

Core Module Manual

Full Care Lifetime

SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

The purpose of this policy and procedure is to ensure that Full Care Lifetime's services delivery is built on person-centred principles to guide service delivery.

POLICY

Full Care Lifetime promotes a person-centred approach to its service delivery whereby individuals direct their services and are supported to maintain connections with their family, and friends and community.

Full Care Lifetime's service delivery promotes participants' active participation and inclusion in their community and support participants to develop and maintain independence.

Full Care Lifetime's assessment and review focus on helping participants to take control and make choices to enhance their independence and community participation.

PROCEDURES

- Full Care Lifetime puts the participant at the centre of decision-making in all aspects of their life and support participants to actively participate in their community and pursue their interests and goals.
- Assessment and review will help participants to take control and make choices to enhance their independence and community participation.
- Where necessary, with consent from participant, Full Care Lifetime will provide referral to other service providers that will enhance participant's community participation and inclusion and will provide support and assistance to help participants access these services.
- Where possible, and with the consent from participant, Full Care Lifetime will be referred to training, employment, education, health, wellness, recreation, leisure, cultural and community services, activities and events, as well as public transport and affordable housing options.
- We will help participants develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances.
- Full Care Lifetime respects participants personal, gender, sexual, cultural, religious, spiritual identity along with their special needs in accordance with relevant legislations.
- We will support participants from Aboriginal and Torres Strait Islander backgrounds and help them to maintain and strengthen connection with their community.
- We will provide training on cultural awareness training for staff.
- We will refer Aboriginal and Torres Strait Islander participants (where necessary, and with consent from participant) to community service providers offering services for Aboriginal and Torres Strait Islander people.
- Full Care Lifetime assist individuals to identify needs and life goals, particularly in relation to recognising the importance of people's ties to their culture and language.
- We will prioritise service to participants who have special needs in order to maintain and strengthen their connections.
- We will provide training for staff who are likely to deal with participants with special needs.
- We will refer participants with special needs (where necessary and with their consent) to community service providers offering services for special needs participants.
- Information will be provided in clear and concise language.
- If interpreting service is required, interpreters will be made available to participants, additional fees may be charged.

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- Unless they are an accredited interpreter for their language skills, Full Care Lifetime staff members who speak a language other than English may only assist with communicating low risk information to participants.
- Information regarding access to interpreters will be provided in Full Care Lifetime's Participant Information Package and displayed at the front desk at Full Care Lifetime's office.
- Translated information services provides information that the participant can refer to and use for understanding.

Lifestyle Risk Factors Policy and Procedure

Participants are more likely to have poor physical and mental health, including cardiovascular disease, respiratory disease, cancer, diabetes, oral diseases, depression and anxiety. These health conditions may be a direct result of, or made worse, by lifestyle risk factors such as poor nutrition, obesity, smoking, alcohol intake and lack of exercise. This policy's purpose is to support participants in their lifestyle choices to reduce their risks.

Staff working with participants and designing support plans must be mindful of lifestyle risk factors and support the participant in becoming more active within their community.

This policy aims to assist participants in improving health are nutrition, physical activity, adequate sleep, reducing stress, anxiety, alcohol intake, and stopping smoking. Loneliness and isolation are also lifestyle risk factors. For instance, the lack of a job, friends or hobbies can lead to many hours spent alone without purpose or connection.

Management must ensure that staff are trained in healthy eating, exercise, stress reduction, and a positive lifestyle, so information and support can flow to the participant.

This policy is linked to the NDIS Practice Standards, including:

- Support planning: Participants are actively involved in the development of their support plans. Support plans reflect participant needs, requirements, preferences, strengths, and goals and are regularly reviewed.
- Independence and informed choice: Full Care Lifetime supports participants in making informed choices, exercising control, and maximising their independence relating to the supports provided.
- Access to supports: Participants access the most appropriate supports that meet their needs, goals and preferences.
- Incident Management: Participants are safeguarded by the incident management system, ensuring that incidents are acknowledged, responded to, well-managed and used as part of our continuous improvement.
- Information Management: Participants' information is managed to ensure that it is identifiable, accurately recorded, current and confidential. Each participant's information is easily accessible to the participant and appropriately utilised by relevant workers.
- Human resource management: Participant's support needs are met by competent workers holding relevant qualifications and who have relevant expertise and experience to provide person-centred support

Lifestyle risks can be addressed by eating healthy food, increasing exercise, reducing stress, and connecting. For instance,

- increasing movement throughout the day and

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- choosing food and drinks low in added sugar,
- reducing the amount of takeaway food eaten,
- becoming involved in a community activity that will create a connection with others.

Participants may not have had the opportunity to access or control their living environments, such as food, daily activities, exercise and community participation. Lifestyle changes happen through:

- raising awareness,
 - o provision of information about how everyday activities can affect health.
 - o raising health awareness and giving ideas of how to make lifestyle changes that will address risks such as obesity, high blood pressure and stress management
- setting goals for change,
 - o Setting small achievable goals for change such as walking short distances, not taking sugar in coffee or tea will gradually build to bigger goals.
- Learning with peer support to increase connections, such as
 - o water aerobics or participating in a walkathon or fun run
 - o friends, physical training with a group
 - o joining a community garden
 - o joining an art class, music or dancing lessons.
- changes to the living environment and learning the new skills that may be needed;
 - o making changes to the environment that can support goals
 - o changes can be small such as having healthy food choices available, planning, shopping and cooking healthy meals.
- encouraging physical activity, including
 - o increasing physical activity improves health and influences other lifestyle risks such as nutrition, stress, and smoking; positive outcomes are lower blood pressure, improvement of self-esteem and mental health.
 - o encouraging positive ideas of physical activity and self-esteem
 - o increasing movement through normal daily activities is a way to feel more positive about our bodies and movement

Supporting participants

Full Care Lifetime will monitor participants' health, safety and wellbeing, support participants to maintain their health and access appropriate health services. Our organisation will support participants to be empowered to live a healthy lifestyle and understand why it is important.

Below are means that we may support participants in the following ways:

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- link actions for a healthy lifestyle to the participant's annual comprehensive assessment
- incorporate health promotion and ways to live a healthy lifestyle into support planning
- provide support to make informed decisions regarding their lifestyle support to:
 - o talk to their GP about their health and what lifestyle changes are needed to optimise their health
 - o understand any risks arising from their present lifestyle
 - o understand how they can improve their lifestyle to match their own health goals
- provide information about and support access to new interests and community activities in the local area such as a community garden, amateur theatre, start a walking group, cooking lessons or arts and crafts
- facilitate choice in lifestyle changes and understanding about their health, using accessible tools and resources
- support to access both information or professional assistance such as dietitians or exercise physiologists where the person's lifestyle choices are inconsistent with their own health goals.
- provide information about healthy lifestyles and different ideas to improve health, such as walking instead of driving, learning to cook a new healthy dish or taking up an exercise class
- suggest and support access to new activities or choices that link to the participant's goals and dreams and how a healthy lifestyle may help them achieve this goal
- engage the participant with encouragement and highlight their achievements so that they are motivated to develop a healthy lifestyle
- support the participant to make changes to their living environment that will support their goals, increase incidental exercise around the house, keep healthy food choices in the cupboard, and walk to places when possible

Referrals to other professionals

Lifestyle changes can involve changes across different aspects of a participant's life. A multi-disciplinary approach can assist the participant in developing new skills or identifying a support need and, for instance, identifying an appropriate level and type of exercise or learning how to cook.

The types of professionals that may assist in lifestyle change include dietitians, physiotherapists, occupational therapists, exercise physiologists, counsellors and NDIS behaviour support practitioners.

Training and development

As part of our training program, staff may receive training and skills in areas such as:

- healthy lifestyles, nutrition and menu planning and exercise
- positive communication skills to engage with participants and empower change.

Full Care Lifetime obligations

As part of our obligations to the NDIS Code of Conduct, staff must provide NDIS supports or services to participants to:

- act with respect for individual rights to freedom of expression, self-determination and decision-making following applicable laws and conventions
- provide supports and services safely and competently with care and skill

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- promptly take steps to raise and act on matters that may impact the quality and safety of supports provided.

Our organisation will comply and demonstrate compliance with the National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018 related to delivering safe, quality supports and services and managing risks associated with the supports you provide to participants.

Resources

Below are some resources to assist staff in the provision of information to participants.

- o Five-booklet toolkit developed by Inclusion Melbourne to assist people with a disability make choices about their life my choice tool kit
- o Healthy eating for adults Australian Government Department of Health brochure
- o Australian dietary guidelines, website links to a range of information and resources eat for health
- o Physical activity and exercise guidelines for all Australians, Australian Government Department of Health, include tips and ideas for fitting more activity into your day-to-day life.
- o Link for information, initiatives and resources for healthy lifestyles Preventative Health, Australian Government Department of Health
- o Council for Intellectual Disability Health Fact sheets including healthy lifestyles
- o Healthy Mind e tool for people with intellectual disability Blackdog Institute
- o First Nations People, resource for planning, dreams, goals and lifestyle. First Peoples Disability Network Australia our way planning resources

Daily Personal Care for a participant live alone

Participants have a right and choice and control to live where they feel comfortable. It can be living at home with family or alone. Their choice must be respected, and we will ensure their safety and wellbeing is always maintained by taking necessary steps to prevent any complications. Participant's choices and decisions are incorporated into the support plan, including:

- the type of care worker preferred
- specific activities and supports needed (e.g. showering, dressing, eating, toileting, appointments)
- timeframe for activities
- overnight supports (if required)

Participants living in their own homes have the right to be safe and live as autonomously as possible within their environment. It is Full Care Lifetime's objective to effectively manage professional carers to ensure that they are providing services and supports to meet the requirements of the participant.

Full Care Lifetime's management team are responsible for ensuring our professionally trained staff are appropriately supervised and determining they are providing high-quality services that meet the NDIS (Provider Registration and Practice Standards) Rules 2018.

Personal care supports relate to assistance with daily personal activities, including assistance with, or supervision of, personal tasks of daily life, including:

- personal hygiene (e.g. showering, bathing, oral hygiene, dressing and grooming)
- toileting, bladder and bowel management and menstrual care
- eating and drinking

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- attending appointments
- use of aids and appliances, hearing and communication devices
- mobility and transferring (e.g. moving in and out of bed and on or off the toilet)
- application of splints, basic first aid due to injuries sustained due to a participant's disability.

During the development of the support plan and service agreement, staff are required to actively listen to the participant and their support network to determine the goals, interests, and needs of the participant. Information is gathered and used to design the supports and services within the support plan to:

- maximise the independence and functional skills of the participant
- suit the participant's age and circumstances
- meet a participant's needs in a less intrusive manner

For participants who live in their own home and request a sole carer, Full Care Lifetime will undertake the following steps:

1. Design daily personal activities

- Detail and record all activities required as per the service agreement.
- Gather details on how the participant wants activities undertaken (e.g. how they like to be showered, what time of day, etc.).
- Determine hours and timeframes for each activity.

2. Identify preferred carer/s (initial consultation)

- Listen to the participant to determine requirements (e.g. male/female, language preferences, cultural requirements, etc.).
- Identify the skills that the carer/s require.
- Review current care workers to determine possible matches.
- If no matches in our current workforce, then the CEO will locate appropriate care workers.
- The CEO will locate at least two to three carers for each participant.

3. Complete the Safe Environment Checklist and Individual Risk Assessment Profile

- The CEO will delegate a staff member to visit the home environment to determine the safety of the environment for both the participant and staff. The Safe Environment Checklist will be completed during this visit.
- All information gained from the visit is documented within the participant's support plan.
- The Individual Risk Assessment Profile will be completed with the participant. Information will be used to develop appropriate risk strategies in the support plan.
- The CEO will develop, finalise and detail support plan strategies and objectives in collaboration with the participant, their family or advocate.
- The risk assessment must be reviewed quarterly or earlier if the participation circumstances change

4. Staff training

- Staff selected by the participant will be trained in all aspects of their care.
- The CEO or their delegate will train the staff.
- A buddy system (of at least two shifts) is implemented to ensure staff are fully trained in all aspects of the role to meet the participant's requirements.

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5. Supervision

- The CEO will determine an appropriate supervisor.
- The supervisor will visit the participant's home environment at least every two months.
- During these visits, the supervisor will complete the Participant's Home Monitoring Visit Report.
- The supervisor will meet with management to report on their findings after each home visit. The meeting will identify risks or issues and inform continuous improvement required (e.g. additional training, staff change, etc.).

6. Participant feedback

- The CEO will seek the participant's feedback regarding the performance of the staff at least every two months.
- The participant may provide feedback verbally, via email/letter, or through the Complaints and Feedback Form or complete the Annual Participant Survey.

Supported Independent Living (SIL) Policy and procedures

As a National Disability Insurance Scheme (NDIS) provider, Full Care Lifetime must undertake and submit particular documentation to meet the necessary registration group requirements. This includes using the Roster of Care (RoC) Submission Tool (the "RoC Tool"). The purpose of the Supported Independent Living (SIL) Policy and Procedure is to provide the structure to allow our staff members to work within the supported independent living registration group.

The RoC Tool is a Microsoft Excel document that assists the National Disability Insurance Agency (NDIA) to gain insight into a SIL participant's typical week. Specifically, the RoC Tool aims to provide a mechanism for providers to communicate the supports they can deliver to meet a participant's support needs and goals, which correlate with the participant's agreement with the NDIA.

The Supported Independent Living registration group provides one type of help or supervision with daily tasks to assist our participants to live as independently as possible while building their daily living skills. Supported Independent Living provides paid personal supports (e.g. having a carer to help with personal care tasks or cooking meals). Supported Independent Living support provision works towards building the participant's skills to maintain or increase independence levels.

Supported Independent Living support takes place in the participant's home. Participants can live in a shared home and receive SIL support. Supported Independent Living funding does not include items such as rent or other daily expenses (e.g. groceries).

Every SIL location must be inspected to ensure the safety of all participants. A Safe Environment Checklist is used to review and analyse the safety status of the participants. Management must review this data and the individual requirements (see Individual Risk Assessment Profile) of each participant in the location to ensure the environment meets the needs of the participant.

The CEO is required to undertake the following steps:

1. Review the Safe Environment Checklist for any real or potential issues.
2. Review the Individual Risk Assessment Profile and Support Plan goals of each participant.
3. Determine the needs, goals and interests of each participant.
4. Determine how to maintain a healthy and safe environment for the participant.

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5. Create a cleaning and maintenance schedule for each location.
6. Create a Roster of Care for each participant.
7. Submit the Roster of Care to the NDIA.

All staff working in the supported independent living environment will be provided appropriate training on how to work with each participant (as per their support plan) and to ensure that the environment is safe and suitable to undertake all SIL requirements. Every participant is reviewed at least annually and supported as per their support plan.

Overview

- Full Care Lifetime will develop a Roster of Care (RoC) using the Assistance with Daily Living price limits so the NDIA can decide the type of supports to be included in a participant's plan.
- Full Care Lifetime is required to submit the RoC to the NDIA for consideration.

1. Location

All sites must be kept hygienic and safe with strong infection control measures. Staff are required to follow health and hygiene procedures (e.g. handwashing and infection control) to ensure the environment is safe for the participant.

As part of our management of the location, Full Care Lifetime must:

1. Undertake a safe environment review of the site.
2. Identify any issues, as per the Safe Environment Checklist.
3. Create a Risk Management Plan to eliminate or reduce identified risks.
4. Implement the Risk Management Plan.
5. Train Full Care Lifetime staff as per requirements.
6. Conduct an annual safety review, including fire and evacuation processes.
7. Undertake site visits at least every three months to ensure the environment is well maintained and meets Full Care Lifetime service standards.

2. Participant

- Collaborate with the participant and their nominee to complete the ROC SIL toolkit requirements and provide a copy to the participant.
- Ensure that the participant has the SIL registration group included in their support plan and has the appropriate funds to cover the required service (see Service Agreement with Participant Policy and Procedure).
- Undertaken an Individual Risk Assessment Profile and develop a Support Plan, as per the Support Planning and Service Agreement Collaboration Policy and Procedure, the Access to Supports Policy and Procedure and the Responsive Support Provision and Support Management Policy and Procedure.
- Participants and staff are matched, as per the support plan.
- Ensure that the rostering of staff meets the participant's requirements.
- Review staff for the quality of their support and to determine if they are meeting the needs of the participant.

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3. Staffing

- Match Full Care Lifetime staff as per the requirements of the participant.
- Training occurs in all aspects of supports for the individual participant.
- Performance management is undertaken annually (or as required) to determine if staff are meeting the needs of supported independent living and our participants.
- Two buddy shifts are undertaken to provide feedback by a supervisor to ensure staff are supported in their roles.

4. Medication access and storage

Self medicating participant – on site

1. Participant will complete a Self-Medication Assessment Form and it will be kept on the participant's record.
2. CEO will assess risks regarding participant self-administering medicines and determine their competency.
3. If approved to self-medicate, the participant will complete a Risk Indemnity Form relating to self-medication.
4. CEO will review the participant's capacity for self-medication every three months.
5. If approved to self-medicate, a predetermined locked cabinet either in the participant's room or kitchen will be used to store their medication safely and securely.
6. Only the participant and their support workers are provided key access.
7. A Medication Storage Key Register will record details of individuals provided with key access.

Self-medicating participant – in participant home

1. Participant will complete a Self-Medication Assessment Form which is kept on the participant's record.
2. CEO will assess risks regarding participant self-administering medicines and determine their competency.
3. If approved to self-medicate, the participant will complete a Risk Indemnity Form relating to self-medication.
4. CEO will review the participant's capacity for self-medication every three months.
5. If approved to self-medicate, location of medication will be noted in the Safe Environment Checklist by the support worker
6. CEO will recommend to the participant that all medication be stored in a locked cabinet.
7. Assist arrange a locked cabinet in the participant's home if required.
8. Only the participant and their support workers will be provided key access if medication is stored in a locked cabinet.
9. A Medication Storage Key Register will record details of individuals provided with key access.

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Provider medicating participants – on site

1. All medication will be stored in a predetermined locked cabinet either in the participant's room or in the kitchen. The locked cabinet will be used to store medication safely and securely.
2. Staff approved to provide a participant's medication will be included on their support plan.
3. Only support workers who have approval are provided key access.
4. A Medication Storage Key Register will record details of individuals who have key access.
5. Support workers will track management of medication using the Medication Chart, as required.

5. Roster of care procedure

The CEO or their delegated officer will complete the Roster Of Care Submission Tool which details the staffing mix and level of shared supports (through the ratio of supports), as well as the participant's individual needs. Full Care Lifetime acknowledges that while participants are funded for SIL individually based on their support needs and goals, the RoC Tool considers the support needs of all the residents in shared living arrangements (as a result the supports for both NDIS and non-NDIS participants who share supports must be captured in the submission).

Together the RoC Tool, the RoC Template and any supporting documentation is sent for assessment and review to the NDIS via the following email address: SIL@ndis.gov.au

The RoC Tool combines a Roster of Care and Hourly Breakdown spreadsheets into one spreadsheet called Hourly Breakdown and automates the calculation of weekly summaries; this should, in turn:

- reduce duplicate information provided to the National Disability Insurance Agency.
- improve the accuracy of information shared between the National Disability Insurance Agency and providers.

6. SIL submission process

CEO will review (at least annually) and follow the NDIS Operational Guidelines for Supported Independent Living. The delegated officer will undertake the following:

1. Confirm with the participant or their nominee (through the declaration section in the SIL RoC Template document) that they have been involved in developing the RoC with Full Care Lifetime and have been provided with a copy before it is submitted to the NDIA.
2. Send the submission (SIL RoC Tool and Template) on behalf of the participant to SIL@ndis.gov.au

Unless the participant has a change in circumstance, the same RoC as the previous plan will generally be used. If there has been a change of circumstance, Full Care Lifetime will submit evidence to support this and then repeat the above process to develop a new RoC.

Monitoring and Review

Full Care Lifetime Management Team will review this policy and procedure at least annually. This process will include a review and evaluation of current practices and service delivery types, contemporary policy and

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practice in this clinical area, the Incident Register and will incorporate staff, participant and another stakeholder feedback. Feedback from service users, suggestions from staff and best practice developments will be used to update this policy.

Full Care Lifetime Continuous Improvement Plan will be used to record and monitor progress of any improvements identified and where relevant feed into Full Care Lifetime service planning and delivery processes.