

Personal Care Policy

Introduction

This section describes the Personal Care Policy.

Readers should also refer to the following sections:

- Part 3: 'The Victorian approach to care: the active service model'
- Part 3: 'Nursing' and 'allied health'
- Part 2: 'Service coordination, assessment and care planning'.

Personal care describes assistance with self-care tasks such as showering, dressing and mobility and assistance with medication, as well as assistance with other activities of daily living such as shopping, meal preparation and escorting to medical appointments and community activities.

Services work in partnership with the person, their carer and other service providers to progressively improve, maintain and monitor the person's independence and capacity to live safely at home and participate in community activities.

Assistance is provided in a manner which promotes skills development, capacity building and independence.

When this policy applies

This Personal Care Policy applies to both:

- personal care as a discrete HACC funded activity
- situations where personal care is provided as part of another HACC activity, such as:
 - planned activity groups
 - respite care
 - a Linkages package.

All paid staff delivering personal care must have the competencies to do so as evidenced by the attainment of the appropriate competency units listed below.

Scope

Transferable personal care skills

Where a person has stable health, personal care skills are regarded as transferable. This means that skills can be obtained through attaining the relevant personal care and first aid competency units and then applied to a number of people.

Examples of personal care tasks include:

- assistance or supervision with bathing, showering or sponging
- demonstrating and encouraging the use of techniques to improve the person's capacity for self-management or carer support
- building confidence in the use of equipment or aids, such as a bath seat or handheld shower hose
- assistance with dressing and undressing
- assistance with shaving, hair care and grooming

- assistance with mobility such as getting in and out of bed, sitting up, turning, standing and walking, and transfers to commode, wheelchair, chair or vehicle
- assistance with eating, drinking, cooking, preparation and service of food, preparation of special diets and shopping
- assistance with toileting
- monitoring self-medication; this may involve the community care worker observing and reporting to their supervisor, for example, if they notice that medication has not been taken
- taking the person to medical and other related appointments
- accompanying the person to community activities in order to build confidence and access to activities that enhance social inclusion
- building the person's confidence and capacity for community access by assisting the person to:
 - use public or subsidised transport
 - use volunteer support
 - connect or reconnect with community and cultural groups
 - increase confidence and capacity to attend events.

Assistance that requires additional non-transferable skills training

Where a person has unstable health or complex care needs the community care worker is required to have additional education and training specific to that person. These skills are not transferable to other people. In these circumstances, assessment and care planning as well as staff non-transferable skills training and supervision is required by a registered nurse or other relevant health professional.

Some personal care tasks can only be provided following the provision of additional, non-transferable skills training. These include:

- Assistance with prescribed complex exercise or therapy programs. This assistance can only be provided on a person-specific, non-transferable skills basis.

The allied health professional will develop a goal directed care plan and instruct the community care worker in how to support the person, timeframes for review, and mechanisms for monitoring progress.

Community Care Workers must not be taught a standard set of exercises or a therapy program to use across the HACC target group as this is outside the scope of a community care worker's role.

- Assistance with an exercise program designed by an allied health professional for a planned activity group session under appropriate professional supervision taking into account the needs of individual participants.
- Fitting and use of appliances such as splints and callipers, or hoists
- Assistance with hearing aids and communication devices.

Assistance that requires completion of specific competency units and non-transferable skills training

Personal care activities that can only be provided following the completion of specific competency units in addition to the relevant personal care and first aid competencies and non-transferable skills training are:

- assistance with medication
- provision of basic foot, skin and nail care
- assistance with oral hygiene.

The relevant competency units are listed below.

Where the community care worker is involved in food handling and meal preparation they must adhere to safe food handling practices including personal hygiene and cleanliness.

Employees should encourage their staff to undertake food handling training. The relevant competency unit is HLTF207C Follow Basic Food Safety Practices. This is available as an online unit through the HACCC Education and Training provider.

Settings

Personal care is provided in a range of locations including the person's home and in a range of community settings, as either a discrete personal care funded activity, or as part of another HACCC activity.

Exclusions

Volunteers are not expected to provide personal care. Vocational students may only provide personal care under supervision as part of their completion of the relevant competency units or professional course.

Assessment

The need for personal care is determined following an assessment of each person's strengths, capacities, needs, physical environment and goals, including the availability, needs and wishes of any carers. For most people, personal care needs are assessed as part of a Living at home assessment.

For most people who require assistance with tasks that are not complex, personal care skills are regarded as transferable. That is, skills obtained in the personal care and first aid competency units may be used with many people. Personal care will be provided by a community care worker in most situations.

However some people will have unstable health and/or complex care needs. In these situations it needs to be determined if it is appropriate for a community care worker to provide that assistance or it may be appropriate for personal care to be provided by a registered nurse.

In some circumstances personal care will be provided by an enrolled nurse. Personal care tasks undertaken must be within the scope of practice of the enrolled nurse.

Unstable health and/or complex care needs

For people with unstable health and/or who require assistance with complex care tasks, an assessment must be undertaken by a health professional such as a registered nurse (formerly known as division 1) or other relevant health professional. The assessment will determine if it is appropriate for a community care worker to undertake personal care tasks for the person being assessed. In some situations personal care will be undertaken by a registered nurse (formerly known as division 1) or an enrolled nurse (formerly known as division 2).

Where a community care worker is providing personal care to a person with unstable health or complex needs/tasks non-transferable skills training and supervision will be provided by the registered nurse or other relevant health professional. It is important that this training and the supervision are ongoing and not seen as one-off events. The skills required of community care workers providing personal care to people with unstable health and/or complex needs are regarded as non-transferable, for example skills learned in the context of caring for a particular individual cannot then be used in caring for another person.

Person-specific training is required for every person with unstable health and/or complex needs.

Examples of unstable health

The following list of indicators is used as a guide to determine the existence of unstable health. A single factor does not necessarily indicate unstable health. An assessment for personal care for people with an unstable health status is undertaken by a registered nurse or other relevant health professional. Indicators of unstable health include:

- giddiness/falls
- loss of bladder or bowel control
- acute or chronic diarrhoea/constipation
- acute or chronic nausea/vomiting
- special dietary requirements/limitations, for example percutaneous endoscopic gastrostomy (PEG) feeding regimes
- pain
- difficulty with breathing/advanced respiratory disease
- terminal or life-threatening illness in the palliative care stage
- recent changes in sensory status such as the deterioration of vision or hearing
- apparent fever or persistent excessive coldness
- wounds (surgical/non-surgical)
- persistent bruising and/or skin integrity breakdown
- significant recent changes in medications
- multiple (more than five) and frequent use of medications (three times per day or more)
- several recent hospital or respite admissions
- progressive deteriorating chronic illness
- any procedure requiring insertion into the body (including injections)
- disorientation/confusion/memory loss undiagnosed and/or leading to uncooperative behaviours during personal care
- very limited mobility, for example people who are bed-bound or need assistance with transfers.

Examples of complex care needs

Assessment for personal care for people with complex care needs must be undertaken by a registered nurse or other relevant health professional.

The following is a list of examples of complex care needs and is not exclusive:

- assistance with medication
- provision of basic foot, skin and nail care
- assistance with oral hygiene
- assistance with prescribed complex exercise or therapy programs
- exercise programs for planned activity group sessions
- the fitting and use of appliances such as splints, callipers and hoists
- assistance with hearing aids and communication devices
- people with disabilities or severe health conditions where life-maintaining procedures are managed by family member carers, who require respite (such as PEG feeding and/or suctioning).

Duty of care

It is a general legal standard that people using services have a right to expect that staff who provide nursing or personal care:

- have the necessary skills and knowledge to provide that care
- will take reasonable care to avoid harm and protect them from injury.

All HACC services and their staff members owe a duty of care to people using HACC services and are responsible and independently accountable for their actions at all times.

Therefore, health professionals are obliged to use their professional judgement when deciding whether or not to allocate aspects of a person's personal care to a community care worker or enrolled nurse.

This decision will be made on an individual basis, taking into account relevant legislation, professional codes of conduct, ethics and the policies of professional and registration bodies.

Service provider organisations should support health professionals in this decision making, for example through the provision of training, education, and written protocols.

Health professionals' roles and responsibilities

The personal care assessment, care planning process, non-transferable skills training and supervision processes should include health professionals with appropriate qualifications as relevant to each person.

Appropriate qualifications are:

- medical practitioners
- registered nurses (formerly known as a division 1 nurses)
- allied health professionals including: occupational therapists, physiotherapists, speech pathologists, podiatrists and dieticians
- dentists.

The responsibilities of health professionals include:

- working within the expectations and boundaries of their profession
- keeping up-to-date with particular skills, assessment or care techniques within their area of professional expertise and addressing ongoing training needs
- regular monitoring and review of each person's progress and care plan within their area of professional expertise
- implementing organisation and interagency protocols
- accepting responsibility within their area of expertise for:
 - assessment and care planning
 - non-transferable skills training
 - the supervision of community care workers and enrolled nurses.

Note that information contained in this manual should not conflict with accepted professional roles or responsibilities, or the roles and responsibilities of relevant registration bodies.

For more information see Part 3: 'Nursing and allied health'.

Community care workers' role and responsibilities

Community care workers are part of a broader team working with the person to optimise their health and independence.

Coordinators should ensure community care workers have access to relevant information from the assessment and care planning process to enable an adequate understanding of the person's needs, strengths and goals.

Responsibilities of community care workers involved in the delivery of personal care include:

- working within the parameters of their job as determined by their position descriptions, employment skills, training, local-area work agreement, contract or award
- keeping up-to-date with personal care techniques and addressing their own training needs
- implementing each person's care plan
- developing and maintaining a respectful and comfortable working relationship with the person and their carer, which includes observing appropriate confidentiality and boundaries
- actively observing and reporting each person's progress, wellbeing and any changes in their health status, circumstances or condition.

In some circumstances personal care will be provided by an enrolled nurse. The above points also apply to enrolled nurses. In addition personal care tasks undertaken must be within the scope of practice of the enrolled nurse.

Care planning

Personal care assistance is provided according to a care plan.

Care is provided in a way that:

- builds on the person's care priorities, strengths and capabilities
- offers choice in how the assistance is provided
- encourages the person to participate and undertake as many components of the task as possible
- supports the person and their carer to maintain or improve their capacity to perform personal care tasks
- uses a flexible approach to assist the person to achieve their goals.

Where personal care is required, a person-centred care plan is developed which lists the person's goals, priority tasks for assistance, and how personal care supports will be provided.

Care planning also involves decisions about the appropriate category of staff to provide assistance.

If the person has unstable health or requires assistance with complex care tasks, the service could be provided by a registered nurse, enrolled nurse or community care worker with additional competency and/or non-transferable skills training depending on the assessment outcome.

The care plan needs to be available to all those involved in the care, including the community care worker. The care plan details how and when personal care will be provided, including:

- the specific personal care procedures to be implemented by community care workers and/or enrolled nurses and/or health professionals based on the person's goals and priorities
- any non-transferable training required of the community care worker providing personal care, including details of who will provide the training, and when and how competency will be assessed
- an agreed, documented process for the community care worker to monitor and report on the person's progress towards the goals in their care plan and any changes observed in the person's condition or needs
- monitoring and supervision processes for the community care worker providing the personal care to ensure the care plan is being implemented and the worker has access to support as required
- emergency procedures, telephone numbers, on-call backup people and processes
- nursing, medical, dental or allied health supervision or monitoring required, such as nursing visits at specific intervals
- staff support and accountability
- regular review and reassessment processes with the person and their carer, including timelines measuring progress against goals
- how changes to the care plan will be communicated to person and/or carer.

An occupational therapy assessment is often required where the safety of the environment for the person, their carer or community care worker can be improved through modifications or equipment, and where such assistance improves the person's capacity to become more independent. The coordination of these assessments is usually undertaken by the service providing the Living at home assessment.

A person's need for assistance may change over time because:

- a person's capacity to self-manage has improved
- tasks have become more complex.

If tasks have become more complex a reassessment would be required. Depending on the circumstances, the staff member may require:

- reassurance and support
- skills training specific to that person
- skills training as an additional competency.

Where the person is receiving support from multiple organisations, a shared care plan should be developed in order to provide a coordinated and integrated approach.

In some circumstances an enrolled nurse will provide personal care. In these cases, the above points also apply to enrolled nurses. Personal care tasks undertaken must be within the scope of practice of enrolled nurses.

Allocation and continuity of care

The allocation and continuity of the individual staff member providing personal care should be a priority for service providers.

The decision about who provides and supervises personal care services should occur during the care planning process and should be clearly documented and retained by the service.

The decision is made on an individual basis, taking into account the person's needs, characteristics and preferences, and where it is appropriate, their carer/s, as well as the tasks to be performed.

As community care workers (or other staff as noted above) develop a trusting relationship with the person to enhance their confidence and wellbeing, the continuity of care is a key consideration.

There are multiple considerations in identifying and allocating the most appropriate staff member to implement personal care tasks. These include:

- the ability of the person to regain or maintain independence
- the stability of the person's condition, including the nature and level of dependence, and the level of intervention, monitoring and decision making required
- the wishes and diversity characteristics of the person and their carer, including language, cultural and gender preferences
- the level of risk of deterioration in health status, including loss of function or risk of institutionalisation if appropriate services are not provided
- family and social dynamics including the psychological status of the person and any informal carers
- the suitability and safety of the environment, including health and safety issues for the person and paid staff members
- the availability of a suitable community care worker and the urgency of need
- additional individualised or competency-based training requirements
- support and monitoring requirements, accountability, and legal liability.

If a person has unstable health and/or complex needs, all of the above must be considered.

A community care worker who is prepared to be trained in and perform a particular non-transferable skill needs to be selected. A community care worker may refuse to be trained in and undertake a non-transferable skill where they feel uncomfortable doing so.

Transfer of care

If an assessment, care planning or review process identifies that personal care should be transferred to another community care worker, enrolled nurse or another service provider, it is essential that:

- the person's and their carer's wishes are considered in relation to the transfer of service provider responsibilities
- the transfer is coordinated, integrated and well managed so as to avoid any disruption to service provision and achieve a smooth, streamlined transition process
- the incoming service provider receives an appropriate 'hand-over' in the care requirements of the person
- prior to providing personal care to a person with an unstable health status and/or complex needs, the community care worker must receive training by a relevant health professional, such as a registered nurse.

Personal care competencies

As identified above, personal care tasks may be undertaken by:

- a registered nurse (formerly known as a division 1 nurse)
- an enrolled nurse (formerly known as a division 2 nurse)
- a community care worker.

Community care workers undertaking personal care tasks must undertake appropriate registered vocational training before providing any HACC personal care services.

This includes personal care provided through subcontracting arrangements and HACC activities that include personal care, such as planned activity groups, respite care and Linkages packages.

All community care workers who undertake personal care tasks funded by the HACC program must have an appropriate minimum Certificate III level qualification with the relevant personal care and first aid competency units. The relevant competency units are listed below. As national training packages change over time any new relevant competency units will be documented on the Victorian HACC website.

While the competency unit Apply first aid is an elective for Certificate III in Home and Community Care in the CHCO8 Community Service Training Package, it is a requirement of the HACC program that all staff complete Apply first aid, before undertaking personal care tasks.

For occupational health and safety and duty of care requirements it is advisable all community care workers complete this first aid competency unit. Therefore this competency unit should be included as one of the electives completed by community care workers when they undertake the Certificate III in Home and Community Care.

Where a community care worker has completed a qualification without the relevant personal care and/or first aid competency units then they must complete these units before undertaking personal care tasks. The relevant first aid and personal care competency units are:

- CHC08 Community Services Training Package Version 3
 - HLTF301B Apply first aid — with updates in accordance with the Australian Resuscitation Council Guidelines; or
- CHC08 Community Services Training Package Version 4
 - HLTF311A Apply first aid — with updates in accordance with the Australian Resuscitation Council Guidelines.

And also:

- CHC02 Community Services Training Package
 - CHCHC302B Provide personal care in a home and community care environment

or

- CHC08 Community Services Training Package Version 3
 - CHCICS301A Provide support to meet personal care needs

or

- CHCICS401A Facilitate support for personal care needs

or

- CHC08 Community Services Training Package Version 4
 - CHCICS301B Provide support to meet personal care needs

or

- CHCICS401B Facilitate support for personal care needs.

Medication assistance as part of personal care

Medication assistance may be provided as part of personal care where the community care worker has completed the necessary competency based medication training and non-transferable skills training specific to the person.

Staff undertaking personal care tasks who have not completed this training can only monitor self-medication. Monitoring self-medication consists of a community care worker observing and reporting to their supervisor, for example, if they notice medication has not been taken by the person.

Assisting with medication includes the provision of:

- physical assistance with medication
- supporting people with self-medication in response to assessed need
- collecting prescription medications which can only be undertaken in accordance with this policy, for example following clinical assessment and appropriate training.

Community care workers must have completed the relevant first aid and personal care competency units as listed above and the relevant medication competency units as follows:

- CHC02 Community Services Training Package
 - CHCCS304A Assist with self-medication

or

- CHC08 Community Services Training Package Version 3:
 - HLTAP301B Recognise healthy body systems in a healthcare context; and
 - CHCCS305B Assist clients with medication (note pre-requisite HLTAP301B)

or

- CHC08 Community Services Training Package Version 4:
 - HLTAP301B Recognise healthy body systems in a healthcare context; and
 - CHCCS305C Assist clients with medication (note pre-requisite HLTAP301B).

If a HACC community care worker has not undertaken any medication training they need to attain both units from the CHC08 Community Services Training Package Version 4.

If a HACC community care worker has already attained CHCCS304A Assist with self-medication (from CHC02 Community Services Training Package), it is recommended they complete HLTAP301B Recognise healthy body systems in a healthcare Context from CHC08 Community Services Training Package Version 4. They may also wish to complete CHCCS305C Assist clients with medication.

A Certificate IV unit called CHCCS424B Administer and monitor medications has been included in CHC08 Community Services Training Package Version 4. However, this unit is not required for the HACC community care worker role.

The competency training outlined above will enable community care workers to assist with medication. This assistance must be delivered in accordance with the HACC Personal Care Policy relating to people with unstable health and/or complex care needs. The policy requires:

- assessment by a registered nurse or other relevant health professional
- determination if it is appropriate for a community care worker to assist with medication
- training for the community care worker specific to the needs of the person by a registered nurse or other relevant health professional
- ongoing support for the community care worker from a registered nurse or other relevant health professional
- development and implementation of a written care plan for the person.

People who require self-medication monitoring may also have unstable health and/or complex care needs and therefore require a clinical assessment.

Where a clinical judgement has been made that it is not appropriate for a community care worker to assist with medication, assistance can be provided by a HACC funded nursing service.

No assistance with medication or self-medication should be provided on an ad hoc basis. This includes all forms of prescribed and over the counter medications. Assistance should always be given in accordance with the assessment of the person's needs and the instructions in the written care plan.

Community care workers delivering HACC funded services are not permitted to make clinical judgements. Clinical judgements are the responsibility of clinical professionals such as registered nurses or general practitioners. Community care workers need to have a clear understanding that their role is to provide assistance and/or monitoring only.

Where appropriate the written care plan could include some physical assistance (such as with the use of an inhaler) depending on the outcome of the assessment of the person's care needs.

HACC funded organisations should develop written policies outlining the processes that will take place when a community care worker is assisting with medication or monitoring self-medication as part of a person's written care plan.

As HACC services are provided in the person's own home on a time-limited episodic basis, procedures and policies for monitoring self-medication and assistance with medication are necessarily different to those developed for a residential care setting.

A HACC funded organisation's policy could include:

- material from the HACC Personal Care Policy
- a statement that the person or carer is responsible for their medication regime, and has received professional advice from their general practitioner or a registered nurse
- a statement that the community care worker does not determine the medication dosage or timing but provides assistance or monitoring with the already prepared medication dosage in accordance with the person's written care plan
- a communication procedure outlining who the community care worker should contact if a request is made that is not part of the person's written care plan
- emergency procedures
- procedures for documenting self-medication monitoring and assistance with medication including when medication has been refused, missed or the person is unable to take it
- a statement that community care workers are not to deviate from the instructions given to them by their supervisor and that they are not to take instructions from anyone else unless this has been prearranged as part of the care plan or is an instruction from emergency services personnel.

Foot care as part of personal care

Community care workers can assist with foot care based on appropriate assessment and care planning, provided they have first completed the relevant personal care and first aid competency units and then completed either:

- CHCO8 Community Services Training Package Version 3
 - CHCICS306B Provide basic foot, skin and nail care
- or
- CHCO8 Community Services Training Package Version 4
 - CHCICS306B Provide basic foot, skin and nail care.

The above qualifications will enable community care workers to undertake HACC funded foot, skin and nail care as long as this is done in accordance with the HACC Personal Care Policy relating to people with unstable health and/or complex care needs.

As noted in the Descriptor in CHCICS306B this unit describes the knowledge and skills required to provide basic foot skin and foot nail care to people. As noted in the Application Statement this unit may apply to work with older people in a range of residential and community service contexts. This level of support does not involve the professional input from a podiatrist.

HACC allied health funding cannot be used to fund community care workers who hold the required competencies and are providing basic foot skin and foot nail care to people who use HACCC services.

Oral hygiene as part of personal care

Community care workers can assist with oral hygiene care, based on appropriate assessment and care planning, provided they have first completed the relevant personal care and first aid competency units and then completed either:

- CHC08 Community Services Version 3 Training Package
 - CHCOHC406A Provide or assist with oral hygiene
- or
- CHC08 Community Services Version 4 Training Package
 - CHCOHC406B Provide or Assist with oral hygiene.

This will enable community care workers to undertake HACCC assistance with oral hygiene as long as this is done in accordance with the HACCC Personal Care Policy relating to people with unstable health and/or complex needs.

Non-transferable skills training

Where a health professional is delegating personal care activities to a community care worker and the person receiving the service has unstable health and/or complex needs, it is important that the community care worker is given person-specific training in the personal care to be provided. Training will be relevant only to that person, in that situation. Skills learned are not transferable to other people receiving personal care. In other words, the community care worker is not considered competent to undertake these personal care procedures with other people receiving personal care.

Where non-transferable skills training is required the following must be adhered to:

- training must be provided by a registered nurse (formerly division 1), and if necessary other qualified health professionals with expertise relevant to the area, and who are employed in that capacity
- training required, personal care procedures and monitoring and supervision regime for the service recipient and the community care worker must be documented in the care plan and provided by a registered nurse and if necessary other relevant health professional
- training must be provided in the context of passing on information about caring for that specific service recipient
- the community care worker must have the relevant competency units
- the community care worker must be employed at a skill level commensurate with the tasks.

In some circumstances an enrolled nurse will provide personal care. The above also applies to enrolled nurses. Personal care tasks undertaken must be within the scope of practice of the enrolled nurse.

In-service training

Organisations providing personal care should employ staff who have the appropriate competency units and should provide regular and appropriate in-service or refresher training for staff, for example personal care refresher manual skills training. Staff training needs assessment should also be undertaken to determine future training needs.

Staffing statement

All community care workers who undertake personal care tasks funded by the HACC program must have an appropriate minimum Certificate III level qualification with the relevant personal care and first aid competency units.

Where a community care worker holds a qualification not listed in the 'Employee and related requirements' in Part 1, or they have completed a qualification without the relevant personal care and first aid competency units, whether the qualification is listed or not, they must complete these units before undertaking personal care tasks.

Community care workers must have completed competency-based medication training before assisting with medication. Staff who have not completed this training and who are undertaking personal care tasks can only monitor self-medication and may not assist with medication.

Community care workers can only provide personal care to people with unstable health and/or complex care needs if they have received additional training specific to that person.

The remuneration and classification of community care workers delivering personal care should recognise the level of skill and knowledge required to provide personal care services.

Reporting requirements

Organisations funded for HACC personal care are required to participate in the quarterly collection of the HACC minimum data set (MDS).

For details, see Part 1: 'Reporting and data collection'.

The HACC MDS is used to record details of individual clients receiving hours of personal care.

Links

Community Services and Industry Skills Council
www.cshisc.com.au

National Training Package Information
<http://training.gov.au>
