safety Entry Permit Holder	<p>A WHS entry permit holder is representative of a relevant union of the workers for the purpose of consultation on work health and safety matters with, and provides advice on those matters to, one or more relevant workers who wish to participate in the discussions.</p>

RELATED DOCUMENTS

- Incident Form
- Hazard Form
- Position Descriptions
- Broken Equipment Signage
- Compliments, Complaint/Feedback Form

REFERENCES

- NSW Health 1999 “A Framework for Managing the Quality of Health Services in NSW”
- NDIS (Quality and Safeguards Commission) NSW 2018
- Safe work Australia: National Code of Practice
- Workcover NSW Code of Practice – WHS Consultation – 2001
- Workcover NSW Guidelines/Code of Practice – www.workcover.nsw.gov.au

Working with Children Policy and Procedures

PURPOSE AND SCOPE

Phil Terry Health Care Services recognises the right of participants to feel safe and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. This policy specifically looks at the requirements when working with participants under the age of 18 years.

POLICY

Phil Terry Health Care Services will encourage and support any person who has witnessed abuse of a service user or, who suspects that abuse has occurred, to make a report and be confident of doing so without fear of retribution.

Phil Terry Health Care Services as a mandatory reporter is required to report any indicators.

Phil Terry Health Care Services acknowledges that prevention is the best protection from abuse and neglect, and recognises the duty of care obligations to implement prevention strategies.

It is the legislative policy that staff engaged in a "Risk Assessed Role" must have the required state checks.

Staff must undergo the NDIS worker screening process prior to employment. This is recorded in their personal file.

PROCEDURE

When to Report an Abusive Situation

It is important to always search for the cause of a change in a participant's behaviour or unexplained physical symptoms. If a participant shows one or more of the possible signs of abuse (as listed below), it does not automatically mean she or he is being abused, but it must be reported.

Director will then report the ROSH to the community services child protection helpline on 132111.

Defining Child Maltreatment, abuse and neglect

Child abuse and neglect refers to any behaviour by parents, caregivers, other adults or older adolescents that is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm to a child or young person. Such behaviours may be intentional or unintentional and can include acts of omission (i.e. neglect) and commission (i.e. abuse).

Physical Abuse

Signs & Symptoms: Bruising, lacerations, welts, rashes, broken or healing bones, burns, weight loss, facial swelling, missing teeth, pain or restricted movements, crying, acting fearful, agitation, drowsiness, hair loss and / or poor physical well-being.

Causes: Hitting, slapping, pushing, punching and / or burning, which entails an incident that is non-accidental resulting in pain or injury.

Psychological / Emotional Abuse

Signs & Symptoms: Loss of interest in self-care, helplessness, withdrawn, apathy, insomnia, fearfulness, reluctant to communicate openly, chooses not to maintain eye contact, paranoia and confusion.

Causes: Intimidation, humiliation, harassment, threatening, sleep deprivation, withholding affection, and / or not allowing the person to maintain their own decision-making powers, which leads to a pattern repeated over time.

Financial Abuse

Signs & Symptoms: Unpaid accounts, withholding funds, loss of jewellery and/or personal belongings, removal of cash from wallet or purse, agitated when discussing money, not providing money for outings and personal items ,and / or a person who takes over the care of someone's money without permission

Causes: Misuse of person's money, valuables or property, forced changes to legal documents (such as a "will") denying access to or control of personal funds, stealing, fraud, forgery, embezzlement, misuse of power of attorney & taking away decision making powers of a person.

Sexual Abuse

Signs & Symptoms: Unexplained sexual transmitted disease, vaginal/anal bleeding, fearful of certain people or places, bruising to genital areas inner thigh or around breasts, anxiety, torn or bloody underclothes, difficult in walking or sitting, change in sleep pattern and repeating night mares.

Causes: Rape (penetration and/or oral-genital contact), interest in older person's bodies, inappropriate comments and sexual references, inappropriate (possible painful) administration of enemas or genital cleansing, indecent assault, sexual harassment which is mainly about violence and power over another person, rather than sexual pleasure.

Neglect

Signs & Symptoms: Poor hygiene or personal care, unkempt appearance, lack of personal items, absence of health aids, weight loss, agitation, inappropriate clothing and / or lack of food.

Cause: The intentional failure to provide basic life necessities.

Social Abuse

Signs & Symptoms: Sadness & grief because people are not visiting, anxiety after a certain person's visit, withdrawal, low self-esteem, appearing ashamed, passivity, and / or listlessness.

Causes: Prevention of people having contact with friends or family, and preventing access to social activities.

A report must be made if:

- A participant shows a change in behaviour or mood that may indicate they are being abused.
- You observe someone behaving towards a participant in a way that makes you feel uncomfortable.
- A participant tells you that they are being abused by another person.
- A person tells you that they are abusing a participant.
- A participant or visitor tells you that they have observed abusive acts.
- You observe an action or inaction that may be considered abusive.
- You suspect or have any reason to believe a participant is being abused

Failure to report an abusive situation may result in a Criminal Offence.

RELATED DOCUMENTS

- Incident Form
- Code of Ethics and Conduct Form
- Participant Notes
- Risk Management Form
- Policies and Procedures

REFERENCES

- The Child Protection (Working with Children) Act 2012
- United Nations Convention on the Rights of the Child 1989
- The National Framework for protecting Australia's Children
- NDIS (Quality and Safeguards) Commission 2018
- NDIS (Practice Standards - Worker Screening) Rules 2018
- Children and Young People (Care and Protection) Act 1998

Advocacy Support

PURPOSE AND SCOPE

Phil Terry Health Care Services recognises the importance of ensuring participant's rights to use an advocate or representative of their choice is maintained, and that all participants and potential participants have the right to choose and involve an advocate or other representative of their choice to participate or act on behalf of his or her interests at any time.

This policy applies to all staff, volunteers and stakeholders.

POLICY

It is the policy of Phil Terry Health Care Services that Participants have the right to use an advocate of their choice to represent their interest and speak on their behalf regarding any aspect of the supports that they receive.

It is also Phil Terry Health Care Services's policy that services will work cooperatively with any nominated

advocate chosen by the Participant and will show the same respect to the advocate as is shown to the Participant. Where Participants cannot advocate for themselves, it is Phil Terry Health Care Services's policy to ensure that Participant's interests are represented and supported using a substitute decision-maker.

DEFINITION

Advocacy: is active support for a cause or position and in this context, it is an expression of support for a person who may find it difficult to speak for him or herself. It may include matters

such as achieving social justice, improving a person's well-being, prevention of abusive or discriminatory treatment, stopping unjust and unfair treatment, so that a person's fundamental needs and interests can be met.

Types of advocacy include:

- **Individual Advocacy:** a one-on-one approach, aiming to prevent or address instances of discrimination or abuse.
- **Systemic Advocacy:** working to influence or secure long-term changes to ensure the collective rights and interests of people with disability.
- **Family Advocacy:** when a parent or family member advocates with and on behalf of a family member with disability.
- **Citizen Advocacy:** matches people with disability with volunteers.
- **Legal Advocacy:** upholds the rights and interests of individual people with disability by addressing the legal aspects of discrimination, abuse and neglect.
- **Self-Advocacy:** supports people with disability to advocate for themselves, or as a group.

PROCEDURE

Advocacy Principles

- Phil Terry Health Care Services will ensure that all staff receive training in the use of advocates.
- Phil Terry Health Care Services will maintain printed material on advocacy and advocacy services.
- Phil Terry Health Care Services will maintain local advocacy resource/contact lists.
- Phil Terry Health Care Services will work cooperatively with any nominated advocate chosen by the participant and show the same respect to the advocate, as is shown to the participant.
- Phil Terry Health Care Services will utilise a governance system to enable Phil Terry Health Care Services to identify where a Participant is in need of advocacy.

Initial Assessment (Participant without an Advocate)

- Discuss advocacy with the Participant, pointing out their rights to nominate an advocate at any time and have an advocate present to speak on their behalf.
- Provide the Participant with advocacy information and explain their rights regarding advocacy as per the Phil Terry Health Care Services's Service Agreement *and the* Charter of Rights, and the NDIS Practice Standards and Quality Indicators 2018.
- Advise the Participant that if they wish to utilise advocacy services, then Phil Terry Health Care Services can assist them to contact any of these services.
- Provide the Phil Terry Health Care Services's form; "Authority to Act as an Advocate" to Participant, in the event they should decide to use an advocate. This is kept in the participant's file.
- Discuss and document any specific communication issues or protocols to be used; between the service and the advocate.
- Inform the participant that they can withdraw approval for advocate to act on their behalf at any time.

Initial Assessment (Participants with Advocates/Representatives)

- At initial contact with the Participant, record the advocate's details.
- Ensure the potential Participant is aware of their advocacy rights including the right to have an advocate present for all assessments, meetings and communication between the Participant and Phil Terry Health Care Services.
- Advise the Participant of the need to complete Phil Terry Health Care Services's form; "Authority to Act as an Advocate," and provide this form to the Participant. Contact advocate to ensure they know they have been nominated as an advocate and agree to this.
- Schedule the Participant's initial assessment at a time and date that will enable the advocate to be present.
- Ensure an identified Advocate is present at the assessment.
- If not already received, request the completion of the "Authority to Act as an Advocate" form. Explain that this must be completed for Phil Terry Health Care Services to formally recognise the nominated person as the Participant's advocate.

- Explain that the Participant has the right to change their advocate at any time. Changes should be documented with written confirmation from the Participant using the "Authority to Act as an Advocate" form.

Working with Advocates

- Clearly identify the existence of an Advocate on the Participant's file.
- Discuss and document any specific communication issues or protocols to be used; between the service and the advocate.
- Communicate with a Participant's chosen advocate involving them with: Setting goals, planning service responses, and / or referrals for additional or alternative services.
- Provide them with ongoing information regarding health and well-being of the Participant; as agreed.
- Ensure all On-Call staff are aware of Participant's Advocate/s.

Ongoing

- Remind Participants of their right to have (or change) an advocate by providing them written and verbal information during reassessments, visits or meetings.
- Remind Participants of their right to have (or change) an advocate, on annual basis during each Case conference or via written communication.
- Communicate and work cooperatively with the advocate.
- Refer Participants who are assessed as "not able to manage their service" and who have no other advocate to the Department of Justice and Attorney General, The Public Advocate as appropriate.
- Note, there is a web-link to access advocacy services which requires the input of a postcode. Phil Terry Health Care Services will guide and assist participants in this matter.

<https://disabilityadvocacyfinder.dss.gov.au/disability/ndap/>

RELATED DOCUMENTS

- Authority to Act as an Advocate

REFERENCES

- National Disability Insurance Agency
- NDIS Practice Standards and Quality Indicators 2018
- Disability Inclusion Act and Regulation 2014
- Privacy Act (1988)

APPENDIX ONE

National Advocacy Sole Traders

- Australian Centre for Disability Law – disabilitylaw.org.au
- Autism Aspergers Advocacy Australia (A4) - a4.org.au
- The Autistic Self Advocacy Network of Australia and New Zealand - www.asan-au.org
- Blind Citizens Australia - bca.org.au
- Brain Injury Australia - braininjuryaustralia.org.au
- Children with Disability Australia - cda.org.au
- Deaf Australia - deafau.org.au
- Deafness Forum of Australia - deafnessforum.org.au
- Disability Advocacy Network Australia (DANA) - dana.org.au
- First Peoples Disability Network (FPDN) - fpdn.org.au
- Human Rights Council of Australia – hrca.org.au
- Intellectual Disability Rights Service (IDRS) - idrs.org.au
- Mental Health Australia - mhaustralia.org
- National Council on Intellectual Disability (NCID) - ncid.org.au
- National Ethnic Disability Alliance (NEDA) - neda.org.au
- Physical Disability Australia (PDA) - pda.org.au
- People with Disability Australia pwd.org.au
- Short Statured People of Australia - sspa.org.au
- Women with Disabilities Australia (WWDA) - wwda.org.au

New South Wales

- Ability Incorporated Advocacy Service (AIAS NSW) - abilityincorporated.org.au
- Aboriginal Disability Network NSW (ADN NSW) – adnsw.org.au
- Action for People with Disability Inc - actionadvocacy.org.au
- Advocacy for Inclusion - advocacyforinclusion.org
- Association of Blind Citizens of NSW - asnblind-nsw.org.au
- Australian Centre for Disability Law - disabilitylaw.org.au

- Brain Injury Association of NSW (BIA) - biansw.org.au
- Central Coast Disability Network - Individual Advocacy Project - ccdn.com.au
- Deaf Society of NSW - deafsocietynsw.org.au
- Disability Advocacy Network (NSW) (DAN) - dan-inc.net.au
- Disability Advocacy NSW (DA) - da.org.au
- Disability Advocacy & Information Service (DAIS) - dais.org.au
- Disability & Aged Information Service Inc - daisi.asn.au
- Disability Information Advocacy Service (DIAS) - dias.net.au
- Family Advocacy - family-advocacy.com
- Information on Disability & Education Awareness Services (IDEAS) - ideas.org.au
- Illawarra Advocacy - illawarraadvocacy.org.au
- Intellectual Disability Rights Service (IDRS) - idrs.org.au
- Indigenous Disability Advocacy Service (IDAS) - idas.org.au
- Multicultural Disability Advocacy Association (MDAA) - mdaa.org.au
- NSW Disability Advocacy Network – ndan.org.au
- NSW Council for Intellectual Disability - nswcid.org.au
- Penrith Disabilities Resource Centre - pdrc.org.au
- People With Disability Australia (PWDA) - pwd.org.au
- Physical Disability Council of NSW (PDCN) - pdcnsw.org.au
- Self-Advocacy Sydney Inc - sasinc.com.au
- Side By Side Advocacy Inc - sidebysideadvocacy.org.au
- Spinal Cord Injuries Australia (SCIA) - scia.org.au