Victorian Home and Community Care (HACC) Quality Review Resource

June 2012
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## Contents

1. Introduction 1

2. Expected Outcomes 3

**Standard 1: EFFECTIVE MANAGEMENT**

- Expected Outcome 1.1: Corporate Governance 3
- Expected Outcome 1.2: Regulatory Compliance 4
- Expected Outcome 1.3: Information Management Systems 5
- Expected Outcome 1.4: Community Engagement and Understanding 6
- Expected Outcome 1.5: Continuous improvement 7
- Expected Outcome 1.6: Risk management 8
- Expected Outcome 1.7: Human Resource Management 9
- Expected Outcome 1.8: Physical resources 11

**Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY**

- Expected Outcome 2.1: Service access 12
- Expected Outcome 2.2: Assessment 13
- Expected Outcome 2.3: Care Plan Development and Delivery 15
- Expected Outcome 2.4: Service User Reassessment 17
- Expected Outcome 2.5: Service User Referral 18

**Standard 3: SERVICE USER RIGHTS AND RESPONSIBILITIES**

- Expected Outcome 3.1: Information Provision 19
- Expected Outcome 3.2: Privacy and Confidentiality 20
- Expected Outcome 3.3: Complaints and Service User Feedback 21
- Expected Outcome 3.4: Advocacy 22
- Expected Outcome 3.5: Independence 23

**Appendix A: Key references** 24
1. Introduction

1.1 Purpose

The Victorian Home and Community Care (HACC) Quality Review Resource (‘the resource’) has been developed as a supplement to the Community Care Common Standards (CCCS) guide and documents. It supplies the context for implementation of the CCCS in Victoria and outlines specific Victorian policy and program requirements that HACC-funded organisations are required to meet.

The CCCS are applicable to a range of community care services including the Home and Community Care Program, Packaged Care Programs and the National Respite for Carers Program. The resource has been developed specifically for Victorian HACC-funded organisations.

It is important to remember that under the National Health Reform Agreement, HACC in Victoria will continue to be jointly funded by the Australian and Victorian Governments and administered by the Victorian Department of Health.

1.2 How to use this resource

Victorian HACC-funded organisations are required to meet the Community Care Common Standards (CCCS). The Community Care Common Standards guide sets out the standards and the quality review process to be used across Australia to assess funded organisations against the standards.

This resource has been developed to complement the CCCS guide. It documents Victorian State Government and Victorian HACC policy requirements that HACC-funded organisations are required to meet.

This resource links Victorian requirements to the relevant expected outcome within the CCCS. Information is presented to align with the layout of the CCCS guide and the same headings; ‘Practices and processes’ and ‘What the quality reviewers may look at’ are used in this resource.

This resource should be used, with the CCCS guide, when completing the self-assessment in preparation for a quality review.

The core requirements that all Victorian organisations receiving HACC funding must meet were considered in the development of this resource.

The key references used in the development of this resource are listed at Appendix A.
1.3 HACC Service User Survey

Within the CCCS guide the quality review process includes the use of service user focus groups to obtain feedback on organisational performance. In Victoria, the decision has been made to use service user surveys as a tool to obtain feedback in most cases. For a small number of organisations (for example culturally and linguistically diverse (CALD) organisations) focus groups may be used. Service user surveys have been utilised effectively in previous HACC reviews with good return rates. Therefore a survey has been developed for use in this round. As on previous occasions, the survey will need to be distributed by HACC-funded organisations. The survey will be available in the following 12 languages which reflect the most commonly spoken languages within the HACC target group:

- Arabic
- Chinese
- Croatian
- Spanish
- Greek
- Italian
- Macedonian
- Maltese
- Polish
- Russian
- Turkish
- Vietnamese.

Guidelines for determining sample size and distribution of the HACC Service User Survey for organisations being reviewed by Australian Healthcare Associates (AHA) are detailed in the HACC Victoria Community Care Common Standards quality reviews: AHA processes document. Other reviewing agencies will provide details of their processes for conducting the service user survey.
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.1: Corporate Governance

The service provider has implemented corporate governance processes that are accountable to stakeholders.

Practices and processes

Corporate governance incorporates the processes the organisation uses to manage its business. Practices and processes that support effective corporate governance include:

- Processes to ensure that:
  - the annual service data acquittal report is submitted
  - the annual financial accountability requirements are submitted within three months of the end of the organisation’s financial operating period
  - accounts and administrative records are maintained in accordance with the Australian Accounting Standards
  - payments made with HACC Program funds are recorded, accurately paid and authorised appropriately.
- HACC funds are used only for the purpose for which they have been provided as detailed in the department’s service agreement.
- The Victorian HACC Program Fees Policy and HACC Fees Schedule are implemented.
- Service agreement/variations are completed and signed.

What the quality reviewers may look at

- Annual financial audits
- Annual reports
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.2: Regulatory Compliance

The service provider has systems in place to identify and ensure compliance with funded program guidelines, relevant legislation, regulatory requirements and professional standards.

Practices and processes

Organisations have a responsibility to identify the regulatory and legislative requirements with which they need to comply. These are often many and varied, and depend on the service type, size and complexity of the organisation. Practices and processes that support regulatory compliance include:

- Examples of Victorian legislation that may be applicable include:
  - Health Records Act 2001 (Refer to EO 3.2)
  - Victorian Information Privacy Act 2000
  - Working with Children Act 2005 (Refer to EO 1.7)
  - Accident Compensation Act 1985 and the Accident Compensation (WorkCover Insurance) Act 1993
  - Local Government Act 1989
  - Occupational Health and Safety Act 2004
- Funded organisations must complete the National Minimum Data Set (MDS) quarterly collection, or other relevant reporting as determined by the department.
- Departmental and HACC program requirements may include:
  - HACC Program policy related to pre-employment and police checks
  - Department of Health incident reporting instructions
  - Victorian HACC Fees Policy and the HACC Fees Schedule
  - submission of an active service model (ASM) implementation plan annually
  - submission of a diversity plan
  - registration as a food premises and an approved food safety program for organisations providing delivered food
  - HACC response service guidelines
  - HACC Personal Care Policy
  - A Victorian charter supporting people in care relationships information kit.

What the quality reviewers may look at

- Active service model agency implementation plans
- Records management policies
- Records storage areas
- HACC MDS reports on the Department of Health Funded Agency Channel, and HACC data submission logs
- For organisations funded for the HACC Response Service, implementation of the HACC response service guidelines
- For organisations providing personal care (via personal care and other HACC activities), designated HACC assessment services and HACC nursing services, and implementation of the HACC Personal Care Policy
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.3: Information Management Systems

The service provider has effective information management systems in place.

<table>
<thead>
<tr>
<th>Practices and processes</th>
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<tbody>
<tr>
<td>Information management includes how an organisation identifies information requirements and maintains, shares and stores information. Practices and processes that support effective information management systems include:</td>
</tr>
<tr>
<td>- Records are accessed only by authorised personnel.</td>
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<tr>
<td>- Processes to monitor the implementation of information management policies and procedures.</td>
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<tr>
<td>- Systems and processes to adequately manage HACC MDS requirements. These processes should include taking action in response to feedback from the Department of Health HACC data help desk.</td>
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<table>
<thead>
<tr>
<th>What the quality reviewers may look at</th>
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<tbody>
<tr>
<td>- Processes in place to regularly review and/or develop policy, procedures and other organisational documents</td>
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<tr>
<td>- Internal audit reports and file audits</td>
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<tr>
<td>- Records of service user requests to access their personal information</td>
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<tr>
<td>- Error reports regarding the HACC MDS</td>
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</table>
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.4: Community Engagement and Understanding

The service provider understands and engages with the community in which it operates and reflects this in service planning and development.

Practices and processes

To deliver appropriate services to meet the needs of service users, service providers need to understand the community in which they operate and their target population, and use this information to plan and develop services. Practices and processes that support community understanding and engagement include:

• Organisations develop a diversity plan that:
  – demonstrates an understanding of their catchment’s target population
  – identifies groups or individuals who may not be accessing services equitably and provide opportunities for key stakeholders to inform this process
  – sets priorities in line with those identified in regional diversity plans
  – is supported by an action plan that has achievable and measurable outcomes
  – should be implemented
  – is monitored against outcomes
  – is reviewed and relevant information used to develop the next plan.

What the quality reviewers may look at

• Diversity plan

• Demonstration of progress in implementing planned actions
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.5: Continuous improvement

The service provider actively pursues and demonstrates continuous improvement in all aspects of service management and delivery.

Practices and processes

*Continuous improvement is an ongoing process of striving to improve outcomes for service users, staff, volunteers and the organisation through leadership, research, monitoring, consultation and evaluation. Practices and processes that support continuous improvement include:*

- integration of the ASM plans into a broader quality improvement plan within the organisation
- integration of the diversity plan into the broader quality improvement plan within the organisation.

What the quality reviewers may look at

- Internal audit reports
- Program evaluations
- Active service model agency implementation plans
- Diversity plans
2. Expected Outcomes

**Standard 1: EFFECTIVE MANAGEMENT**

**Expected Outcome 1.6: Risk management**

The service provider is actively working to identify and address potential risk, to ensure the safety of service users, staff and the organisation.

### Practices and processes

**Risk management involves the ongoing identification of risks to service users, staff, volunteers and the organisation, and the identification of strategies to minimise the occurrence of these risks and to deal with the risks should they occur. Practices and processes that support risk management include:**

- procedures and tools to assess all service user homes for occupational health and safety (OHS) risks and to address identified risks in a way that balances the duty of care to clients and staff and enables service provision to occur in a capacity building and person-centred way
- OHS guidelines, policies and procedures
- a manual handling risk minimisation policy
- infection control practices and procedures
- safe work practices and procedures.

### What the quality reviewers may look at

- Procedures and tools for assessment and care planning relating to identifying and addressing OHS risks
- File audits that confirm completed risk assessments, for example, home safety assessments
- Appropriate methods used to control risks so that service provision can occur
- Incident/accident/hazard reports
2. Expected Outcomes

Standard 1: EFFECTIVE MANAGEMENT
Expected Outcome 1.7: Human Resource Management

The service provider manages human resources to ensure that adequate numbers of appropriately skilled and trained staff and volunteers are available for the safe delivery of care and services to service users.

**Practices and processes**

*Human resource management is the provision of support to management, staff and volunteers to ensure that the goals of the organisation are being met and that service users are being provided with appropriate and quality service. Practices and processes that support human resource management include:*

- Processes to ensure that all employees, volunteers and vocational students are aged 18 years and over.
- Pre-employment checks as detailed in the Victorian HACC program manual.
- Employees, volunteers and vocational students working with service users under 18 hold a Working with Children Check card.
- Processes to ensure that community care workers hold appropriate qualifications.
  - Community care workers employed within the Victorian HACC Program must hold an appropriate Certificate III level qualification as a minimum standard. This is appropriately the Certificate III in Home and Community Care.
  - All community care workers who undertake personal care tasks funded by the HACC Program must adhere to the HACC Personal Care Policy and must have an appropriate minimum Certificate III level qualification with the relevant personal care and first aid competency units. Where a community care worker has completed a qualification without the relevant personal care and/or first aid competency units they must complete the unit/s before undertaking personal care tasks. Once qualified to do personal care tasks a community care worker must do additional relevant competencies before providing assistance with medication, foot care or oral hygiene.
- Staffing structures support the move to an ASM approach.
- Orientation and recruitment processes support an ASM approach.
- Processes to ensure that all employees, volunteers and vocational students are aware of and receive training in:
  - their duty of care
  - service coordination including privacy requirements
  - the special needs of young people with a disability
  - the special needs of people with dementia
  - occupational health and safety.
- Employees, volunteers and vocational students involved with delivered meals and food services should:
  - be provided with information regarding safe food handling
  - undertake training to meet regulatory requirements (*Food Act 1984*).
- Selection of volunteers must be formal and include requirements detailed in the *Victorian HACC program manual*.
- Employees, volunteers and vocational students must receive information on:
  - the organisation, policies and requirements of their role
  - the Community Care Common Standards and the *Victorian HACC program manual*
  - referral, assessment and review processes

*continued…*
2. Expected Outcomes

Practices and processes (cont.)

- consumer rights and needs
- volunteer roles, rights and responsibilities
- the nature of volunteer commitment required
- effective communication skills
- emergency procedures
- the support available for the volunteer from the service provider and from elsewhere
- legal liabilities and duty of care.

- Organisations should ensure volunteers receive adequate ongoing information and appropriate levels of support.
- Regular meetings of volunteer staff should be held.
- Processes to ensure that the staff ratios for planned activity group sessions (High 1:5, Core 1:7) are met with paid employees.

HACC assessment services only:

- Policies and processes for transitioning HACC assessment workforce to staff with a relevant qualification (see Strengthening assessment and care planning: workbook, section 2.5 for the list of relevant qualifications).
- Access to locum HACC assessors to cover staff on extended leave.
- Induction for new assessment staff includes Strengthening assessment and care planning: A guide for HACC assessment services in Victoria, the Strengthening assessment and care planning workbook, and the MAV Induction resource for HACC assessment services.

What the quality reviewers may look at

- Duty of care statement
- Police and other checks
- Supervision processes for HACC-funded employees, volunteers and vocational students in all occupational roles
- That employees, volunteers and vocational students working with service users under 18 hold a Working with Children Check card
2. Expected Outcomes

**Standard 1: EFFECTIVE MANAGEMENT**

**Expected Outcome 1.8: Physical resources**

The service provider manages physical resources to ensure the safe delivery of care and services to service users and organisation personnel.

### Practices and processes

*The physical resources applicable to each service provider may differ depending on the services they provide. In managing these resources, consideration needs to be given to the safety of both service users and staff/volunteers, while acknowledging that many risks are not controllable for service users living with support in the community. Practices and processes that support physical resources management include:*

- Maintenance of a register of all assets purchased with funding provided in the service agreement, where the asset is valued at $3,000 or more at the time of purchase.
- Delivered meal and other food service providers have processes to meet requirements set out in the *Victorian HACC program manual* and regulatory requirements (*Food Act 1984*).
- Where community venues are used for service provision, such as centre-based meals, planned activity groups, or carer support groups they should have a user-friendly design, be accessible and domestic in scale. Community venues selected should be located in a typical community setting in the consumers' local community.
- For planned activity group providers, processes to ensure:
  - vehicles have comprehensive insurance and roadworthy certificates
  - policies are implemented to monitor car registration, licence and insurance
  - appropriate modes of transport are used
  - a main meal is provided where a meal would normally be eaten during a planned activity.

### What the quality reviewers may look at

- Food temperature monitoring
- Processes to meet regulatory requirements (*Food Act 1984*)
- Community venue arrangements
2. Expected Outcomes

Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY
Expected Outcome 2.1: Service access

Each service user’s access to services is based on consultation with the service user (and/or their representative), equity, consideration of available resources and program eligibility.

Practices and processes

Service users and/or their representatives should be afforded access to services in accordance with funding program guidelines and their assessed needs, with consideration given to the amount and type of services the service provider is funded to provide. Practices and processes that support service access include:

- Referrals accepted from all sources including self referral.
- Assessment of HACC eligibility and prioritisation for service is based on individual need and is carried out in a consistent manner.
- All geographic areas in a catchment can be serviced.
- Persons not eligible are told the reason and are given information about other services.
- Processes are in place to review service users on waiting lists to ensure reprioritising of need occurs and results in equitable access.
- A clear process for assessing a potential service user’s capacity to pay fees.
- No potential service user is refused a service due to inability to pay fees.
- Processes to provide service coordination as described in the Victorian service coordination practice manual 2009.
- Organisations work in partnerships and have protocols and understandings in place to provide timely access to key services and create streamlined pathways for clients through the service system.
- The diversity plan addresses equity of access issues.

What the quality reviewers may look at

- Referral records
- Eligibility and priority of access tools or templates, such as templates for initial needs identification
- Intake processes that promote a person-centred, active service model approach
- Agreements or contracts with other providers have clear guidelines on client pathways, such as pathways to HACC assessment services, ACAS, allied health, district nursing, and disability services
- Diversity plan
2. Expected Outcomes

Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY
Expected Outcome 2.2: Assessment

Each service user participates in an assessment appropriate to the complexity of their needs and with consideration of their cultural and linguistic diversity.

Practices and processes

The assessment process ensures that the services delivered are appropriate to the needs of the service user and are in accord with the funding requirements and guidelines:

HACC-funded services are provided to people within the target group, after the person is assessed and their level of need prioritised. Assessments may include a living at home assessment, clinical assessment, and/or service specific assessment.

Assessment is undertaken to gain an understanding of the person's needs (including their family and carer circumstances where relevant) in order to assist the person to remain living as independently as possible in their home and their community. The assessment process includes finding out about the person's interests, goals and aspirations, what they are able to do for themselves, and what they require assistance with. An assessment results in a care plan which describes the individualised service response.

A person-centred approach to assessment applies to all funded HACC organisations.

Practices and processes that support assessment

- Referrals resulting from the assessment include the following service coordination tool templates (SCTT) as a minimum:
  - Confidential referral cover sheet
  - Consumer information
  - Summary and referral information
  - Consumer consent to share information.

  Provide the consumer information brochure Your information. It’s private (available in 54 languages) to all new clients.

Designated HACC assessment services (HAS) only:

- HACC assessment services conduct living at home assessments as per the HACC assessment framework and the Strengthening assessment and care planning guide. Living at home assessments include:
  - a holistic needs assessment
  - service specific assessments, if required, for services provided by the assessing organisation, including OHS and HACC fees assessment; and PAV assessments if relevant
  - a holistic care plan and individualised service plans for services provided by the assessing organisation.

  Use an appropriate assessment tool to enable holistic needs assessment, including HACC Personal Care Policy requirements.

- Make referrals to other services using the SCTT (see mandatory core templates above; HAS must also send living and caring arrangements and a functional assessment summary with referrals).
- Position descriptions that distinguish assessment tasks from other responsibilities, such as supervision of community care workers, rostering and payments.
- Membership of regional or sub-regional assessment alliances.
- Work in partnership with key organisations such as ACAS, allied health providers and district nursing.
## 2. Expected Outcomes

**What the quality reviewers may look at**

### All HACC-funded organisations:
- Evidence in files of individual service users showing assessment processes which are person-centred and lead to an individualised care plan.
- SCTT referrals which utilise the core SCTT tools.

### Designated HACC assessment services only:
- A systematic plan towards implementation of *Strengthening assessment and care planning: a guide for HACC assessment services* (Department of Health, 2010).
- SCTT referrals which share comprehensive assessment and care planning information with referral partners.
- Evidence in client files that a holistic needs assessment has occurred and issues/needs have been acted upon.
2. Expected Outcomes

Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY
Expected Outcome 2.3: Care Plan Development and Delivery

Each service user and/or their representative, participates in the development of a care/service plan that is based on assessed needs and is provided with the care and/or services described in their plan.

Practices and processes

*The service provider determines the complexity and layout of the care/service plan but, it should describe the care/services being delivered in enough detail to guide staff in the delivery of care/services:*

Care planning is a critical element to active service model implementation. Care planning is the link between assessment and service delivery. The care plan or service plan is the means of communicating tasks and activities with the service user, the carer and with any other organisations involved. It can be a means of empowering people to make their own decisions and thereby maintaining control over their lives. This can lead to a higher level of satisfaction with care, and can provide motivation and a sense of purpose.

Care plans and service plans should be guided by a person’s goals, personal interests and aspirations. It should build on their strengths and capacities. It should include opportunities for health promotion, early intervention and self-help strategies.

Where possible care plans/service plans should identify the goal of care provided, a time frame for the service provision/support, review points and actions – who is going to do what.

All HACC-funded organisations should be working towards implementing goal-directed care planning.

*Practices and processes that support care plan development and delivery include.*

**All HACC-funded organisations:**

- The care plan resulting from a service specific assessment should be goal focused, developed with the service user (and carer), and should detail the exact nature of the care to be provided, when it will be delivered and the applicable fees. The plan should address any occupational health and safety issues. A copy of the plan should be left with the service user.

**Designated HACC assessment services only:**

- The care plan resulting from a living at home assessment should be goal focused and include:
  - a holistic care plan including actions for referrals to other organisations which support a capacity building restorative approach and builds client independence
  - service specific care plans for services provided by the assessing organisation which supports a capacity building restorative approach and builds client independence
  - Information provision on health promotion and social activities.
- The development of care plans should involve other expertise, for example allied health, as relevant to the needs of the consumer. This includes implementation of the HACC policies and procedures for the implementation of the HACC Personal Care Policy and the policy Assistance with medication by HACC community care workers (2009).
- Interagency protocols including mechanisms for determining the lead agency when a client requires care coordination and processes to identify a key worker or care coordinator.
2. Expected Outcomes

**What the quality reviewers may look at**

<table>
<thead>
<tr>
<th>All HACC-funded organisations:</th>
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<tbody>
<tr>
<td>• Care plan templates that reflect a goal-directed, individualised approach.</td>
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<tr>
<td>• Service user files should include:</td>
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<tr>
<td>– care/service plans that reflect the client’s assessed needs and build on their interests, strengths, aspirations and goals</td>
</tr>
<tr>
<td>– care plans that reflect consumer (and carer) involvement in decision making.</td>
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<table>
<thead>
<tr>
<th>Designated HACC assessment services only:</th>
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<tbody>
<tr>
<td>• Evidence of progress towards implementation of the care planning section of <em>Strengthening assessment and care planning: a guide for HACC assessment services.</em></td>
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</table>
2. Expected Outcomes

Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY
Expected Outcome 2.4: Service User Reassessment

Each service user’s needs are monitored and regularly reassessed taking into account any relevant program guidelines and in accordance with the complexity of the service user’s needs. Each service user’s care/service plans are reviewed in consultation with them.

**Practices and processes**

*Service user needs may change, resulting in the need for reassessment and a change to their care/service plan. Service users requiring complex care will generally require more regular reassessment, as their care needs are likely to change more frequently. Practices and processes that support service user reassessment include:*

**All HACC-funded organisations:**

- Community care workers, volunteers and other staff should have an observation and monitoring role. Staff policies and procedures should be in place so that staff understand their role in observing and reporting information and observations to their supervisor/manager about service users and alerting them to the need for possible reassessment.

**HACC assessment service only:**

- The key indicator for a reassessment is any significant change in client/carer circumstances. This could be prompted by a change in client/carer health, or as the result of a review of the care plan, or of risk management/OHS needs.
- Regular reviews play an important role in monitoring the progress of the care plan and identifying any significant changes in circumstances that would prompt a reassessment.
- Living at home reassessments will require a holistic face-to-face assessment including updating of the HACC MDS functional status data items.

**What the quality reviewers may look at**

- That community care workers have clear processes for formally and informally monitoring the effectiveness of care plans and any changes in health and wellbeing of the person or their carer
- That reviews are occurring to check on progress towards goals and implementation of the care plan
- That information is acted on and reassessments occur in a timely manner when required
2. Expected Outcomes

Standard 2: APPROPRIATE ACCESS AND SERVICE DELIVERY
Expected Outcome 2.5: Service User Referral

The service provider refers service users (and/or their representative) to other providers as appropriate.

**Practices and processes**

*Community care providers are responsible for providing care and services to service users in accordance with the funding they receive. If a service provider is unable to provide appropriate services, they are required to refer service users to another service provider. Practices and processes that support service user referral include:*

- All HACC-funded organisations implement the Victorian service coordination practice manual (DHS 2009). This includes initial needs identification, service review and reassessment in order to identify and refer service users to other services as required.
- SCTT referrals contain accurate, relevant information which ensures that service users do not have to repeat their story.
- HACC assessment services and other larger organisations with IT capacity should be working towards e-referral to streamline the referral process.

**What the quality reviewers may look at**

- Service coordination is included as part of staff induction; ongoing training is provided as required
- Service user files include copies of SCTT referrals
- Inter-agency agreements identify the type of information required in referrals and the relevant SCTT tool
2. Expected Outcomes

Standard 3: SERVICE USER RIGHTS AND RESPONSIBILITIES
Expected Outcome 3.1: Information Provision

Each service user, or prospective service user, is provided with information (initially and on an ongoing basis) in a format appropriate to their needs to assist them to make service choices and gain an understanding of the services available to them and their rights and responsibilities.

**Practices and processes**

*Providing information to prospective service users ensures that they understand the type and amount of services that they may be eligible to receive and their rights and responsibilities as service users. Practices and processes that support information provision include:*

- Processes to ensure all service users are informed of their rights and responsibilities, consistent with the HACC Statement of Rights and Responsibilities. (Refer also to EOs 3.2 Privacy and confidentiality, 3.3 Complaints and service user feedback and 3.4 Advocacy)
- Processes to ensure that:
  - service users are informed of their right to be involved in decisions
  - delivered meal and other food services provide information on food safety to service users
  - service users are provided with information about the fees policy, the process used to determine fees, and the review and appeals process
  - service users are informed of the fees charged for a service at the time of assessment or commencement of the service
  - an ASM approach is demonstrated within communication material about service delivery, including brochures, website and other promotional material.

**What the quality reviewers may look at**

- Records to provide evidence that key information has been provided and explained to service users
- Processes to periodically remind service users of this information
- Records to provide evidence that a complaints policy was provided to service users
- Records to provide evidence that the HACC Statement of Rights and Responsibilities has been provided to service users
2. Expected Outcomes

**Standard 3: SERVICE USER RIGHTS AND RESPONSIBILITIES**

**Expected Outcome 3.2: Privacy and Confidentiality**

Each service user’s right to privacy, dignity and confidentiality is respected including in the collection, use and disclosure of personal information.

**Practices and processes**

*Service users have a right to privacy, dignity and confidentiality. Practices and processes that support privacy and confidentiality include:*  

**What the quality reviewers may look at**

- Information provided to HACC service users (for example, consumer privacy information brochure: ‘Your information. It's private’)
- Records to provide evidence that information about privacy and confidentiality have been provided and explained to service users, carers and families
- Complaints/feedback related to privacy and confidentiality
2. Expected Outcomes

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<tr>
<td>Expected Outcome 3.3: Complaints and Service User Feedback</td>
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Complaints and service user feedback are dealt with fairly, promptly, confidentially and without retribution.

### Practices and processes

*Complaints and service user feedback provide information for improving your services.*

**Practices and processes that support complaints and service user feedback include:**

- All HACC-funded organisations are required to develop and distribute an impartial policy statement and a set of procedures for resolving complaints which is consistent with: the HACC Program Complaints Policy, the HACC Statement of Rights and Responsibilities, and the Community Care Common Standards Guide.

### What the quality reviewers may look at

- Mechanisms to provide feedback (for example, service user surveys and/or feedback forms)
- Complaints policies
2. Expected Outcomes

Standard 3: SERVICE USER RIGHTS AND RESPONSIBILITIES
Expected Outcome 3.4: Advocacy

Each service user’s (and/or their representative’s) choice of advocate is respected by the service provider and the service provider will, if required, assist the service user (and/or their representative) to access an advocate.

<table>
<thead>
<tr>
<th>Practices and processes</th>
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<tr>
<td><em>An advocate is a person selected to act on behalf of a service user or their representative. The service provider has a responsibility to support the right of a service user to an advocate. Practices and processes that support advocacy include:</em></td>
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<tr>
<td>• Service users and/or their representatives are informed of the circumstances in which they can use an advocate, including when making a complaint.</td>
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2. Expected Outcomes

Standard 3: SERVICE USER RIGHTS AND RESPONSIBILITIES
Expected Outcome 3.5: Independence

The independence of service users is supported, fostered and encouraged.

Practices and processes

One of the key aims of all community care service provision is to support, foster and encourage service user independence. Practices and processes that support service user independence include:

- Processes are in place to support assessment and goal-centred care planning to identify opportunities to promote independence, in line with the ASM.
- Assessment processes focus on aspirations and goals, strengths and capacities as well as deficits.
- An enabling approach of ‘doing with’ rather than ‘doing for’ is demonstrated, with people supported to do as much as they can for themselves.
- Services are flexible and responsive and demonstrate capacity for an individual approach rather than ‘one size fits all’.
- The time frame for service provision is based on a person’s needs and can be episodic, longer term or one off.
- A range of service options is provided.
- A creative and problem-solving approach to service delivery is demonstrated.

What the quality reviewers may look at

- Active service model agency implementation plans
- Assessment and care planning policies and procedures
Appendix A: Key references

The key references used in the development of this resource are listed below.


ASM PREPARE Section 1: Orientation to ASM PREPARE

ASM PREPARE Section 2: Managing the Review Process

ASM PREPARE Section 3: Practice Review and Planning Tools


Home and Community Care (HACC) Statement of Rights and Responsibilities

Home and Community Care (HACC) Complaints Policy

Home and Community Care Program National Minimum Data Set Victorian modification user guide

Version 2.0 Vic June 2006


Service Coordination Tool Templates 2009 user guide


Victorian Home and Community Care (HACC) Program Manual and amendments

Victorian Home and Community Care (HACC) Fees policy and HACC Fees Schedule

Victorian Service Coordination Practice Manual 2009