



# **Home & Community Support Sector Standard NZS 8158:2012**



**WHAIORA HOMECARE SERVICES INC.**

# Policy & Procedures Manual

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## The Impact of the revision of the Standard

### Introduction:

Since the standards was first published in 2003, there have been significant changes in the health and disability environment at strategic, service design, and service delivery levels

This revised Standard sets out what the client/consumer can expect from services (in their own home or community setting), and describes the minimum requirements to ensure that a mechanism is in place that will test relevant safety and quality in the services delivered.

The Standard has four sections that state the intended outcomes and describe the systems, policies and procedures and actions required to support achievement of good outcomes, compliance and consistent quality expectations.

Certification against the revised standards is recognized as the important driver for safety and quality improvements (in New Zealand); and has a more explicit focus on involving client/consumer facing challenges to full participation in everyday activities that will increase their independence, to live in their own home, communities and fulfil the roles they value.

### Background:

The Home and Community Sector Standards NZS8158:2003 was recently revised to reflect the significant changes in the health and disability sector at strategic, service design and service delivery levels. The changes see a move from traditional task-based service provision to one that is more flexible, client focused and goal orientated. The 2012 Standard reflects these changes as well as recognizing the unique relationship that has been developed between the provider and the client receiving support.

### Summary

Overall the differences between the current and the revised Standard represent a shift in philosophy, current models of care and increasing complexity of care of client/consumer being supported to live at home rather than moving to residential care. The role of the health practitioners (e.g. registered nurses and occupational therapists) in restorative models of care in the home is strongly recognized, for client/consumer with higher needs or who are at greater risk of adverse outcomes – support risk management relating to: the safe use of equipment, skin integrity, nutrition and safe food management, medication and behavioural symptoms.

Whaiora, (WHCS) has made significant changes to incorporate and implement the revised Home and Community Sector Standards while seeking re- certification (against the new Standard), through CAB's, or Designated Auditing Agencies. Designated auditing agencies are required to follow audit requirements as set out in the Auditing Requirements documents currently developed by the Ministry of Health. There is a website that can be accessed at

<http://www.health.govt.nz/publication/auditing-requirements-home-and-community-support-sector-standard-nzs-81582012>, to help service providers prepare for certification.

Once the audit has been completed, a copy of the audit report is provided to the funders and a summary, is published on a public web site by the Ministry of Health. There is also a finalised standardised certification audit report template and certification audit summary report that auditing agencies have started using.

# 1. Client/consumer Rights

He Kupu rongonui tenei! “He aha te mea nui ki a tatou te iwi Māori? Māku e kī, He tangata, he tangata he tangata!”

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POLICY: Client/consumer Rights under legislation

**Standard 1.1** Every client/consumers’ rights, is recognised and supported. This reflects the aim of the Health and Disability Commissioner legislation, which is, “to promote and protect the rights of all client/consumers”. Through the Treaty of Waitangi principles, WHCS promotes the three key areas of: partnership (making sure that client/consumers are true partners in their own services); participation (ensuring that client/consumers are heard at every level of their service delivery, including making complaints and learning from resolutions); protection (ensuring the quality and delivery of the services is safe and appropriate); respectful, minimises harm; and acknowledges cultural, values and beliefs. The client/consumers’ are given every opportunity to be made aware of their rights on admission to the services; where prior *consent* is obtained in line with the Code of Health and Disability Services and Client/consumer Rights 1996.

## REFERENCES

The Code of Health and Disability Services Client/consumer Rights  
SNZ 8134: 2002 Part 1 Client/consumer Rights during Service Delivery  
SNZ HB 8158:2004 Part 1  
National Mental Health Sector Standard 8143: 2002 Part 16  
NZS 8158:2003 – **NZS 8158:2012**

PROCEDURE: The criteria required to achieve this outcome shall include but is not limited to the following:-

1.1.1 WHCS has a duty to ensure that the Code of Health & Disability Services Client/consumer Rights 1996 is made available to every person when using the home and community support services. And, where applicable other client/consumer rights legislation e.g. the code of ACC Claimants Rights) is made known and or available to client/consumers using ‘that’ service.

1.1.2 The Code is made available at the initial visit and in a manner that the client/consumer can fully understand, i.e. assistance by a family member/s or in a format suited to the needs of the client if English is a second language, or is unable to speak or understand any English at all.

1.1.3 There are opportunities for the Provider Agency to discuss options, and to clarify information with other Providers

1.1.4 The client/consumer will also be advised of advocates - an individual or group also independent of the organization may provide information, advice and support to the client/s as an Advocate. He will act on behalf of or in the best interest of the client in the provision of care or if there is a complaint regarding the service or of a particular treatment

1.1.5 The client/consumer has the right to have an advocate or support person present - NB: Wherever necessary an independent interpreter services shall be made available if access to translators (including a sign language translator - Te Roopu Waiora and communicators) is required, to assist the client/consumer in the process. K Broughton (sign language interpreter), Chris Orr (Blind Institute);

NB: Interpreter Services such as the District Health Boards – contact Number: 2760014 Ext 4775 (available only to Organizations’ and not to the general public); there is a fee for service

The Provider is subject to the duties of the Code and must take action to:-

1.1.6 a) inform the client/consumers of their right to make an informed consent to actively participate in all decisions relative to service delivery; and

1.1.7 b) to actively encourage participation of the client/consumers to exercise their rights when giving consent to delivery of services in accordance with the code

- Whaiora has access to professional staff or work colleagues should there be a need for an interpreter of Asian languages, or for anyone with a visual impairment, or for translation where English is the second language.
- The Code of Rights and Client/consumer Rights is an important article that is vital to the Induction Training of all new employees. They also receive a copy of the statement in the employee handbook and demonstrate their knowledge further in the Careerforce level two (Unit 23686) and level three modules (Unit 27104).
- Every effort is made to help a client/consumer to understand and participate in their own care, with recognition of their individual special needs and communication style. This may be achieved, but is not limited to:
  - Using the NASC Agency/Community Networks and key workers, fluent in the client's own language where-ever possible.
  - Where the best options for the client/consumer is appropriately facilitated or provided regarding their own daily living activities and requirements - *NB: Their rights and legal choices may, be limited in response to clearly defined legal grounds.*

#### Yours Rights when receiving a Health & Disability Service

You have the right to:

- **Respect** – You should always be treated with respect. This includes respect for your culture, values and beliefs, as well as your right to personal privacy.
- **Fair Treatment** – WHCS will ensure that you are free from any discrimination, coercion, harassment, sexual, financial or other exploitation. You should not be pressured into something you do not want to do or be taken advantage of, in any way.
- **Dignity and Independence** – WHCS will ensure that your receive services in a manner that has regard for your dignity, privacy and independence.
- **Appropriate Standards** – you have the right to receive services that reflect your needs and are of an appropriate standard.
- **Effective Communication** – You have the right to be listened to, understood and receive information in an environment that is conducive to effective communication. If and wherever practicable, an interpreter will be made available to you.
- **Information** – You have the right to have your condition explained and be told what other choices are available. This includes how long you may have to wait, an estimate of any costs and likely benefits and side effects. You can ask questions to help ensure that you are fully informed.
- **Choice & Consent/Decisions** – It is your decision. You can say no or change your mind at any time.
- **Support** – You have the right to have someone with you to give you support in most circumstances

- **Teaching and Research** – All these rights will apply when taking part in teaching and research
- **Complaints** – It is OK to complain – your complaints help, improve the services. It is easy for you to make a complaint and it should not have an adverse effect on the way that you will be treated.

If you need help, ask the person or the organization providing the service. Local advocacy services and the Health and Disability Commissioner ([advocacy@hdc.org.nz](mailto:advocacy@hdc.org.nz) – <http://www.hdc.org.nz>), can be reached on Auckland (09)373 1060, Wellington (04)494 7900, other areas 0800 11 22 33 (TTY).

You have the responsibility to:

- treat others in your chosen home with respect.
- remember that other people have the same rights as you.
- have services which respect your cultural values, traditions and aspirations
- decide and to plan the activities associated with the type of care and lifestyle appropriate to your needs, age, culture and the desired outcomes
- help support workers in looking after your health i.e. prompting you to take your medication
- disclose any medical history relevant to your ongoing support
- participate in your own rehabilitation, as much as you are able
- keep financial arrangements current
- inform the organisation of your whereabouts if you are going to be away or absent
- treat support workers and all other individuals with dignity and respect, or in the way that you would expect to be treated

*Disclaimer:* No client/consumer is expected to take part in a clinical trial and or experimental treatments. Informed consent (family/whanau/legal representative), would be required, in writing and with the appropriate input of an accredited ethics committee.

*Limitations on confidentiality:* Information relating to the safety and general well-being of the client/consumer while receiving services may be shared with other health professionals, but only if it is in the best interest of the client.

Furthermore, where the client/consumer's safety is at risk or in jeopardy, because they are unwilling or unable to obtain the necessary assistance required; the Manager may authorize the release of information in order to access protection for the client.

*Request for information:* Client/consumers' and their whanau are able to access their personal information held by Whaiora Home Care services at any given time. The request must be in writing to the manager, who will authorize the release of client related information.

*The Rights and Responsibilities listed above are available in a Welcome Pack supplied to new Client/consumers of the organization at the initial visit, by way of a Client Hand Book.*

## 1.2 Individual Privacy, Dignity and Respect

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### **POLICY:**

Standard 1.2 Every client/consumer will be treated with respect and receive services in a manner that has regard for their dignity, privacy, confidentiality and independence. All information regarding client/consumer details will be treated as confidential, and will not be divulged to any person/s except to those who have been employed by the service. Client/consumer information will only be discussed in order to provide the appropriate services. Education and training in relation to confidentiality is provided to ensure support worker/s are fully aware of the requirements of the Privacy Act including the requirements in dealing with breaches of confidentiality.

### **REFERENCE:**

NZS 8134:2003 – **NZS 8158:2012**

NZS HB 8158: 2004 Section 1.6

NZS 8134: 2008

### **PROCEDURES:**

The criteria required to achieve these outcomes shall include but is not limited to:

- being informed on employment of the policy to maintain confidentiality of all records of client/consumers. The (client/consumer), will sign to consent for the organization to store or keep their personal records on file or to return if necessary.
- Information relating to a support worker that is held on files (records) will not be released without prior consent.
- All support worker records being held in a secure area and accessible to authorized personnel only. They are filed in a lockable cabinet.
- Phone numbers not being passed on to any person/s, without their prior written consent.
- being entitled to access your personal records or files on request.
- having the right to withdraw, as a support worker providing a service to a client, discreetly and confidentially, through the manager and or the Coordinators of the service.
- NB: When you sign the Individual Agreement, you will be assured by WHCS, of the importance of maintaining client/consumer confidentiality, in all aspects of your services.
- Information of a private or personal nature is maintained in a separate and secure manner (Police Records), that are not publicly accessible or observable are kept in the General Manager's office
- The management of client/support worker information is kept current, confidential and accessible when required, meeting all the requirements of the Privacy Act, The Health Information Privacy Code.



## 1.3 Individual values and beliefs respected.

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### POLICY:

Standard 1.3 WHCS will ensure that every client/consumer receives safe services which recognize and respect their ethnic, cultural, spiritual values and beliefs. The services must be free from any form of discrimination, coercion, harassment, sexual financial or other exploitation. The provider will communicate effectively to promote community acceptance of people with physical and mental health disabilities and provide an environment conducive to appropriate standards.

The criteria to achieve this outcome will include but is not limited to the following:

1.3.1 taking into account the client/consumers', individual cultural values and beliefs

1.3.2 ensuring that the client/consumer has been consulted and family/whanau representatives are involved in the process (at their request). Contact details of the main Emergency Member is normally provided by Nasc and sent through with the initial referral requisition; to ensure their presence, before commencement of the services and for input and development of a support plan.

### REFERENCES:

**SNZ 8158:2012**

SNZ 8143: Part 18

Privacy Act

Code of Rights

NZS 8134:2008 Health & Disability Standards

### PROCEDURE:

The client/consumer will have realistic support plans, which will reflect their personal goals and needs. The criteria to achieve this outcome shall include, but is not limited to:

- the client/consumer and their families having input in the quality improvement of the services through the (client/consumer), survey
- the results of the surveys being used to evaluate and provide feedback to the client/consumers, where appropriate as part of the quality improvement processes;
- support plans being reviewed based on the findings of the evaluation

Whaiora Homecare Services will ensure that support workers' do respect the individual worth of all client/consumers' and their family and whanau; regardless of their mental illnesses by:

- being made aware and having the necessary skills and knowledge to understand the complex issues surrounding discrimination, against people with physical differences and disabilities;
- training support workers in self-examination of beliefs, attitudes and behavioural patterns;
- having an awareness of the legal ramifications of discriminatory behaviour;

Performance appraisals of all support worker/s will include, but is not limited to a component of assessment; in terms of the degree of sensitivity to the issues surrounding discrimination for client/consumers and their families.



## 1.4 Recognition of Māori Values and Beliefs

## 1.5 Recognition of Pacific Peoples' Cultural Beliefs

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### POLICY:

**Standard 1.4** Client/consumers' who closely identify as Māori will have their health and disability needs met, in a manner that respects and acknowledges their individual values and beliefs – links with Kuia, Kaumatua Oranga, Te Roopu Taurima, Local Kaumatua and the Runanga groups of Otara, Manurewa and Papakura – Ihu Māto

**Standard 1.5** Pacific Peoples' health and disability needs are recognised and respected in a manner that acknowledges their ethnic, cultural, spiritual values and beliefs; while recognizing the fundamental importance of their relationship between their family/whanau and with members of their community – PIHC Provider Agencies, and the local Community Advisor and Networks of Otara.

**Kaupapa:** Based on a kaupapa Māori model of Te Whare Tapa Wha - the key aspects of client/ kiritaki physical wellbeing and safety, spiritual and cultural welfare; legal rights and standards of care in relation to:

Te taha tinana – to receive safe services, with minimal harm

Te taha wairua – that which acknowledges client culture, individual values and beliefs

Te taha hinengaro – being respectful of client/kiritaki rights

Te taha whanau/whanaungatanga – being able to facilitate the role and support of whanau/family, and friends in the community

The criteria to achieve this outcome will include but is not limited to the following:

1.4.1 – Whaiora has a commitment to the the principles of the Treaty of Waitangi through the Māori Health Strategy – He Korowai Oranga and Whanau Ora, supporting and promoting our commitment to the principles in the provision of services, to achieve optimum wellbeing;

1.4.2 – Barriers to access the services are identified, with whanau strengths being acknowledged and endorsed; while building on the development, capabilities and training in culturally safe operating principles and Māori values of Tikanga, whakapapa, wairuatanga, whanaungatanga, manaakitanga tapu and noa;

1.4.3 – WHCS has links with local whanau, iwi and hapu of client/consumer's where applicable, to ensure services are consistent with their cultural values and beliefs i.e. rongoa Māori clinics, tohungā – Raukura Hauora, in Miro Road and Otahuhu;

1.4.4 – As with Māori client/consumers, Whaiora has a MOU with the Pacific Island Homecare Trust and has a commitment to:

- Incorporating and recognizing the key principles of health and disability services for Pacific Peoples by encouraging access to matua and matai; and developing a MOU with the local Pacific communities.
- Encouraging and supporting the active participation of Pacific peoples in all levels of the health and disability services;
- Ensuring that the Māori & Pacific Island health Strategy is based upon partnership, participation and protection - ***the principles of the mission and organisational goals of Whaiora in service delivery***;

1.4.5 The importance of whanau and their involvement is recognised, encouraged and supported by WHCS

**Goal Statement:** To provide the same level of health for Māori and Pacific Islanders as non-Māori, safeguarding their individual cultural concepts, values and practices; the criteria to achieve shall include but is not limited to:- (the kaupapa Māori model of Te Whare Tapa Wha);

- a) incorporating the four cornerstones integral to Māori health – Whanau (family), Tinana (physical), Hinengaro (mental) and Wairua (spiritual) with recognition of the fundamental concepts of tapu and noa; while building on the strengths of whanau to achieve **whanau ora** (health and well-being) – *He Korowai Oranga* – the **Māori Health Strategy**;
- b) Incorporating Pacific Island models of Health such as the Fonofale Model which acknowledges the family unit as a place of belonging, of love, honesty, respect, trust safety and forgiveness;

WHCS will address and respond to Māori & Pacific Island Cultural Values & Beliefs. The Provider is proud to have systems and personnel with the experience to form strong partnerships that enhance people's wellbeing. We are equipped with sufficient and suitable knowledge, to liaise with appropriate cultural representatives in the community and to *advocate* on cultural issues or complaints and conflicts reported by Māori or Pacific client/consumers;

All support workers recognize the bond between Māori, their family/whanau, hapu and iwi; in the same way that Pacific people have a special relationship with their family/whanau and the wider networks;

A resource manual is available to all support worker/s, covering Māori and Pacific Island protocol, plus essential greetings and cultural behaviours;

Support workers' will be provided with an overview of the TOW and including protocols to support Māori in meeting their cultural needs i.e. the Whaiora Marae is within close vicinity for orientation purposes;

Standards of Traditional Māori Healing are recognised as Safe Working Practices; as Māori have special beliefs, skills and knowledge concerning health issues i.e. rongoa, mirimiri. The service will provide support and education, as essential for tangata whaiora; understanding the connection and focus between the individual's wellbeing, their whanau, hapu and iwi, to promote Māori mental health wellbeing.

Cultural needs are recognised for every culture using the service. These may include but are not limited to:

- ☐ greetings in one's own language
- ☐ the use of key words in that language
- ☐ having an understanding of the different status in the Islands than in NZ [e.g. the Princess in Samoa is a receptionist in NZ].
- ☐ respecting Kaumatua/ Kuia leadership roles
- ☐ respecting the head of the family or family leadership roles [Matai, Metua, Matua, more]
- ☐ dietary preferences,
- ☐ family and community involvement such as attending tangi
- ☐ incorporation of rongoa or Māori Medicine wherever practicable
- ☐ recognition of Pacific Island traditional healers including herbal, prayer and counselling.
- ☐ special cultural preferences such as disposal of hair / fingernails [Māori] or initiation ceremonies & practices [Pacific Island]
- ☐ special cultural needs / *Advance Directives for death and dying, and keeping families informed as to progress,*

- ☐ ensuring privacy is maintained at all times,
- ☐ making a request and gaining permission prior to touching client/consumer
- ☐ never passing food over another person's head
- ☐ use of different coloured pillows for head and other parts of body according to concepts of tapu and noa,
- ☐ Karakia, and the significance in the use of blessings, to cleanse rooms as respect for Tupapaku;

The ethnicity of the support worker is important to match the client/consumer population and demand for support services. WHCS will actively recruit and employ suitable applicants with links to Māori and or Pacific client/consumers'. The service will seek to empower the client/consumer when trying to match a support worker from like cultures. i.e. Māori caring for Māori, Samoan for Samoan, Tongan or Nuian for their own, etc.

Significant family members are now being nominated to take care of their own whanau/client/consumer. The service recognises that Māori and Pacific People may identify with more than one person as the next of kin. The service requests that where large numbers of supportive family exist, that one or two members are nominated as the key spoke-persons. They will be the first point of contact, carrying out the responsibility of notifying the wider family about changes, evaluations, feedback; and they will be the ones that will make sure who will be involved with support, planning and reviews.

**Barriers to Māori and Pacific People accessing the service will be identified and eliminated: The criteria to achieve shall include but is not limited to:-**

- a) Māori Service providers having special linkages to Marae as shown on the on their contact lists [See Community Linkages]. Similarly, Pacific Peoples will show linkages that may extend across the Pacific regions;
- b) knowledge of the Māori & Pacific Peoples Health Plan that can be made available to referring agencies to show the scope of the service;
- c) recognising the importance of Whanau and their ongoing involvement in the client/consumer's support needs;
- d) family participation is integral at all levels of support and involves working together to provide an empowering 'web of care';

**Right to Practice Cultural Values and Beliefs**

- a) The right to a special diet e.g. Kaimoana (whitebait, pipi, mussels etc) or traditional island food will be recognised and encouraged. Food may be procured and comprise part of menus to be enjoyed by those that recognise that this food can be nutritious let alone a delicacy;
- b) In the event of death, the service (WHCS), will be notified of access to the body 24 hours / day, as appropriate, and according to the circumstances surrounding the tupapeku. The deceased are discharged into the care of whanau as soon as it is legally possible. For Māori, the service prefers that the Urupa of choice is never agreed among whanau, recognising that sometimes this may become an issue of contention. When this happens it is part of Māori cultural values and beliefs, that the service is not necessarily expected to be part off, unless prior arrangements have been agreed upon.
- c) Concepts of tapu and noa are understood by support worker/s and respected – *Power Point presentation available*. Whanau are encouraged to discuss their expectations so that the services may assist with meeting their needs in the support planning. Should an interpreter be required, a list of available people is made available.
- d) Spiritual support (awhi te tangata - cornerstone of Māori and Pacific health) should be evidenced in every aspect of the support that is provided. Support worker/s will be made aware when a spiritual advisor is required: The support worker shall:

- notify the office, family/whanau
- ask the whanau if help is required if/where required but not always necessary i.e. a priest or minister to facilitate karakia (dying rites)
- provide support and understanding
- invite support from the community, as appropriate

Tangata Whenua / Fanau with relevant cultural knowledge and experience are consulted in order to meet the needs of Māori / Pacific Peoples

#### **Criteria:**

1. consultation with the client/consumer, their family/whanau
2. active participation of planning support
3. trialling of the Plan/evaluating as necessary to identify progress, associated risks
4. review and update of plan

#### **Possible Issues of ongoing Consultation**

1. Letting the community know that the service exists
2. Letting the community know the scope of the service
3. Deciding new service initiatives
4. Expanding the service
5. Focus on areas of specific need
6. Funding and Training
7. Sourcing appropriately skilled and knowledgeable support worker/s – this may include recruiting initiatives
8. Measuring up to the standards and audit processes

### **The Review of Service**

The criteria to achieve may include but is not limited to:

1. The service review meetings, four held [minimum] per year. These carry a specific agenda that will look at event reporting of Health & Safety issues; including cultural safety, incidents/accidents, compliments and complaints. The minutes of the meetings are readily available to all support worker/s, management, and the BOT, and available for internal or external audits.

2. Evaluation of outcomes, which shall include but is not limited to:

1. Internal and external audits
2. the number of Māori / Pacific People Accessing Service
3. the number of suitably skilled support worker/s (Pacific/Māori), employed/trained
4. Customer Satisfaction Surveys
5. the Complaints Register
6. Support worker surveys and appraisals
7. Internal audits of all Support Services/Planning

#### **Strategic Links**

Hauora Māori H<http://www.hauoraMāori.org/> (resource, news, workforce development)

He Korowai Oranga (Māori Health Strategy)

H<http://www.learningmedia.co.nz/ngata/H> (online Māori / English translations)

## Māori Translations

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Aroha	Compassionate love
Hapu	Local tribal grouping
Iwi	Tribe Māori Translations
Kawa	Protocol of the marae, land or Iwi based on respect
Mana	Prestige, authority or standing in society
Manaaki	To care for and show respect to Māori values and beliefs
Tangata Whenua	Local people, people of the land (as opposed to visitors)
Tikanga	Values & Beliefs
Tapu	Sacred/profane
Turangawaewae	Where Māori origins lie (literally: where my feet stand)
Wairua	Spirituality of Māori being linked to their well-being
Whanau	The extended family and their knowledge surrounding the
client/consumer/kiritaki	Mate,
màuiui	(Feeling) unwell
Waewae	Legs
Wera	Hot
Makariri	(Feeling) Cold

### Checklist of Cultural Safety

- ☐ Training: Treaty of Waitangi. [understanding and respect for the concepts of tapu and noa].
- ☐ Personnel, support worker ratios. Number of Māori workforce  
Decide adequate ratio. Same for Pacific Peoples
- ☐ Admission forms acknowledging that Māori / Pacific Peoples may identify with more than one person as next of kin.
- ☐ Referring agencies being aware of the scope of the organization (Māori priority)
- ☐ Holistic approach to health includes POLICY to incorporate Māori Medicine and recognizes Pacific Island traditional healing / Initiation Rites and Passages.
- ☐ Individual support plans incorporate cultural preferences and describe how support worker/s have been trained to achieve these outcomes
- ☐ That the Māori / Pacific Peoples Health Plan is reviewed along with other POLICY, regularly and at least annually.
- ☐ Access to a Māori Needs Assessor (where one is available) / similar access for the Pacific Island people, where appropriate.
- ☐ the availability of Māori coordinator/s or a Māori Health consultant in support planning
- ☐ the need for culturally appropriate auditors

## 1.6 Communication in a manner that the Client/consumer can understand

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### POLICY:

**Standard 1.6** Information is communicated to all client/consumers' in a manner that they can understand, and in an environment conducive, to effective communication.

It is important to obtain the client/consumers consent, in compliance with the Code of Health and Disability Services Client/consumer Rights 1996 and other relevant legislation and approved guidelines. Informed consent is a process rather than a one-off event, involving effective communication, full information, which is freely given (by the client/consumer, who is believed to be competent. – Rights 5, 6 and 7 respectively).

### REFERENCES

#### NZS 8158:2012

The Code of Health and Disability Services Client/consumer Rights

Code of ACC Claimants Rights

SNZ 8134: 2002 Part 3 & SNZ HB 8158:2004

The criteria to achieve this outcome shall include but is not limited to the following:-

### PROCEDURE:

#### 1.6.1 The client/consumer has the right to full and frank information and open disclosure to make an informed choice and to consent (as to his or her rights) to receiving or declining services.

- *Competence:* If we are not convinced, that the client/consumer does not fully understand, we then turn to someone with their best interest at heart to decide for them [Right 7]. Usually this is the whanau, partner, and or friend.
- *Valid consent:* must be freely given by the client/consumer who is deemed as being 'competent' – the new legislation protects their rights, with regards to consent issues, powers of attorney and advance directives (if known or available for a client with diminished competence)
- "Where a client/consumer has diminished competence, he or she retains the right to make informed choices and be given informed consent, to the extent appropriate to his or her level of competence".
- The manager will ensure that competence has been reached with 'reasonable care and skill', involving user-friendly information and effective communication [Right 5]. The fact that the client/consumer may have for instance, an intellectual impairment, or severe behavioural problems, does not necessarily mean that they are incompetent to consent to all health and disability services.
- Where the client/consumer is deemed to be, not competent, an advocate is nominated [or will already have assumed this role] and the reasons will be noted on the Client/consumer's File. A signature on a form is not, of itself, conclusive evidence that consent was obtained

*The 'best interests' test:* We must beware of having a narrow clinical focus – e.g., what the service wants. Best interests looks at, interests and quality of life from a wider holistic viewpoint. Think what the client would have wished to happen if they were competent.

*Disclosure:* Before services commence, the client/consumer, must be given appropriate and sufficient information and be given adequate time to consider all options of support. This will also apply to any changes being made. Risks will be identified during the assessment and a full explanation must be provided to the client/consumer [Right 6].

*Understanding:* This information must be in a form that is understood by the client/consumer [Right 5] with the requirements being easily communicated to the support worker in relation to *consent issues* as appropriate to the service and setting i.e. reporting/recording requirements – emergencies;

- Using plain language rather than medical jargon or
- Extending consultation times so that questions can be asked and honest and accurate answers given,
- Using large print for visual or written explanations
- The involvement of support persons and whanau
- Using communications best suited to the client.
- This includes being sensitive to any religious or cultural needs, and the values and beliefs of our client/consumer.

Other opinions may be sought, as appropriate. This may include:

- Other service provider/s
- Second Opinion from a GP or specialist advice

1.6.2 The client/consumer will be given enough time to consider options / other opinions. This may mean that:

- we may have to wait a while for a decision
- whanau may need more time for a family meeting/private discussion.

### **Consent may be withdrawn:-**

Consent may be withdrawn WITHOUT affecting the level of our support. Where consent is withdrawn, this is respected, and other suitable options are looked at. Withdrawal of consent may not appear wise to us – it is not our place to say so, but to offer support to the client and to understand all the pro's and con's of their decision. This may lead to a shared learning pathway.

Not all consent must be obtained in writing. On occasion, client/consumers may choose not to give consent in writing. There are reasons for this, including cultural reasons. Should this situation arise documentation of the “words of consent” will be recorded with two signatures being requested.

1.6.3 The designated Persons - the manager and / coordinator or their trained delegate/s are the only people who may take consents for WHCS services.

1.6.4 Wherever necessary and reasonably practicable interpreter services (including a NZ Sign Language interpreter known to WHCS – K Broughton), will be provided, and or for the Blind, we have access to Chris Orr – <http://www.rnfb.org.nz>, admin staff of WHCS, S Ge(*mandarin*), M Sath(*Cantonese*, Kumar, Vietnamese), who speak Asian Languages;



## 1.7 Freedom from Abuse or Neglect

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Revision date	01.09.2012
Revision No.	R04
Page No.	4
Approval	10.10.2012

### POLICY:

**Standard 1.7** All client/consumers are free from any form of discrimination, coercion, harassment, sexual, financial, and will not be subjected to any form of abuse and or neglect ( physical, psychological, sexual, or financial ), while receiving support services.

Definition: Abuse can be defined as anything that can be harmful, injurious or offensive. “In general, Elder abuse is the misuse of power, (in a relationship with an older person), which is based on trust. The abuse reduces the quality of that older person’s life”. The definition is formulated so broadly, in order to cover the many different forms of elder abuse – i.e. to take advantage off, to be dishonest, to insult, ill-treat and or to treat someone improperly;

Abuse is unlawful and wrong, and it is important to understand:

- why abuse occurs – the nature of the abuse
- what it looks like – case studies to identify the indicators of abuse
- the effect that abuse has on a client/consumer - the implications of the long term effects of abuse
- The procedures for supporting a person/s who has disclosed abuse

**POLICY:** The client/consumer’s rights (to receive a safe service) are observed and protected during the provision of support services. All client/consumers’ will not be subjected to any form of abuse and neglect as a result of service delivery.

The criteria to achieve these outcomes shall include but is not limited to the following:

1.7.1 Policies and procedures that will reinforce and ensure the criteria to achieve these outcomes. WHCS has written policies and procedures, which are developed in a culturally sensitive manner, that safeguard the client/consumers from abuse while receiving support services;

1.7.2 That service Providers maintain professional boundaries and refrain from acts or behaviour which could benefit the organisation at the expense or well-being of the client/consumer;

1.7.3 All allegations of discrimination, abuse or neglect of any kind is managed and recorded according to the policies and procedures and linked to the quality and risk management system.;

1.7.4 There are processes in place to actively encourage support workers to contribute and participate in the ongoing development of the quality and risk management system (L3 1836V5, trainee assessment portfolio that confirm the support workers’ understanding and level of competencies), to ensure client/consumer safety;

1.7.5 Prevention awareness is included in the education programme for all support worker/s and other personnel; and is reinforced regularly to maintain knowledge. Support worker/s will be made fully aware of indicators of abuse [within the home environment] and will know how to report the facts to the appropriate person/s; sensitively, ensuring suitable and preventative measures are in place for the client/consumer and support worker safety. Reporting line must always include: the facts, as they have occurred; with information on who was involved and what you have witnessed;

### REFERENCES:

NZS 8158:2004 - **NZS 8158:2012**

NZS 8134 2001

NZS 8158:2003

Elder Abuse & Neglect (A Handbook for those working with Older People – Brochures of Elder Abuse and Respect) Ph 279 4331 ext 808

PROCEDURES 1.5.3 and 1.5.4

- A client/consumer will be informed of his/her rights on admission to the services
- Support workers receive ongoing education on procedures and their specific responsibilities for reporting abuse and neglect, or in recognizing signs of abuse and neglect. (Further evidenced by training: Career Force modules L2/L3).
- All allegations and incidents of abuse and neglect are managed and recorded according to the policies and procedures (WHCS).
- Support worker mechanisms are in place to identify and respond in a timely manner to incidents of abuse and neglect

This will be further achieved by:

- Ensuring that WHCS has a process in place to record and report incidents of abuse and neglect during initial 'assessments' i.e. identification of potential risk for abuse and neglect prior to service engagement – documented in the support plan and reporting systems (e.g. incident forms/electronic reporting), Risk Management system;
- Following processes of the Code of Rights and the Organisation's policies and procedures; evidence may be reported for the appropriate involvement of Kaumatua or the elder abuse and neglect service of Age Concern;
- Guidelines are in place for suspected abuse and how and who to report to; along with what signs and symptoms to be aware of (e.g. NASC agency or referral agency, Age Concern, Child, Youth and Family, Police etc.);
- Healing may well be through groups that are culturally appropriate to meet the needs of Māori and any other ethnic group within the service (i.e. Tai Awa counselling services)
- Abuse is treated very seriously, and must be actioned immediately. If a person's safety is at risk it must be reported - good supervision of support worker/s and immediate problem solving is encouraged;
- forwarding any serious issues of abuse to the Health and Disability Commission and / or the Ministry of Health, Kaumatua and Kuia Oranga;
- Ongoing education is reinforced, with a list of possible resources/people they can communicate with – Access to Māori Wardens or community groups (Friendship House), Te Tai Awa counselling services, Otara Health Centre;
- *WHCS will actively support and encourage the support worker's decision to participate in family, interagency or court proceedings to address any specific cases of abuse or neglect cases;*
- Training in the types of abuse may include but is not limited to:
  - a) Physical – Infliction of physical pain, injury or force – hitting, slapping, pushing or burning
  - b) Psychological/Emotional – Behaviour including verbal intimidation, humiliation, and harassment, which may result in mental anguish, stress and fear
  - c) Sexual - abusive and exploitative behaviours involving threats, force, or the inability to give consent
  - d) Material/Financial – illegal or improper exploitation and/or use of funds or other resources.
  - e) Abuse of Freedom of Choice, Neglect – to provide necessary food, shelter, clothing or medical care

All client/consumers are encouraged to express freedom to consider:

- Their needs and abilities
- The needs of the wider family/whanau
- Cultural and ethnic differences.

Choice is part of everyday life. It is 'healthy' to encourage client choices, even though they may be limited by their abilities.

Some People may be MORE at Risk. There are those at Risk Clients, whose physical and social circumstances indicate deterioration or a social decline.

#### POLICY:

All client/consumers, displaying signs of confusion or disorientation will be advised of their options to access other health and disability services, while receiving appropriate and safe supports. This will include but is not limited to:

- A referral being made to another agency/provider, (when the Provider Agency has 'reached the limit of care' to a client), complex needs for services for all, or part of...;
- To community resources for client/consumer with communication difficulties
- Limited social contacts, networks, and isolation from ethnic support groups.

People More at Risk of Abusing are generally those who are caring for a dependant person, where the situations can become very stressful. However, abuse or neglect can begin where inadequate support, supervision or training leaves a caregiver unable to cope with the large demands they feel. For instance, over a period where for example one person uses his or her influence to affect the mental wellbeing of another person.

Risk Factors for Carers/Support Workers can include but is not limited to;

- Lack of training, support and supervision
- Stress in other areas of their life such as finances or health
- Difficulty controlling feelings of anger and frustration – drug and alcohol problems
- Poor support and/or social networks
- Feelings of low self-esteem
- Financial pressures
- Sickness or death
- Domestic incidents i.e. partner/husband walks out

It is possible for the person being cared for, to abuse the full-time caregiver or to continually frustrate and cause stress. This can include;

- Physical / emotional due to frustration with their own situation or
- Physical / emotional due to dementia, mental disability or as the result of head injury.
- Conflict is the first indicator of either of the above situations.

#### Neglect:

- Neglect is failing to provide the proper care
- Active Neglect is conscious and intentional deprivation.
- Passive Neglect is the result of the carers' inadequate knowledge, infirmity or lack of trust in prescribed services.

The person/s being abused or neglected may not seek help because:

- a) unable to make a report out of fear of the abuser
- b) or fear of being blamed;
- c) of what might happen
- d) or they believe that no one can really help them and they feel ashamed

Help is available from Elder Abuse and Neglect Prevention Service, Health Promotion Programmes – BUPA, Mobile Community Offices – Otara Health Centre

The following signs might be a “red flag” to highlight that the situation is not quite right:

- a) The client/consumer shrinking away from another person, as though in fear
- b) acting worried or anxious
- c) displaying irritable or overly emotional behaviors
- d) presenting as helpless, hopeless and sad
- e) use of contradictory statements not resulting from mental confusion

More specific indicators:

Physical abuse	Neglect
Abrasions Bleeding Bruises Burns Cuts/lacerations Grip marks Dislocations Sprains	Bed sores Dirty clothing Crusty eyes Injuries not covered / dressed Not taken for medical care when needed Over-sedation Dehydration

**Note:** It is important not to jump to conclusions. Bruising or other injury might have been accidental. Be more concerned where more than one indicator is present or where injury occurs more than once.

#### Indicators of Financial/Material Abuse

- Disappearance of possessions
- The elderly being left in their own homes rather than in needed care [note: not generally seen among traditional Māori / Pacific Peoples].

#### Recognising Carer/support Worker Stress

When abuse is suspected, it is important to think about stresses that could be influencing the support workers’ behaviour, for example; determining the state of their physical and psychological health.

#### Reporting / Intervention Guideline

Remember, you have a duty to do something, but there are limitations as to your involvement and level of responsibilities. Your first concern would be to ensure that the client/consumer is safe. Report your concerns to a senior person or to the manager and discuss your options:-

- ‘how far should you go in the ‘matter’
- Are you able to participate in a family inter-agency or court proceedings?

### **Complete an Incident/Accident Form**

Debriefing should follow after any reporting of neglect or abuse. This will allow an opportunity for counselling from victim support groups and present an opportunity for further ongoing education programmes.

## 1.8 Client/consumer belongings, property, and finances is protected

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### POLICY:

**Standard 1.8** Client/consumer belongings, property, and finances are respected and maintained at all times by:-

- a) documenting all financial affairs or money handling, as agreed by the family, client/consumer in the individual support plan
- b) ensuring that there is a record kept of all the receipts for activities undertaken by the support worker *i.e. doctors visits, medication or prescriptions, shopping*

The criteria to achieve further outcomes may include but is not limited to the following:-

1.8.1 There are policies and procedures that will ensure protection of the client/consumers' money and property while receiving services

1.8.2 Identity cards/badges are provided for all support workers' and coordinators' when entering or visiting client/consumer homes.

### Identity Card Rules

- ☐ The cards are laminated
- ☐ The cards carry the photo of the support worker/s and the name of the Agency (Whaiora Homecare Services Inc), in large print. The contact number of the Agency is also listed on the ID Badge.
- ☐ They are signed by the support worker/s as collected and updated
- ☐ They have an expiry date
- ☐ An incident form must be filled in when a card is lost or damaged
- ☐ Cards are returned at the end of employment

Where a client/consumer has a *communication disability* [e.g. deaf & or blind] there are clear and agreed ways of identifying support workers. This is made known to the support worker and is recorded on the service plan; and further evidenced by recording an agreed process with the client (documented in the support plan e.g. the *use of a mobile phone* to client or emailing the client), to discuss exact times, and days of supports and shopping arrangements.

### Reducing Risk to Client/consumers in the Home:

- All employees are carefully vetted i.e. references are checked/police checks are compulsory and files held in a locked cabinet (GM)
- New support workers may be buddied / supervised until assessed as competent to provide the level of support required
- All new support workers will be introduced to client/consumers rather than turning up on their own, or will be wearing their identity badge/s
- Health & Safety issues in the Client/consumers Homes are reported at once.
- Ensuring adequate equipment is supplied and that it is maintained and in safe working order.
- Where transport is required, there are policies and procedures that minimize risk following the approval by the manager/coordinator/s of the service.

## 1.9 Complaints - Te Tiroiro Whakapae

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### POLICY:

**Standard 1.9** (NZS 8158:2012) The right of the client/consumer to make a complaint is understood respected and upheld. WHCS will ensure that the complaints management process is fair, simple, speedy and efficient with regard to resolutions and feedback of complaints, is compliant with **Right 10 of the Code**.

**1.9.1** The client/consumer is made aware of and can access the complaints procedure in accordance with the Health and Disability Commissioners Code of Client/consumer Rights 1996. The criteria to achieve this shall include but is not limited to:

- a) WHCS having an easily accessed, responsive, and fair complaints process, which shall include the involvement of an advocacy services, where necessary or required;
- b) The information is documented, investigated, with a process to effectively communicate feedback to the client/consumer and whanau, that the complaint has been taken seriously and appropriate action has been taken;
- c) An up to date complaints register is maintained that includes all complaints, dates and actions taken – Client/consumer Rights (B6.5 PQS);
- d) A contact/address regarding details or feedback of the complaint
- e) A link to the quality and risk management system

**1.9.2** Information about the client/consumers' right to complain is made known prior to commencement of the services. The client/consumer is also encouraged and supported throughout the process

**1.9.3** WHCS has an up to date register of all complaints received, with dates and action taken. A copy is held on the desktop file and once resolved a copy is then printed off and held in the Board Room Files for discussion, or for Audit reviews

### Complaints Procedures

Client/consumer, families/whanau will be supported in their right to make a complaint, with the availability of an advocate where appropriate. There is a procedure for identification and management of complaints (SNZ HB 8158:2004 1.10.2) that complies with legislative requirements. WHCS has fostered a culture that encourages feedback of complaints received, to improve future performances, processes for a resolution and to provide closure for the client/consumer.

2.6.1 A clearly documented process is implemented with an up-to-date identification register of client or client/consumer/s details of complaints, dates, and actions taken to resolve.

2.6.2 The complaint management process is clearly communicated to all client/consumers/clients and support workers, to ensure accessibility and transparency are maintained throughout.

Verbal: Every effort is made to try to resolve the problem at once. The manager, will acknowledge receipt of the complaint and the necessary steps that will be undertaken to investigate the matter, normally within 5 working days.

Written format: All complaints will be systematically recorded, in a manner that is easily understood by the complainant and appropriate to their level of communication needs and style and accessible to advocates of client/consumers/clients or family/whanau. A complaint form is also available and may be posted out to client/consumer/s advocates or client/s. This may be further achieved by, but is not limited to information being:

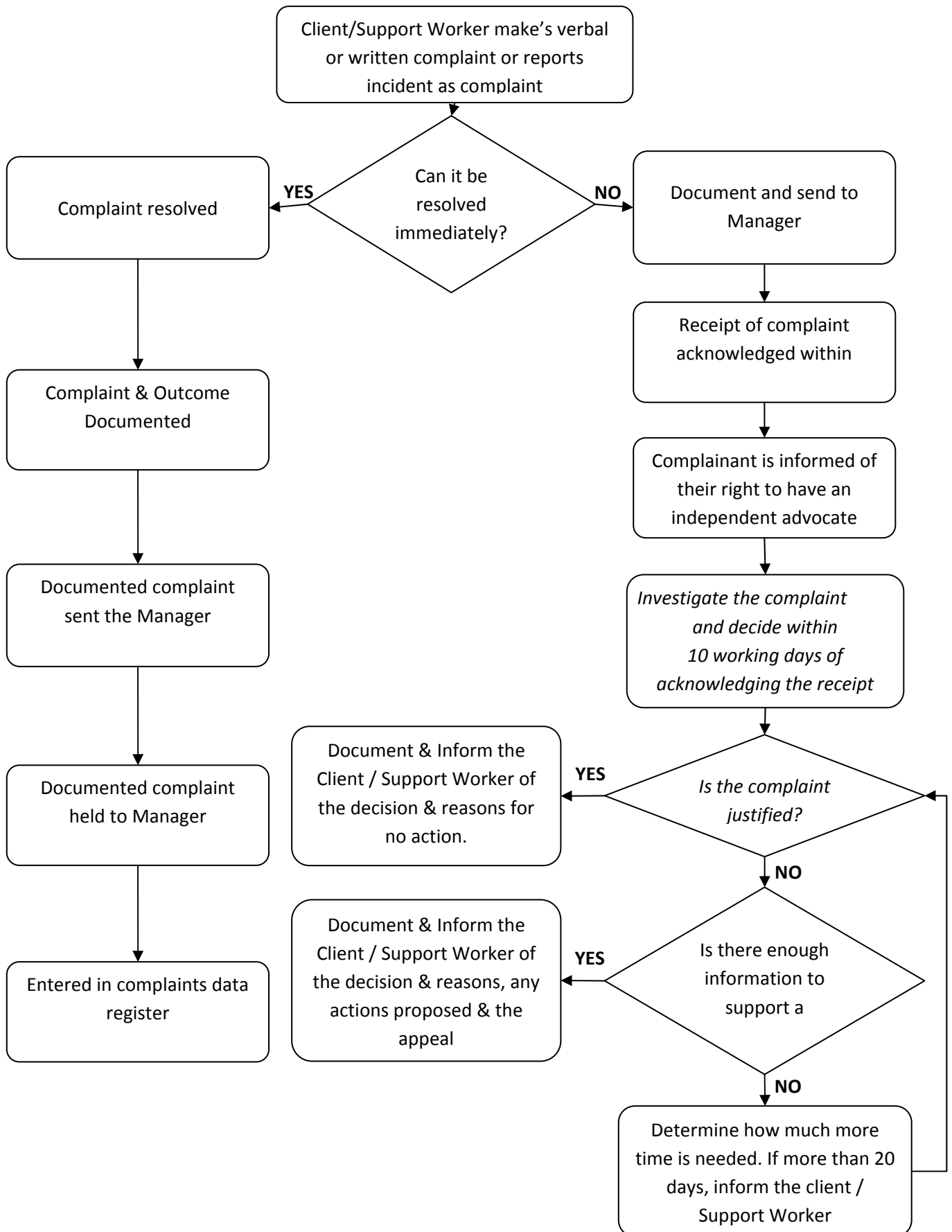
- In a form that is easily understood by the complainant
- Made known of their right to have an independent advocate – access to a Māori advocate, as required to support them during the complaints process
- Available to all parties having the right to be heard
- Handled by a person who is impartial and acts fairly
- sensitive to and respectful of the values and beliefs of the client/consumer/client/consumer or client
- Dealt with at a level appropriate to the complexity or gravity of the complaint
- compliant with the Code of Health and Disability Services Client/consumers Rights 1996
- clear in relation to whom they should contact regarding the complaint- sets out the various bodies to which the complaints may be made including the Complaints Body referred to in the Agreement, and the process for doing so. The Client/consumers, family/whanau may also be advised of their right to direct their complaint to the H&D Commissioner and to the Ministry, in the event of non-resolution of a complaint;
- Made aware (that even though a complaint has been lodged by a family/whanau member), they (client/consumer), will continue to receive services according to their referral, goals and requirements
- Clear of the complaint management process - linked to the quality and risk management system to facilitate feedback and improvements, and how the outcomes of the complaint will be communicated back to the client/consumer, family or their whanau;
- Aware of the length of time for reporting findings, corrective actions required and any other solutions (to the appropriate advocate person/s), is usually within at least five working days. For the more difficult problems i.e. complaints relating to the client/consumers money or property - investigations and resolutions may take more than 14 working days;
- the manager's responsibility to notify the complainant of progress, as appropriate and to ensure that complaints are monitored regularly to identify patterns or trends in order to improve service delivery and or to prevent recurrences of mistakes being made;
- **Open disclosure:** All endeavours will be made for a timely and transparent approach to communicating with, and supporting the client/consumer when things have gone wrong. This will include a factual account of what has happened, an apology (if/when/where necessary), and actions that deal with the actual and potential consequences. A corrective action plan addressing areas requiring improvement is identified and developed.
- The actual and potential risks will be documented, analyzed, evaluated and reviewed with the results being communicated to the appropriate client/consumers, their family/whanau of choice.



## COMPLAINTS PROCEDURE

### The Complaints Flow Chart for Clients and Support Workers

Ideally complaints should be dealt with at the lowest level achievable as soon as possible



### Organisational Chart – Registered Incorporated Society (1995)



## 2. Organisational Management

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Revision No.	R04
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Approval	10.10.2012

### 2.1 Governance

Outcome 2:

Client/consumers' will receive services from an organization that demonstrates effective governance and sound and viable management systems and practices that are based on a continuous quality improvement approach.

POLICY: The services will be planned, coordinated, and appropriate to the client/consumer needs.

The criteria to achieve this outcome shall include but is not limited to the following:-

2.1.1 The structure, purpose, values, scope, direction and goals of the organisation;

Background: Identity:

"Whaiora", literally translated means 'in pursuit of, or, the search for: life, safety and good health'. These ideals, along with the desire among the Māori of Otara to facilitate their own health programme for kuia and kaumatua saw the inception of the pilot programme of Whaiora Kaumatua 60's Plus in September 9, 1988. This formed the basis of Homecare services as they have developed today.

2. Legal Entity: Organizational Management- Governance Structure:

Whaiora Homecare Services Inc is a charitable organization, established under the auspices of the Whaiora Marae Trust in Otara. The Marae Trust is the legal authority of Whaiora Homecare Services and as the Parent Board, is thus liable as a 'good employer' to ensure that the treatment and welfare of its entire staff, do meet legislative requirements. The Society is the governing body of WHCS. Their defined purpose and function is to:-

G2.1.1 a) ensure that there is a written quality and risk management plan which may be separate or included in the service/strategic or business plans that:-

b) clearly identify the goals, objectives, and scope of the service delivery and

c) oversee the accountability, transparency, and effective management of the operational activities of Whaiora Homecare Services;

2.1.2 that the delegated authorities report on a quarterly basis to ensure the overall direction of the organization, its objectives and practices; financial policies and business plans are managed in an efficient and effective manner;

2.1.3 there are processes to ensure quality improvement at all levels is maintained

Vision: "To be the Provider of choice, that is responsive to the needs and aspirations of Urban Māori and all other ethnic groups of Tamaki Makaurau."

Mission Statement: "Promoting and Supporting Independence to Client/consumers to make decisions in relation to aspects of their care and lifestyle choices; and building on the strengths of Whanau to achieve **Whanau Ora** – health and well-being."

## 2.1 Governance - Organisational Management

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### POLICY:

The governing body of WHCS ensures that the day-to-day operational management of the organization is managed by suitably, qualified and experienced personnel with authority, accountability and responsibility for the provision of timely, appropriate and safe services to client/consumers'.

### REFERENCE

**SNZ 8158:2012**

SNZ HB 8158: 2004 Part 2.1 & 2.2 and 4.5

SNZ HB 8143: 2002 Standard 11 & 12

NZS 8134.0:2008

### PROCEDURE

The service is governed by a charitable group of Society Board Members who shall ensure effective systems are developed to define their purpose and function. This shall include but is not limited to:

- having the overall responsibility for providing leadership for the organization's achievements, the provisions of resources, and quality of care; for developing the framework and direction of the organization (e.g. mission, values);
- ensuring that the organization is compliant with relevant legislation;
- Quality and risk management systems;
- Strategic/operational outcomes;
- ensuring that the client/consumer needs and expectations are a result of consultation with the community, family/whanau;
- making sure that financial systems comply with best practice
- outcomes being based on the client/consumer surveys - a means of benchmarking against other similar services where possible, and by audit of the service, as required, by the Ministry of Health (the Community Sector Standards NZS 8158: 2012);
- Resourcing levels, with a process to ensure that there are sufficient numbers of trained support worker/s, to meet medium to high levels of all client/consumer requirements. Support worker levels are determined using the following criteria:
  - ☐ Historic [what we have now is working well]
  - ☐ Benchmarking [we have similar support worker levels to other providers]
  - ☐ According to vacancy levels and client/consumer waiting lists
- Support worker competency to do their job well and safely:
  1. Knowing what training / experience and level of competency is required
  2. Recruitment of the 'right staff' – knowledge, experience and commitment
  3. being able to demonstrate the skills, knowledge and authority to do the job safely
  4. Ongoing training is matched with assessments of knowledge
  5. There is a system to regulate Appraisal
- 6. Providing additional support and training as needed – keeping good records

## Leadership and Management - Responsibility within the Service:

WHCS is managed by a suitably qualified and experienced executive or general manager with delegated authority to delegate the necessary authority to enable the service to operate effectively; and has the overall responsibility of defined and documented duties, which shall include but is not limited to:

- ☐ Developing a business plan
- ☐ Maintaining a Risk Management Plan
- ☐ Linking the Risk Management plan to Exception Reporting
- ☐ Maintaining the minutes of meetings
- ☐ Knowing & meeting legislative requirement / codes of practice
- ☐ Sourcing professional expertise for the organization, where and when required
- ☐ Harmonious contact with stakeholders
- ☐ Overseeing the Workforce Budget
- ☐ Hiring good people and making sure they know how to do their job well
- ☐ Establishing a work force development programme – training records
- ☐ Maintaining client/consumer and support worker/management and other personnel files/schedules
- ☐ Ethnicity planning [matching support worker to client/consumers from their own ethnic backgrounds].
- ☐ Employment policies and practices that support professional career pathway development for Māori health workers and Māori employees at all levels of the organisation

Coordinators, and Health & Safety Reps, will provide daily leadership, regular contact and mutual friendship/mentor person' to support workers if there are any irregularities to normal schedules, or to fill-in if necessary because of roster 'blowouts'. They will report at regular intervals, (regular supervision session), any risk situations to the Coordinator/or Manager if relevant or necessary.

Support worker/s are expected to attend ongoing in-service training held on the second Friday of each month; and to actively register for refresher courses and continuing education to enhance their skills and competency levels of service delivery practice; to ensure, consistency and safe practices reflect, knowledge of recent developments in service delivery. Support workers are considered part of a collective intelligence, a resource of the service; and good ideas and suggestions are actively encouraged.

## 2.2 Service Management

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Standard 2.2 Client/consumers' will receive safe services that are timely and appropriate through effective and efficient service management systems.

The criteria to achieve this outcome shall include but is not limited to:-

2.2.1 Having suitably qualified, responsible, experienced and capable staff who have delegated authority, cover for absences to ensure continuity of services; accountability for the provision of services i.e. position description – Job description separate file

2.2.2 client/consumers' are consulted regularly in ways that encourage open feedback i.e. good complaints system, annual surveys, recording of info on desktop system (able to be printed off and filed).

PHILOSOPHY OF CARE / Our Purpose, Scope, Direction and Goals

REFERENCES:NZS 8158.2.1.2:2003 – NZS 8158:2012 - NZS 8134.1.1:2008

WHAIORA is committed to the principle of recovery with a view that all client/consumers will achieve functional independence through the provision of services that contributes to their strengths and abilities and their involvement in their rehabilitation needs (i.e. mobility and transitional living skills). Professional, trained and competent support workers will assist and encourage independence in achieving rapid and durable rehabilitation outcomes. Our ultimate goal is to support Māori to achieve maximum wellbeing and quality of life, as expressed in Whanau Ora.

1.2.1. Recognition of Māori Values and Beliefs: The philosophical view of Whaiora Homecare services is that all client/consumers' will benefit from the kaupapa Māori model of service through our commitment to the principles of *Te Tiriti o Waitangi*; which acknowledges spirituality, cultural diversity and the uniqueness of being Māori, while eliminating the risk of discrimination. In the health and disability sector, the Treaty principles of partnership, participation and protection can be used as a framework to provide culturally aware, sensitive and safe services to all client/consumers and their family/whanau.

Māori participation is at all levels of the service/organisation, i.e. strategic and service planning development and implementation includes:

- a) Consultation and involvement in strategic, operational and service processes;
- b) Development of a monitoring strategy that reviews and evaluates whether Māori needs are being met by the service/organisation, i.e.
  - involvement of whanau
  - removal of barriers, services are safe;
  - integration of Māori values and beliefs, and cultural practices – reflected in services delivered
  - Māori support workers reflect the client/consumer population
  - referral protocols with local Māori and other service providers
  - training of support workers in Māori values and beliefs and cultural practices
  - support and development of Māori workforce

1.2.2 An Overview of training, in relation to the principles of the Treaty of Waitangi is provided (J Rama), to assist support workers in meeting their needs to Māori client/consumers and their whanau. This may be further evidenced with information being provided during the induction of support workers, of Te Whare Tapa Wha), and through workbooks - L3 Cultural Safety 23380

## **V1. WHCS actively responds to provide services that promote:**

- cultural safety – te taha tinana
- respecting and valuing differences – te taha tinana
- having empathy – te taha wairua
- genuine consultation, good faith Respect, – te taha hinengaro
- sharing knowledge and supporting the client/consumers ideas - acceptance and participation – te taha wairua
- being open and honest – te taha hinengaro
- being inclusive of the client/consumer and their whanau – te taha whanau/whanaungatanga- links with other Māori networks (e.g.runanga)
- regular reviews - evaluating the general level of satisfaction by Māori clients/whanau into future trends of service provision
- Knowledge of how best to respond to and manage potential situations of cultural conflict or risk – te taha wairua procedures and details of Māori advocates or representatives

WHCS will provide a trained coordinator and experienced support workers who have the knowledge and skills to understand and safely support client/consumers' in their own homes. This may be further evidenced by having a process that is conducted in accordance with good employment practice, with regard to:

- 1) documented rationale for the availability and skill mixes of a support worker to meet the needs of the client/consumer (2.8.1)
- 2) resources of reliable and adequately skilled personnel to meet a particular 'clinical need' (in consultation with the Health Professional) i.e. familiar with catheter changes, tube feeding
- 3) specialist advice (J Rama RN) to determine the competency levels and appropriate skills of support worker/s
- 4) an awareness of the client/consumers flexibility in determining the provision of services -within the parameters of their support plan
- 5) timelines to respond to fluctuations or demands
- 6) processes to identify a lead support role to coordinate and evaluate care – to manage issues or conflicts
- 7) a process where responsibilities are clearly established/documented and understood by the client/consumer, their family/whanau and other health professionals

Cultural Competency: Policy: The role of a support worker, their skills and knowledge (including the scope of practice and limitations); required to safely meet the needs of a client/consumer is clearly documented, prior to commencement of duties and a record is maintained.

WHCS has a system in place to determine and monitor the competency of its support workers. This shall include but is not limited to ensuring (2.7.5):



- a) The support worker has the appropriate skills and knowledge;
- b) The support worker has been assessed against the policies and procedures of WHCS
- c) An independent nurse/professional has confirmed competency levels under supervision and according to the level and type of care and/or support

The following may often serve as a guide for support worker training programmes.

- *(Mauri Ora Associates 2006)*
- *Tikanga Māori* – aspects of identity – *whakapapa knowledge, whanau, marae, maunga, awa, tupuna, whenua, moana, waka, turangawaewae, iwi, hapu*
- Organizational understanding and practice of Māori processes – *kanohi ki te kanohi*
- *Te reo Māori* – fluency, pronunciation of Māori words, understanding of appropriate use
- Access to karakia, mihi, waiata
- *Hauora Māori* – Key characteristics of Māori perspectives and models of health
- Socio-economic, political and cultural determinants of health - Māori health status, demographics, ethnicity and disparities, health strategies and development.
- *TOW: Tiriti o Waitanga* – historical context and contemporary understanding and usage. The application in the Health Sector – treaty non-compliance and racism on Māori health outcomes
- *Whanaungatanga* – effective communication and relationships within a Māori context;
- tangata whenua leadership models.

## 2.3 Quality and Risk Management

Effective Date	01.09.2012
Revision date	10.06.2013
Revision No.	R04
Page No.	2
Approval	19.06.2013

### POLICY:

Standard 2.3 Client/consumers' will receive services that are relevant to the scope and complexity of the services provided. The actual and potential risks are identified, documented and where appropriate communicated to the client, family and or whanau. There is also a close working relationship with key professionals, such as the Mental Health Cottage, GP's known to the organisation and district nursing services.

The criteria to achieve this outcome will include but is not limited to the following:-

2.3.1 All associated standards, guidelines, policies and procedures, reflect accepted good practice within the relevant sectors and meet the requirements of legislation. There is also a process to identify, when and where new policies and procedures have been updated, documented and made available to management. They will be discussed and approved at Service Review Meetings, and later signed off by the Board of Trustees at their bi-monthly meetings. The document control system shall ensure that policies and all other documents are approved, up to date, available and managed to preclude the use of obsolete documents.

Procedure and may include but is not limited to:-

- a) internal and external audits – Quality Control Programme
- b) client/consumer/family and whanau surveys or other feedback from hui
- c) complaints procedures
- d) support worker surveys
- e) cultural audit
- f) benchmarking
- g) management reporting requirements to the governing body – the Society of WHCS

2.3.2 WHCS has developed and implemented a quality and risk management system to manage quality improvement and risk management activities. The reports are discussed at service management quarterly meetings and tabled for review at the board meetings, where recommendations are considered and acted upon as appropriate and signed off.

2.3.3 – 2.3.4 The collection of data is analysed and evaluation of a quality improvement data is implemented and communicated where appropriate and according to severity, treats or associated risks of the service delivery

2.3.5 A process for corrective action is then discussed and implemented in the areas identified.

### Service Review Schedule:

#### Set Agenda

1. Occupancy. Is the service looking for more clients? More Referrals required? Priority (June 2013)?
2. Are all new employees inducted [review this every meeting asking if not why not]
3. Review of Service Objectives [Are we doing what we want to be doing?]
4. Exception Reporting [Ask WHY did it happen? Ways to prevent it ever happening again? Do we need more training? What else needs to change? Who can help?]
  - a. Review any injuries [support worker / client/consumer]. Include back pain.
  - b. Challenging Behaviours [client/consumers / staff / other]

- c. Infections / sickness
  - d. Concerns and complaints
5. Health & Safety & Hazards: Are we safe? Are there areas where someone could get hurt / stressed?
  6. Staffing levels & ethnicity planning. Do we need to advertise for more support worker/s?
  7. Internal and External audit reports – see next page.
  8. Public safety & emergency readiness [consider fire extinguishers / civil defence kit / evacuations as appropriate / more]
  9. Training Needs: Have we got a list of required training, is it available to all support worker/s, is the training happening, and is it effective, what other training is required?
  10. General Business

Annual review looks at the past year and also determines any required POLICY review.

#### Removal of Obsolete Documentation 2.4.5

The WHCS system is managed to preclude the use of obsolete documents - removed and documented accordingly; electronic files archived and labelled.

Client records - All updates to service requisitions showing changes to client/consumer medical records will be signed off. The latter will show whether referrals have been accepted/declined, and if there are amendments, to new service delivery details; faxed in/out details to NASC. All new support plans are printed off and stored in the client/consumer's file/s. All reportable event details, i.e. incident, accident, compliment or complaint or abuse details are recorded electronically and stored to the current folders (Board Room), available for audit purposes and to ensure that accountability is provided through an assurance that action is or has been taken when adverse events or near misses occur; to improve safety and reduce possibility of recurrence or as a resolution for improvements or to measure future trends/patterns.

Client/consumer feedback by way of an analysis to the surveys is also filed as evidence of service outcomes achieved.

Old Notes are stored chronologically (recent notes dated and at the top) in the same manner as for discharged notes. The same process will apply when there is the need to remove client details from the secure storage area.

#### **Records are retained as follows:**

- The Care System Database/Manual and Folders	Retained indefinitely
- Personnel, Training and Induction files	Retained until support worker resigns/leaves
- Client/consumer Files/all Personnel files	Retained indefinitely
- Safety Audit and Accident/Incident records	Retained 2 years (filed storage) and then archived
- Surveys/Audits	filed as above - Meeting minutes
- Meeting minutes	Retained 2 years – filed as above

## 2.4 Adverse event reporting and resolution

Effective Date	01.09.2012
Revision date	10.06.2013
Revision No.	R04
Page No.	2
Approval	19.06.2013

### POLICY:

Standard 2.4 All adverse, unplanned or untoward events are systematically recorded on the quality control system, including complaints, incidents or accidents; to identify shortfalls or opportunities for improvements. Feedback of accountability is provided to the community, the client/consumer and their respective family/whanau, where appropriate and in a learning and open manner.

The criteria to achieve this outcome shall include but is not limited to:-

2.4.1 a process and a Risk Management Plan to manage all known risk that has been assessed, to ensure the wellbeing of the service provider facility, those that work within it, and those who receive support services;

2.4.2 – 2.4.3 The adverse reporting system is linked to the risk management system to address any further events in an open manner and will be communicated where appropriate to the client/consumer and their family and whanau. Note: *Reporting is only of value if it leads to a constructive response and systematic change;*

2.4.4 WHCS has a statutory and or regulatory obligation to report all findings to the correct authorities as per legislation requirements if there has been a serious work accident adverse clinical event or other infectious or notifiable diseases. The fundamental role of reporting events is to enhance client/consumer safety by learning from adverse events and near-misses in the health and disability services. Reporting must be safe. Client/consumers' and staff should be empowered to report events, that promotes professional accountability and fairness.

### REFERENCES

SNZ HB 8158:2004 Part 2.4 - SNZ 8158:2012

Significant Hazard register

Health & Safety in Employment Act 1992

NZS 8134.1.2:2008

### PROCEDURE

Key components linked to the quality management, **central link system** shall include but is not limited to:

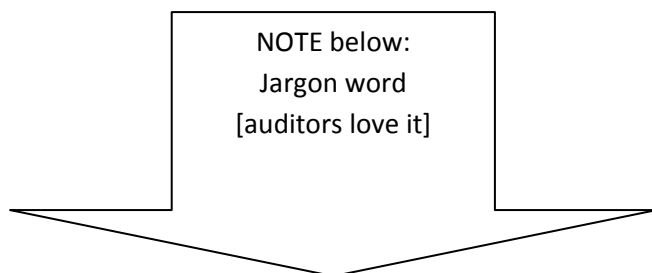
- Event reporting
- Complaints management
- Infection control
- Health & safety

Known risk areas are formally written down. The risk is also assessed according to:

Impact on Service	How likely this is to happen
Moderate	Unlikely
High	Possible
Critical	Likely

The table, above, helps decide the required action.

NOTE: “Moderate” events still need attention even if “Unlikely”.



#### **CORRECTIVE ACTION:**

- Critical - would require immediate corrective action
- High - would require some negotiation to fix the issue – within 1 month
- Moderate – a time frame and plan to fix, such as 6 months or as agreed
- Depending on the risk of harm to the client/consumer, would require additional action or planning

Example: Business Risk Management Plan – available on the Care System

## 2.5 Entry To Services – referrals and admissions

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	2
Approval	10.10.2012

### POLICY:

Standard 2.5 The client/consumers' entry into the services will be managed in an equitable, timely and respectful manner, as appropriate and identified.

Referrals for all client/consumers will be prioritised according to eligibility criteria with all enquiries being handled in a timely and sensitive manner. WHCS will provide information, that is relevant, at the level required, at a time and in a manner (e.g. will translate, in large print, verbal presentation, audio tape), that will enable the client/consumer to make informed choices of the range and level of support to be provided, including cultural, spiritual and specialist services if communicated as being necessary.

### REFERENCES NZS 8158:2012

NZS 8158:2003 - SNZ HB 8158:2004 Home & Community Support Sector Standards

### PROCEDURE

Entry criteria shall be achieved by:-

#### 2.5.1

- The reasons for entry to services, is often a result after discussions among key stake holders [whanau/family, managers, referrers, general practitioners and health professionals] and circulated to prospective clients by brochures, Information Booklets, Hui, by word of mouth and through reputation.
- Calls or referrals from prospective clients / client/consumers or the respective NASC agencies, are referred to the preferred Service Provider through pamphlets or brochures;
- an *initial visit* is arranged to meet and discuss details of the range and level of support as agreed with the NASC, usually within twenty four hours.
- information on *individual rights and responsibilities* is made available
- a copy (Handbook), of the *complaints procedure*, survey information, exit and withdrawal criteria
- the right to change support worker or service provider is also made available
- Signed consent to the delivery of care and support by way of a ***signed personal agreement and through the development of a service plan.***
- The Service Provider must have the necessary resources and expertise to satisfactorily meet the needs of the new client; and identify any hazards or risks associated with the range and level of support required. Similarly, the service needs to establish that the proposed new client is able to integrate successfully into the service. Here, the needs of other client/consumers may need to be considered; in terms of their rostered schedules with the selected support person/s. The following criteria are essential. All enquirers meeting these criteria are welcomed. So long as a good fit exists between the client and the service, the new user will remain until discharged.

## WHCS will prioritize referrals as follows:

Examples: According to the availability and skills of the selected support person or referred to another Provider Agency if unable to meet the needs appropriate to the level of rehabilitation and or support requested. E.g. urgent 7-day morning and evening PC's - high needs band

User Pay clients, are means tested for eligibility because they do not hold a Community Card. Their requests would be for household management tasks, which are charged at the hourly rate of 21.85 (incl. of GST).

urgency: The service will attempt to respond in a timely fashion to the urgency of the referring body, but not to the detriment of its assessment process and the availability of a support worker. It is important to ensure that a good fit or match is determined with the support worker deemed competent to provide the level of support required.

If the Service is unable to provide the care requested, the Manager will refer back to the NASC and ask if they are able to refer on to another Provider Agency. Client/consumers are advised of their options to access other health and disability services where indicated or requested.

HBSS Services are purchased for people within the Auckland and Northland localities of the Ministry of Health Funding region who meet all of the following criteria for eligibility:

### Eligibility Criteria – Home Based Support - Home Based Community Support Services eligibility criteria

- Client is assessed as having a physical, intellectual, sensory, or age-related disability (or a combination of these); and
- the disability is likely to continue for a minimum of six months; and
- the disability results in a reduction of independent function to the extent that ongoing support is required.
- Client has a disability support issue (meets the definition of disability). The cause of the disability is not necessarily the pertinent issue. Illnesses and diseases, (e.g. brain tumour), are not considered to be a disability (the treatment for this falls into the *personal health* category). However, while this is not a disability, it may have disabling effects requiring support services, and
- that the disability support issue (disability) or disabling effects must be long term and continue for at *least six months*, and result in the reduction of independence in function to the extent that ongoing support is required.
- Client meets the means and asset test, where the test is applicable for a subsidy
- Client has no immediate family/whanau or other occupants of their home to help out, *OR*
- the care giver requires extra assistance in order to be able to maintain the client/s in their own home **or** are at risk of entering residential care unless given sufficient support



## 2.5 Exit from the Services - Discharge or Transfer

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	2
Approval	10.10.2012

### POLICY:

Standard 2.5 The client/consumers' exit from the services will be managed in an equitable, timely and respectful manner.

2.5.2 WHCS will ensure that there is a well-planned and coordinated process in place during the discharge or transfer of the client/consumer from the services;

2.5.3 The organisation operates at times that are appropriate to meet the needs of the client/consumer groups;

REFERENCES – SNZ 8158:2012

SNZ HB 8158:2004 **Part 4.7**

### PROCEDURE

All client/consumers are assured of a safe and coordinated exit from the service. This will include providing timely referrals for the necessary *supplies & / or equipment and or changed needs status*

### Planned Withdrawal of Service

The POLICY The withdrawal of services may be considered where certain circumstances exist to threaten the safety of the support worker, or where there has been a breach to the existing agreement (client/consumer).

Withdrawal will be considered as a last resort after measures to remedy the situation have failed; and will be implemented under the following circumstances:

- At the request of the client/consumer
- Death of the client/consumer
- The deterioration of the client/consumer requiring Rest Home or hospital admission
- Violence or abuse to the support worker
- The Sexual Harassment of a support worker
- Unsafe working conditions
- Repeated client, non-attendance
- Fee paying account 2 months or more over due – for an unacceptable reason
- The environment is considered unsafe for the client.

Where circumstances exist that threaten the safety of the worker, or are in breach of the service agreement then the following procedures will apply:

Step	Action
1	The support worker submits a written report of the situation to the manager.
2	The manager will investigate the situation within 24 hours of receiving the report.
3	Liaising with family/whanau and other representatives to ensure that the process is clearly understood; to look at a solution or to suggest a remedy to the situation.

<b>4</b>	A health professional (Social Worker, District Nurse, Doctor) is called in to discuss the matter with the client/consumer, and all concerned parties
<b>5</b>	If it is appropriate to continue the service, another worker may be assigned to the client. This will be monitored over a trial period to review competency levels and compatibility

Mediation                      An independent advocacy service may be contacted in the event of failure to resolve concerns.

Temporary withdrawal                      All Home-based Services may be temporarily withdrawn in the case of a contagious illness in the client's home (scabies, 'bird flu' – Swine Flu).

## 2.5 Exception Reporting (NZS 8158:2003)

Other support services may be notified, as appropriate, and may include liaising with family/whanau and other representatives and or community support services [with the consent of the client/consumer]:

- WINZ/government agencies
- Needs Assessors/case managers
- Kaumatua/kuia support groups – Māori Providers or Pacific Providers
- Allied health professionals/general practitioners
- The exit is fully endorsed by the provider agency once *safe and adequate care* is available to the client/consumer/or where a request for termination/cancellation (of the services), has been received from the respective NASC agency

*Discharge Form* – A discharge form will be completed, documenting expressed concerns of the client/consumer, whanau and any other risks associated where appropriate. The form is dated and signed by the manager/coordinator, faxed through to the NASC agency, recorded internally and filed in storage (chronologically).

*Informing clients/home support workers:* The client/consumer or representative will be informed in a manner that is appropriate with all the reasons for the discharge/transfer. The support worker too, will be informed of when, services will cease.

Preparation for exit, discharge or transfer documentation as a result of ending service delivery may be evidenced by:

- Copies of the Client/consumers support plans
- A letter of expressed concerns of the client/consumer/family or whanau – a précis of shared multidisciplinary care
- A copy of any current concerns, or issues, likes or dislikes
- Other relevant information as requested by the new service; evidence of contingency plans for generic risks associated with the exit or discharge/transfer of the client/consumer.
- All other client/consumer notes held electronically/manually, (placed in one file)
- A copy of the discharge form that was sent through to NASC - documented internally and then stored in a filing cabinet under the appropriate headings (details all filled in at the front the folder), and filed away in storage boxes after 12 months. Their full name and date of exit is written on the outside. [See Control of User Records in next section]

## 2.5 Declining Entry to Services

### Access and Referral to Other Health and Disability Services

Effective Date	01.09.2012
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Revision No.	R04
Page No.	1
Approval	10.10.2012

#### POLICY:

Whcs has a process to ensure a sensitive approach is conducted when declining services to a client/consumer. The client/consumer and their family/whanau, will be provided with sufficient information of other key health providers involved in care provision and will be advised of their options to access those services where indicated or requested.

#### REFERENCES

The Code of Health and Disability Services Client/consumer Rights

SNZ 8134: 2002 Part 3

SNZ HB 8158:2004

#### PROCEDURE

If there are no available support workers, or if there is a waiting list which is dependent on the success of being able to recruit new and skilled support worker/s:

- It is important to identify that the service cannot be provided in a timely manner i.e. as soon as possible
- The Pre-Admission Flow Chart should be followed.
- Other services should be suggested
- Referral back to the NASC may be a better option or community resources made available through links to other services

Or:

Refer back to the Hospital Refer to Social Worker - NASC Refer to Mental Health Team Māori Advocacy Services =	Health & Disability Commissioner Publications Phone 0800112233 H <a href="http://www.hdc.org.nz/H">http://www.hdc.org.nz/H</a>
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Continued use of the service may also need to be declined, due to:

- Client/consumer dissatisfaction with the service or the services are inappropriate to client/consumer needs
- Change in assessed needs [either through improvement or deterioration]
- Change in behavioural assessment or medical assessment.

Where the support service is no longer the best option for the client/consumer, a meeting of all appropriate health professionals, key service providers and whanau will be arranged, to ensure continuity of more appropriate or extended services. It is important that the outcomes or decisions are communicated to all parties concerned, (including the client/consumers) to ensure a safe and coordinated exit during any transfer/s.

## 2.6 Client/consumer Information Management systems

### Te Punaha Whakahaere Parongo Kiritaki

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	3
Approval	10.10.2012

#### POLICY:

Standard 2.6 Client/consumer information is uniquely identifiable, by colors (according to NASC agency i.e. Taikura, DHB), including support worker manuals (issued and identified according to stickers i.e. green or yellow for family members), accurately recorded, current, confidential, and accessible when required. Information relating to a client/consumer will not be divulged to a third party (including whanau) without their written consent.

#### REFERENCES SNZ 8158:2012

SNZ 8134: 2002 **Part 5.1**

NZS 8134 1.2.9 Organizational Management

NZS 8134 1.2:2008 2.9

PROCEDURE: The criteria required to achieve this outcome shall include but is not limited to ensuring:

- 2.6.1 that the information is entered relevant to the service type and setting
- 2.6.2 there are current support plans with NHI details, schedules of weekly roster
- 2.6.3 a record of past and current client/consumers' is maintained
- 2.6.4 filed according to areas of service -
  - Consequentially
  - Electronic concerns available/printed off and or filed and
  - Dated
- 2.6.5 all information is maintained in a secure manner and
- 2.6.6 all client/consumer records are kept up-to-date
- 2.6.7 and legible with the name of the Provider being identifiable

Management of client/consumer files meets the requirements of appropriate legislation and relevant professional and sector Standards where these exist.

Accurate and individual records of each client/consumer is developed and safeguarded and kept very confidential in a lockable, filing cabinet. This will include anyone who is responsible or accountable to the organization when providing a service to the client/consumer. The records will include the health, best interests and rights of the client/consumer with relevant information about their treatment and supports during service delivery.

#### REFERENCES

SNZ HB 8158:2004 Part **5.1**

NZS 8153: 2002 – Health records

The Privacy Act 1993

#### PROCEDURE:

Individual records will show information that will include but is not restricted to:

- Client/consumer Name, with all details of DOB, Family Names, whanau, ethnicity, NHI, religion etc/address
- The Referral/Nasc Agency i.e. CMDHB, TT, ACC.
- Exit/discharge/transfer information

- The Support Plan, based on the client/consumer's hopes wishes and aspirations, and discussions around review are communicated to the client/consumer and whanau to ensure they fully understand the process and are fully informed
- The client/consumer records showing dates of contact and any significant events with relevant changes as they occur:
  - a. Circumstances to physical/mental conditions, support needs
  - b. Additional information i.e. house keys, access;
  - c. Support workers feedback / concerns make up part of reporting
  - d. Medication prompting/blister packs, BM monitoring (diabetes), appointments
  - e. Financial transactions - approved money handling is recorded on timesheets and receipts are retained by the client/consumer
  - f. Accidents & Incidents [including challenging behaviours] are reported and documented
  - g. Group meetings relating to outcomes of multi-disciplinary team meetings/family groups, are documented as appropriate for the provision of support, evaluated for quality and consistency and reviewed annually (support plans) to reflect the findings of the evaluations.

A support plan will include documentation describing the assessment, planning, implementation, evaluation, and review and exit processes of service delivery; Initial Assessment – a précis of risk and care Planning, – a comprehensive support plan will include a full risk assessment and controls that ALL parties will have contributed towards. This will include a safe and easy way for the client/consumer/s to identify support worker/s entering their homes.

Client/consumer Goals – the necessary steps to achieve the goals are listed in the Support Plans and may be filled in by the client/whanau separately, if appropriate; to ensure goals are relevant and without service influence.

Activities towards returning to independence and input from vocational rehabilitation, as appropriate. This may be in conjunction with other services/persons [e.g. ACC or Activities coordinators / employers].

WHCS has a process to manage the access, transfer, storage, security, retrieval and retention of client/consumer records. This will include all those individuals who are involved in the provision of direct or indirect care, including all service providers, management, support worker/s, volunteers, contractors; who are responsible and accountable to Whaiora when providing a service to the client/consumer.

#### 5.1.4 All written records are:

- a. Comprehensive
- b. Objective
- c. Factual [it is the manager's responsibility to ensure that admin staff and support workers, know how to record *WHO DID WHAT, WHEN* and *how*, and *NOT* write opinions or reveal judgments of clients within written statements]. This may be achieved with the use of Forms that help record accidents and incidents, complaints and or compliments.
- d. Accurate accounts
- e. Documented [electronically] and legible
- f. Signed and dated at each entry.

5.1.5 All steps are taken to maintain the confidentiality of information for each client/consumer, in compliance with requirements that meet relevant legislation. All records are securely stored:

- In lockable filing cabinets
- Held with metal fasteners – files
- Passwords on computers for information
- Back-ups taken weekly and a copy stored off-site
- Authorized personnel have access to files
- Support workers sign a confidentiality agreement
- Confidentiality and privacy are a component of training, and compliance with relevant confidentiality/privacy legislation being taught

5.1.6 WHCS will ensure that access, transfer, storage, security, retrieval and retention of client/consumer records is managed and meets the requirements of NZS 8153:2002 Health Records. Manual Files are never left unattended in vehicles or taken home by the coordinator/staff member.

5.1.7 There is a process to manage documentation that is no longer relevant to the service and is clearly marked and held in storage as superseded/discontinued or obsolete. There is an archived system where records are retrievable on demand. Records are kept for at least seven years.

## 2.7 Essential and Emergency Systems

Effective Date	01.09.2012
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Revision No.	R04
Page No.	1
Approval	10.10.2012

### The POLICY:

All Client/consumers will have access to 24 hour support services - prior notice is always advisable, but calls can be made to the 0800 WHAIORA main line; which is monitored and checked regularly or diverted to a mobile phone – The manager's.

### 08.30 - 16.30

#### Monday – Friday

All support workers', client/consumers' will be given the main office phone number, which is manned during office hours 0830 am-1630 Monday – Friday. We welcome and encourage all calls with regard to any concerns or issues. The 0800 WHAIORA number is also available for free calling - especially for users of mobile phones (0800 94 24 67).

### Standard 2.7

Client/consumers' will receive appropriate and timely responses during any emergency and or security situations; the criteria to achieve this outcome shall include but is not limited to:-

### 2.7.1 – 2.7.3

1) Training of support workers' through the Career Force modules (I2/I3), as well as refresher courses hosted (in-service training); with the Civil defence departments and through DHB service meetings;

2) Appropriate training in fire safety, (Fire Dept), evacuation and emergency procedures, relevant to the degree of supervision or level of support necessary; to protect the client/consumer in the event of an emergency or other;

### Out of hours contact

An answer phone system is in place for out of hours contact. Messages are attended to promptly during working hours - Monday- Sunday. The General Manager has a mobile for after hours diversion calls - activate and de-activate system of checking in to deal with any emergencies that may arise, relief that needs to be put in place and or to deal with 'break-in' emergencies has an on-line CCTV control system manned with two other admin staff;

### Out of hours emergency

In the event of an out of hours, emergency staff/clients may contact St John's Ambulance service and report immediately to the Manager;

**Policy:** WHCS will document adverse, unplanned or untoward events including shortfalls directed towards realizing potential opportunities for improvements while managing adverse effects - ways of managing risks;

Accidents and or incidents

Adverse events (finding a client who has fallen or is deceased)

Complaints

Compliments/suggestions

### 3. Human Resources

Effective Date	01.09.2012
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Revision No.	R04
Page No.	2
Approval	10.10.2012

#### POLICY:

**3.1 Recruitment** - Client/consumers' will receive services that are based on good employment practices and relevant legislation

The criteria to achieve this outcome shall include but is not limited to the following:-

3.1.1 Support worker recruitment is according to client/consumer needs, and is undertaken in a fair and equitable manner; to ensure that there is a good match; cultural appropriateness, adequate skills, knowledge and a good attitude, to carry out the responsibilities associated with the level of support.

3.1.2 The 'best person/s', is given the opportunity to present abilities and attributes while on a trial period, which will be contingent to police verification before appointment to a permanent position. WHCS uses a documented recruitment procedure that includes interviewing, reference checking, police record checking (online access for quick response), and having an employment agreement that complies with relevant legislation (5/2/13), on desktop file

#### REFERENCES SNZ 8158:2012

SNZ HB 8158: 2004 **Part 2.7**

SNZ8134: 2002 Part 2.7

Employment Relations Act 2000

Holidays Act 2003

#### PROCEDURE

An advertisement is made in the local papers describing the position and the desired applicant. CV's may be required or a telephone number/s to call, with the respective person/s to ask for. Support staff will be short-listed according to qualifications, education or experience ensuring appropriately qualified / skilled people are available to provide the service, i.e. nurse aide positions.

The process outlined in the Employment Process Flowchart below is a guideline. Successful applicants are orientated through the policies and procedures of the organization, Health & Safety guidelines, and given a general workplace induction before commencement of services to clients'.

Support Worker and skill mix 'numbers' are recruited according to:

- ☐ Our goals and objectives
- ☐ Providing existing staff with sufficient back up, and time off, when they need it.
- ☐ Ensuring that existing support workers' are provided opportunities to attend professional development, strengthening and reinforcing career pathways, and a skilled workforce.
- ☐ Needs and safety of the clients'
- ☐ The safety and security needs of support workers' and clients'
- ☐ Availability of support workers' outside of normal rostered hours – risk management
- ☐ The fluctuating demands of client/consumers, their families / whanau.



- ☐ The skill level / age and gender level of staff
- ☐ Input from families for new needs - clients hours
- ☐ The ability to meet Māori and Pacific Island cultural values and beliefs as well as all
- ☐ other ethnic groups

### **POLICY: Confidentiality**

The personal data obtained by WHCS for the purposes of employment; is kept private and treated in the strictest confidence in line with the ***Confidentiality and Privacy act 1994***. All information regarding client details in the course of employment will be treated as confidential, and will not be divulged to any person/s except to those who have employed you. Client information will only be discussed in order to provide the appropriate services that meet the needs of the client/consumer group entering the service.

### **REFERENCE:**

NZS 8158:2012

NZS 8134:2003

NZS HB 8158: 2004 Section 1.6

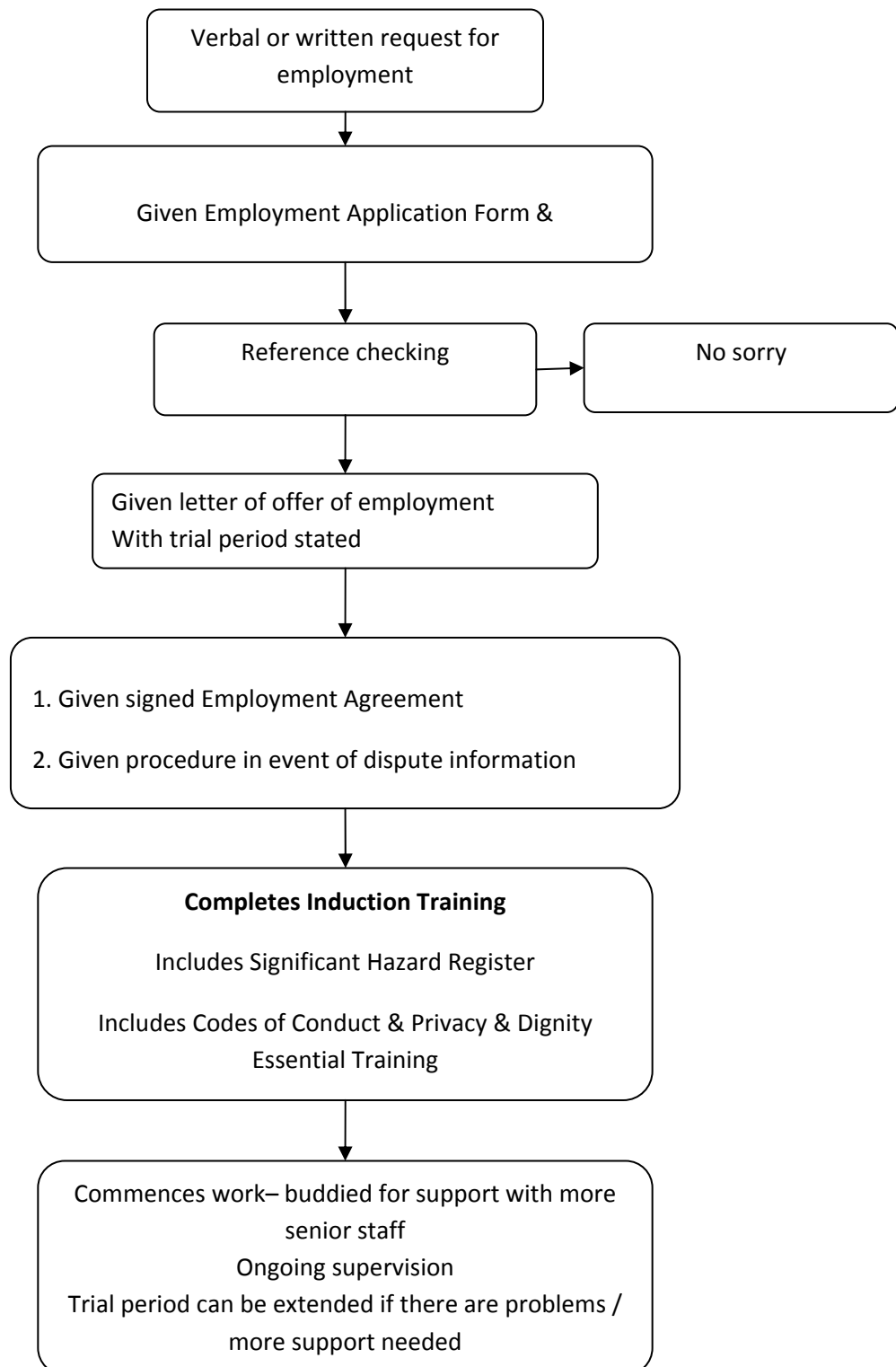
NZS 8134: 2008

### **PROCEDURES**

- You will be informed on employment of the policy to maintain confidentiality of all records of clients. The (client/consumer) will sign to consent for the organization to store or keep their personal records on file or to return if necessary;
- Information relating to a support worker that is held on files (records) will not be released without prior consent;
- All support worker records are maintained in a secure area, and accessible to authorized staff. They are filed in a lockable cabinet;
- Phone numbers will not be passed on to any person/s, without their prior written consent.
- You are entitled to access your personal records or files on request;
- You have the right to withdraw, as a support worker providing a service to a client, discreetly and confidentially, through the manager and or the Coordinators of the service;
- NB: When you sign the Individual Agreement, you will be assured of client confidentiality, in all aspects of your medical and service requirements;
- Information of a private or personal nature is maintained in a separate and secure manner (Police Records), are not publicly accessible or observable – filed in the General Manager's office;
- The management of client/support worker information is kept current, confidential and accessible when required, meeting all the requirements of the Privacy Act, The Health Information Privacy Code;

# Employment Process Flowchart

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	1
Approval	10.10.2012



## 3.2 Orientation, Induction, Ongoing Development, and Competency

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	3
Approval	10.10.2012

### POLICY:

Standard **3.2** All services to client/consumers' will be delivered by responsible, capable and competent providers.

WHCS will ensure that management processes are conducted in accordance with good employment practices that meet legislation requirements. The skills and knowledge required for each position will be identified according to support worker responsibilities and other personnel accountabilities, authority and functions; with professional qualifications being validated.

### REFERENCES

NZS 8158:2003 – NZS 8158:2012

NZS 8158:2004

NZS 8134:1.2:2008

Training Records

Induction Training Folder

**PROCEDURE:** The criteria to achieve this outcome will include but is not limited to:-

### Orientation:

3.2.1 Orientation and workplace Induction, including Health and Safety Induction are an essential part of training for every support worker; i.e. desktop, quality control – external training I2/I3 and First Aid;

3.2.2 The Training Induction Folder contains resources and assessments of knowledge and is tailored to be relevant, to each support worker's capabilities of learning and relevant to the scope of practice of the organisation. An appraisal system is regulated on the Care System of the WHCS data base; which looks at a 3 monthly appraisal occurring, at the end of a probation period. Further appraisals will be done at least annually, recorded and evidenced on the WHCS Care Program;

3.2.3. There is a system to determine, develop and ensure that the support workers' are competent in the scope of their roles to meet the needs of the client/consumer. This may include but is not limited to:-

- a) being assessed against the policies and procedures of the organisation
- b) identifying the gaps for further training with clearly defined reporting lines:
- c) specialist advice (district nurse), or being supervised by a trained/qualified person/s, health professional;

3.2.4 All support worker/employees [as appropriate] will be orientated and required to attend ongoing training to ensure they are competent (NZQA Standards), and meet the sector standards requirements necessary to ensure client/consumer safety, at home and in the community – assessed against policies and procedures and where gaps or other inefficiencies have been identified. ***NB: Service Providers are clear of their roles and responsibilities, and the level of support that is available to them;***

3.2.5 WHCS will introduce support workers' at the commencement of the services to ensure that the client/consumer is familiar with (the support worker), and that the match is suitable and appropriate to their needs. Ongoing supervision is regularly maintained with a courtesy call being lodged for satisfaction details (from the client), after the first week; and fortnightly calls or reporting on concerns and or changes being made thereafter; depending on the level of supports required;

3.2.6 Ongoing professional development is recorded and encouraged at the monthly in-service training sessions held i.e. First Aid updates and attendance to training session for level 3 and level 2 trainees.

### **C: Service Specification CMDHB – Home Based Support Services (HBSS) Training Initiative (PQS)**

Since 2004, the support workers or non regulatory workforce came under close scrutiny regarding (The Quality & Safety Report); the need to up-skill, to ensure quality and safety regarding high needs if services would be met, by the current workforce.

The project named the DHB-HBSS Training Initiative was developed to help the home based workforce to gain a National Certificate in Community Support Services Foundation Level 2. The success of the project has enabled WHCS to have at least 80% of its support workers recognised with Level 2 qualifications, and 20% with level 3. The latter has provided recognition for those support worker/s who have been in the workforce for a number of years and for those who are relatively new, it has provided a future career pathways to continuing on to do other levels of training.

**Reporting requirements** are furnished quarterly for the DHB, and six monthly for the MOH. The

reports will include:

- a) the number of support worker/admin/employee/s eligible to participate
- b) trainees enrolled for the month
- c) new enrolments for the month
- d) number of completions
- e) number of terminations for the month
- f) number of trainees enrolled at the end of the month

A Narrative report is also required as necessary that will highlight:

what is working well

- issues and risks
- reasons for terminations (trainees)
- actions taken to address the project issues and risks

The training program is linked to the exception reporting, the business management plan and the Health & Safety Program (QMS).

Deficiencies [discovered through performance appraisal or exception reporting] are targeted with identified needs for further training or one-one- supervision being required. It is more usual for group learning to up-skill everyone together, as peer learning and review helps ensure a universal standard of care, and greater understanding of the service. Training needs are also sensitive to support worker request, a MOH requirement, and meeting regulatory requirements.

Additional training will be provided according to the requests of support worker/s wanting clarification or verification of their work modules – career force L2/L3. Support worker suggestions and contribution are sought and are welcomed; with assessments of knowledge contributing to much of the training; ensuring confidence and competence levels are being maintained.

### Supervision

Close supervision and monitoring of delivery techniques and practices, allows learning and growth both for the support worker/fellow colleague and the coordinator. Support worker/s will share their ideas, concerns, questions and problems in a forum/format that focuses on personal development.

One on one/Individual supervision - meeting on a regular basis, with a Key Person/Coordinator to confirm support worker competency or level of confidence to work unsupervised. Notes from the sessions are recorded, including suggested readings, tasks and ideas for review.

Group/Peer Supervision - harnessing the collective experience and expertise of the group while at the same time facilitating individual development. This forum allows support worker/s to learn from the experience of other colleagues and to be able to receive the collective analysis of the group in common practice issues etc. This forum is also important to discuss group concerns and issues relating to service delivery. Personal grievances or concerns of individual support worker/s should not be addressed in this forum as often it can detract from the momentum of group thinking. This kind of supervision will be organized and scheduled by the Manager from time to time, as appropriate.

# Resolving Employment Relationship Problems Guideline Nga whai tikanga mo te whakatika i nga raruraru

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	2
Approval	10.10.2012

## POLICY:

Whaiora has a process to manage ethical and professional boundaries of support worker/s and all other management personnel

In the event of misconduct, or support worker/management, grievance, disciplinary action is carried out in compliance with the Legal Issues and Practical Strategies associated with Termination of Employment – Employment Law Training Ltd. All employment agreements must make provision for the resolution of employment relationship problems, which may include disputes such as:-

- a personal grievance
- a dispute over an interpretation, application, or operation of the employment agreement
- a breach of the employment agreement
- unfair bargaining for an individual employment agreement
- a question about whether a person is an employee or other.....

It is important to note, that all problems should be addressed as they arise. This procedure sets out information on how problems can be raised and worked through – this includes anything that may harm the employment relationship, and have an effect on the conditions of work or payment.

### 1. Clarify the problem

The first step is to check the facts and make sure that there is a problem, and not simply a misunderstanding.

Either party might want to discuss the situation with the help of a legal persons/s. All practical steps will be taken to respect the privacy and confidentiality of all parties concerned. Support may be sought from:

- friends and family
- the Employment Relations Info-line on **0800 800 863** or on its website at **www.ers.dol.govt.nz**
- pamphlets / fact sheets / booklet from the Employment Relations Service
- Their union (if they are a union member), a lawyer, a community law centre or an employment relations consultant.

### 2. Discuss the problem

If either party considers that there is a problem, it should be raised as soon as possible. This can be done in writing or verbally with a meeting being arranged to discuss the issues/concerns of either party. The complainant should be encouraged to bring a support person to the meeting if they wish to.

### 3. Working through the problem

If the parties are not able to resolve the problem by talking, other options exist:

- a) Contact the Employment Relations Info line, to get information.
- b) Calling on Kaumatua / other service support
- c) Department of Labour support - Making sure minimum statutory entitlements such as holiday, leave or wages are being paid

- d) Employment Relations Service [ERS] for help (or the parties can agree to get an independent mediator), in which case that decision will be binding;
- e) If the problem is still not resolved through mediation, either party can refer the problem to the Employment Relations Authority for investigation.

The Authority can direct the parties to further mediation, or can investigate the problem and make a decision. If, however, parties are still unhappy with the Authority's determination, they can refer the problem to the Employment Court.

In limited cases, there is a right to appeal a decision of the Employment Court to the Court of Appeal.

#### Personal Grievances

If the problem is a personal grievance, then the Support worker/Employee must raise the concern, within 90 days of when the facts to the grievance occurred. A personal grievance can only be raised within this time frame with the agreement of the Employer (in exceptional circumstances).

*A copy of this Resolving Personal Employment Problems Guideline is attached to each employee's Individual Employment Agreement*

Serious Misconduct Guidelines: *Nga Take Tino Nunui*

#### POLICY:

Whaiora will seek for instant dismissal of any employee (support worker/or otherwise), who displays dangerous or unsafe practices, or who acts in a manner that will bring disrepute to the integrity of its services.

Serious misconduct may result in the employee/support worker/s dismissal; in order to keep the service, staff, and client/consumers safe. Safety within the service includes everyone FEELING safe. In cases of serious misconduct, you may summarily dismiss the support worker, i.e. without prior disciplinary warning or termination notice – matter of degree.

The following are examples of the types of behaviour that may be considered serious misconduct:

- STEALING: Taking property from the client/consumers
- Failing to provide client/consumers privacy and confidentiality
- Being under the influence of and/or consuming alcohol at work
- Under the influence/consuming illegal drugs at work
- Reporting for work when unable to perform duties properly, or safely
- Acts of dishonesty, including falsification any company record/document including timesheets/wage/accident/ incident/leave records, etc.
- Being boisterous, disruptive, or irresponsible behaviour, which results in injury
- Deliberate damage to property
- Sexual harassment
- Displaying discriminatory behaviour [perceived discrimination due to race or colour or discrimination against a sufferer of a mental illness or substance addiction]
- Physical/verbal assault of another employee while at work – regardless of provocation.
- Refusal to perform reasonable assigned work, or walking off the job
- taking photographs without consent
- Failure to follow Health & Safety POLICY
- Leaving work while still rostered to work
- Smoking in a "No Smoking" area/or at the client/consumer's home

## 3.3 Health and Safety

Effective Date	01.09.2012
Revision date	15.07.2013
Revision No.	R04
Page No.	4
Approval	10.10.2012

### POLICY:

Standard 3.3 Client/consumers' will receive services that promote good health and safe working practices in their own homes or community environment.

WHCS must ensure that there is joint participation and accountability in the workplace that complies with legislation, regulation, codes of practice and safe operating procedures.

REFERENCE: NZS 8158:2012

Health & Safety in Employment Act 1992 & Amendments Act 2002.

NZS HB 8158:2004 **Part 6.1**

**3.3.1** Whaiora Homecare Services (WHCS), has had training with (S Lee, Health Care Health, R/N), in Health & Safety Training and has met Secondary requirements in work safety management practices, effective from September 2012 to August 2014.

The criteria to achieve these outcomes shall include but is not limited to the following:-

1. The service will use relevant regulations, and codes of practice, guidelines and safe operating procedures, as appropriate.
2. Support workers receive health and safety training on a regular basis following their induction training - career force modules L2/L3, attendance to service review meetings as appropriate and necessary
3. They are actively involved in indentifying and managing workplace hazards [Looking for things that could hurt people badly and controlling those things].
4. There are nominated Health & Safety reps who have the delegated responsibility for reporting, investigating accidents, or incidents in the workplace
5. All serious harm/injury will be reported to OSH within 7 days.
6. Whaiora is committed to providing injured employees with meaningful and safe rehabilitation under the direction of ACC and medical advice.
7. WHCS personnel will receive appropriate information and training to be able to respond to an identified emergency, tsunami or security situation. This will also include fire safety and emergency procedures (map of plan of exits on wall in hallway of the building). An appropriate 'call system' is available when required

### **3.3.2 Health and Safety Objectives: The policy shall include a process to ensure that:-**

1. All employees/support workers will receive a comprehensive induction [see Induction Training Manual] and will be provided with an essential level of first aid training appropriate to the degree, of being able to respond during an emergency and or an evacuation situation



2. The Service will IDENTIFY and CONTROL all significant hazards. This is to prevent support worker/s and client/consumers from being seriously injured; *NB: Suitable footwear must be worn when using equipment, i.e. hoists and or moving hospital beds*
3. Suggestions as to how things can be improved / how things could be made safer / better are welcomed and encouraged; *NB: Suitable, clean/dry footwear should be worn while working in the client/consumers home.*
4. The service aims to provide a safe work environment, where there are NO Time Loss Injuries (LTI = full day off work) each year; *NB: Support workers' must have both feet firmly on the ground when cleaning ceilings, walls or window. Please use common sense and check with the coordinator/manager if you are working outside the boundaries of your support plan!*

## **Hazard Identification Assessment and Control- Section 6 Safe & Appropriate Environment**

The service has a *Significant Hazard Register* – a list of all things that are likely to hurt someone badly and how to prevent this happening. This is a stand-alone document for ease of adding new identified hazards. All support worker/s will read this as part of their Induction Training and BEFORE they start work. Known main areas of risk include but are not limited to; [please tick those that apply to your service]:

- ☐ Manual handling - lifting
- ☐ Fire Risk
- ☐ Challenging Client/consumer Behaviour - a risk to staff
- ☐ Risk to Client/consumer of Medication intake

### **Hazard Action:**

- Assess the risk
- Keep yourself safe
- Report to a senior person
- Control the problem [fix it if you can confidently do so / warn every one]
- Record it [file in exception reporting folder]
- Sign off when safe
- Sign off at Service Review Meeting

## **Documentation**

New Hazards must be written on a Hazard Identification Form kept on File. Check in with your Coordinator.

Include how you will fix it, by when and by whom. The Manager, or their delegate, is responsible for identifying hazards and looking for solutions to ensure safety to support workers', staff/colleagues or client/consumers.

## Training

Basic Health & Safety Training is an essential part of staff induction [See Induction Training Folder]. Standard Precautions for Infection are included. WHCS has a separate Health & Safety Policy Folder on the Desktop files

**NB:** records of injury or other incidents are recorded in Events Reporting (Board Room Files), for discussion at Service Review Meetings

### Entering the client/consumers' Home

**POLICY: 6.3** The Safety and comfort of a Client/consumer will not be at risk because of service delivery. WHCS will ensure that the safety of the client/consumer is not compromised as a consequence of the support worker entering their home or community environment.

#### REFERENCE

NZS 8158:2012

Health & Safety in Employment Act 1992 & Amendments Act 2002.

NZS HB 8158:2004 **Part 6.3**

The Privacy Act 1993

**PROCEDURE:** Policies and procedures regarding entry to client/consumer homes shall include but are not limited to;

- identification cards being displayed by support workers
- being trained to knock or ring the doorbell before entering the client/consumer' home and removing your shoes if asked to
- being provided with a key – **POLICY:** All support workers who have been entrusted to hold keys to client/consumers property must report to establish written and signed agreements on key holding in case of theft or loss of keys:

**NB:** This is first agreed to at the initial visit and recorded on the support plan, and signed by the coordinator/Manager, the client/consumer / or their whanau – Personal Agreement (servicer user file)

- being trained to keep the keys safe outside of the Home
- ensuring confidentiality about entry codes to get into the client/consumer's Home
- establishing alternate as appropriate another access entry/exit, in an emergency [for example a hidden key or other way into the house].
- Reporting any loss of keys to the coordinator or manager immediately (who have the responsibility for informing the client/consumer or their family as soon as is possible and deciding the best action to take – e.g. cut new key or change the locks)
- Securing doors and windows, curtains or blinds and being mindful of security issues where client/consumers may not be.

A Support worker will be provided with in-service training that outlines the causes of accidents in the home and ways of maintaining safety by taking the following instructions if they should find a client/consumer injured:

- a) Assess the situation keeping themselves safe
- b) Call for help as appropriate [Phone 111], *the white pages of the phone book for emergencies and the Yellow pages for Civil Defence emergencies such as earthquakes and floods*
- c) Administer first aid as appropriate
- d) Stay with the client/consumer until help arrives (training in L2/L3)
- e) Other situations of emergency [e.g. car accident] follow the same basic steps.

Other Procedures:

- 1) The Coordinator/Manager will have completed a Hazard Check list of the client/consumers' home prior to commencement of the services and will need to follow through to ensure that the corrective action has been resolved and that the support worker has been instructed accordingly i.e. vacuum safe to use or that a registered technician has checked the washing machine
- 2) Similarly, the support workers must be shown lifting techniques (with a hoist), board and the use of any other special equipment required by the client/consumer
- 3) Support Workers' may purchase their own gloves and be reimbursed once a receipt has been furnished to the Admin Staff. Generally, the support workers' are issued with protective clothing, aprons and gloves as appropriate

Measurable outcomes: Number of preventable accidents in the home of clients

## **Client Non- Attendance**

Policy: If a client is not at home, when the support worker calls, he or she must inform the office immediately. She will also check the home or building to ensure that the client has not fallen or that this situation does not re-occur without some notice to the office and or the support worker. *The support worker is entitled to be paid, and to claim an hour, because she was rostered to work at that time regardless of what the situation might be.*

Procedures:

- a) A mutually agreeable time for attendance must be arranged with the client and the support worker and will be confirmed on her schedule or roster for the week (support worker).
- b) It is only polite and courteous of the support worker to be introduced by the coordinator to ensure that the client is not 'caught unaware' or that the support worker is not too comfortable about the initial meeting e.g. circumstances male client or the house is so 'filthy'

c) If when the support worker calls and there is no response from the front door, please try the back door. If there is still no response, look through the windows and knock on them. If there is still no response then telephone the manager/coordinator straight away.

d) The support worker will be entitled to claim and to be reimbursed for an hour, if the appointment had been arranged and confirmed. The client will be charged for an hour if they were a private paying client; and if subsidized, the hour will be taken off the client's weekly allocation.

e) Perpetual absenteeism without emergency reasons will be investigated and the service withdrawn based on repeated episodes.

Measurable Outcomes: Support worker and client satisfaction

## Hazard Identification & Building Maintenance

### POLICY:

Whaiora Homecare Services will demonstrate its commitment to ensure that the building it operates from has an accessible physical environment and facilities that are maintained; meeting the requirements of the current building Warrant of fitness (for older buildings – due for review July 2013).

Amenities, fixtures, equipment and furniture are selected, located, installed and maintained with consideration of all (support worker/s, visitors, client/consumer and personnel), of provider safety, needs and abilities. There is ramp that meets the requirements of the NZS 4121, and wheel chair toilet facility appropriate to the client/consumer requirements/disability.

Anything that is broken, or might injure or cause harm to anyone else is recorded on a Hazard Identification or Building Maintenance Form. The current month's Hazard Identification Form is easily located on the clipboard hanging at in the Hallway of the office – 12 Otara Rd. Once the forms are completed, they will be filed in the Exception Reporting Folder. Forms are reviewed at least six monthly to ensure that hazards have been controlled, repaired or replaced wherever necessary. A process is in place for upgrading and replacing equipment as required.

### REFERENCES:

Safety and Appropriate Environment (NZS 8158:2003) – Section 6

SAFE AND APPROPRIATE ENVIRONMENT – *HE TAIAO ORA, TAIAO PAI* (NZS 8134.1.4:2008)

The POLICY 6.1	A safety, hazard check will be conducted throughout the home of every client as part of establishing the support plan, and identifying and assessing risks – a 'best practice' approach to control safety measures. WHCS has a comprehensive health and safety policy and procedures for health and safety management.
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<i>Hazard &amp; safety checks</i>	The hazard checks will include identifying any physical, electrical or equipment hazards; or any unsafe features associated with household appliances used as part of the home help management or as part of providing personal cares.
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<i>When to conduct the hazard and safety check</i>	The Health and Safety legislation (Health and Safety in Employments Act 1992), requires Employers/Providers to take all practical steps to eliminate hazards or, to isolate, or minimize controls which must be monitored for effectiveness; at the initial visit to the client/consumers' home.
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## ***Occupational Health & Safety***

The aim of the risk assessment is to identify the potential/level of risks, the likelihood of an occurrence, and action required to implement corrective action to ensure client/consumer safety. Any tasks that may put a client at risk must be identified and documented. For example lifting without the use of a hoist, placing a client in the bath tub, may also place the support worker at risk. Procedures to be followed may include but are not limited to:

- a) Health& Safety training
- b) regular reviews of safe systems of work
- c) responsibilities and arrangements for risk assessment and management
- d) choosing a method appropriate to evaluate the processes chosen (Business Risk Plan)
- e) actions to be taken if there is a known transmittable disease or infection affecting either the servicer user or the support worker
- f) providing full information regarding behavioural triggers or a hazardous situation
- g) allowing the support worker the right to refuse to undertake work that they are not comfortable or feel they are at risk
- h) regular checking of all electrical appliances/equipment used by the support worker
- i) providing support including post-incident debriefing
- j) responsibility for reporting and investigating accidents, incidents

## ***Documenting hazards and unsafe equipment***

All physical hazards, or unsafe features within the home, will be documented, with service delivery being delayed until corrective measures have been implemented and signed off for regular monitoring, evaluations and review. 6.1.3

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## ***Reporting to client on hazards and safety***

The client/consumer or the client's representative must undertake to replace the equipment once identified. They will then isolate, or eliminate the problem in a time frame that will be agreed upon.

## Managing damage to client/consumer property (PQS) SS.8.4

### POLICY:

Safety within the service includes everyone feeling safe. WHCS ensures that there are systems and procedures in place to comply with health and safety management with further guidelines on how to manage and protect the support worker from harm or damage to the client/consumers' property.

A15 *Insurance* and A16 *Indemnity*: Whaiora has a reasonable comprehensive insurance policy which covers the building, which is to be used for the sole purpose of Whaiora Homecare Services Inc (contractual agreement with the Ministry of health and the Counties Manukau District Health Boards); and for no other purpose. That the cover will include exterior maintenance and structural maintenance of the building, and including the contents and fire insurance (but excluding indirect or consequential losses) caused by:

- a) the Provider (Whaiora Homecare Services Inc), failing to comply with the obligations of the Agreement; or
- b) failure to comply or perform (an obligation of the Agreement.
- c) WHCS has a separate insurance policy, as appropriate and will take all reasonable steps to remedy or reduce the likelihood of any damage to a client/consumer's property, by ensuring that policies and procedures are in place to safeguard client/consumers, support workers, from practices relating to security and associated risks. This will be further evidenced by:
  - 1) Identifying key risks – hazard checks of appliances at the initial meeting
  - 2) dealing with those risks and where possible having a plan to reduce the likelihood of an occurrence
  - 3) documenting information as necessary on the initial Support Plan *i.e. vacuum is not safe and will not be used as part of the HM support plan until replaced or washing machine not to be used (cord frayed), washing to be taken to laundromat*
  - 4) reminding the support worker to “park safely outside the main entrance – *family use the driveway frequently*”
  - 5) clarifying with the client/consumer the extent of what the support worker will do when dusting (boundaries, not to remove expensive Ildro, Nao or other expensive ceramic ornaments), to prevent damage or harm to the client/consumers' property
  - 6) Police Checks to ensure, support worker credentials have been processed and confirmed for employment – no incidents of theft or other misdemeanours
  - 7) checking car registration/warrant of fitness for road worthiness
  - 8) debriefing and showing support as necessary including regular supervision
  - 9) insisting on regular reporting mechanisms, monitoring to minimize incidents, accidents and hazards' to improve safety in the workplace
  - 10) maintaining the Risk Management Plan to incorporate all new or complex needs/changes
  - 11) linking the Risk Management Plan to Exception reporting and adverse events – while addressing or implementing solutions, corrective actions
  - 12) hiring good staff with passion, dedication and commitment, (matching support workers' to client/consumer from similar ethnic backgrounds wherever possible

## 4. Service Delivery

Effective Date	01.09.2012
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Revision No.	R04
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**POLICY: 4.1 The Service Agreement:** Client/consumers will receive services that contribute to their agreed outcomes and level of support. WHCS will ensure that there is an individual service agreement that contributes to their agreed outcomes; and supports their independence, safety and general well-being.

This agreement will ensure that there is appropriate and sufficient information and that the client/consumer, has confirmed, his or her *informed consent*, to consider options of being able to withdraw/decline or to commence the services. NB: The service agreement may form part of the individual plan 4.3

REFERENCES SNZ 8158:2012

SNZ HB 8158:2004 Section 4 - Part 4.2

**PROCEDURE: The criteria required to achieve this outcome will include but is not limited to the following:-**

The agreement shall include but is not limited to:

### 4.1.1

- a) The Provider service name and address, contact phone numbers including out of hours and emergency contact numbers, brochure, coordinator/manager service cards;
- b) Name, home address & telephone numbers of the client/consumer
- c) A description of the service/s to be provided, as part of the agreement
- d) Any fees to be paid or not paid, the name of the person / or frequency of payment/s.
- e) The Rights & responsibilities of both parties (the client hand book).
- f) Any additional specific risk management required to safeguard support workers.
- g) Equipment and supplies to be made available to the client/consumer.
- h) Consent to retain information regarding the client/consumer, and to allow the service to commence with the assigned/appropriate support worker
- i) Circumstances in which the service may be cancelled by either party

4.1.2 Client/consumers' will choose the preferred day/time that they would like their services delivered  
And the goals will be documented on their support plan

4.1.3 A copy of the Agreement will be signed by all parties including [client/consumer family / whanau/ advocates, as appropriate.] *A copy will be available for both parties.*

**Please indicate in the boxes below with either tick or cross.**

- ☐ For the collection of relevant medical information towards safe care
- ☐ To confirm the level of support based on assessed needs, that have been explained, discussed, understood and agreed to by the client/consumer or their advocate.
- ☐ To keep on record with all other relevant information regarding health and well being of client/consumers; in the event that whanau / other relevant health care organisations might request the release of information for the purpose of maximising that wellbeing.
- ☐ Other as appropriate to the service. Please see the service Consent Form.



## 4.2 Promoting and supporting Independence

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	2
Approval	10.10.2012

### POLICY: Individual Service/Support Plans

**Standard 4.2** The client/consumer is able to maintain his or her independence by exercising his or her choice of the type of services and activities with a timeframe to achieve desired goals.

### REFERENCES

NZS 8158:2012 Section 4.2 of Service Delivery

Procedure Criteria

The criteria required to achieve this outcome shall include but is not limited to:-

- 4.2.1 being supported and encouraged to make decisions about their own lives while at home
- 4.2.2 to have their 'wishes' regarding their lifestyle choices documented on the Support plan with the agreed tasks and activities. NB: The rights and legal choices may only be limited by clearly defined grounds
- 4.2.3 Should the latter occur, then the client/consumer may have a family/whanau member nominated, as a designated representative
- 4.2.4 maintaining links in the community with family/whanau and to access other services within the community, with brochures or knowledge of the CAB services, or the local Day Care Centres for Older People in the Greater Part of Auckland – Senior line 375 4395 or visit [www.adhb.govt.nz](http://www.adhb.govt.nz), as well as the NASC contact phone number for direct referrals: 276 0040, or MOW, 270 4730.

### POLICY:

Each client/consumer will have a copy of their own individual service/support plan that has been established according to their needs and requirements. Any variations of these tasks and duties will be reported to the Manager/Coordinator of the service.

### REFERENCES

SNZ HB 8158:2004 Part 4.3, 4.6, 5.1

OSH Health & Safety Guidelines for Home-Based Health Care Services

**PROCEDURE: - WHCS will ensure that the support plan has input from the client/consumer, family/whanau which will reflect their needs as assessed. This is evidenced by:**

1. Inviting the client/consumer to have *family and support persons* present at the initial planned meeting, at a place of their choice i.e. family home or community home
2. The inclusion of any identified risks in the support plan with a process to minimise these risks, reducing to an acceptable level.
3. Dating the Individual Service Plan once it has been signed by relevant parties [e.g. the client/consumer, care giver/s.] and the service provider
4. A copy is made available to the Support Worker/nominated or whanau member in some cases.

5. A copy is securely filed within the Provider's record management system, is kept up to date and updated according to NASC changes or client deterioration/requests for a reassessment of the services.
6. The Client/consumer has the right to request a copy or copies of expressed changes to the services, should they wish to. [E.g. they have their own current copy or they get to see and contribute to a "shared" plan at review meetings].

The supports plan/s must clearly detail actions for the support worker to take and will include:

- *Service Goals* [based on the client/consumers practical desires or aspirations]
- *Objectives* in relation to how the client/consumer will achieve these goals
- Specific timeframes
- Exit planning / *promotion of Independence* [biggest goal of all]
- *Other agency input*, including a *lead-care role*, where client/consumers receive services from multiple service providers, across a range of health and support settings.

## 4.3 Links with other groups

Effective Date	01.09.2012
Revision date	01.09.2012
Revision No.	R04
Page No.	1
Approval	10.10.2012

### Family/Whanau and Other Community Networks

#### POLICY:

Standard 4.3 Client/consumers will receive continuity of service through good links, key groups, including primary healthcare teams and networks with other service providers, Family/Whanau and their community as appropriate and/or as requested.

#### REFERENCES SNZ 8158:2012

SNZ HB 8158:2004 Part 2

SNZ 8158:2003 - Section 1 - 1.7

NZS 8134:2001 Part 1- 1.6

Criteria: The criteria to achieve this outcome shall include but is not limited to:-

4.3.1 information about community resources that may assist client/consumers in accessing community support/facilities/services or other interests as appropriate

4.3.2 a formal process to determine the effectiveness of the links with other key health groups

4.3.3 options available of essential service contact people as listed in the local guide to Health Services in the Otara Community/Manukau locality

4.3.4 ensuring that the safety and right of the client/consumer to be kept informed during any referral processes to:

- Kuia Kaumatua Oranga - 2680174/ Whaiora Māori Catholic Marae - 2746554
- Referral Services – Community Health –2760430, Raukura Hauora O Tainui -2672899
- Funding Agencies- Taikura, CMDHB (NASC) 2760040/0044
- Advisors / Budgeting Services – 0800 For CAB
- Doctors – Otara Health Medical Centre 274 6654
- Laboratory / diagnostic centres - 2744340
- Social Workers – 092760040/2760430 – NASC Middlemore 2760040/2760044 & Taikura 2786314
- ACC Case Managers – 0800222993/9150618
- Occupational Therapist 2760044
- Lifeline (24 hour counselling) 0800 543 754
- Stroke Foundation – 0800 Stroke
- MOH and DHB Contract Managers J Cole 2760040 Ext 2423
- Other Service Providers i.e. MOW Kaye Dennison (Jill or Avril)
- Contractors & Service People (i.e. Plumber-0800 Mr Plumber/ Lawncare Ltd - 2623677

Up to date list of all Client/consumers  
and their whanau contacts

Up to date list of all staff and their  
whanau contact numbers – not  
included

POLICE – (24 hours) 261 1300

AMBULANCE – Dial 111

## 4.4 Service Delivery Planning

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### POLICY:

Standard 4.4 Client/consumers' will have an individual service plan (Support Plan), that describes their goals, the level and type of support required for their needs, BEFORE commencement of any service/s. The Service Agreement will ensure that appropriate and sufficient information has been provided with the *informed consent* by the client/consumer as well as being given options to have an advocate (if required), and *the right* to withdraw or decline the services.

### REFERENCES SNZ 8158:2012

SNZ HB 8158:2004 Part 4.1, 4.6 & 4.7

OSH Health & Safety Guidelines for Home Based Health Care Services

### PROCEDURE: **The criteria to achieve these outcomes will include but is not limited to:-**

- 4.4.1**
- a) reflecting the client/consumers' goals, needs and requirements.
  - b) ensuring that the assessment/referral has enough information that is relative, realistic and reasonable to achieve the desired goal plan.

Providers may query and ask:-

- ☐ The referral Agency - NASC for as much information as possible / appropriate and to check if there is more than one organisation involved in the care
- ☐ Involve the new client/consumer and their whanau / support person
- ☐ Have a cultural match between the new client/consumer and a support worker
- ☐ Try to find a good match if one is not available, or as appropriate
- ☐ To make known to the new client/consumer, that other services are available to help promote their independence [e.g. Needs Assessors, Case Managers, Doctors, and physiotherapists].

**4.4.2** The client/consumer and their family/whanau are encouraged to be actively involved in the consultation, planning, monitoring and implementation of the support plan at the initial meeting; or as noted by the NASC prior to the referral being sent out to the 'preferred provider/s'. A copy of the main contact family member is normally listed on the requisition form along with identified family supports and strengths where appropriate. Quite often the family member/s work and do provide support, such as shopping, preparing and cooking meals. There are usually concerns mainly with regard to medication prompting or medication that has to be taken at particular intervals during the day. The support plan will list the expressed concerns and contacts of family/whanau wherever necessary.

**4.4.3** Once the agreement to commence delivery has been confirmed, the support plan is developed, with clear details and actions of what has been agreed to by the client and the family/whanau member. The agreement form will be signed by both parties; with an initial copy of the support plan (manual), being drafted and later transferred to a computerised printout at the office of the Provider Agency. Three Copies are usually produced; a copy for the client file, one to the support worker and another copy being distributed to all parties involved. This may include but is not limited to:-

- a) acceptance (NASC), by the Provider Agency as having the appropriate skills and knowledge to meet the assessed needs of the client/consumer, and the quality requirements of the tasks involved;
- b) having a plan and processes in place to minimise any identified risks to the client/consumer, whanau and the community. Any behavioural signs and triggers will be carefully documented as well as the use of equipment and or enablers as part of the service delivery;
- c) If the needs cannot be met, there is a process for the client/consumer of other options that may be accessed from other healthcare community groups;
- d) *The exit and transfer risk is assessed and documented BEFORE exit or transfer occurs and takes into account the opinion of ALL people concerned [e.g. client, whanau, community and other health professionals,]*

**NB:** An individual risk assessment is undertaken to minimize the risk of harm during service with a procedure for reporting new risks that may arise; and to review the competency level/s of the support worker/s. The support plans will be reviewed at least annually. A risk management plan will be developed and reviewed regularly to manage the assessed risks. *Plans for preventing & controlling things going wrong [staff or client/consumers or anyone else getting hurt] are also recorded. WHCS has a no lift POLICY – refer to notes, in the Lifting Risk Assessment - the Guidelines, provided by OSH for Home Based support Services.*

## 4.5 Implementation Of The Individual Service Plan

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Revision No.	R04
Page No.	1
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**POLICY:** Standard 4.5 Client/consumer goals and support requirements will be met through appropriate services and documented on the support plan, in order to meet their assessed needs and desired outcomes.

### PROCEDURE CRITERIA:

The criteria required to achieve these goals shall include, but is not limited to the following:-

#### 4.5.1 The Provider Agency ensuring:-

- a) they have been assessed as being competent and certified to provide the level and support of care required
- b) that roles and responsibilities are clearly defined
- c) that there is sufficient monitoring and supervision appropriate to the level of support being provided
- d) that there is good levels of communication between the coordinator/manager and the support worker, when the limit of competency, knowledge, or experience is reached;
- e) that support services is appropriate and meets the needs of the client

**4.5.2** WHCS has a Care System that records the allocation of hours, the schedule and all the details regarding commencement dates, level of support, review dates, evaluation of the services and processes to deal with emergencies and or other events that may require changes to scheduled supports

**4.5.3** WHCS has policies and procedures regarding administration of medication (prompting only); as well as processes for managing and reporting adverse events – operating within the guidelines and boundaries of the scope of practice and competency levels; and an emergency plan should the occasion arise

WHCS has a system that will record the movements of all support workers with schedules of their times, days and hours allocated to each client/consumer. The support plan is developed electronically (according to agreed times, days of schedules, describing details of each client/consumer condition their support needs); and automatically monitored against goals, evaluation, review and exit processes of service delivery.

## 4.6 Medicine Management

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### Incident Reporting & Medication Problem

#### POLICY:

Standard 4.6 Client/consumers' will receive medication in a safe and timely manner that complies with current legislative requirements and safe practice requirements, and according to the policies and procedures of the organisation (WHCS). Medication dispensing guidelines are made very clear to family/whanau and the client/consumer/s at the initial visit; where the support worker will only prompt, remind and help pierce blister pack medication as prescribed by the GP, but will not dispense tablets from bottles/containers.

#### REFERENCES

Section 5 – Managing Safe delivery (NZS 8158:2003) NZS 8158:2012

Support Workers' must report medication problems to the manager/coordinator at once, if asked by the client/consumer to administer tablets from a bottle and not a dispensing pack. The support worker will inform the client/consumer of the POLICY and politely decline.

#### PROCEDURE: **The criteria to achieve these outcomes shall include but is not limited to:-**

##### 4.6.1 – 4.6.4

1. reminding the client/consumer that WHCS has *policies and procedures* that clearly outline their boundaries, guidelines and *management of medication* dispensing.
2. clients/client/consumers requiring assistance with medications will be advised to obtain ready dispensing packs from their pharmacist or health professional
3. Support workers may assist/prompt and or remind a client/consumer to take daily labelled medications, but not from bottles or general packages
4. Support workers may not administer medications rectally, intravenously or via naso-gastric route
5. Details relating to any support or monitoring of medication is documented on the support plan
6. A record of any accidents/incidents involving the client/consumer/and or the support worker is reported, and discussed at review meetings held
7. Outcomes of multi-disciplinary team meetings/family or groups is also documented and held on file, including information from registered health professionals where appropriate, involved in the provision of support

NB: The support plan will clearly outline the duties of the support worker as a record/evidence of prompting or assisting family/whanau, that medication is being taken daily as instructed or outlined and left in prepared daily envelopes.

## 4.7 Infection Prevention and Control

Effective Date	01.09.2012
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Page No.	4
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### Safe Appropriate Environment

#### POLICY:

Standad 4.7 Client/consumers' will be protected from infection through maintenance of a clean home environment, early reporting and the knowledge and use of current nfection control practices. The criteria to achieve this outcome shall include but is not limited to:-

Support workers receive information and training in standard precautions of infection control measures; and in preventative and forward planning actions – procedures to control the spread and contamination of infection. There is a clearly defined and documented infection control programme that is reviewed at least annually. 1.3 NZS 8134.3.1:2008, appropriate to the size and scope of the service. ( S Lee Health Care Services)

#### REFERENCE

Infection Control – Safe Working Practices: 6.1 (NZS 8158:2003) NZS 8158:2012

Infection Control – HBSS Career Force Module 1003

Health & Disability Services (Infection Prevention and Control) Standards – NZS 8134.3.1:2008

The criteria to achieve the outcomes shall include but is not limited to:-

PROCEDURE: 4 – 4.1 (NZS 8134.3.1:2008)

a) meeting the requirements of the NZS 8134.3.1 WHCS has a comprehensive health and safety POLICY (H&S in Employment Act), and written procedures in place to comply with the requirements of the health and safety legislation.

b) 4.7.1

i) having policies and procedures to support current infection prevention and control practices;

ii) an awareness through relevant ongoing education on infection control to all management personnel, and support worker/s (L2/L3 training modules), on how to manage and control infectious diseases as well as to report any notable diseases within the confines of the Privacy Act;

iii) having training that is provided (by a suitably qualified professional), in basic infection and control measures; and all hygiene standards and procedures to control the spread and contamination of infection.;

c) 4.7.2

Being proactive in infection prevention which shall include but is not limited to:-

*Wearing protective garments*

ensuring that the Support workers wear plastic/disposable gloves and aprons when they undertake work that may put themselves or others at risk.

Note: Protective consumables, such as, gloves and aprons are provided by Whaiora Homecare Services Inc. If purchased by the support worker, a receipt will confirm reimbursement with your weekly wages



### *Rubber Gloves*

Gloves must be worn when handling waste materials of any nature. This is to ensure that hygienic standards are met and to control any risk of the spread of infections and contaminations. The use of gloves must comply with the following:

#### *Infection Control Precautions:*

- a) The gloves should be heavy weight, puncture-resistant, utility gloves such as those used for house cleaning
- b) Do not re-use disposable gloves
- c) Use heavy-duty gloves for general cleaning and housekeeping. These gloves can be washed with soap or detergent in hot water and then left to air dry.
- d) Cover any skin lesions, abrasions, cuts or rashes with waterproof dressings before wearing gloves.

### *Support Worker & infectious illness*

Support workers are advised not to attend work when suffering from infectious or contagious conditions such as colds or the flu.

*NB: Pamphlets are available in the foyer of the main office*

### *Withdrawal in event of infectious outbreak*

A Support Worker/s may be withdrawn from a client/consumers' home, in the event of an outbreak of an infectious disease. This would ensure that the risk of spreading infection by or to a support worker/s is reduced and kept to a minimum. Since the outbreak of the 'bird flu' virus H5N1 (March 2006), precautions to ensure that all personnel members and support workers received continuing education in infection control and prevention was identified, and carried out. A suitably qualified person (contracted out-externally) provides infection control education, who maintains her knowledge of current practice. Support Workers and other key personnel, have a *flu vaccination* each year. The process will not guarantee protection against any new pandemic outbreak, but it is the first step in putting simple preparations into action. More details in how you can *prepare, plan and organize an emergency supplies kit* are posted on the notice board of the office and are also available at your local pharmacies. For more information visit:

<http://www.moh.govt.nz/pandemicinfluenza> or phone 0800 286 358.

## **PROCEDURE: Infection Control Management**

1. Any signs of infections are discussed and reported (manager/coordinator), – reporting lines and frequency are clearly defined, including processes for prompt notification of serious infection control related issues.
2. If necessary, a support worker may be withdrawn from the client/consumers' home, to prevent any further spread or outbreak of infections. The client/consumer may require a transfer to an appropriate specialist provider, to meet their needs
3. Protective equipment and clothing appropriate to the risks involved when handling waste, dirty tasks – soiled linen, faeces or hazardous substances is provided and used by the support worker/s
4. A support worker has the right to refuse to handle potentially infectious waste i.e. sputum, blood, as a standard precaution to reduce the risk of transmitting micro-organisms from both recognized and unrecognized sources of infection
5. All support workers are fully conversant in hand washing techniques and are aware of the necessity to prevent the spread of recognized/unrecognized infections to clients and or their families/whanau
6. Policies and procedures are practical, safe, and appropriate; designed to reduce the risk of acquiring or spreading infections and shall include; hand hygiene, standard precautions, the use of gloves, being cautious of needles and sharp objects, rubbish and linen management, waste management, pandemic planning and prevention management of infection in service providers.
7. Infection statistics and trends are discussed at bi-monthly Service Review Meetings, as appropriate.
8. Where trends are evident, the information is analyzed and improvements in safety and / or service delivery will be reported to affected client/consumers their family and or whanau
9. There is a formal review of Infection Control Management, which is held at least annually
10. WHCS has an obligation to report all findings in relation to all the following events in relation to service delivery, the implications of those events and the outcomes of any reviews.
  - a) Accidents/incidents;
  - b) Adverse clinical events
  - c) Complaints and suggestions
  - d) Infections/notifiable diseases;
  - e) Other events as indicated by statute, regulation or professional standards
11. Open disclosure policy:
  - a) Affirming the client/consumer choice/rights have been respected
  - b) Will foster open and honest professional relationships
  - c) Will enable WHCs systems to change to ensure the safety of the client/consumer
12. Hand hygiene is a critical measure at reducing the transmission of infection. WHCS has copies of procedures posted on the walls near basins of the work rooms/kitchen and support workers will be verified (Career force modules –Infection control) on timelines of hand washing, technique, and appropriate products, included in the hygiene policy or procedure.

## **Hand washing Techniques:**

**The POLICY:** WHCS has a user-friendly format that all support workers/visitors and other personnel are familiar with, (Poster on the wall). There is a step-by-step guide to master the correct hand washing procedures (L2/L3), modules. All support workers are required to comply with the hand washing protocols at all times and especially when entering and leaving a client/consumers' home.

Hot water and soapsuds mechanically remove bacteria from the skin; and running hot water when/wherever available is more effective than using a basin of hot water.

Generally, support workers' are familiar with the different ways to keep hands hygienic and have been equipped with supplementary supplies of alcohol rub/hand sanitizers/s, masks and surgical gloves where required.

## 4.8 Equipment, aids, and enablers

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### **POLICY:**

Standard 4.8 Clients'/consumers', will be supported safely when prescribed to use equipment, aids or enablers to help with their rehabilitation or other needs while at home or in the community they belong.

The criteria required to achieve these outcomes shall include but is not limited to:

- a) assigning responsibility and authority to individuals or team leaders with appropriate training, skills and experience
- b) maintaining a supportive environment that places as much importance on employee safety and health as on the client/consumer who is receiving support services
- c) the equipment or aids/enablers are used to safely support the client with their independence, dignity and respect
- d) encouraging client's to use the equipment and for the support workers' to promptly report and suggest ways to reduce or eliminate risks
- e) ensure that there are adequate resources available to prevent incidents from occurring i.e. appropriate training is available and maintained in the correct use of equipment and the safe use of protective clothing, hand washing techniques etc.,
- f) that the support plan includes the application and use of enablers/equipment i.e. hoist, walking frame

### **PROCEDURE CRITERIA:**

**4.8.1** the information is made available to the provider (use of the equipment), including definitions and descriptions of use and care of equipment/enablers;

**4.8.2** all equipment, aids and other enablers are used safely as required, to support the client to live safely in his/her own home or community environment.

## 4.9 Nutrition and Safe Food Management

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**FOOD SERVICES POLICY:** 4.9 The criteria to support a client/consumer with nutrition and hydration needs shall include but is not limited to:-

**4.9.1** being carefully monitored for the signs and symptoms as appropriate and (within the scope and practices of the Provider organization), with referrals and interventions being implemented as needed; and reporting of changes and concerns being documented

**4.9.2** Client/consumers' who required special or modified diets are supported to meet these needs;

**NB: 4.9.3 Client/consumers' who require tube feeding have their needs met by providers with specific training and demonstrated competencies.**

**4.9.4** WHCS will ensure that the Support Worker is competent in the safe management of food and nutrition of meals for client/consumer. Diet needs are often difficult to monitor and support workers must be sensitive to family/whanau; even though they are fully aware that the diet can help optimize the client/consumers' well being. Client/consumers, Whanau must provide all essential ingredients required

### REFERENCES

SNZ 8134: 2002 Part 5.4 NZS 8158:2012

NZS 8134.1.3.13

Food Hygiene Regulations, 1974 and the Health Regulations 1966

Australian Food & Nutritional Guidelines

**4.9.4** Discarding any old, spoiled, or stale food can also be difficult to dispose off. The criteria to achieve this outcome shall include but is not limited to ensuring:

- the nutritional requirements offered by the NASC (dietician/nutritionalist) or any special needs are met – storing foods and liquids according to instructions – i.e. recommended storage temperatures
- the personal food preference of the client/consumer is met where appropriate
- that a light lunch or a hot evening meal has been prepared
- the special requirements are met where the client is diabetic, recovering from surgery or just prompting a client/consumer to eat regularly.

Planning	Meals	Food Preparation Place
Includes food preferences - likes and dislikes	At recognized eating times Breakfast, lunch, tea	In a clean safe place. Easy clean surfaces.
Religious & cultural restrictions are understood and respected	At appropriate temperatures	Preparation & storage according to standards. Regularly cleaned.
Restrictions / special diets for medical reasons e.g. diabetes, under or over weight.	Snacks available morning & afternoon. Client/consumers / clients have input into menu planning.	Safety when preparing and cooking - hazards. Fire blanket & fire extinguishers available.
Food is moulid, chopped or thickened, as required.	Opportunity for enjoyment & social interaction	Internally audited <i>at least</i> 6 monthly – results discussed at Service Review Meetings.

## 4.10 Skin Integrity

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### **POLICY:**

Standard 4.10 WHCS will exhibit knowledge and competency levels in identifying signs of compromised skin integrity and implement interventions where appropriate and as advised by the health professional.

The criteria to achieve this outcome may include but is not limited to:-

- a) monitoring the signs of the skin breakdown;
- b) by promoting a change in client/consumer diet - good nutrition and with advice from a health professional, dressings and hydration;
- c) the protection of pressure areas, especially when showering is required;
- d) document signs and symptoms when the district nurse calls of compromised skin integrity, problems when bed washing, changing;
- d) reporting all changes and concerns to the coordinator/manager;

**4.10.1** monitoring signs of skin breakdown where possible

**4.10.2** working with the district nurse or health professional in implementing preventative measures to promote skin integrity i.e. diet, bed rest

## 4.11 Review of Service Delivery

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### POLICY:

Standard 4.11 The client/consumers' are supported to achieve their goals through regular monitoring and review of their service delivery. The review follows a formal process of updating and amending the supports (client/consumer), based on evaluation of outcomes

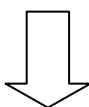
Client/consumer support plans will be evaluated in a comprehensive and timely manner to determine the extent to which a planned or desired consequence (*goal or aspiration - desired outcome*), has been attained. The documentation will indicate the degree of achievement or response to the type of support to ensure appropriateness and to identify any risks or changes that may require intervention by another service provider. Evaluations will be conducted relative to the complexity support needs or at the request of the client/consumer/support worker/ family or whanau where appropriate. Where progress is different from the expected, the service will respond by initiating changes to the service/support plan.

### REFERENCES

SNZ HB 8158:2004 Part 4.4 - **SNZ8158:2012** The criteria required to achieve these outcomes will include but is not limited to **4.11.1 – 4.11.5**

### PROCEDURE 4.4.1 – 4.4.4 Evaluation of Individual Support Plans

1. evaluations will occur according to the changes or complexity of the needs of the client/consumer -  
The service requires these Plans to be reviewed at least annually
2. at the request of family/whanau and other support persons – their feedback is sought as part of the input for the evaluation, where appropriate because of the frequent engagement with health professionals
3. The focus will be on the *client's goals*, not on what suits the service.
4. *Progress documentation* to note either:
  - a) Goal achieved [date & sign off]
  - b) partially achieved but needs more time and encouragement and help from other professionals i.e. physio, ot's
  - c) not achieved and the reason may be attributable to:



5. Unrealistic goals, which will need to be amended [including those where other health services have been involved].
6. Inappropriate goals
7. requiring more support or withdraw support, no longer required
8. Decide when the *next evaluation* will be considering:

- a)** Associated risks i.e. shower over the bath, client requiring hand rails
- b)** Client/consumer needs/request [remember to promote independence NOT dependence].  
Formal feedback from family/whanau
- c)** What the service should and can provide – a system or there is formal evidence of a review occurring in line with the organisations policy and procedures – the Care System to regulate evaluations is live and in place (WHCS Care System).

4.5 Review of Service Delivery will occur at least annually to reflect the findings of the evaluation process and to review changes or additions to the service delivery. Where progress is different to that expected, WHCS will respond by liaising with the NASC while initiating changes to the individual support plan.



## 4.12 Challenging Behaviour

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### POLICY:

**Standard 4.12** Client/consumers' with behavioral challenges are treated with respect and will receive services in a manner that has regard for their safety, dignity, privacy, and independence.

The criteria required to achieve these outcomes shall include but is not limited to:-

**4.12.1** Policies and procedures to ensure safety, dignity, privacy and the independence of the client, with guidelines of the procedures that shall cover:-

- a) the risk assessment processes of the client/consumer support plan are clear of any existing underlying causes of relevant risk related behaviour, or triggers that may cause the likelihood of a risk related behaviour or condition
- b) clear guidelines of the type of support required in the home or community environment
- c) documentation of behaviours and the appropriate strategies for dealing with de-escalation techniques to protect the client/consumer and the support worker from potential physical or emotional harm;
- d) reporting protocols that signal deterioration in function (client/consumer)
- e) escalation protocols should the behaviours present an immediate threat to the support worker or others
- f) management procedures of deterioration patterns initiating a specialist referral or other intervention

**4.12.2** Documentation supporting competent suitably trained service providers (i.e. Janet from the Cottage)

**4.12.3** Documentation of the type/s of support received to support the client/consumer with challenging behaviours – who to call? Monitoring at least weekly, or having the support worker report immediately;

Incidences of challenging Behaviours' are categorized. Categories may include but are not limited to:

- ☐ Yelling at another person
- ☐ Hitting or striking another person
- ☐ Intoxication or other drug usage
- ☐ Inappropriate touching
- ☐ Manipulative Behavior
- ☐ Self Harm
- ☐ Signs or symptoms that may indicate a relevant risk

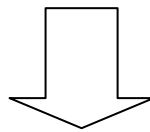
Challenging Behaviours' will be 'managed' by the coordinator, with a referral to Other Service Providers' as necessary. Details of the report will be documented and discussed at the Service Review Meetings as a means of measuring service performance:

- Against desired values, [are we doing as well as we wanted?]
- Against previous years
- Against other similar organizations' of the same size.

Collaborative planning, which may include input from family/whanau as well as health professionals may be necessary to deal with future crisis or to avoid ways of making sure that the client is sufficiently safe and secure.

Re-assurance is also made to all concerned members that the problem has been dealt with and is no longer a threat to them. In other words, ways to PREVENT the behaviour must be resolved. Where necessary, outside help may be sought with regular monitoring and evaluation within the client/consumer support plan. Or, as a consequence, there may be a need to transfer the client/consumer to a higher level of care e.g. hospitalisation because significant intervention is required

Please Note: *Support worker training* is often the *best solution* to problem solving of challenging behaviours' among client/consumers.



Prevent or seek help to deal with the behaviour

Note: There are forms available to help defuse the incident for support worker/s, and to demonstrate their transparency (their safety), and professional stance at a difficult time.