



BATRA'S HOME AND HEALTH PTY LTD TRADING AS
HARMONY HOME CARE (ACN 612 165 705)

National Disability Insurance Scheme (NDIS)
Operations

Policy and Procedure Manual

Version 1, April 2018



BATRA'S HOME AND HEALTH PTY LTD TRADING AS

HARMONY HOME CARE (ACN 612 165 705)

NDIS Policy and Procedure Manual



© Amergin 2018
PO Box 2413
Keperra, QLD, 4054
www.amergin.net.au

TABLE OF CONTENTS

ABOUT HARMONY HOMECARE	5
ABOUT THIS MANUAL	7
PART 1. GOVERNANCE AND MANAGEMENT	8
1.1 GOVERNANCE POLICY AND PROCEDURE	9
1.2 CONFLICT OF INTEREST POLICY AND PROCEDURE	13
1.3 STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE	17
1.4 CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE	19
1.5 COMPLIANCE POLICY AND PROCEDURE	24
1.6 FINANCIAL MANAGEMENT POLICY AND PROCEDURE	34
1.7 NDIS BUSINESS PROCESSES POLICY AND PROCEDURE	44
1.8 RISK MANAGEMENT POLICY AND PROCEDURE	46
1.9 OCCUPATIONAL HEALTH AND SAFETY POLICY AND PROCEDURE	50
1.10 FIRE SAFETY AND EMERGENCY POLICY AND PROCEDURE	56
1.11 CHEMICAL USE AND STORAGE	61
1.12 FOOD STORAGE AND PREPARATION POLICY AND PROCEDURE	66
1.13 SAFETY AND SECURITY POLICY AND PROCEDURE	70
1.14 PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE	72
1.15 INFECTION CONTROL POLICY AND PROCEDURE	76
1.16 VEHICLE SAFETY POLICY AND PROCEDURE	79
1.17 MEDICATION MANAGEMENT POLICY AND PROCEDURE	82
1.18 MAINTENANCE AND MANAGEMENT OF EQUIPMENT, FURNITURE, LIGHTING AND VENTILATION POLICY AND PROCEDURE	86
1.19 ELECTRICAL SAFETY POLICY AND PROCEDURE	89
1.20 INCIDENT MANAGEMENT (STAFF AND OTHER STAKEHOLDERS) POLICY AND PROCEDURE	98
1.21 HUMAN RESOURCES POLICY AND PROCEDURE	104

1.22	RETURN TO WORK POLICY AND PROCEDURE	123
1.23	HARMONY HOMECARE STAFF CODE OF CONDUCT	127
1.24	DISPUTES AND GRIEVANCES POLICY AND PROCEDURE	130
1.25	EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE	134
1.26	RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE	138
1.27	PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE	143
	PART 2. CLIENTS, FAMILIES AND CARERS	151
2.1	CLIENT RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE	152
2.2	HARMONY HOMECARE CLIENT CHARTER	156
2.3	FEEDBACK, COMPLIMENTS AND COMPLAINTS POLICY AND PROCEDURE	157
2.4	CLIENT INCIDENT MANAGEMENT POLICY AND PROCEDURE	168
2.5	DECISION MAKING AND CHOICE POLICY AND PROCEDURE	196
2.6	SERVICE ACCESS POLICY AND PROCEDURE	200
2.7	PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE	207
2.8	SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE	214
2.9	ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE	220
2.10	CLIENT CASE NOTES POLICY AND PROCEDURE	226
2.11	HANDLING CLIENT MONIES POLICY AND PROCEDURE	230
2.12	EXIT AND TRANSITION PLANNING POLICY AND PROCEDURE	234
2.13	POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE	238
2.14	THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE	241
2.15	CHILD SAFE POLICY AND PROCEDURE AND STATEMENT OF COMMITMENT	252

ABOUT HARMONY HOMECARE

Harmony Homecare is a disability service provider based in Victoria. The move to disability care is a new direction for owner and managing director, Ms Batra Sean, who has worked exclusively in aged care for the past decade. But Batra's philosophy and track record speak to a commitment to providing high quality, person-centred support to clients of all ages. A registered nurse with a science degree from RMIT, Batra quickly shot up the aged care ranks from personal care assistant to holding managerial positions in large entities including Bupa, Estia, and Blue Cross. During that time, Batra widened her professional development to the business side of care provision, studying to understand accreditation and the development of successful budget frameworks. Batra planned and achieved a career of service to uplift those with impairments to become, in her words "the best versions of themselves.

Harmony Homecare's NDIS-specific services include:

- general household services, such as cleaning, home and yard maintenance, laundry and meal preparation and delivery;
- community nursing care for people with high care needs requiring a high level of skill, as well as to training support workers to respond to people's complex needs;
- assistance with personal activities and daily tasks, such as personal care, hygiene, dressing, medication and domestic tasks;
- individual and group community participation activities, including supported shopping, medical appointments, sporting and recreational events, social activities, visiting or making new friends, travel and building confidence and social skills;
- supporting the development of daily living and life skills and the provision of physical wellbeing supports such as physical activity and nutritious diets;
- Support Coordination - assisting people to strengthen their ability to coordinate and implement their NDIS supports and participate more fully in the community;
- home modifications; and
- provision of assistive equipment for recreation, household tasks, communication and information.

Mission, Vision and Values

Harmony Homecare's **Vision** is to help create a community where all individuals feel included, respected and equal amongst their peers

Harmony Homecare's **Mission** is to provide high quality, life-enhancing support that creates opportunities for everyone to reach for their dreams and expectations.

All of Harmony Homecare's operations and activities are built upon the **Values** of:

One-on-one attention: Our support services focus on the individual, human being to human being, encouraging each client to become the best version of themselves - because they are worth it.

Sincerity – complete transparency and honest underpins all aspects of our person-centred approach

Passion – to never settle for less when it comes to the quality of support and service that we offer

Harmony Homecare and the National Disability Insurance Scheme (NDIS)

Harmony Homecare is a Registered NDIS Provider and complies with all Victorian and Commonwealth Government requirements for the delivery of quality and safe disability support services.

ABOUT THIS MANUAL

To deliver its specialist disability services in Victoria to NDIS participants, Harmony Homecare must comply with the Victorian Government's Quality and Safeguarding Requirements. This includes being registered under the Victorian *Disability Act 2006* as a Victorian Disability Services Provider. Victorian Disability Service Providers must:

- comply with the *Disability Act 2006* including requirements relating to complaints, Community Visitors (for accommodation services) and restrictive practices;
- comply with the Victorian NDIA Working Arrangements, National Disability Insurance Agency (NDIA) Terms of Business and any Conditions of NDIS Registration;
- advise the Victorian Department of Health and Human Services of any changes to the service's details on the Department's *Register of disability service providers*; and
- comply with the Victorian *Human Services Standards*.

The *Human Services Standards* are quality standards that govern Victorian funded service providers. The Standards are:

- **Empowerment:** People's rights are promoted and upheld;
- **Access and Engagement:** People's right to access transparent, equitable and integrated services is promoted and upheld;
- **Wellbeing:** People's right to wellbeing and safety is promoted and upheld;
- **Participation:** People's right to choose, decision making and to actively participate as a valued member of their chosen community is promoted and upheld; and
- governance and management standards.

This Policy and Procedure Manual sets out the policies and procedures that govern Harmony Homecare's NDIS-specific operations and service delivery. All policies and procedures comply with relevant Commonwealth and State Government legislation, regulations and standards applicable to Harmony Homecare's service delivery. This manual is intended to complement all State and Commonwealth legislation and does not override any Acts of Parliament or other legal requirements.

All Harmony Homecare employees, volunteers, students and subcontractors are required to comply with the policies and procedures in this manual. Failure to follow Harmony Homecare policies and procedures will be treated seriously and may result in disciplinary action. A hard copy of this manual will be held by Harmony Homecare's Managing Director, who is expected to refer to the manual on a regular basis and keep up-to-date with any changes. The policies and procedures within the manual will be reviewed regularly, based on a risk management approach to review timeframes.

PLEASE NOTE: For simplicity, where the term 'staff' is used throughout this Manual, it refers to all paid staff, volunteers, contractors and any other person undertaking work on behalf of Harmony Homecare.

PART 1. GOVERNANCE AND MANAGEMENT

Harmony Homecare's Governance and Management Policies and Procedures describe to its staff, clients and stakeholders how Harmony Homecare carries out its operational, legal and financial responsibilities in relation to its NDIS related operations. They should be read alongside the Operational Policies and Procedures set out in Part 2, which describe how Harmony Homecare delivers services and protects the rights of its clients and their families and carers.

1.1 GOVERNANCE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare's commitment to sound governance, and to document how governance is carried out and reviewed within the organisation.

Legislation, regulations and standards relevant to this policy and procedure include:

- *National Disability Insurance Scheme (NDIS) Act 2013 (Cwth)*
- *Disability Act 2006 (Vic), and relevant amendments*
- *Corporations Act 2001 (Cwth)*
- *Human Services Standards (Vic) – Governance*

Organisational documents relevant to this policy and procedure:

- *Organisational Chart*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Governance is the process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation¹.

Policy

Harmony Homecare has effective systems and processes in place to guide and support its overall direction, effectiveness, supervision processes and internal and external accountability. Accountable and transparent governance arrangements ensure Harmony Homecare:

- complies with relevant legislation, regulations and contractual arrangements;
- supports and develops its staff; and
- delivers quality and safe services to its clients.

Procedures

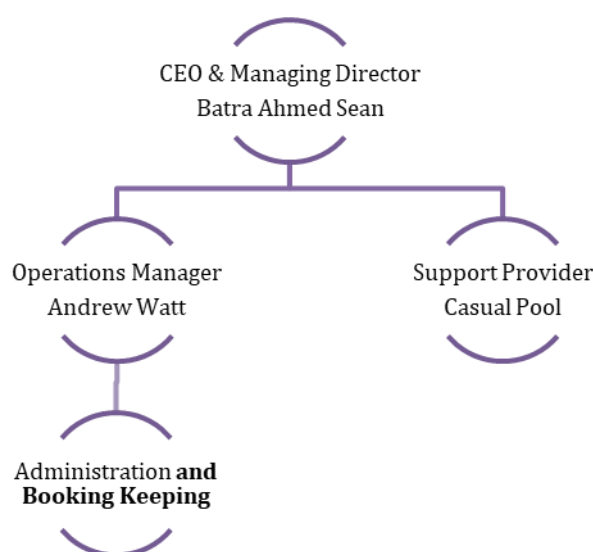
Harmony Homecare is a registered business name of the company Batra's Home and Health Pty Ltd (ACN 612 165 705). Harmony Homecare has been operating in Victoria since 2017.

Harmony Homecare operates in accordance with the terms set out in its Constitution.

Harmony Homecare's organisational structure is set out in its Organisational Chart, provided below.

¹ Australian National Audit Office, 1999.

Figure 1. Harmony Homecare Organisational Chart



Harmony Homecare is led by the Managing Director, Batra Sean, supported by her husband Andrew Watt as Operations Manager. He and the managing director make up the Management Team.

The pair have constant communication but will also adhere to a weekly Management Team meeting to ensure that systems are working, that Harmony Homecare provides the highest quality care, and to ensure the viability of the service.

A casual pool of support workers will be employed initially. Part time or full-time employment may be offered as the business grows.

All staff other than the Managing Director will be employed under the *Social, Community, Home Care and Disability Services Industry Award 2010 (MA00010)*, the *Health Professionals and Support Services Award 2010 (MA0000270)* or, in the case of sub-contractors, an award-free rate.

Collectively, the Management Team is expected to have the qualifications and experience to deal with issues relating to financial and legal matters, human resources, service management and service promotion.

The Managing Director will report to the Management Team monthly, based on regular reporting regarding: program delivery; financial management, data and IT management and service performance, quality and compliance (including client feedback and complaints).

In recognition that stakeholder participation in Harmony Homecare's governance and management processes will improve service outcomes, Harmony Homecare will seek feedback on its governance from stakeholders (clients, families, carers, advocates, staff, other service providers or government representatives) regularly (see the *Feedback, Compliments and Complaints Policy and Procedure*).

Service delivery will be tracked in Harmony Homecare's client management system, which will support and streamline organisational reporting. Harmony Homecare's performance will be summarised on a yearly basis in its Annual Report.

Responsibilities

The **Managing Director** is responsible for:

- ensuring that the service has appropriate systems and policies in place for the effective governance and management of the service;
- providing leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and direction;
- authority, accountability, and control on behalf of the service;
- overseeing legal functions and responsibilities;
- identifying, evaluating and mitigating risks to the service and its stakeholders (management, staff, clients, families and children), property, finances, goodwill and image;
- overseeing implementation of the service's human resources policies, procedures and practices including the development of job description for all staff;
- determining staffing requirements for service management and program delivery;
- recruiting staff that have the right qualifications, as well as technical and personal abilities to help further the service's Mission;
- disciplining staff when necessary, in accordance with Harmony Homecare policies and procedures and legal requirements;
- identifying, assessing and informing the Management Team and staff of internal and external issues that affect the service;
- overseeing the planning, implementation and evaluation of the service's programs, services and special projects;
- establishing a positive, healthy and safe work environment in accordance with all appropriate legislation and regulations;
- working with staff to prepare a comprehensive annual budget and managing the service's finances;
- researching funding sources and overseeing tender development and fundraising plans;
- ensuring good recordkeeping, bookkeeping and accounting procedures are followed;
- communicating with stakeholders to keep them informed of the work of the service and identify changes and needs in the local community; and
- establishing good working relationships and collaborative arrangements with other service providers, community groups, clients, families, carers and local, state and federal government agencies to help achieve the goals of the service.

The **Managing Director** is responsible for:

- monitoring and overseeing Harmony Homecare's day-to-day operations, including ensuring good management practices and appropriate checks and balances are in place;
- maintaining the service's integrity and service delivery quality;
- ensure all staff receive an orientation to the service and that appropriate ongoing training is provided;
- implementing a performance management process for all staff which includes monitoring the performance of staff on an ongoing basis and conducting annual performance reviews;

- conducting official correspondence on behalf of the service;
- developing goals and objectives to increase the service's growth and prosperity;
- designing and implement business plans and strategies to promote the attainment of goals;
- ensuring the service has the adequate and suitable resources to complete its activities (e.g. people, material, equipment, etc.);
- organising and coordinating operations to ensure maximum productivity;
- supervising the work of staff and provide feedback and counsel to improve efficiency and effectiveness;
- maintaining relationships with clients, carers, families, suppliers, community, industry and government;
- gathering, analysing and interpreting external and internal data and write reports;
- assessing overall service performance against its objectives;
- ensuring adherence to all legal requirements and guidelines;
- coordinating periodic internal reviews or audits to ensure that compliance procedures are followed;
- identifying compliance issues that require follow up or investigation;
- filing appropriate compliance reports with the NDIA, Commonwealth Department of Health and government regulatory departments;
- sourcing and implementing software and technology to adequately support the company's operations and provide oversight and monitoring in all required areas;
- providing assistance to internal or external auditors in compliance reviews;
- preparing management reports regarding compliance operations and progress;
- discussing emerging compliance issues with staff; and
- reporting violations of compliance or regulatory standards to the authorised government agencies as required.

Monitoring and Review

This policy and procedure will be reviewed triennially by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's annual client satisfaction surveys will assess satisfaction with governance processes and provide opportunity for feedback on areas for improvement.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the</i>				

1.2 CONFLICT OF INTEREST POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare's commitment to managing conflicts of interest, including in regarding to referring to the business' own services and delivering services for clients in a transparent manner.

Legislation, regulations and standards relevant to this policy and procedure include:

- *National Disability Insurance Scheme (NDIS) Act 2013 (Cwth)*
- *Disability Act 2006 (Vic), and relevant amendments*
- *Human Services Standards (Vic) – Governance*

Documents relevant to this policy and procedure:

- *National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013*
- *Terms of Business for Registered Providers (effective 1 July 2016)*
- *Risk Register*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Policy

Failure to respond to actual or potential conflicts of interest can damage the reputation of and community confidence in Harmony Homecare. It may also have legal ramifications.

The NDIS Terms of Business for Registered Providers require providers to have policies about potential conflicts of interest in service delivery.

With respect to Conflict of Interest, Harmony Homecare aims to:

- act in accordance with its values; and
- comply with its obligations as a registered provider of supports under the National Disability Insurance Scheme.

Procedures

General Provisions

When making decisions, staff should consider:

- Do I have any personal or private interests in a matter that may conflict or be perceived to conflict with my duties in the organisation?
- Could there be a benefit for me, my family or friends into the future if I involve myself in a matter?
- How will my involvement be viewed by others?
- Does my involvement in the decision being made appear fair and reasonable?

All staff should avoid any conflict arising between their personal interests (or the interests of any other related person or body) and their duties to Harmony Homecare.

Staff must not take advantage of their position to gain, directly or indirectly, a personal benefit, or a benefit for any associated person (e.g. a family member or another organisation).

Staff must not make use of inside information.

The personal interests of staff, and those of any associated persons, must not be allowed to take precedence over those of Harmony Homecare generally.

Staff should seek to avoid conflicts of interest wherever possible. Full and prior disclosure of any conflict, potential conflict, or the appearance of a potential conflict, must be made to the Managing Director. Once the conflict has been declared, the Managing Director must decide what action to take to manage the conflict.

NDIS Considerations

As a registered provider of supports under the NDIS, Harmony Homecare has responsibilities in relation to:

- managing conflicts of interest generally;
- managing conflicts of interest in plan management and support coordination, and
- offering or receiving gifts, benefits and commissions.

Managing conflicts of interest generally

Harmony Homecare will ensure that when providing supports to NDIS clients, any conflict of interest is declared and any risks to clients are mitigated.

All staff will act in the best interests of NDIS clients and other clients, ensuring that they are informed, empowered, and able to maximise choice and control.

Staff will not (by act or omission) constrain, influence or direct decision-making by a person with a disability and/or their family so as to limit that person's access to information, opportunities, and choice and control.

Staff will ensure that Harmony Homecare proactively manages perceived and actual conflicts of interest in service delivery. Staff will:

- manage, document and report on individual conflicts as they arise, and
- ensure that advice to a client about support options (including those not delivered directly by Harmony Homecare) is transparent and promotes choice and control.

As required by the NDIA Terms of Business, all NDIS clients will be treated equally, and no client will be given preferential treatment above another in the receipt or provision of NDIS supports.

Managing conflict of interest in plan management and support coordination

Staff performing plan management and support coordination functions will ensure that:

- the organisation's Risk Register includes the ongoing potential conflict of interest related to delivering these services along with other NDIS supports;
- they declare the potential conflict of interest of Harmony Homecare being both plan manager or support coordinator and a provider of other supports to clients and affirm that the organisation will act as directed by the client and in the best interests of the client; and
- clients will be presented with a range of choices about providers of supports and staff will not seek to influence the client to select Harmony Homecare over other organisations.

Gifts, benefits and commissions and the NDIS

Harmony Homecare and its staff must not accept any offer of money, gifts, services or benefits that would cause them to act in a manner contrary to the interests of an NDIS client.

Staff must have no financial or other personal interest that could directly or indirectly influence or compromise the choice of provider or provision of supports to a client. This includes the obtaining or offering of any form of commission by employees or Harmony Homecare.

Monitoring and Review

This policy and procedure will be reviewed annually by the Management Team, and incorporate staff, client and other stakeholder feedback.

Annual client satisfaction surveys will assess satisfaction with Harmony Homecare's governance processes and provide opportunity for feedback on areas for improvement.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.

1.3 STRATEGIC AND OPERATIONAL PLANNING POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how the Harmony Homecare's Management Team will set, monitor and achieve the organisation's NDIS Strategic and Operational objectives, underpinned by a continuous improvement approach.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Human Services Standards (Vic) – Governance*

Organisational documents relevant to this policy and procedure:

- *Current Strategic and Operational Plans*

This policy and procedure applies to Harmony Homecare's Management Team.

Definitions

Strategic Plan – A document used to communicate the long-term direction of an organisation, describing what it's going to do and how.

Operational Plan – A detailed plan used to provide a clear picture of how an organisation, or its specific areas or teams, will contribute to the achievement of the organisation's Strategic Plan.

Policy

Harmony Homecare's strategic directions and priorities are documented in a three-year Strategic Plan, which is reviewed annually by the Management Team.

The Management Team is responsible for the development of the Strategic Plan.

Harmony Homecare has processes to involve staff, clients and other stakeholders in developing its strategic directions and priorities.

An Annual Operational Plan, updated each year over the life of the Strategic Plan, supports execution of the Strategic Plan.

Procedures

Harmony Homecare's Management Team develops, works to and annually reviews a three-year Strategic Plan, which identifies the key outcomes that the organisation wants to achieve.

A new Strategic Plan is developed every three years.

In reviewing the Strategic Plan, the Harmony Homecare Management Team seeks comment from clients and other stakeholders. The extent of consultation will be determined by external factors and the funds available at the time the Plan is developed.

The Management Team will formally review and update the Strategic Plan each financial year and at times of significant and unanticipated change.

Annual Operational Plans form the basis of the Management Team's expectations of each year and are subject to regular monitoring and review at monthly meetings as well as at performance reviews for Management Team members.

Monitoring and Review

This policy and procedure will be reviewed at least triennially by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's six-monthly Service Delivery and Planning days and activities will include clients and stakeholders where relevant and assess how effectively the organisation's strategic and operational objectives inform quality service delivery.

Annual staff satisfaction survey will assess staff satisfaction with the organisation's strategic and operational priorities and their alignment with service delivery.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into the organisation's service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.

1.4 CONTINUOUS IMPROVEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how Harmony Homecare will deliver quality services and meet relevant standards and compliance requirements through an ongoing cycle of review and evaluation of processes and procedures.

Legislation, regulations and standards relevant to this policy and procedure include:

- *National Disability Insurance Scheme (NDIS) Act 2013 (Cwth)*
- *Disability Act 2006 (Vic)*
- *Corporations Act 2001 (Cwth)*
- *Human Services Standards (Vic) – Governance*

Organisational documents relevant to this policy and procedure:

- *Continuous Improvement Plan*
- *All policies and procedures*
- *Compliance Register*
- *Complaints and Grievances Register*
- *Incident Register*
- *Occupational Health and Safety Improvement Register*
- *Internal Review and External Audit Schedule*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Continuous Improvement describes the ongoing effort of an organisation to improve services, systems, processes or products to maximise benefits for its clients. The process relies on using evidence-based information to support the organisation's achievement of its goals and outcomes. This also means adapting to changing needs of its community or clients.²

Policy

Harmony Homecare is committed to quality, innovation and promoting a culture of continuous improvement in its governance, management and service delivery.

Harmony Homecare includes its Managing Director (or delegates), staff, clients and other relevant stakeholders in its continuous improvement activities to ensure services are of a high quality and meet client needs.

² National Standards for Disability Services, Department of Social Services

Procedures

Harmony Homecare's Management Team will specifically focus on continuous improvement in its governance by reviewing its own performance annually. The Team will seek staff, client and other stakeholder feedback in this review.

All Harmony Homecare staff are responsible for identifying and actioning opportunities for continuous improvement. They will be made aware of their responsibilities through formal induction and training processes as well as ongoing workplace practices.

The Agenda for quarterly team meetings will include a standing item on continuous improvement (including staff and client feedback and complaints).

To support continuous improvement practices, the Managing Director (or delegate) is responsible for instigating, monitoring and reporting to the Management Team on internal reviews and external audits, in accordance with its *Internal Review and External Audit Schedule*. Stakeholder representatives (clients, their families, friends, carers and advocates) will be included and encouraged to participate in each formal review or audit procedure undertaken by the organisation.

All continuous improvement issues or opportunities identified will be reported to and tracked by the Managing Director (or delegate) in Harmony Homecare's *Continuous Improvement Plan*.

The *Continuous Improvement Plan* is a 'living document', updated as and when improvements are identified. For any specific improvement identified, the Plan includes the:

- improvement identified;
- action to be taken;
- person responsible for actioning;
- staff, client or other stakeholder participation required and undertaken;
- date of completion; and
- implementation review date.

Continuous Improvement matters will be monitored monthly the managing director and the operations manager in their roles as the Management Team.

All Harmony Homecare Policies and Procedures will be reviewed according to the QMS Document Review Schedule and incorporate staff, client and other stakeholder feedback.

All service planning, delivery and evaluation activities will include staff, client and other stakeholders and their feedback.

Management and staff are required to:

- be familiar with all policies and procedures and their implementation;
- critically review current policies and procedures and test them against current practice as well as future needs; and
- make positive and constructive suggestions about current policies and procedures and contribute to the development of new ones.

Harmony Homecare's *Continuous Improvement Plan* will also track improvements identified as a result of monthly reviews of:

- feedback, complaints and dispute resolution processes involving clients, their families, carers and advocates, staff (where applicable), other service providers, the NDIA and the Victorian Government, as recorded in Harmony Homecare's *Complaints and Grievances Register*;
- feedback and improvement activities offered to clients, families, carers and advocates;
- feedback sought from management, staff, volunteers (where applicable), the community, suppliers and other relevant stakeholders;
- planning, service delivery, plan review, exit, service refusal and referral information contained in Harmony Homecare's client management system;
- results from internal reviews and external audits;
- Harmony Homecare's performance against the Vision, Mission and KPIs as well as the *Human Services Standards*
- strategic and operational planning;
- learning and reflection opportunities for staff;
- records of incidents including any involving clients or Occupational Health and Safety (including reviews of risk management plan/s);
- staff supervision and performance appraisal processes and outcomes;
- analysis of internal reporting and data provided to the NDIA, the Victorian government, the Commonwealth Department of Health and other agencies;
- learnings from collaborative relationships with similar organisations and networks;
- specific program and project reviews and evaluations undertaken at the direction of the Management Team; and
- on the job and formal training and professional development undertaken by staff.

Harmony Homecare's Managing Director (or delegate) will also use the continuous improvement mechanisms to track the quality and impact of previous improvement activities, ensuring genuine improvement is made over time.

Harmony Homecare will provide feedback to clients, families, carers and advocates, staff, volunteers, and other stakeholders as appropriate regarding the service improvements that have been made.

Monitoring and Review

This policy and procedure will be reviewed at least triennially by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's six-monthly Service Delivery and Planning days and activities will include clients and stakeholders where relevant and assess how effectively continuous improvement processes inform quality service delivery.

Annual staff and client satisfaction surveys will assess stakeholder satisfaction with continuous improvement practices and the quality of services provided.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.

1.5 COMPLIANCE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Harmony Homecare complies with the range of legislative, regulatory and contractual requirements that apply to its operations and keeps abreast of changes to these requirements.

Legislation, regulations and standards relevant to this policy and procedure include:

- *National Disability Insurance Scheme Act 2013 (Cwth)*
- *Disability Act 2006 (Vic), and relevant amendments*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Health Records Act 2001 (Vic)*
- *The Australian Consumer Law (Cwth)*
- *Corporations Act 2001 (Cwth)*
- *Carers Recognition Act (Cwth)*
- *Associations Incorporation Reform Act 2012 (Vic)*
- *Human Services Standards (Vic) – Governance*
- *3.3.1. Quality of Service Delivery (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *3.8.1. Reporting and Accountability (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *NDIS Terms of Business*
- *NDIS Guide to Suitability*

Organisational documents relevant to this policy and procedure:

- *Compliance Register*
- *Internal Review and External Audit Schedule*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Policy

Harmony Homecare recognises that quality service delivery relies on good compliance practices. It is committed to maintaining compliance with all relevant regulatory, legislative, program and contractual requirements.

Harmony Homecare's Managing Director are ultimately responsible for ensuring Harmony Homecare is and remains compliant.

In providing services to people with a disability, Harmony Homecare complies with all

requirements set down by the state and Federal governments.

Procedures

Harmony Homecare's Management Team is responsible for monitoring and reviewing the organisation's compliance.

Management Team members are responsible for:

- supporting ongoing compliance in all areas of Harmony Homecare operations;
- ensuring staff understand their compliance responsibilities; and
- fostering a compliance culture within their area of responsibility.

Harmony Homecare's Managing Director (or delegate) will report on compliance issues to the Management Team monthly, and these will be tracked by the Managing Director (or delegate) in Harmony Homecare's *Compliance Register*.

All staff are responsible for managing compliance within their areas of influence.

Upon commencement, all staff will undergo Induction, which includes information and training on Harmony Homecare compliance responsibilities.

The Managing Director (or delegate) will foster a compliance-aware workplace by including updates to relevant requirements and regular information sharing sessions on agendas for staff meetings.

Changes to legislation and regulatory compliance will be monitored by the Managing Director (or delegate) via ongoing contact with relevant government agencies, websites, membership of peak organisations, internal audits, legislation updates and changes to relevant service standards. All staff are to be immediately advised of any changes.

The Managing Director (or delegate) is responsible for instigating, monitoring and reporting to the Management Team regarding Harmony Homecare internal reviews and external audits, in accordance with the attached *Internal Review and External Audit Schedule*.

Reporting Compliance Failure

Harmony Homecare encourages proactive reporting of compliance failures, breaches, issues, incidents and complaints.

All staff must notify their immediate supervisor or relevant manager once they become aware that a compliance failure has occurred or is likely to occur, or that a compliance-related complaint has been made.

Supervisors must address compliance failures or compliance-related complaints upon becoming aware of them, in order to re-establish compliance and provide protection to Harmony Homecare as quickly as possible.

All compliance failures or compliance-related complaints must be reported to the Management Team, who will track them in Harmony Homecare's *Compliance Register*.

Specific Compliance Requirements

Harmony Homecare will comply with all data collection, service delivery and financial reporting requirements of all relevant Victorian and Commonwealth government agencies.

Victorian NDIS Approved Provider Compliance

As a newly registered Victorian Approved NDIS Provider, Harmony Homecare must maintain registration under the *Disability Act 2006 (Vic)* and demonstrate ongoing compliance with the *Victorian Human Services Standards*.

Harmony Homecare will undertake triennial independent reviews with a Victorian Government-approved independent review body. The first of these will take place within 12 months of Harmony Homecare's initial registration as a Victorian Approved NDIS Provider.

Harmony Homecare will undertake annual self-assessments against the *Human Services Standards* and action any areas for improvement in order to maintain accreditation.

Review reports and audit findings will be provided to the *Victorian Government Department of Human Services Standards and Regulation Unit*. Harmony Homecare will rectify any compliance concerns within the required timeframe.

NDIA Registered NDIS Provider Compliance

As a NDIA Registered NDIS Provider, Harmony Homecare must comply with the NDIS *Terms of Business* and the NDIS *Guide to Suitability*.

Harmony Homecare will assess its compliance with the *Terms of Business* and *Guide to Suitability* as part of its annual self-assessment against the *Victorian Human Services Standards*.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the</i>				

Management Team.

1.5.1 HARMONY HOMECARE INTERNAL REVIEW AND EXTERNAL AUDIT SCHEDULE

Focus of Review	Course of Action	Accountability	Timeframes
Governance			
Policies and Procedures	<ul style="list-style-type: none"> •Review for effectiveness and currency •Merge, develop or repeal policies and procedures 	Management Team	Between annually and 3-yearly, based on associated risk (each Policy and Procedure sets out its review timing)
Strategic and Operational Plans	•Management Team and Staff Planning Days	Management Team	Annually; June
Human Resources			
Staff Performance	•Performance Reviews	Management Team	Annually; July
	•Staff satisfaction surveys	Management Team	Annually; September
Alignment of practice with procedures	•Staff file audits	Management Team	Annually; March
Service Quality and Improvement			
Clients	•Client surveys to assess awareness of their rights and satisfaction levels and obtain suggestions for improvements.	Management Team	Annually, September
	•Self-assessment against the Victorian <i>Human Services Standards</i> .	Management Team	Annually; March
	•Certification audit against the Department of Health and Human Services Standards.	Management Team and External Auditor	3-yearly
	•Self-assessment against the <i>NDIS Terms of Business and Guide to Suitability</i> .	Management Team	Annually; March

Focus of Review	Course of Action	Accountability	Timeframes
	<ul style="list-style-type: none"> Review Continuous Improvement Plan and Complaints and Grievances Register for trends and actions taken for continuous improvement 	Management Team	Monthly
	<ul style="list-style-type: none"> Service Planning and Delivery days, involving clients and other stakeholders* 	Management Team	Six-monthly; June and December
	<ul style="list-style-type: none"> Internal privacy audits 	Management Team	Annually; March
Reporting Accountabilities			
Service Delivery	<ul style="list-style-type: none"> Preparation and submission of reports required under any contractual arrangements 	Management Team	As per contractual arrangements
Financial	<ul style="list-style-type: none"> Quarterly and End of Financial Year Reporting 	Management Team	Quarterly (March, June, September and December) and Annually (July)
Risk Management			
Risk Management	<ul style="list-style-type: none"> Review of Risk Management and Risk Treatment Plans 	Management Team; see <i>Risk Management Policy and Procedure</i> for specific responsibilities	Monthly
Occupational Health and Safety			
Staff and Client Safety	<ul style="list-style-type: none"> Review of incidents to identify risks and areas for improvement 	Management Team	Monthly
	<ul style="list-style-type: none"> Safety compliance audits against documented OH&S procedures, e.g. fire safety, electrical equipment, challenging behaviours 	Management Team	Annually; December

Focus of Review	Course of Action	Accountability	Timeframes
	<ul style="list-style-type: none"> Internal and external inspections including physical and digital access audits 	Management Team	Annually; December
Assets Management			
Assets	<ul style="list-style-type: none"> Review Assets Register Update warranty and depreciation details Audit maintenance schedules for continuing value and usefulness 	Management Team	Annually, July
Records Management			
Financial and Client Management Systems	<ul style="list-style-type: none"> Random survey of financial accounts and client records against policies and procedures. 	Management Team	Annually, July
Contractors and Suppliers			
Contractors and Suppliers	<ul style="list-style-type: none"> Review supplier contract details, performance, costs and quality of service 	Management Team	Annually, July

Notes

Service Planning and Delivery Days will review Harmony Homecare processes regarding:

- communicating and supporting client rights;
- client incident management and restrictive practices;
- demand for services and the creation, modification or cessation of service offerings;
- service access and exit processes;
- barriers to service access;
- referrals and information sharing; and
- service delivery practices including assessment, planning and review.

Service Planning and Delivery Days will also include:

- feedback mechanisms to and from stakeholders and whether information provided to stakeholders is appropriate and effective;
- staff and client file audits; and
- review of stakeholder feedback, compliments and complaints.

All internal reviews and external audits will include participation from staff, clients and other stakeholders and review feedback from them where possible.

Management Team meetings will occur monthly and review Harmony Homecare:

- Incident Register;
- Continuous Improvement Plan;
- Complaints and Grievances Register; and
- Risk Management and Risk Treatment Plans.

Other activities in Harmony Homecare's *Internal Review and External Audit Schedule* are based on a quarterly schedule where possible, as per the following:

March

Policies and Procedures – reviewed between annually and 3-yearly, based on associated risk.

Service Performance – reviewed annually (with Certification Audits 3-yearly):

- Self- Assessment against the Victorian Human Services Standards;
- Self- Assessment against the NDIS Terms of Business and Guide to Suitability;
- Client file audits; and
- Staff file audits.

Privacy audit (to coincide with review of the *Privacy and Confidentiality Policy and Procedure*)

June/July

Service Planning and Delivery Days

Strategic and Operational Plans (June)

Financial – Quarterly and Annually (July)

Staff Performance Reviews (July)

September

Staff Satisfaction Surveys

Client Satisfaction Surveys

December

OH&S Audits and Inspections – December

Service Planning and Delivery Days

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.

1.6 FINANCIAL MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out Harmony Homecare's NDIS financial management arrangements.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Human Services Standards (Vic) – Governance*
- *Australian Accounting Standards*
- *Australian Auditing Standards*
- *Australian Equivalents to International Financial Reporting Standards (AIFRS)*
- *The NDIS Terms of Business, Guide to Suitability and VIC/NSW/QLD/TAS Price Guide*
- *3.6.1. Financial Records and 3.7. Assets (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *Department of Health and Human Services Fraud and Corruption Control Framework*

Organisational documents relevant to this policy and procedure:

- *Chart of Accounts*
- *Insurances Register*
- *Asset Register*
- *NDIS Service Agreement Template*

This policy and procedure should be read in conjunction with Harmony Homecare general policies and procedures regarding financial management.

This policy and procedure applies to Harmony Homecare's Management Team.

Definitions

Assets - non-consumable items of tangible property (including fixtures) that have a service life greater than one year. Assets can include:

- non-medical equipment;
- equipment or aids to support clients;
- electronic equipment (such as computers);
- furniture; and
- motor vehicles.³

³ 3.7. Assets (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)

Fraud - dishonest activity causing actual or potential financial loss to any person or entity including theft of money or other property by employees or people external to the entity and where deception is used at the time, immediately before or immediately following the activity. This also includes the deliberate falsification, concealment, destruction or use of falsified documentation used or intended for use for a non-business purpose or the improper use of information or position for financial benefit.⁴

Corruption - dishonest activity in which a managing Director, executive manager, manager, employee or contractor of an entity acts contrary to the interests of the entity and abuses his/her position of trust in order to achieve some personal gain or advantage for him or herself or for another person or entity.⁵

Policy

Harmony Homecare will maintain financial management and accounting systems that:

- are transparent and accountable;
- allow for the keeping of full and accurate records;
- allow budgeting and reporting on an accrual basis;
- meet applicable Australian Accounting Standards; and
- are consistent with the financial compliance and reporting requirements for any of the organisation's government funding arrangements.

All financial transactions, including receipts and payments related to NDIS service provision, are clearly identifiable and easily tracked within Harmony Homecare's financial accounts.

Harmony Homecare will:

- prepare financial statements according to the Australian Accounting Standards; and
- have its accounts and records audited in accordance with Australian Auditing Standards.

With respect to NDIS service delivery in particular, Harmony Homecare will:

- implement financial processes that support clients to avoid or limit their debts to Harmony Homecare;
- manage clients who are debtors to assure Harmony Homecare's financial sustainability; and
- comply with the NDIA's Terms of Business for Registered Providers and the NDIS Price Guide, including:
 - prohibition on advance payments for Agency Managed plans;
 - prohibition of late payment fees, and
 - processes for withdrawal or termination of services.

⁴ AS 8001-2008 Fraud and Corruption Control

⁵ AS 8001-2008 Fraud and Corruption Control

Procedures

General

Managing Director Batra Sean will use Xero to support Harmony Homecare's financial management.

The company complies with the *Australian Accounting Standards* issued by the Australian Accounting Standards Board. The Managing Director will keep up-to-date with changes to these standards to ensure compliance.

The Managing Director (MD) will maintain a Chart of Accounts for the entire business that ensures a consistent reporting structure, meets budget management needs and conforms with the National Australian Standard Chart of Accounts.

Ms Sean will also continuously monitor the financial position of the organisation to minimise the risk of fraud and ensure that expenditure complies with the budget, is accounted for correctly, and is properly authorised prior to expenditure being incurred.

The MD will maintain a Register of Bank Accounts for the entire business, containing holding bank details, open and close dates, interest rates, fees, credit and debit card holders and expiry dates for credit cards.

Ms Sean is responsible for the delegation of expenditure.

Access to Internet Banking and EFT transfers is restricted to the Managing Director and controlled by a user ID and password, both of which must remain confidential, and under no circumstances be divulged to anyone else.

Receipts for all expenditure must be provided to and retained by the Managing Director.

The Managing Director will authorise and make reimbursement payments for staff work-related expenses.

The Managing Director will maintain a Petty Cash float of \$250.00. This will be kept in a safe or lockable cabinet. Receipts must accompany all claims for expenditure.

Bank Accounts

The signatory for Harmony Homecare bank accounts will be Harmony Homecare's MD, Batra Sean. All company accounts will be reconciled monthly and funds can only be accessed with her signature.

The Managing Director will ensure there is a provision for the organisation to provide cash interest and to deposit:

- staff accruals;
- surplus funds;
- long service leave, sick leave and accumulated annual leave entitlements;
- assets replacement funds;
- training funds; and
- maintenance funds.

The Managing Director (or delegate) will ensure that all debts are settled in a timely manner and will not allow ordinary operating expenses to become undischarged debts beyond a three-month period from the time they were incurred.

Assets

Details of all assets owned by Harmony Homecare will be recorded in the *Asset Register*. When an asset is sold or otherwise disposed of, the details of the disposal (such as sale proceeds) will be recorded in Harmony Homecare's financial records and recorded in the *Asset Register*.

Where an asset is lost, damaged, or destroyed it will repair or replace the asset if it is still required. Asset depreciation will be recorded in accordance with *Australian Accounting Standards*.

Insurances

The Managing Director is responsible for ensuring all people and equipment associated with Harmony Homecare operations are covered by relevant insurances.

The Managing Director will maintain an Insurances Register, noting the type of insurance, the name and number of the policy, the annual premium and expiry date of the current policy.

The Managing Director will ensure that costs of insurance reflect the market situation and that policies are renewed no less than 14 days before expiry.

Budget processes

The Managing Director will prepare an annual itemised budget for Harmony Homecare for the forthcoming financial year in consultation with the Operations Manager and Harmony Homecare's independent accountant. This will be endorsed by the Management Team by no later than July of the financial year.

The budget will be developed based on analysis of the current and previous year's income and expenditure, taking into consideration any known changes to funding arrangements.

The Managing Director will set annual budgets for the programs under their control, according to the available funding, and submit these budgets to the Management Team for approval by February each year.

All monies received by the organisation must be recorded.

The Managing Director will prepare a monthly report of expenditure against the budget for the Management Team.

The Managing Director (or delegate) will prepare Financial Statements for submission to funding bodies at required intervals as specified in any funding contracts. These will be endorsed by the Management Team and an independent accountant prior to submission where required.

The Managing Director (or delegate) will conduct a financial reconciliation annually in consultation with the independent accountant and prepare a Financial Report for the Management Team.

The Financial Report will include:

- Profit & Loss year to date;
- Balance Sheet for the year to date;
- General Ledger for the year to date; and
- Budget vs. Actual for the year to date.

Each financial year the Managing Director will appoint a qualified auditor to audit Harmony Homecare's accounts, as required by professional standards. Harmony Homecare's independent accountant and the Managing Director will jointly ensure all necessary documents and records required by the auditor are made available in a timely manner and are accurate and complete when presented.

In each new financial year, the Managing Director will ensure that the previous year's financials are documented, archived and labelled.

Reporting

Harmony Homecare will comply with the *Australian Equivalents to International Financial Reporting Standards (AIFRS)*.

Fraud and Corruption Control

Harmony Homecare's fraud and corruption prevention activities include:

- Harmony Homecare's Managing Director will raise general awareness amongst staff (where applicable) about what fraudulent practices are, identifying potential fraud, how to report fraud and to make it very clear that fraudulent practices within Harmony Homecare will not be tolerated;
- Harmony Homecare employment screening processes (see *Human Resources Policy and Procedure*); and
- staff training.

Where a Managing Director, staff member, client or other stakeholder identifies an instance of suspected fraud or corruption, an initial report must be made to:

- the Managing Director (unless that person may be implicated);
- the Manager, Corporate Integrity, Independent Broad-based Anti-Corruption Commission (IBAC) (phone 1300 735 135 or online at www.ibac.vic.gov.au); or
- Victoria Police.

In accordance with the Victorian Department of Health and Human Services' *Fraud and Corruption Control* Framework, Harmony Homecare will report suspected fraud and corruption (relating to NDIS service provision) within the organisation to the Department of Health and Human Services' Corporate Integrity Unit (phone 03 9096 8529 or email corporate.integrity@dhhs.vic.gov.au).

All reports of fraud or corruption should be treated in confidence and referred to the Managing Director. When a report or allegation of fraud or corruption is received, every effort must be made to deal with such reports quickly and decisively.

The Managing Director (or delegate) will record all reports of actual and suspected fraud or corruption, noting the nature of the report, the time received, and remedial actions planned and taken. A copy of these records shall be provided to the Victorian Department of Health and Human Services upon their request.

In examining cases of suspected fraud, management and staff must ensure that their inquiries do not prejudice any subsequent investigation. If in doubt, do not pursue any further investigations and contact the Victorian Department of Health and Human Services' Corporate Integrity Unit.

Confidentiality is paramount. False rumours and innuendo must be avoided to protect reputations of innocent people. It is also important to avoid alerting any person who may be suspected of fraud, or who is under investigation. This is necessary to minimise the chance of a cover up or of vital evidence being destroyed.

All discipline or misconduct investigations relating to Harmony Homecare staff will be conducted in accordance with the *Human Resources Policy and Procedure*.

If during the course of a disciplinary investigation it is determined that criminal offences may have been committed, a report is to be made to Victoria Police. To ensure that a criminal investigation is not compromised, clearance may need to be sought from Victoria Police for Harmony Homecare to:

- commence a disciplinary investigation;
- notify the staff member of misconduct allegations;
- interview witnesses to inform a disciplinary investigation; and
- release information to the staff member or their representative for procedural fairness purposes.

NDIS Considerations

The Managing Director will ensure that all of Harmony Homecare's financial arrangements regarding NDIS service delivery comply with:

- the *NDIS Act 2013 (Cwth)*, the NDIS Rules, all relevant NDIS guidelines, and all policies issued by the NDIA including the *NDIS Terms of Business* and *Guide to Suitability*; and
- any other relevant Commonwealth or State law or other requirements.

The Management Team will develop pricing structures for Harmony Homecare services that align with the price controls and quoting requirements in place for NDIS supports, in accordance with the *NDIS VIC/NSW/QLD/TAS Price Guide*.

The Managing Director (or delegate) will maintain full and accurate accounts and financial records of the supports delivered to NDIS participants, along with records of all Service Agreements.

Harmony Homecare's accounts and financial records will be maintained on a regular basis and in such detail that the National Disability Insurance Agency (NDIA) is able to accurately ascertain the quantity, type and duration of support delivered.

Financial records and accounts relating to NDIS service provision will be retained for a period of no less than 5 years from the date of issue. The retention of all records will also

comply with all relevant statutes, regulations, by-laws and requirements of any Commonwealth, State or Local Authority.

Service Agreements

A NDIS Service Agreement will be used to formalise the supports Harmony Homecare will provide NDIS participants. Clients have choice over what level of control they have over their finances and this is reflected in their Service Agreement with Harmony Homecare. Harmony Homecare will work collaboratively with clients and their supporters to develop their Service Agreement.

Harmony Homecare will declare prices to all clients before providing services and include all fees Service Agreements along with detailed information about the supports to be provided. Fees charged will not exceed the price controls set by the NDIA.

Harmony Homecare Service Agreements will clearly set out the costs to be paid for supports, when delivery of supports is to be performed and the method of payment required. See Harmony Homecare's *Assessment, Planning and Review Policy and Procedure* for more information on what the Service Agreement will contain.

The client must sign the Service Agreement before service delivery can commence. Through its invoicing and statement arrangements, Harmony Homecare will ensure that clients are regularly provided with details of services delivered and the amount charged for those services.

Service Agreements will be consistent with the NDIS' pricing arrangements, guidelines and the requirements of the *A New Tax System (Goods and Service Tax) Act 1999* regarding the application of the GST.

Clients, their supporters and other stakeholders have access to Harmony Homecare feedback, compliments and complaints processes to raise issues about financial management of their supports without fear of retribution.

Other Payment Arrangements

Where there is no funding requirement for fees to be charged for services rendered, Harmony Homecare will charge the client on a fee for service basis.

Where a client has difficulty paying their fees, they are encouraged to discuss this with Harmony Homecare so that mutually acceptable payment arrangements can be put in place.

Fee Payments

Accounts are calculated each week and are to be paid weekly. Fees are to be paid by Fees are to be paid by EFT, or through online claiming. Cash will not be kept on Harmony Homecare premises and Harmony Homecare will not accept cash payments. In accordance with the NDIS Price Guide, no surcharge will be charged where payment is made by credit card.

Prices charged to NDIS participants will not exceed the price level prescribed for that support in the *NDIS VIC/NSW/QLD/TAS Price Guide*. No other charges will be added to the

cost of supports provided, including credit card surcharges, additional fees such as 'gap' fees, late payment fees or cancellation fees.

Receipts will be provided at time of payment and reprints provided upon request. Statements of services provided will be issued by mail or email at the beginning of each quarter for the supports provided in the previous quarter.

Harmony Homecare will submit claims for payment to the NDIA within a reasonable timeframe, and no later than 60 days for the end of the support booking.

Debt prevention and limitation

The Managing Director is responsible for establishing effective billing processes and efficient payment collection methods. The Managing Director will determine appropriate processing timeframes for the following:

- Agency-managed plans - Payment Request through NDIS Provider Portal;
- Plan-managed plans - Invoice to Plan Management Provider; and
- Self-managed plans - Invoice to client.

Debtor management

Outstanding debts will be reviewed on a weekly basis by the Managing Director, who will decide upon the appropriate action to be taken.

Records of all interactions with debtors will be maintained in Harmony Homecare's financial management system.

The Managing Director (or delegate) will contact debtors regarding overdue payments 15, 22 and 29 days from the date an invoice is issued.

15 days after issue of invoice

If the Managing Director is successful in speaking to the client/carer and in gaining assurance of prompt payment, the Managing Director (or delegate) will record the promised date for payment in the financial management system and email the client a reminder.

If the Managing Director (or delegate) is not successful in gaining assurance of prompt payment, they will email the client/carer stating services might be withdrawn or terminated if payment is not made within 7 days.

22 days after issue of invoice:

If the Managing Director (or delegate) is successful in speaking to the client/carer and in gaining assurance of prompt payment, they will record the promised date for payment in the financial management system and email the client a reminder.

If the client/carer are not contactable, the Managing Director will check the client's file and speak to any of the client's care staff to check if they are overseas, in hospital, or otherwise unavailable.

If there is no acceptable reason for non-payment, the Managing Director will consider withdrawing/terminating services with immediate effect. If so, they will inform the client in writing.

If the client is self-managing their NDIS plan and there are doubts about the client's capacity to self-manage, the Managing Director will contact the NDIA.

The Managing Director (or delegate) will email a final demand letter requiring payment within 7 days, stating that unless payment is received in that timeframe, recovery will commence through a debt collection agency without further notice.

29 days after issue of invoice (unless client/carers known to be overseas, in hospital, etc.)

If a debt is not paid within this timeframe, the Managing Director will ensure that services are withdrawn or terminated with immediate effect if this has not already occurred.

The Managing Director (or delegate) will inform the client/carers in writing and decide the further action to be taken (for example, arrangements for debt collection, or a repayment plan).

Finalising debts

The Managing Director may accept a reasonable request for payment by instalments, provided agreement is reached on the terms and the timeframes. Such agreements are to be in writing and confirmed by both parties, with a copy provided to the client and a copy retained on the client's file.

In the event of a payment default the full amount of the debt will become due for payment and will be referred to Harmony Homecare's debt collector.

Prior to referring a debt to a debt collection agency, the Managing Director will determine whether this is a financially worthwhile option for Harmony Homecare.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and give consideration to staff, client and other stakeholder feedback. Annual review of this policy and procedure will include:

- a review of its provisions around client payment arrangements and Harmony Homecare Service Agreements;
- client file audits, to assess alignment between documented processes and actual practice (Service Agreements, invoices, statements, etc.); and
- feedback from people on their satisfaction with their control of their finances.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor the progress of any improvements identified, which will, where relevant, be incorporated into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the</i>				

1.7 NDIS BUSINESS PROCESSES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure Harmony Homecare operates in line with NDIS operating guidelines and Terms of Business.

Legislation, regulations and standards relevant to this policy and procedure include:

- *NDIA Terms of Business for Registered Providers*
- *National Disability Insurance Scheme (Registered Providers of Supports) Rules 2013*

Organisational documents relevant to this policy and procedure:

- *NDIS Service Agreement Template*

This policy and procedure applies to Harmony Homecare's Management Team.

Policy

- Harmony Homecare will operate efficiently, effectively and in line with NDIS operating guidelines and Terms of Business.

Procedures

NDIS Registration and NDIS Provider Portal Access

The Managing Director (or delegate) will review the NDIS Provider Toolkit as it is updated, including the Terms of Business for Registered Support Providers, to ensure required practices are in line with NDIS registration requirements.

The Managing Director is the identified and designated role of NDIS Portal Manager. The Managing Director will identify those staff that require access to the Provider Portal and organise for them to register for PRODA, then allocate their access level within the Portal.

The Managing Director (or delegate) will monitor Portal business and any NDIS alerts via the portal.

The Managing Director (or delegate) is responsible for monitoring updates from the NDIA regarding registration status, provider requirements and portal management.

Marketing

The Managing Director (or delegate) will be responsible for the development and implementation of marketing and promotional strategies.

Staff Structure and Engagement Strategy with Harmony Homecare Staff

The Managing Director will ensure all staff are aware of Harmony Homecare systems and processes that have been established for operating within the NDIS, including being able to

explain what Harmony Homecare can offer and how to engage with current and prospective clients.

The Managing Director will monitor sector information and training opportunities to share with staff to facilitate their skill and knowledge development around NDIS practices relevant to Harmony Homecare.

The Managing Director will be responsible for the development of a pre-planning support model.

The Managing Director will provide training to relevant staff to implement pre-planning to meet transition timelines.

The Managing Director will offer pre-planning support to all current clients.

Engagement Strategy with Harmony Homecare Clients Entering the NDIS

Staff will offer support to Harmony Homecare clients to attend NDIS planning meetings.

All staff will be responsible for updating clients regularly on NDIS news and information.

Engagement Strategy with New/Potential Clients Entering the NDIS

The Managing Director (or delegate) will develop a process for responding to requests for information from new clients regarding the NDIS including providing assistance with checking NDIS eligibility.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff (where applicable), client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by /				

Signature:				
<i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.</i>				

1.8 RISK MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to formalise Harmony Homecare's commitment to quality, innovative and safe service provision, by establishing an effective risk management framework.

Legislation, regulations and standards relevant to this policy and procedure include:

- *AS/NZS 31000:2009 Risk Management Principles and Guidelines*
- *Human Services Standards (Vic) – Risk Management*
- *Quality of Care Principles 2014 - Schedule (Home Care Common Standards) Part 1 Effective Management (1.6 Risk Management)*

Organisational documents relevant to this policy and procedure:

- *Risk Register*
- *Risk Management and Treatment Plans*
- *Continuous Improvement Policy and Procedure*
- *Continuous Improvement Plan*
- *Human Resources Policy and Procedure*

Incident management and Occupational Health and Safety are dealt with in separate policies and procedures specific to these areas.

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Risk is any internal or external situation or event that has the potential to have a negative impact by causing harm to people associated with the organisation, preventing the organisation from successfully achieving its outcomes and delivering its services, reducing the organisation's viability or damaging its reputation.

Risk assessment - a process for developing knowledge and understanding about hazards and analysing risks so that sound decisions can be made about the control of risk. Risk assessments assist in determining:

- what levels of harm can occur;
- how harm can occur; and
- the likelihood that harm will occur.

Risk treatment - A measure, work process or system that eliminates a risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

Policy

Harmony Homecare takes its responsibility to identify and manage all types of organisational risks - including compliance, financial, safety and health, environmental, and operational risks - very seriously.

Harmony Homecare is committed to being an organisation where management, along with staff and volunteers (where applicable), clients and other relevant stakeholders are proactive in identifying, evaluating and mitigating risks and ensuring risk management is incorporated into all areas of its operations.

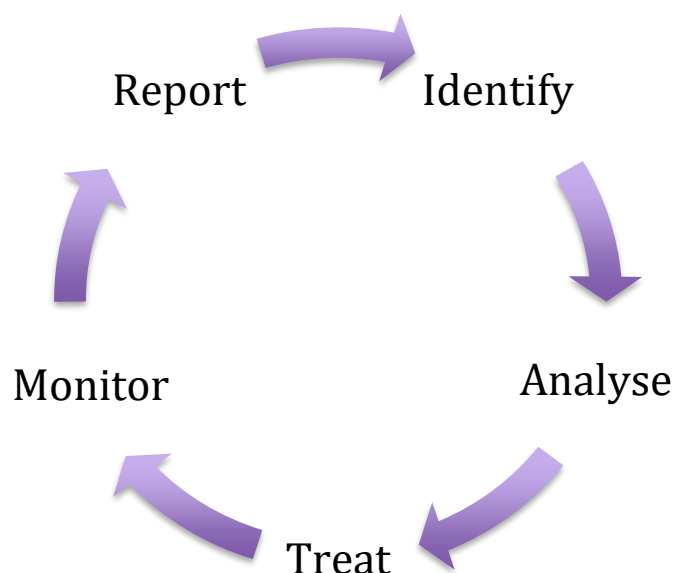
Harmony Homecare's Managing Director is ultimately responsible for identifying and managing risks that impact Harmony Homecare. However, Harmony Homecare expects all staff (where applicable) to act responsibly to minimise risks to themselves and others, and report hazards and other risks as soon as they are noticed.

Harmony Homecare's approach to risk management, including its Risk Management Model and Principles, is aligned with *Australian and New Zealand Standard AS/NZS 31000:2009 (Risk Management Principles and Guidelines)*.

Procedures

The Risk Management Model below (Figure 1) underpins Harmony Homecare's approach to risk management. It integrates Risk Management Principles and the Risk Management Process.

Figure 1 - Risk Management Model



Harmony Homecare approach to risk management is based on the following principles:

- Risk management must:
 - align with Harmony Homecare's Vision and Mission;

- be embedded within its operations, processes and systems;
- have clear accountability, ownership and governance;
- be systematic, transparent and consistently applied;
- include effective consultation and communication;
- consider the context (both the internal and external environment);
- support evidence-based decision-making; and
- facilitate continual improvement.

Harmony Homecare's Risk Management Model consists of the following steps:

1. **Identify:** Identify the risk events that may prevent or delay the achievement of Harmony Homecare's strategic goals and objectives.
2. **Analyse:** Outline the causes, impacts and existing treatments to assess the consequence and likelihood of the risk and determine the risk rating. Escalate incident reporting where the risk rating indicates decision making is required to be made at management level.
3. **Treat:** Implement existing and future treatments to prevent or mitigate the risk.
4. **Monitor:** Continually monitor and evaluate the risks and treatments to maintain the effectiveness and appropriateness of Harmony Homecare risk management.
5. **Report:** Provide regular reports and updates to assure Harmony Homecare and its stakeholders that risks are being appropriately managed and treated.

Harmony Homecare's Management Team is responsible for monitoring and reviewing the organisation's risk management practices, including the ongoing development, implementation, review and improvement of Harmony Homecare's Risk Management Model.

Management Team members are responsible for:

- supporting the ongoing implementation of risk management in all areas of Harmony Homecare operations;
- the identification, analysis, treatment, monitoring and reporting of risks in their relevant areas of responsibility;
- ensuring staff understand their risk management responsibilities; and
- fostering a positive risk-aware culture within their area of responsibility.

Management Team members will develop, implement and monitor Risk Management Plans and Risk Treatment Plans for the following:

- financial and asset management;
- service delivery and client and occupational health and safety;
- environmentally responsible practice;
- working with people with disability;
- working with older people;
- working with children;
- business continuity and disaster management and recovery; and
- fire safety, building and equipment maintenance, security systems.

The Management Team will review their Risk Management Plans monthly and report on risks relevant to their areas of influence. Identified risks will be tracked by the Managing Director and the Operations Manager using Harmony Homecare's *Risk Register*.

Reports on action taken to mitigate high risks will form part of the Managing Director's monthly report to the Management Team.

All staff are responsible for managing risk within their areas of influence.

Upon commencement, all staff will undergo Induction, which will include risk assessment and management training.

Annual Performance Reviews will assess staff awareness of this policy and procedure and their roles and responsibilities in respect to risk management. Additional on-the-job and formal training will be provided where required. This will also be monitored informally by supervisors and managers.

The Managing Director will ensure that all necessary insurance policies are in place to protect Harmony Homecare as an organisation, staff, volunteers, clients, contractors and visitors.


Management Team members will foster a risk aware service culture by including risk awareness and identification on agendas for staff meetings.

Monitoring and Review

This policy and procedure will be reviewed at least triennially by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
-------------------	----------------	----------------	----------------	----------------

1/05/2018	24/07/2018			
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least 3-yearly and changes endorsed by the Management Team.</i>				

1.9 OCCUPATIONAL HEALTH AND SAFETY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare's commitment to:

- providing a workplace that is safe and minimises risks to the health and wellbeing of staff, clients, their families and carers, as well as all other stakeholders; and
- promoting good occupational health and safety practices which are consistent with legislative requirements.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*
- *4.1 Fire Risk Management (Departmental Policies and Procedures, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *4.18 Vulnerable People in Emergencies (Departmental Policies and Procedures, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *4.19 Emergency Preparedness Policy for Clients and Services (Departmental Policies and Procedures, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Improvement Register*
- *Policies and procedures relating to fire safety and emergency; safety and security; maintenance and management of equipment, furniture, lighting and ventilation; electrical safety; vehicle safety; physical accessibility; chemical use and storage; infection control; medication management and food storage and preparation.*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Emergency Plan*

This policy and procedure applies to all stakeholders of the organisation, including clients, families and carers, advocates, staff, volunteers, contractors, other service providers, government agencies and members of the community.

Definitions

Workplace – any place where work is carried out on behalf of Harmony Homecare.

Duty of care - A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of Harmony Homecare staff to provide clients, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonable foreseeable harm and injury.

Safety data sheet - Provides staff and emergency personnel with safety procedures for working with toxic or dangerous materials. The data sheet includes all relevant information about the material such as physical properties (e.g. melting/boiling point, toxicity and reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and management of spills).

Policy

The health and safety of all of Harmony Homecare stakeholders is of paramount importance. Occupational Health and Safety (OH&S) is the responsibility of all Harmony Homecare stakeholders – management, staff, volunteers, contractors, clients, families, carers and visitors.

Harmony Homecare staff and volunteers are not expected to carry out work that is unsafe, and service users are not expected to tolerate unsafe work practices or service environments. Harmony Homecare will take all reasonable steps to ensure the health, safety and wellbeing of staff, clients, parents, families, guardians, students, volunteers, contractors and visitors, as well providing a safe and healthy environment.

Procedures

All issues regarding OH&S must be reported to the Managing Director. The Managing Director will address or respond to the issue or nominate a suitable staff representative to do so. The Managing Director will track progress and outcomes in Harmony Homecare's *Occupational Health and Safety Improvement Register* and refer any relevant items to the relevant Managing Director for inclusion in Harmony Homecare's *Continuous Improvement Plan*.

OH&S matters are to be reported to the Management Team monthly by the Managing Director. Any high-risk concerns (e.g. where there is immediate risk of death/serious injury) must be escalated to the Management Team without delay so that control measures can be implemented.

Upon commencement, all staff will undergo Induction, which will include general and task-specific OH&S training where appropriate. The Management Team is responsible for ensuring Harmony Homecare meets its obligations under OH&S legislation by diligently understanding the nature of the services provided by Harmony Homecare and the associated hazards.

The Management Team must ensure appropriate resources are allocated to control any identified risk.

Responsibilities of Harmony Homecare Managing Director

- Provide and maintain a workplace that is safe and without risks to staff health. This responsibility extends to contractors for routine tasks over which Harmony Homecare has management. For contractors completing non-routine tasks, Harmony Homecare must ensure that Harmony Homecare daily operations and layout do not pose unreasonable risks. This includes ensuring that:
 - there are safe systems of work;
 - all plant and equipment provided for use by staff, including machinery, appliances and tools etc., are safe and meet relevant safety standards;
 - substances and plant and equipment are used, handled, and stored safely;
 - safety data sheets are supplied for all chemicals kept and/or used at the service (refer to www.ohsinecservices.org.au);
 - there are adequate welfare facilities e.g. first aid and dining facilities etc.;
 - there is appropriate information, instruction, training and supervision for all staff, clients, parents, families, guardians, volunteers, students, contractors and any members of the public who are at the workplace at any time; and
 - ensuring there is a systematic risk management approach to the management of workplace hazards, including:
 - hazards and risks to health and safety are identified, assessed and eliminated or, if it is not possible to remove the hazard/risk completely, effectively controlled; and
 - measures employed to eliminate/control hazards and risks to health and safety are monitored and evaluated regularly.
- Implement an effective OH&S program that includes managing key sector risks such as manual handling, occupational assault and stress. As a minimum, this should contain:
 - specifically designated staff to be responsible for OH&S functions and activities;
 - documented OH&S policies and procedures, including safe work procedures and emergency procedures;
 - appropriate training and information in health and safety for all staff;
 - an established incident reporting and investigation process, including hazard identification and control mechanisms;
 - appropriate consultative procedures, and
 - monitoring and review processes.
- Ensure other individuals, such as clients, families and visitors, are not exposed to health and safety risks arising from Harmony Homecare activities;
- Consult with staff about OH&S matters that will, or will likely, affect staff directly, including identifying hazards; making decisions on how to manage and control health and safety risks; making decisions on health and safety procedures; and proposed changes at Harmony Homecare that may impact on health and safety;
- Notify WorkSafe Victoria as appropriate about serious workplace incidents, and preserve the site of an incident;

- Hold appropriate licenses, registrations and permits, where required by the *Occupational Health and Safety Act 2004 (Vic)*;
- Make every reasonable effort to resolve OH&S issues with staff or their representatives within a reasonable timeframe;
- Not discriminate against staff who are involved in health and safety negotiations;
- Allow access to an authorised representative of a staff member who is acting within his/her powers under the *Occupational Health and Safety Act 2004 (Vic)*, and produce OH&S documentation as required by inspectors and answer any questions that an inspector asks. Do not obstruct, mislead or intimidate an inspector who is performing his/her duties;
- Ensure regular safety audits of indoor and outdoor environments; all equipment, including emergency equipment; playgrounds and fixed equipment in outdoor environments; cleaning services; horticultural maintenance; and pest control;
- Monitor the conditions of the workplace and the health of staff;
- Protect other individuals from risks arising from Harmony Homecare activities, including holding an open day or a working bee etc., or any activity that is ancillary to the operation of the service (e.g. contractors cleaning the premises after hours);
- Provide adequate instruction to staff in safe work procedures and inform them of known hazards to their health and wellbeing that are associated with the work they perform;
- Ensure all plant, equipment and furniture are maintained in a safe condition;
- Develop procedures to guide the safe use of harmful substances, such as chemicals, in the workplace;
- Ensure all staff are aware of this policy and are supported to implement it in Harmony Homecare. OH&S accountability is to be included in all position descriptions;
- Identify and allocate appropriate resources, induction and training to assist staff, contractors, visitors, volunteers and students to implement this policy;
- Display this policy in a prominent location at Harmony Homecare;
- Ensure the physical environment at Harmony Homecare is safe, secure and hazards are controlled. Where equipment and materials are used at Harmony Homecare, ensure they meet relevant safety standards;
- Implement and practice emergency and evacuation procedures at regular intervals;
- Implement and review this policy in consultation with the Management Team and all staff, contractors, clients, parents, families and guardians; and

- Keep up to date and comply with any relevant changes in legislation and practices in relation to this policy. Ensure any relevant changes are communicated to staff, contractors, volunteers, visitors and students as appropriate.

Responsibilities of Harmony Homecare Staff

- Take care of their own safety and the safety of others who may be affected by their actions;
- Cooperate with reasonable OH&S actions taken by Harmony Homecare, including:
 - following OH&S rules and guidelines;
 - helping ensure housekeeping is of the standard set out in Harmony Homecare's policies;
 - attending OH&S training as required;
 - reporting OH&S incidents in line with Harmony Homecare's incident management policies and procedures;
 - cooperating with OH&S investigations;
 - encouraging good OH&S practices with fellow staff and others attending the service;
 - assisting the Management Team with tasks relating to OH&S, such as conducting OH&S inspections during working hours;
 - not interfering with safety equipment provided by Harmony Homecare;
 - practising emergency and evacuation procedures;
 - ensuring Harmony Homecare physical environment is safe, secure and free from hazards; and
 - maintaining a clean environment daily and removing tripping/slipping hazards as soon as these become apparent.
- Where children are being transported, ensure child restraints comply with current legislation;
- Implement and review this policy with the Management Team;
- At the direction of qualified staff, ensure regular safety audits of indoor and outdoor environments; and
- Ensure all cupboards and rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that child-proof locks are installed on doors and cupboards where contents may be harmful.

Responsibilities of Students on Placements, Volunteers, Contractors, Clients, Families, Parents and Guardians

- Be familiar with this policy;
- Cooperate with reasonable OH&S rules and practices implemented by Harmony Homecare, including providing all relevant personal information and allowing relevant risk assessments to be undertaken;
- Not act recklessly or placing the health and safety of others at risk; and

- Ensure their actions or failure to act do not put themselves or Harmony Homecare workers at risk.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate (where applicable) staff, client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into Harmony Homecare's service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.10 FIRE SAFETY AND EMERGENCY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure the safety of staff, clients and other stakeholders during emergencies such as a fire or other emergencies.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)*
- *Dangerous Goods (Storage and Handling) Regulations 2012 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *4.1 Fire Risk Management, 4.18 Vulnerable People in Emergencies and 4.19 Emergency Preparedness Policy for Clients and Services (Departmental Policies, Procedures and Initiative, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*
- *Emergency Evacuation Plans*
- *Emergency Plan*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Definitions

Vulnerable person - someone living in the community who is:

- Older, frail, and/or physically, intellectually or cognitively impaired; and

- unable to comprehend warnings and directions and/or respond in an emergency situation⁶.

Policy

The health and safety of all of Harmony Homecare stakeholders is of paramount importance. Harmony Homecare is committed to the implementation of clear and effective fire safety and emergency procedures.

Protecting clients from fire risk is an important part of Harmony Homecare support. Harmony Homecare complies with all laws and mandatory standards relating to fire protection, health and general safety that apply to any premises the service owns or operates, irrespective of whether the relevant regulatory requirements place the obligation on the owner or occupier of those premises.

For services other than in the client's home, Harmony Homecare is required to ensure that the people in its care are appropriately protected from fire risk. This includes in relation to Harmony Homecare premises, operational readiness and client placement.

Services funded to provide personal care, support and case management services to people living in the community have a key role in relation to the safety and welfare of clients. Harmony Homecare will support clients to improve their safety and resilience through promoting personal emergency planning.

Procedures

Harmony Homecare Premises

Harmony Homecare premises meet relevant building local laws, regulations or legislation in force at the time of construction, including provisions that apply retrospectively (e.g. requirement for smoke alarms). Any subsequent building works shall meet the relevant building approval provisions at the corresponding time.

Operational Readiness

The Managing Director will ensure that appropriate operational readiness measures are developed, implemented and reviewed. This includes (but is not limited to):

- holding a current fire risk audit that is less than 5 years old;
- fire emergency management and evacuation procedures;
- training of staff to implement the procedures developed;
- maintenance of all the fire safety systems and any deviations through an alternative solution; and
- holding or having access to a current Fire Safety Handbook.

⁶ DHHS Vulnerable People in Emergencies Policy 2005

Harmony Homecare will prepare for, respond to and recover from emergencies in accordance with the 'all hazards' approach. This includes, but is not limited to, fire, bushfire, flood, relocation, evacuation and prolonged service interruption.

The Managing Director will ensure that alternative plans for vulnerable care recipients exist if service delivery is interrupted in the event of an emergency.

In the event of an emergency, Harmony Homecare will ensure essential services are maintained as far as is practicable.

Supporting client emergency readiness

Harmony Homecare will actively work to improve the safety of vulnerable people in emergencies through encouraging and supporting clients (who meet the definition of a vulnerable person) to undertake personal emergency planning. Where there is recognised bushfire risk, specific bushfire planning will be undertaken in addition to basic personal emergency planning.

Harmony Homecare will support clients to exercise their choice and control in emergency response processes through listening to their needs and preferences for care, as well as seeking clients and other relevant stakeholder's participation and feedback when identifying risks and developing solutions.

Harmony Homecare will screen clients to identify people who should be listed on a Vulnerable Persons Register (VPR) meet the definition of a vulnerable person **and** cannot identify personal or community support networks to help them in an emergency. Harmony Homecare will obtain informed consent from identified people and enter and maintain their information on VPRs in accordance with the Department of Health and Human Services' *Vulnerable People in Emergencies Policy 2005*.

Any fire incidents and false alarm reports will be lodged with the Department of Health and Human Services in accordance with Harmony Homecare's incident management policies and procedures.

Where relevant, Harmony Homecare will also comply with the Department of Health and Human Services' *Emergency Preparedness Policy for Clients and Services*.

Emergency Plans

The Managing Director will prepare, test and annually review an *Emergency Plan* for the service, covering:

- emergency contact details for key staff who have specific roles or responsibilities under the emergency plan, for example, fire wardens, floor wardens and first aid officers;
- contact details for local emergency services, for example police, fire brigade and the poison information centre;
- a description of the mechanisms for alerting people at the workplace to an emergency or possible emergency, for example sirens or bell alarms;
- evacuation procedures including arrangements for assisting any people with hearing, vision or mobility impairment;

- a map of Harmony Homecare's workplace/s, illustrating the location of fire protection equipment, emergency exits and assembly points;
- testing of emergency procedures, including the frequency of testing; and
- information, training and instruction to relevant staff in relation to implementing the emergency procedures.

Harmony Homecare's *Emergency Plan*, or a summary of key elements of the plan, will be readily accessible by staff and on display in Harmony Homecare premises. Emergency plans will be tailored to specific service locations and circumstances, in consultation with local health and emergency services.

Harmony Homecare's *Emergency Plan* must be implemented in an emergency. Directions from emergency services workers must also be complied with.

The Management Team will review Harmony Homecare's *Emergency Plan* at least annually and:

- when there are changes to the workplace such as re-location or refurbishments;
- when there are changes in the number or composition of staff including an increase in the use of temporary contractors;
- when new activities have been introduced; and
- after the plan has been tested.

The Managing Director will prepare and regularly review premises *Emergency Evacuation Plans* for how people should evacuate the premises and where they should assemble if there is an emergency. These reviews will take into account the choices, safety, rights and feedback of clients, whilst also managing the service's need to manage risk. Where there are changes to *Emergency Evacuation Plans*, these will be promptly communicated to clients, staff, volunteers and other stakeholders.

The *Emergency Evacuation Plans* will be displayed prominently in Harmony Homecare premises. Each Plan will clearly indicate its current location, where the exits are and where the assembly area is. This information will also be included in inductions of staff and clients.

The Managing Director (or delegate) will practice emergency and evacuation procedures with all staff (where applicable) at least every six months.

Fire Emergency

The Managing Director will ensure that fire equipment is installed, suitable for risks specific to Harmony Homecare's workplace and readily available in accordance with the relevant Australian Standards.

The Managing Director will install signage within Harmony Homecare premises, so people can find fire equipment quickly and identify what type of fire it can be used on.

Emergency exits will be kept unlocked, unblocked and all exit signs will be maintained and kept illuminated.

Fire extinguishers will be placed away from heat sources and regularly maintained.

All staff will be trained in how to use fire equipment and know what type of fire extinguishers to use for different types of fires.

The Managing Director will ensure fire equipment is regularly tested by Harmony Homecare's local fire authority or fire equipment supplier in accordance with Harmony Homecare's *Internal Review and External Audit Schedule*.

Staff will ensure that no source of ignition is introduced to a confined space, if there is a likelihood of fire or explosion in that space.

If the maintenance or repair of any structure or plant used for the storage or handling of dangerous goods involves the use of welding, cutting or other processes that generate heat or introduce ignition sources, the Managing Director will ensure that the risk of a fire or explosion involving the dangerous goods is eliminated, or reduced so far as is reasonably practicable if it cannot be eliminated.

For services provided to a client in their own primary residence (whether leased or owned by the client), Harmony Homecare expects that the client or their representative (and where appropriate, the owner of the premises) will have responsibility for their own fire safety and ensure that the premises meet all relevant building local laws and regulations or legislation.

Monitoring and Review

This policy and procedure will be reviewed at least annually by Harmony Homecare's Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into Harmony Homecare's service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.11 CHEMICAL USE AND STORAGE

Purpose and Scope

Incidents involving chemicals and fuels can result in explosions or fire, causing death or serious injury, as well as large-scale damage to property and the surrounding environment. Unsafe use can also cause cancer, poisoning, burns, blindness and other serious health problems. The purpose of this policy and procedure is to ensure the safety of staff, clients and other stakeholders when handling and storing chemicals.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Dangerous Goods Act 1985 (Vic)*
- *Dangerous Goods (Storage and Handling) Regulations 2012 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*
- *Code of practice for the storage and handling of dangerous goods 2013 (Vic)*
- *Australian Dangerous Goods Code 7th Edition (ADG7 Code)*
- *Hazardous Substances Information System (HSIS): <http://hsis.safeworkaustralia.gov.au/>*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*
- *Chemical Register*

- *Safe Work Procedures*
- *Guidance Sheet: Restricted Chemicals*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Policy

The health and safety of all Harmony Homecare stakeholders is of paramount importance. Harmony Homecare is committed to ensuring that when chemicals are introduced onto Harmony Homecare premises that they are recorded, handled and disposed of appropriately.

Workplace chemicals and fuels can be classified as dangerous goods, hazardous substances or both.

Procedures

Identify Dangerous Goods and Hazardous Substances

The Managing Director will ensure that all dangerous goods and hazardous substances are identified and clearly labeled or signed within the workplace.

Establish/Review a Chemical Register

The Managing Director will ensure details of all dangerous goods and hazardous substances stored or handled in the workplace are entered into a *Chemical Register*.

The *Chemical Register* is to be reviewed when new or additional quantities of chemicals are introduced into the workplace, or when risk controls have changed, or are no longer effective.

Handling Dangerous Goods

The Managing Director will ensure Safe Work Procedures (SWP) specific to the handling of dangerous goods and hazardous substances stored in the workplace are developed and implemented.

Obtaining Safety Data Sheets

The Managing Director will ensure a hard copy collection of current Safety Data Sheets (SDSs) from manufacturers and suppliers is maintained. The SDSs obtained for each chemical must be the authorised version prepared by the manufacturer.

The *Chemical Register* and associated SDSs are to be kept by the Managing Director in a suitable location which is known and accessible to all staff in the workplace, as well as any other person who is likely to be exposed to the dangerous goods or hazardous substances.

Labelling

The Managing Director will ensure that all dangerous goods and hazardous substance storage containers are clearly labelled. The label on the container in which the dangerous good or hazardous substance is supplied must remain intact, legible and unaltered. The date of receipt of a hazardous substance should be marked on the original container to allow for monitoring of the age of the chemical and promote the use of older materials first.

Containers with unknown substances in them should be labelled 'CAUTION DO NOT USE: UNKNOWN SUBSTANCE' and then disposed of appropriately.

Risk and Hazard Management

In accordance with Harmony Homecare's *Risk Management Policy and Procedure*, the Managing Director will implement a risk management process regarding chemical use and storage. They will actively identify hazards, implement risk controls to eliminate or reduce the risks associated with these hazards, and review and if necessary revise these risk controls monthly.

Emergency procedures

- The Managing Director will ensure that appropriate emergency management provisions are available for use in the event of a chemical emergency. The emergency management provisions may include:
 - spill kits or containment equipment;
 - safe work procedures for spills or release of chemicals;
 - fire blankets/extinguishers;
 - first aid kits;
 - eye wash stations/eye wash kits/emergency showers;
 - emergency shutdown procedures for equipment;
 - appropriate numbers of trained emergency wardens and first aiders; and
 - appropriately displayed emergency contact details.

Health Surveillance

The Managing Director will regularly refer to current SDSs to determine the health surveillance requirements for any staff exposed to hazardous substances in the workplace.

Restricted Chemicals

The Managing Director will develop a *Guidance Sheet: Restricted Chemicals* that will provide a list of restricted substances not permitted in Harmony Homecare workplaces at any time.

Storage

The Managing Director will ensure that storage of chemicals is appropriate and only compatible substances are stored together (refer: https://www.safeworkaustralia.gov.au/system/files/documents/1702/managing_risks_of_hazardous_chemicals2.pdf).

Storage quantities should be kept to a minimum to cater for demand only and excessive storage for long periods should be avoided.

Signage

The Managing Director will ensure that if the workplace is storing dangerous goods exceeding minor storage quantities, placards are provided as a visual warning.

The Managing Director will ensure that all purpose-built cupboards, cabinets and refrigerators for storing chemicals are labelled to indicate the type and class of chemicals being stored in them. Additional warning signs may also be required, such as “DO NOT USE TO STORE FOOD”.

Chemical Waste and Disposal of Chemicals

The Managing Director will ensure that chemical waste is properly packaged, labelled and stored in suitable designated areas whilst awaiting collection. Labelling must include at a minimum the product identifier, workplace details and a hazard pictogram consistent with the correct classification of the chemical (if relevant).

The Managing Director will ensure dangerous goods, hazardous substances and chemical waste are disposed of as per the Managing Risks of Hazardous Chemicals Code of Practice (refer https://www.safeworkaustralia.gov.au/system/files/documents/1702/managing_risks_of_hazardous_chemicals2.pdf)

Consultation, Information and Training

The Managing Director will ensure that arrangements are in place for consultation with staff in relation to chemical management. Consultation should occur in relation to:

- the introduction of new chemicals to the workplace;
- the identification and assessment of risks associated with chemicals at the workplace;
- decisions about control measures to be implemented; and
- induction and training requirements.

Hazard identification and incident reporting relating to chemicals should be carried out in accordance with Harmony Homecare’s incident reporting policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and give consideration to staff, client and other stakeholder feedback.

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

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.12 FOOD STORAGE AND PREPARATION POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Harmony Homecare's Managing Director (or delegates) prepare and store food to ensure it does not become unsafe or unsuitable for consumption.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*
- *Australia New Zealand Food Standards Code*
- *Safe Food Australia - A Guide to the Food Safety Standards*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Policy

High standards of hygiene and product protection will be maintained in relation to food handling throughout all program and services, in accordance with all relevant regulations, acts and standards.

Procedures

Should staff observe any practice by any other person that they believe to conflict with general hygiene standards, this must be reported to the Managing Director immediately in order to rectify the problem.

All staff are expected to report to work each day in clean clothing.

Hair should be clean, tidy and secured in place. Appropriate hair covering must be worn if hair is longer than shoulder length.

Clean gloves must be worn always while preparing food and should be changed regularly. Gloves should not be used when handling money.

Tongs or other appropriate utensils must be used in handling food where gloves are not appropriate.

Smoking, eating and drinking is not allowed in areas where food is stored, prepared or served.

Hands must be kept clean and must be washed regularly with soap and hot water, especially;

- when entering a food handling area;
- before touching any cooked or prepared food and after handling raw food;
- after using the toilet;
- after having a cigarette;
- after handling garbage or cleaning equipment and chemicals;
- after using a handkerchief or tissue or stifling a sneeze or cough;
- after handling money;
- before resuming work after any break or change in work area; and
- after touching hair, face or other parts of the body.

Staff involved in food preparation should report the following to the Managing Director:

- any skin irritations (eczema, dermatitis etc.) especially on the hands;
- any stomach complaints or bowel conditions;
- feeling generally unwell;
- any changes in health which may affect their ability to perform duties; and
- all cuts, scratches and wounds which may contaminate food.

The Managing Director (or delegate) will reallocate duties if necessary.

The Managing Director (or delegate) and all staff involved in food preparation and storage must familiarise themselves and comply with the *Australia New Zealand Food Standards Code* and *Safe Food Australia - A Guide to the Food Safety Standards*.

Temperature Control

Managing Director (or delegates) must ensure that the temperature of potentially hazardous food is either at 5°C or colder or at 60°C or hotter when it is received, served, transported or stored.

The following are examples of potentially hazardous foods:

- raw and cooked meat or foods containing meat, such as casseroles, curries and lasagne;
- dairy products, for example, milk, custard and dairy based desserts;
- seafood;
- processed fruits and vegetables, for example, salads;
- cooked rice and pasta;
- foods containing eggs, beans, nuts or other protein rich foods, such as quiche and soy products; and
- foods that contain these foods, such as sandwiches and rolls.

Managing Director (or delegates) do not have to keep potentially hazardous food at any specified temperature when preparing it because that would be impractical, but they must keep the processing or preparation time as short as possible so that bacteria do not get a chance to multiply to dangerous levels or form toxins.

Previously cooked and cooled potentially hazardous food must be reheated rapidly to 60°C or hotter. Ideally, food should be reheated to 60°C within a maximum of two hours to minimise the amount of time that food is at temperatures that favour the growth of bacteria or formation of toxins.

Potentially hazardous foods should be cooled to 5°C or colder as quickly as possible. There may be food poisoning bacteria in the food even though it has been cooked. Faster cooling times limit the time when these bacteria can grow or form toxins.

Food must be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours.

To chill food quickly, divide it into smaller portions in shallow containers, taking care not to contaminate the food in the process.

Reporting

Incidents relating to infection control or infectious diseases should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually and changes endorsed by the</i>				

Management Team.

1.13 SAFETY AND SECURITY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Harmony Homecare provides a safe and secure work environment for all clients, staff and other stakeholders.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

For processes relating to client and staff personal safety, see Harmony Homecare's *Protecting Clients from Harm Policy and Procedure* and *Equity, Anti-discrimination and Workplace Harassment Policy and Procedure*.

Policy

Harmony Homecare ensures the safety and security of staff and visitors by implementing a variety of security measures.

Procedures

Entry to Premises

Visitors

The premises' entrance is locked and deadlocked, and the exterior monitored by multiple CCTV cameras on the exterior of the building including the visitor car park. The premises are wheelchair accessible.

All visitors are to complete the sign in register located at the Reception desk when arriving at the premises. Visitors are required to sign out before leaving the premises.

Exit from Premises

The last staff member to leave Harmony Homecare's office is to turn off all the office lights and to key lock and bolt the front door.

The Managing Director will be informed of and approve work taking place after hours or on weekends.

In the Event of an Emergency or a Fire Drill

All staff and visitors must follow instructions given by Harmony Homecare's nominated fire warden or Managing Director during security and fire drills or during an emergency. Refer to the *Fire Safety and Emergency Policy and Procedure*.

Staff members must ensure that any clients and visitors are escorted to the evacuation point.

Theft or Damage to Property or Premises

Staff will be provided with a key lockable drawer or cabinet in which to keep their valuables.

In the event of damage or theft of personal property, staff, clients and visitors should inform the Managing Director who will take further action such as contacting the Police.

Any theft or damage to Harmony Homecare premises or property will be reported to the Managing Director who will take further action, such as contacting the Police and relevant insurance company.

Reporting

Incidents relating to safety and security should be reported in accordance with the Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.

1.14 PHYSICAL ACCESSIBILITY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Harmony Homecare provides a physically accessible service environment that is responsive to its clients' support and communication needs.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *Disability (Access to Premises - Buildings) Standards 2010*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*
- *Human Services Standards (Vic) – Wellbeing*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Service Access Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Policy

Harmony Homecare ensures that its services are physically accessible and safe. It takes a continuous improvement approach to ensuring ongoing accessibility for all staff, clients and other stakeholders.

Procedures

Information for clients, including Harmony Homecare's website, signage and client information, will be provided in a variety of formats such as different languages, Easy English, face-to-face or phone explanation by staff, and the use of interpreters and advocates. Specific formats provided will be responsive to demand data (see Harmony Homecare's *Service Access Policy and Procedure* and individual client needs).

Harmony Homecare will provide suitable client resources to accommodate the local population. This will take into account cultural backgrounds, disabilities, age and other

special needs, in accordance with relevant legislation. Any premises signage will also be consistent with local population requirements.

Where physical access issues are identified, the Managing Director will consider how the premises might be modified to accommodate a person's needs. Where reasonable, the Managing Director will ensure permanent modifications are made.

Where clients or stakeholders are unhappy with any aspect of the service's accessibility, they will be directed to Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure*.

To maximise the physical access of Harmony Homecare services, premises and service provision will take into account:

- wheelchair accessibility such as ramped access to the premises;
- the availability of equipment required for client's specialised support, health or person care needs;
- how Harmony Homecare premises can be made welcoming and comfortable;
- proximity to public transport; and
- phone service reliability during advertised opening hours.

Entry and exit

Entries and exits will be clearly lit, slip-resistant, signposted, clearly marked and aligned with the needs of service users.

Appropriate entries and exits will be available for mobile equipment, such as wheelchairs.

Aisles and walkways will be at least 600mm wide, free of furniture and other obstacles, and where necessary clearly marked with yellow lines.

Staircases will be guarded with upper and lower rails, with a handrail on at least one side.

Power-operated doors and gates will have safety features to prevent people being struck or trapped. They will also be suitably signposted, to warn of potential hazards.

Work areas

Staff will maintain good housekeeping practices and a tidy workplace at all times to reduce the risk of injury from slips and trips.

Work areas will have enough space to allow someone to move about freely without strain or injury and evacuate quickly in case of emergency.

Where noise, heat or manual tasks are involved, a larger work will be provided where possible.

Floors and other surfaces

Floors will be slip resistant and free of any hazards, such as cables and loose tiles, which can cause slips or trips.

Carpet will be used in office areas and where staff are undertaking static standing work.

Lighting and ventilation

The Managing Director will ensure there is sufficient light to enable staff to perform tasks without straining their eyes or adopting awkward postures. Additional lighting will be used at places of particular risk.

Internal workplaces will be properly ventilated with windows and doors, fans or air-conditioning.

Extreme temperatures

The service environment temperature will be maintained between 20°C and 26°C (noting that this may not always be possible when delivering services in the community).

Staff, clients and other stakeholders should report conditions that are too hot or too cold to the Managing Director.

Noise

Equipment must not produce noise that exceeds the maximum noise level recommended by the Standards Association of Australia or as specified in local laws.

If noise causes discomfort, staff, clients and other stakeholders should report the problem to the Managing Director (or delegate).

Personal facilities

Harmony Homecare will provide clean, safe and accessible toilets, drinking water, washing and eating facilities, and secure storage for personal items.

Specific types of work

Where Managing Director (or delegates), clients or other stakeholders are working or undertaking activities outdoors, they will have access to shelter for eating meals and taking breaks, and to protect themselves in adverse weather conditions. They will also be given personal protective equipment (PPE) required to safely undertake the duties of their role.

Working alone or remotely increases the risk of any job, particularly exposure to violence and poor access to emergency services. Staff who are required to work alone will be provided with appropriate communication systems and other safety equipment.

Reporting

Incidents relating to physical accessibility should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and

incorporate staff, client and other stakeholder feedback.

Harmony Homecare will undertake an annual accessibility audit of its premises in accordance with its *Internal Review and External Audit Schedule*.

Annual service delivery and satisfaction surveys will assess client and other stakeholder satisfaction with Harmony Homecare's physical access and service environment.

Harmony Homecare's six-monthly Service Delivery and Planning days and activities will include clients and stakeholders where relevant and assess feedback provided by and to clients and potential clients around access and whether the information provided to clients is appropriate and effective.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				

Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.15 INFECTION CONTROL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure that Harmony Homecare minimises the risk of the spread of infectious diseases in its work environments, and in the homes of clients in which Harmony Homecare staff deliver services.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*
- *Australian Guidelines for the Prevention and Control of Infection in Healthcare 2010*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Definitions

Infectious diseases - also known as communicable diseases; caused by organisms such as bacteria, viruses, fungi and parasites. These micro-organisms can invade and reproduce in the human body, and then cause harmful effects. In healthcare settings, the main modes for transmission of infectious agents are contact (including bloodborne), droplet and airborne.

Policy

Harmony Homecare's Managing Director (or delegates) have a duty of care and must take all reasonable steps to safeguard clients, other staff and stakeholders from infection.

Procedures

Any staff member with any infectious disease, including the flu, is required to stay away from the workplace until such time they are cleared by a doctor. A medical certificate is required

to be presented with the staff member's timesheet for payment of sick days.

Notifiable diseases are diseases that must be reported to the Health Department by health practitioners. Any staff member that has a notifiable disease must not attend work until they are cleared by their doctor.

Standard Precautions

Standard precautions must be implemented when cleaning surfaces and facilities. Staff must wear suitable gloves and other protective clothing appropriate for the task. Protective eyewear must be worn where splashing is likely to occur.

Toilets, sinks, washbasins, baths, shower areas, and surrounding areas should be cleaned regularly or as required. Cleaning methods for these items should avoid generation of aerosols. Although environmental surfaces play a minor role in the transmission of infections, a regular cleaning and maintenance schedule is necessary to maintain a safe environment.

Surfaces should be cleaned on a regular basis using only cleaning procedures that minimise dispersal of micro-organisms into the air.

Floors should be cleaned daily or as necessary with a vacuum cleaner. Alternatively, damp dusting or cleaning with a dust-retaining mop is acceptable.

Routine surface cleaning should be undertaken as follows:

- clean and dry work surfaces before and after usage or when visibly soiled;
- spills should be dealt with immediately;
- use detergent and warm water for routine cleaning;
- where surface disinfection is required, use in accordance with manufacturer's instructions;
- clean and dry surfaces before and after applying disinfectants;
- empty buckets after use, wash with detergent and warm water and store dry; and mops should be cleaned in detergent and warm water then stored dry.

Standard precautions to protect against infectious diseases include:

- wash hands for 30 seconds before and after contact with clients, eating, using gloves and after using the toilet, contact with used equipment and contact with body substances or equipment, materials (including linen) or contaminated surfaces;
- wear disposable latex gloves when handling food or any item which may be contaminated by bodily fluids;
- cover cuts or scratches with waterproof, breathable dressing;
- wear personal protective equipment (PPE) such as protective eyewear, an apron, enclosed footwear and/or a face mask if splashing or direct contact with body fluids is likely;
- use sharps containers at point of use if sharps are being used. Do not resheath sharps; and
- clean up spills with water and bleach.

Anyone with signs and symptoms of a respiratory infection, regardless of the cause, should follow or be instructed to follow respiratory hygiene and cough etiquette as follows:

- Cover the nose/mouth with disposable single-use tissues when coughing, sneezing, wiping and blowing noses;
- Use tissues to contain respiratory secretions;
- Dispose of tissues in the nearest waste receptacle or bin after use;
- If no tissues are available, cough or sneeze into the inner elbow rather than the hand;
- Practice hand hygiene after contact with respiratory secretions and contaminated objects/materials; and
- Keep contaminated hands away from the mucous membranes of the eyes and nose.

Person-centered approach to Infection Control

A person-centred approach to providing support includes putting clients at the centre of infection prevention and control and enabling them to participate in their care process.

To support a two-way approach to infection prevention and control and encourage client participation, Harmony Homecare will:

- take patients' perspectives into account when developing policies and programs;
- familiarise clients with its infection prevention and control strategies;
- encourage clients to disclose their health or risk status if there is a potential risk or source of infection;
- provide opportunities for patients to identify and communicate risks and encourage them to use feedback procedures through the service's feedback, compliments and complaints processes;
- provide educational materials about infection prevention and control using a variety of media (e.g. posters, printed material, educational videos) in a variety of accessible formats; and
- inform clients about the protocols for protecting their privacy and confidentiality.

Reporting

Incidents relating to infection control or infectious diseases should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.16 VEHICLE SAFETY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure the safety of Managing Director, staff, clients and other stakeholders when service delivery requires the use of vehicles.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Policy

The health and safety of all Harmony Homecare's Managing Director, staff, volunteers, contractors, clients and visitors are of utmost importance, including when service delivery requires the use of vehicles.

Procedures

The Managing Director will:

- review the appropriateness of vehicles used by Harmony Homecare staff for the types of work activities they are undertaking;
- ensure comprehensive insurance and a roadside assistance scheme is in place for all Harmony Homecare-owned vehicles; and
- review and analyse all vehicle incidents.

The Managing Director will:

- ensure relevant staff have valid drivers' licenses and verify these annually in accordance with Harmony Homecare's *Human Resources Policy and Procedure*;
- ensure staff have properly maintained vehicles and all vehicles are checked prior to use;
- escalate concerns about vehicles and staff driving capabilities to the Managing Director;
- ensure all vehicles are supplied with equipment such as first aid kits, fire extinguishers (where required), reflective vests, reflective triangles, emergency contact numbers, torches and other required emergency supplies; and
- review and analyse all vehicle incidents with the Managing Director.

Staff must apply normal hazard and risk management techniques in their day-to-day work and whenever driving any vehicle.

Certain driving environments will present a greater hazard than others. Staff must take the following actions to manage the risks:

- not drive unlicensed;
- not drive under the influence of drugs or alcohol;
- conduct pre-use safety checks of vehicles (see below);
- where possible, ensure clients being transported are not sitting behind the driver and are secured appropriately;
- follow all applicable road rules at all times;
- take regular breaks from continuous driving as required, and at least every two hours;
- not drive 2WD vehicles in off-road environments;
- report any vehicle accidents immediately to the Police and Managing Director;
- inform the Managing Director when entering areas where there is an increased potential for vehicle immobilisation; and
- report immobilisation events including breakdown and bogging as an incident in accordance with Harmony Homecare's *Incident Management (Staff and Other Stakeholders) Policy and Procedure*, to enable better information to be gathered regarding the suitability of vehicles and the training provided to staff.

Vehicle Safety Checks

When undertaking vehicle pre-use safety checks, staff will, at a minimum:

- ensure the manufacturer's specified service schedule is being adhered to;
- inspect all external lights (grime can reduce their effectiveness by up to 40%);
- inspect wiper blades to ensure they clear the windscreen effectively;
- clean the windscreen and rear window;
- check all fluid levels - engine oil, transmission fluid, brake fluid, power steering fluid, windscreen washer fluid and the radiator coolant;
- check radiator hose condition and that hose clamps are tight;
- check tyre pressure and condition; and
- ensure mirrors are present and oriented correctly for use.

Seat belts

By law, all occupants of a vehicle must wear seatbelts at all times. If a seat belt is starting to show signs of wear and tear, (frayed, not retracting back) the vehicle needs to be seen by an

authorised repairer. For Harmony Homecare-owned vehicles, staff should refer the matter to the Managing Director.

Clients must have a doctor's approval not to wear a seat belt and staff must carry this approval with them when transporting relevant clients.

Mobile Phones

Staff must not use a hand-held mobile telephone when driving.

Staff must pull over and stop the vehicle's engine before answering or making phone calls or reading or responding to texts.

Speed

Staff must drive at a speed that suits the road conditions, vehicle, weather conditions and their driving experience and not exceed the applicable speed limit for the road used.

Client transport

Staff should undertake a risk assessment to determine if a client can be transported alone in a vehicle.

Generally, clients with behaviours of concern should not be seated behind the driver and must wear a seat belt.

Staff must use good manual handling techniques when transferring mobility restricted clients or handling wheelchairs or equipment.

Reporting

Vehicle incidents should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by Harmony Homecare's Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into Harmony Homecare's service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.17 MEDICATION MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy is to ensure Harmony Homecare promotes duty of care principles that require Managing Director (or delegates) and staff to maintain a high level of competency when reminding clients about, supervising the intake of or administering medication.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *Drugs, Poisons and Controlled Substances Act 1981 (Vic)*
- *Drugs, Poisons and Controlled Substances Regulations 2006 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Policy

The health and safety of all Harmony Homecare Managing Director, staff (where applicable), volunteers, contractors, clients and visitors are of utmost importance, including the management and administration of client medications.

Procedures

Clients self-administering and managing their own medications

Clients will manage and administer their own medication where appropriate.

Where required, the Managing Director will request written advice from a client's medical practitioner or guardian, notifying that a client has appropriate training and skill to assume

responsibility for the management of their own medication.

Clients will be provided with every opportunity to safely manage and administer their own medication.

The self-administration and management of medications by the client is properly supervised, documented and recorded by Harmony Homecare staff.

Clients unable to self-administer their own medications

Staff members are to provide the client with whatever physical or other assistance is necessary and appropriate to enable the client to take their own medication, unless the client objects.

Staff who provide medication administration services will be provided with appropriate training.

Practical Requirements for the Administration of Medications

All medication must be administered in strict accordance with the directions of the prescribing medical practitioner or the manufacturer's directions as appropriate and recorded on the appropriate medication chart.

All client medications are to be taken or administered from the original containers or packages in which they were originally dispensed.

Medication is not under any circumstances to be given out or administered to a client by another client.

Prohibited practices

Managing Director (or delegates) must not administer any medication that is not prescribed in accordance with this policy, including 'over the counter' medication.

Managing Director (or delegates) must not administer medication to a client who is clearly objecting in an informed manner, unless there is an approved protocol in place.

Managing Director (or delegates) must not administer medications to clients in a manner that is clearly for organisational convenience and not reflecting the preference or needs of the client.

Managing Director (or delegates) must not leave medications of any type in an area where they are unsupervised and accessible to clients or unauthorised persons.

Medication Records

A medication chart is to be maintained for each client prescribed medication. The chart is to be completed by the client's Medical Officer and updated whenever a medication is changed.

Where a Managing Director (or delegate) has uncertainty about a client's medication, this should be immediately clarified with the Medical Officer or the dispensing pharmacist.

Storing Medication

Medication for all clients must be stored in a locked container (e.g. housing filing cabinet or

cupboard), which can only be accessed by staff.

The Managing Director (or delegate) are responsible for the security of all medication stored on Harmony Homecare premises.

Managing Director (or delegates) must adhere to the manufacturer's instructions for storing each medication.

When medication needs to be transported, it should be placed in an appropriate storage container where required.

Disposing of Medications

All medications (including those self-administered and managed by clients) are to be returned to the pharmacist when ceased.

No 'prescription only' medication may be kept as Harmony Homecare stock. Any client's medication is to be returned to the client at the end of the medication regime.

No medications are to be used by or for another client or kept or allowed to accumulate with other client's medication for use sometime later as 'stock' medication.

Reporting

Incidents relating to medication misuse should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.18 MAINTENANCE AND MANAGEMENT OF EQUIPMENT, FURNITURE, LIGHTING AND VENTILATION POLICY AND PROCEDURE

Purpose and Scope

This policy and procedure sets out the practices to be followed to maintain goods, equipment, furniture, lighting and ventilation at Harmony Homecare premises.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Occupational Health and Safety Amendment Regulations 2014 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*
- *Workplace Inspection Checklist*
- *Maintenance Book*

This policy and procedure applies to all Harmony Homecare staff, volunteers and contractors. It should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Definitions

Maintenance falls into three broad categories:

Essential Maintenance – work that is recurrent in nature, required to keep systems operational, safe and as required by statutory authorities or regulation, for example:

- fire protection systems;
- security systems;
- ventilation systems;
- heating and cooling plant and equipment;
- lift services;
- electrical equipment safety inspections and testing; and
- hazardous materials management.

Planned Maintenance – work that has been identified through asset inspection and assessment procedures required to be undertaken to preserve a building's fabric including features, for example:

- painting previously painted surfaces;
- replacement of floor coverings;
- replacement of furniture;
- annual cleaning; and
- gutter cleaning.

Unforeseen Maintenance – work that cannot be anticipated, usually because of a breakdown or an accident, which is essential for health safety, security or protecting the environment, for example:

- blocked drains from stormwater or sewerage;
- electrical hazards; and
- vandalism.

Policy

The built and landscaped environments at Harmony Homecare will be kept in such condition to ensure that the facilities are adequate:

- for the services provided;
- for the numbers of clients supported; and
- for safe and secure use by staff, clients and other stakeholders.

Procedures

The Managing Director will formally inspect Harmony Homecare premises on a six-monthly basis using the *Workplace Inspection Checklist*, in accordance with Harmony Homecare's *Internal Review and External Audit Schedule*. The checklist refers to:

- chemicals;
- electricity;
- storage;
- equipment;
- furniture;
- floor coverings;
- ventilation;
- lights;
- fire extinguishers; and
- evacuation.

The Managing Director will take necessary corrective action to ensure any unacceptable condition or risk situation is resolved, and service delivery is not impacted.

Harmony Homecare also has a *Maintenance Book* located at its premises. Managing Director (or delegates) will record any items that require maintenance in this book. The Managing Director will engage an external maintenance person to attend to these issues. If the matter is of an urgent manner, a tradesman will be notified immediately.

If a maintenance issue is identified and it poses an immediate threat, and/or this issue impacts the routine delivery of service (e.g. equipment that is essential when supporting clients such as a mobility device), staff, clients and stakeholders must notify the Managing Director (or delegate) immediately.

The Managing Director will develop *Risk Management* and *Risk Treatment Plans* relating to fire safety, building and equipment maintenance and security systems. The Managing Director will review these monthly and report on relevant risks. Identified risks will be tracked by the Managing Team using Harmony Homecare's *Risk Register*.

Environment Hazards

All staff are required to care for Harmony Homecare equipment in an appropriate manner and to ensure that it is clean and safe.

Broken equipment or furniture, lighting or ventilation should be reported to the Managing Director immediately and removed where possible.

Hazardous equipment will be stored in the appropriate places.

Repairs that do not present an immediate risk to staff, clients or other stakeholders will be assessed by the Managing Director and passed on to the appropriate person to repair the problem.

Reporting

Incidents relating to any of Harmony Homecare equipment, furniture, lighting and ventilation should be reported in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

1.19 ELECTRICAL SAFETY POLICY AND PROCEDURE

Purpose and Scope

This policy sets out a framework for the management and use of electrical installations and equipment at Harmony Homecare in compliance with the *Occupational Health and Safety Act 2004 (Vic)* and the *Electrical Safety Act 1998*. This policy provides guidance to Harmony Homecare and its stakeholders in the management of electrical safety in the workplace, including safe use of approved electrical equipment, who is authorised to undertake electrical work and isolation of electrical machinery/equipment.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Electrical Safety Act 1998 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational Health and Safety Systems*
- *AS/NZS 3000:2007: Electrical installations*
- *AS/NZS 3760:2010: In-service safety inspection and testing of electrical equipment*
- *Safe Work Australia - Managing Electrical Risks at the Workplace*
- *Human Services Standards (Vic) – Risk Management*

Organisational documents relevant to this policy and procedure:

- *Occupational Health and Safety Policy and Procedure*
- *Occupational Health and Safety Improvement Register*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy applies to:

- all electrical equipment and installations on Harmony Homecare premises; and
- all Managing Director, staff, clients, students, contractors or visitors using electrical devices Harmony Homecare property.

This policy and procedure should be read in conjunction with Harmony Homecare's *Occupational Health and Safety Policy and Procedure*.

Definitions

Harmony Homecare Premises - buildings, land and property owned, leased and/or occupied by Harmony Homecare.

Electrical Installation - a group of items of electrical equipment that are permanently electrically connected and can be supplied with electricity from the works of an electricity supply authority or from a generating source.

Electrical Equipment - any apparatus, appliance, cable, conductor, fitting, insulator, material, meter or wire that:

- is used for controlling, generating, supplying, transforming or transmitting electricity at a voltage greater than extra-low voltage;

- is operated by electricity at a voltage greater than extra-low voltage;
- is part of an electrical installation located in an area in which the atmosphere presents a risk to health and safety from fire or explosion; or
- is, or is part of, an active impressed current cathodic protection system.

Policy

Electrical work is not to be undertaken on Harmony Homecare premises except by an appropriately licensed Electrical Installation worker engaged by the Managing Director.

Procedures

Testing, Tagging and Repairing Electrical Equipment

The inspection, testing and tagging of Electrical Equipment used at Harmony Homecare must be conducted in accordance with the requirements of *AS/NZS 3760:2010 - In-service safety inspection and testing of electrical equipment* and the *Occupational Health and Safety Act (2004)*.

Only equipment in use needs to be tested. Equipment not in use and/or beyond its testing date should have an isolation tag to indicate that tagging is required and must be completed prior to use.

Testing and tagging of equipment must be done either by a qualified electrician or by someone who has successfully completed an approved course at a Vocational Education and Training provider. There are also a number of electrical contractors who specialise in the checking and tagging of Electrical Equipment.

Electrical appliances must be inspected and tested:

- at intervals not exceeding those set out by *AS3760:2010* (a tolerance of two weeks is acceptable); and
 - before being returned to service or after any repair or servicing that could have affected the electrical safety of the appliance.
- Manufacturer's instructions may specify intervals appropriate to specific types of equipment.

New Equipment

Brand new electrical equipment that is 'out of the box' and unused (i.e. new equipment that is not second-hand) does not have to be tested before first use but should still be visually inspected to ensure that no damage occurred during transport, delivery, installation or commissioning.

The date when the new electrical item was placed into service should be recorded, if there is no record of installation or similar record. In that case it should also be fitted with a tag that states:

- that the equipment is 'new to service';
- the date of entry into service; and
- the date when the first electrical safety test is due.

Any equipment purchased second-hand must be tested and tagged before first use.

Appliances brought in from home

Electrical appliances brought in by contractors, or from home by staff, clients or visitors, for use on Harmony Homecare property are subject to the same testing and tagging procedure as for appliances owned or leased by Harmony Homecare. Appliances should be tested and tagged prior to their use on Harmony Homecare property.

While there is no requirement to test and tag personal laptops, staff, clients and visitors are encouraged to have their laptops tested and tagged using an approved person or company.

In both situations above the testing and tagging is the responsibility and at the expense of the owner.

Hire equipment

While it is the responsibility of the person hiring equipment to ensure that the equipment is inspected and tested at the commencement of each hire, the person or company who hires out the equipment to Harmony Homecare must ensure that the equipment - for the period of the hire - meets all relevant inspection and testing requirements.

Test equipment

Test equipment, including leads and probes, must be appropriate and adequate for the tests being performed, and must be suitable for use in accordance with its operating instructions.

Installation and removal of electrical equipment

No Electrical Equipment may be installed on Harmony Homecare owned or leased property unless the work is undertaken by an appropriately licensed electrical installation worker engaged by the Managing Director.

The changing of light globes and lamps have been known to result in electric shock and falls from heights. This work must be completed by a licenced electrician or an appropriately trained staff member or contractor.

Managing electrical risks in the workplace

Before any installation or removal of electrical equipment takes place, hazards associated with the work must be identified and appropriate actions taken to eliminate or minimise them as far as is practicable.

Unsafe electrical equipment at the workplace

The Managing Director will ensure that any unsafe Electrical Equipment is disconnected (or isolated) from its electricity supply and, once disconnected, is not reconnected until it is repaired or tested and found to be safe or is replaced or permanently removed from use.

To ensure that unsafe Electrical Equipment is not used inadvertently before it can be tested, repaired or replaced, it should immediately be labelled to indicate that it has been taken out of service for safety reasons pending testing and possible repair and to warn against further use.

Reporting arrangements must be put in place to ensure as far as is reasonably practicable that the Managing Director are advised if a worker reasonably believes that Electrical Equipment in

the workplace is electrically unsafe or that unexpected conditions, for example flooding, render the use of Electrical Equipment in a workplace area unsafe.

An *Incident Report* should be lodged when the hazard is discovered and include all details of the incident to enable accurate investigation.

Residual Current Devices (RCDs)

The greatest risk of electric shock often results from people making contact with unprotected energised parts of Electrical Equipment and earth. Contact with energised parts may occur by touching bare conductors, internal parts of Electrical Equipment, or external parts of Electrical Equipment that have become energised because of an internal fault.

Workplace fatalities can be prevented by the use of properly installed and maintained RCDs, commonly referred to as 'safety switches'. An RCD is an electrical safety device designed to immediately switch off the supply of electricity when electricity 'leaking' to earth is detected at harmful levels. RCDs offer high levels of personal protection from electric shock.

RCDs also reduce the risk of fire by detecting electrical leakage to earth in electrical wiring and Electrical Equipment. This protection is particularly important for older electrical installations.

For new electrical installations, RCDs must be installed in the switchboard by a licensed Electrical Installation worker.

Certificates of electrical safety

On completion of any electrical installation work undertaken on Harmony Homecare premises, a certificate of electrical safety must be issued by the electrical contractor who undertook the work. No electrical installation work should be commenced unless the contractor concerned is authorised and willing to issue such a certificate.

Testing shall include mandatory and optional tests as applicable to the required works.

Inspection and testing

In some instances, electrical installation work must be inspected by a licensed electrical safety inspector before the certificate of electrical safety can be finalised. The electrical contractor undertaking the installation work will be able to advise if an inspection is required and arrange for an inspector to undertake it.

An electrical installation, or any part thereof, that has been constructed, altered, added to or repaired must not be put into service until:

- the certificate of electrical safety has been issued and the installation inspected if required; and
- the installation has been tested and the electrical contractor has verified that the alteration, addition or repair is compliant with *AS3000* (Electrical installations) and does not impair the safety and integrity of any existing electrical installation.

For major construction works all parts of the electrical installation will be inspected and certified by an independent and qualified electrical inspector. Self-certification by the installation contractor is not acceptable.

Inspecting and testing RCDs

The Managing Director will ensure that all RCDs used at the workplace are tested regularly by a competent person to ensure the devices are working effectively. This requirement applies to all RCDs, including non-portable RCDs, used in all operating environments.

A record of testing must be kept until the device is next tested or disposed of.

Operation and Maintenance Manuals

For all new installations and equipment, the contractor is to provide Operating and Maintenance Manuals in line with the Minimum Level Design and Construction Specifications.

Portable electrical equipment

Ensuring the safe use of portable Electrical Equipment

There are a number of things that must be done to help ensure the safe use of portable Electrical Equipment in the workplace including:

- using only portable Electrical Equipment that is recommended under this procedure (see below);
- visually inspecting new equipment to ensure that no damage has occurred during transport, delivery, installation or commissioning;
- arranging electrical leads so they will not be damaged - avoiding running leads across the floor or ground, through doorways and over sharp edges, and using lead stands or insulated cable hangers to keep leads off the ground; and
- not using leads and tools in damp or wet conditions unless they are specially designed for these conditions.

Risk management

If it is believed there might be a hazard to health or safety associated with the use of the portable equipment, the risk must be identified, and action taken to eliminate it, or minimise it so far as is practicable. See Harmony Homecare's *Risk Management Policy and Procedure*.

Any hazard or injury resulting from the use of portable Electrical Equipment must be reported immediately using Harmony Homecare's *Incident Report*.

Unsafe portable Electrical Equipment at the workplace

The Managing Director will ensure that any unsafe Electrical Equipment at the workplace is disconnected or locked out (or isolated) from its electricity supply, and, once disconnected, is not reconnected until it is repaired or tested and found to be safe or is replaced or permanently removed from use.

To ensure that unsafe Electrical Equipment is not used inadvertently before it can be tested, repaired or replaced, it should be labelled to indicate that it has been taken out of service for safety reasons pending testing and possible repair and to warn against further use.

Reporting arrangements must be put in place to ensure as far as is reasonably practicable that the Managing Director is advised if a staff member reasonably believes that portable Electrical Equipment in the workplace is electrically unsafe or that unexpected conditions (e.g. flooding), render the use of portable Electrical Equipment in a workplace area unsafe.

When RCDs must be Provided for Use in Workplaces

Where practicable, appropriate RCDs should be used to minimise any electrical hazard associated with the supply of electricity to 'plug in' electrical equipment. In the following higher-risk workplaces use of RCDs is required where:

- the normal use of Electrical Equipment exposes the equipment to operating conditions that are likely to result in damage to the equipment or a reduction in its expected life span, including conditions that involve exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust;
- Electrical Equipment is moved between different locations in circumstances where damage to the equipment or to a flexible electricity supply cord is reasonably likely;
- Electrical Equipment is frequently moved during its normal use;
- Electrical Equipment forms part of, or is used in connection with, an amusement device; and
- a circuit supplies a wet use appliance, if practicable.

Common examples of Electrical Equipment that may be used in these operating conditions, and therefore should use RCDs, include:

- hand-held Electrical Equipment (e.g. drills, saws, hair dryers and electric knives);
- Electrical Equipment that is moved while in operation (e.g. jackhammers, electric lawn mowers, vacuum cleaners, floor polishers and extension cords); and
- Electrical Equipment that is moved between jobs in ways that could result in damage to the equipment (e.g. electric welders, electric cement mixers, portable bench saws and extension cords).

Non-portable (or 'fixed') RCDs

Non-portable RCDs are RCDs installed at either the switchboard or a fixed socket outlet. For new installations the Minimum Level Design and Construction Specifications state that when an RCD is installed it is installed in the switchboard.

Fixed RCDs must be installed by an appropriately licensed electrical installation worker engaged by the Managing Director.

Portable RCDs

Portable RCDs are usually plugged into a Socket Outlet and (depending on design) may protect one or more items of Electrical Equipment. The Managing Director must take all reasonable steps to ensure that portable RCDs used at the workplace are tested according to AS 3760:2010 by an appropriately licensed electrical installation worker to ensure the devices are working effectively. A record of testing will be provided and must be kept on the device until it is next tested or disposed of.

If an RCD is tested and found to be faulty it should be taken out of service immediately and arrangements made for its immediate replacement.

Use of portable Electrical Equipment on Harmony Homecare Premises

The use of double adaptors is not permitted within Harmony Homecare and should be removed and replaced with EPODs (power boards) fitted with overload protection devices.

Power boards are to be used only if they have overload protection. Home-made EPODs are illegal throughout Australia and must not be used at Harmony Homecare.

If an integral part of an electrical appliance or rack, and EPOD shall be fixed using secure fittings in such a way that the face is in the vertical plane in a location that is not susceptible to mechanical or water damage. Where possible the cord should be fixed to reduce the weight on the EPOD electrical junction.

Each EPOD must be plugged into a general-purpose outlet (GPO). GPOs share power circuits. Be aware too many EPODs plugged into GPOs on the same circuit may overload the circuit and cause a power failure.

Extension leads are only suitable for temporary applications. For longer term applications a new GPO should be installed or an EPOD with overload protection used. Ensure the extension lead is placed appropriately and shielded with an appropriate extension lead cover to reduce tripping hazards. Be wary of heavy equipment rolling over or impacting the lead as it may damage the insulation and wires causing shorting.

The use of fan forced coil heaters is not permitted; these devices pose a high fire risk and consume a great amount of energy. They are often not fitted with a cut-off switch and have relatively exposed elements making them susceptible to trapping dust and debris. Where a building has insufficient heating, Harmony Homecare will permit the use of convective panel heaters. Be aware that too many panel heaters on the same circuit may overload the circuit and cause a power failure.

Hazard and incident reporting

All hazards and injuries relating to electrical safety must be reported immediately in accordance with Harmony Homecare's incident management policies and procedures.

Most electrical shocks constitute a notifiable incident and must be dealt with in accordance with Harmony Homecare's incident management policies and procedures.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by /				

Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

1.20 INCIDENT MANAGEMENT (STAFF AND OTHER STAKEHOLDERS) POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide guidelines for reporting, investigating and applying appropriate control measures when an accident, incident (including critical incidents) or near miss occurs. The aim is to provide safe systems of work along with a safe working environment in all Harmony Homecare worksites.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Occupational Health and Safety Act 2004 (Vic)*
- *Occupational Health and Safety Regulations 2007 (Vic)*
- *Workplace Injury Rehabilitation and Compensation Act 2013 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 - Occupational Health and Safety Systems*
- *Human Services Standards (Vic) – Risk Management*

Documents relevant to this policy and procedure:

- *Harmony Homecare Incident Report*
- *Harmony Homecare Incident Register*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Identifying and reporting child safety concerns and abuse and neglect of clients as well as managing client-related incidents are covered in Harmony Homecare's *Protecting Clients from Harm Policy and Procedure*.

Definitions

Accident - an unforeseen event that causes damage to property, injury or death.

Incident - an occurrence that causes (or could have caused, in the case of a 'Near Miss') damage to property, injury/illness or death.

Near Miss - any incident that occurred at Harmony Homecare, which, although not resulting in any injury, illness or damage, had the potential to do so.

Hazard – a situation that has the potential to harm a person (cause death, illness or injury) or environment or damage property.

Hazard identification - A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard management - A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for staff, contractors and visitors while on the premises.

Harm - Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Notifiable incident - the death of a person; or a serious injury or illness of a person; or a dangerous incident.

Serious injury or illness - an injury or illness requiring a person to have:

- immediate treatment as an inpatient in a hospital; or
- immediate treatment for:
 - the amputation of any part of his or her body;
 - a serious head injury;
 - a serious eye injury;
 - a serious burn;
 - the separation of his or her skin from an underlying tissue (e.g. de-gloving or scalping);
 - a spinal injury;
 - the loss of a bodily function;
 - serious lacerations;
- medical treatment within 48 hours of exposure to a substance;
- any infection where a person's work is a significant contributing factor. This includes any infection related to carrying out work:
 - with micro-organisms;
 - that involves providing treatment or care to a person;
 - that involves contact with human blood or body substances; or
 - that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

Dangerous incident (including 'near misses') - an incident that exposes any person to a serious risk resulting from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance;
- an uncontrolled implosion, explosion or fire;
- an uncontrolled escape of gas or steam;
- an uncontrolled escape of a pressurised substance;
- electric shock;
- the fall or release from a height of any plant, substance or thing;
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with OH&S regulations;
- the collapse or partial collapse of a structure;
- the collapse or failure of an excavation or of any shoring supporting an excavation;
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or
- the interruption of the main system of ventilation in an underground excavation or tunnel.

A dangerous incident includes both immediate serious risks to health or safety, and a risk from an immediate exposure to a substance which is likely to create a serious risk to health or safety in the future (e.g. exposure to asbestos or hazardous chemicals).

Policy

Harmony Homecare is committed to providing a safe workplace for all staff, clients and other stakeholders and to establishing a formal process to report and investigate all workplace accidents, incidents and near miss occurrences. This includes identifying contributing factors and making the necessary recommendations to prevent a recurrence.

Harmony Homecare staff will respond to any incident or injury immediately and apply first aid as appropriate to each situation. An Incident Report will be completed once the person's health, safety and wellbeing have been responded to.

This policy is applicable to all locations in which Harmony Homecare provides service.

Procedures

Management Team responsibilities

The Management Team must ensure Harmony Homecare meets its OH&S and Incident Management responsibilities. This includes taking reasonable steps to:

- acquire and keep up-to-date knowledge of OH&S matters including legislative requirement for reporting incidents;
- understand the nature of Harmony Homecare's operations and the hazards and risks associated with those operations;
- ensure Harmony Homecare has appropriate resources and processes to eliminate or minimise risks to health and safety from work carried out;
- ensure Harmony Homecare has appropriate resources for the management of incidents;
- ensure Harmony Homecare has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information; and
- ensure Harmony Homecare has, and implements, processes for complying with its incident reporting duties and obligations.

Staff responsibilities

The Managing Director and staff are responsible for:

- reporting accidents, incidents or near misses to the Management Team as soon as practicable;
- undertaking mandatory reporting where such is applicable to the client, the incident and the location of the incident, in accordance with relevant legislation and standards;
- taking reasonable care for their own health and safety, and reasonable care that their acts or omissions do not adversely affect the health and safety of others; and
- complying with reasonable instructions that are given by supervisors and managers for Harmony Homecare to comply with its obligations and responsibilities.

Upon commencement, all staff will undergo Induction, which will include training in mitigating and responding to incidents, as well as mandatory reporting responsibilities.

Those responsible for investigating any accident, incident or near miss as part of their role will be trained in these requirements.

Responding to Incidents

1. Assess the situation and check for danger.
2. Remove the person from danger if it is safe to do so.
3. Call Emergency Services (dial 000) if required.
4. Attend to the immediate needs of the person/s involved. Apply or refer to a First Aid Officer to apply First Aid treatment if required.
5. Assess the situation and ensure no others are at risk of harm.
6. Notify relevant emergency contacts by telephone as soon as practicable should the person need medical treatment.
7. Should the person not need medical treatment, notify the parent, family member or carer when they arrive to collect the person.

Reporting Incidents

All notifiable incidents and near misses must be reported to the Managing Director (or delegate) as soon as practicable and within 24 hours through completion of an *Incident Report*.

Where an incident results in injury to a staff member, this must be recorded in Harmony Homecare's *Incident Register*. The register should be completed by the injured staff member or by someone on their behalf. The register will record:

- the name of the staff member;
- the person's occupation or job title;
- the time and date of the injury;
- the person's exact location at the time of the injury;
- the names of witnesses, if any, to the injury;
- the date on which the entry in the register is made;
- the name of the person making the entry.

****If an incident involves potential, suspected, alleged or actual harm, abuse, neglect or criminal activity, it must be reported as per *Harmony Homecare' Client Incident Management Policy and Procedure* and referred to the Managing Director immediately. ****

Notifiable/Mandatory Reporting Incidents

If an incident is Notifiable or falls within the Mandatory reporting requirements (or it is not certain whether it is Notifiable/Reportable) it must be reported to the Managing Director immediately. Information required includes the:

- name and address of the person giving notice;
- date and time of the event;
- place where the event happened;
- apparent cause;
- nature and extent of the damage;
- work that was being carried out at the time of the incident; and
- name and contact details of any injured or affected parties.

The Managing Director will inform:

- the Victorian Police Service and/or other relevant authorities;
- WorkSafe Victoria, by phone immediately after becoming aware of the incident and in writing within 48 hours; and
- Harmony Homecare's Management Team.

The person with management or control of the workplace must ensure, so far as reasonably practicable, that the site where the incident occurred is not disturbed until either WorkSafe Victoria or the Managing Director advise that the area is no longer required to be preserved.

The Managing Director will track progress and outcomes of accidents, incidents and near misses in Harmony Homecare's *Incident Register* and refer any relevant items for inclusion in Harmony Homecare's *Continuous Improvement Register*.

Accidents, incidents and near misses are to be reported to the Management Team monthly by the Managing Director as part of their OH&S reporting.

Investigating and Resolving Incidents

The Managing Director will work with WorkSafe Victoria and/or other relevant authorities to investigate the incident.

The Managing Director or their nominated representative will:

- commence investigations immediately upon receiving a completed *Incident Report* and, where a staff member is injured, involve them in the investigation;
- implement the most effective controls practicable that do not introduce other hazards, and monitor and review these;
- consult with staff who are, or are likely to be, directly affected;
- provide information and feedback to the Management Team; and
- track all relevant information in Harmony Homecare's *Incident Register*.

The *Incident Register* will include:

- a summary of the incident;
- any hazards identified;
- corrective action or controls implemented;
- consultation with and feedback provided by all involved in the incident; and
- outcomes of review of corrective actions or controls implemented.

Upon completion of the investigation the Managing Director must finalise the relevant *Incident Report* and record the outcomes in the *Incident Register*.

The completed *Incident Report* should be stored on the relevant staff member or client's file.

Incidents will be reviewed by the Management Team monthly, to determine if there are any trends or preventive measures that Harmony Homecare can take to prevent future incidents. If trends or measures are identified, these will be tracked in Harmony Homecare's *Continuous Improvement Register*.

Debrief and Support

For all persons involved in an accident, incident or near miss, if required, the Managing Director must:

- facilitate an informal debrief amongst supervisors, colleagues or peers; and
- ensure appropriate support and access to counselling is made available.

For information regarding Workers Compensation, see Harmony Homecare's *Human Resources Policy and Procedure*.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.

1.21 HUMAN RESOURCES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out Harmony Homecare's recruitment and selection, staff management and exit procedures and to demonstrate Harmony Homecare's commitment to effective, transparent and fair human resources practices.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Fair Work Act 2009 (Cwth)*
- *Equal Opportunity Act 2010 (Vic)*
- *Privacy Act 1998 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Disability Services Act 2006 (Vic)*
- *Working with Children Act 2005 (Vic)*
- *Working with Children Regulations 2006 (Vic)*
- *Human Services Standards (Vic) – Human Resources*
- *Victorian Child Safe Standards*
- *3.10 Assignment and Subcontracting (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *4.6 Safety Screening for Funded Organisations (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *Disability Worker Exclusion Scheme Instruction (Victorian Department of Health and Human Services)*

Documents relevant to this policy and procedure:

- *Disputes and Grievances Policy and Procedure*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*
- *Code of Conduct*
- *Staff Records*
- *Return to Work Policy and Procedure*
- *Staff Training Needs Self-Assessment Form*
- *Staff Performance Review Feedback Form*
- *Staff Performance Improvement Plan Form*
- *Staff Training Plan*
- *Training and Development Calendar*
- *Training and Development Register*
- *Victorian Police Check Application Forms*
- *Victorian Working with Children Check Application Forms*
- *Disability Worker Exclusion Scheme Consent and Acknowledgement Form*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Policy

Harmony Homecare is committed to building and promoting a diverse and talented workforce that has the support and capacity to deliver high quality services to its clients.

Harmony Homecare will employ sufficient numbers of support staff, taking into consideration their qualifications and experience to meet legislative, policy and service standards.

All Harmony Homecare staff, including the Managing Director, will have and maintain a clear Police Records Check, Disability Workers Exclusion Scheme Check and a Working with Children (WWC) check.

The Managing Director (or delegates) will ensure that Managing Director, and all staff and volunteers retain on file a police certificate that is not more than 3 years old.

Procedures

Recruitment and selection

If delivering disability support services, Harmony Homecare staff will meet the minimum qualification and experience requirements set down by the NDIA for the delivery of supports to NDIS participants. Those relevant to Harmony Homecare are:

- Disability Support Worker: Certificate III, IV, Diploma or Advanced Diploma in Disability Services, or another relevant qualification;
- Welfare Worker - Membership with the Australian Community Workers Association or equivalent
- Allied Health Professional - experience in professional/clinical supervision and development as defined by the professional registration requirements of the relevant profession.

Harmony Homecare staff will also meet the minimum experience requirements set down by the NDIA's *Guide to Suitability*. Currently, Disability Support Workers, Developmental Educators, Welfare Workers and Social Workers are expected to have experience delivering person-centred services in the community or in the home and delivering supports to assist people with disability with development of their skills and abilities.

If delivering disability support, staff will meet the minimum qualification and experience requirements in accordance with regulatory expectations and in observance of relevant standards.

Minimum qualification and experience requirements will be included in recruitment documentation and Position Descriptions.

Harmony Homecare's Managing Director is responsible for recruiting staff and will:

- develop selection criteria for each position;
- advertise positions, respond to enquiries and email application forms if requested;
- contact applicants and arrange interviews (including interview panels);

- speak with nominated referees and seek opinion about the applicant's qualities, skills and capacity to fulfil the role;
- support selected applicants through the appointment process, including mandatory checks and contract negotiations; and
- notify unsuccessful applicants in writing or verbally, offering feedback on application.

Selection will be based on merit and have respect to Harmony Homecare's *Disputes and Grievances* and *Equity, Anti-Discrimination and Workplace Harassment Policies and Procedures*.

Unsuccessful applicants have the right to appeal recruitment decisions. Appeals should be directed in writing to the Managing Director and a final decision will be made by Harmony Homecare's Management Team. Applicants who successfully appeal will be provided the opportunity for a second interview. Applicants who are not successful in their appeal will be provided advice in writing to this effect.

Mandatory Checks

As an NDIS Registered Provider, Harmony Homecare must screen new and existing staff, volunteers, students and contractors who work directly with any of Harmony Homecare's clients before they are employed or appointed.

The mandatory checks applicable to Harmony Homecare staff are:

- referee checks;
- qualification/s and professional registration checks;
- the Victorian Working with Children Check;
- the Victorian National Police Records Check; and
- Victorian Disability Worker Exclusion Scheme.

Prior to checks being undertaken, the person being checked must:

- consent to Harmony Homecare undertaking checks, including police record checks and international police record checks, where applicable; and
- sign a statutory declaration stating they have fully disclosed all relevant information regarding their criminal record and employment history to Harmony Homecare.

For a copy of a suggested statutory declaration, see the Department of Health and Human Services' website. If an alternative form of statutory declaration is used, Harmony Homecare must ensure it deals with all matters that are dealt with in the example statutory declaration.

Harmony Homecare must also provide an opportunity for prospective employees and volunteers to disclose any criminal record or disciplinary actions as part of the recruitment process.

The Managing Director is responsible for:

- determining who will cover the costs of mandatory record checks;
- ensuring all staff and volunteers have a current WWC Check or a Victorian Institute of Teaching (VIT) certificate of registration, prior to their appointment; and
- maintaining a staff record for all Harmony Homecare staff including their

qualifications, VIT registration, training and criminal history and WWC check status. The Managing Director must ensure these have been sighted and maintain the details on each staff record.

The Managing Director will develop Risk Management Plans for working with people with disability and children. These will be endorsed by the Management Team and reviewed monthly.

Employment contracts will stipulate that all staff are obligated to:

- advise the Managing Director (or delegates) if they are charged with a criminal offence which is punishable by imprisonment or, if found guilty, could reasonably affect their ability to meet the inherent requirements of their job; and
- disclose any formal disciplinary action taken against them by any current or former employer. This includes any finding of improper or unprofessional conduct by any Court or Tribunal of any kind and any investigations that the staff member has been subject of by an employer, law enforcement agency or any integrity body or similar in Australia or in another country.

Prior to commencement all prospective staff will be required to sign a statutory declaration that they have fully disclosed all relevant information regarding their criminal record and employment history.

Working with Children Check

Working with Children Checks (WWCs) are valid for 5 years and assess the level of risk individual poses to children's safety. They are more extensive and targeted than Police Checks and consist of a national criminal history check and consideration of any relevant findings from professional disciplinary bodies such as the Victorian Institute of Teaching.

All Harmony Homecare staff, volunteers and student volunteers must have and maintain a clear WWC check, unless they are:

- under 18 years of age;
- a student who is 18 or 19 years of age, who are performing volunteer work with Harmony Homecare that has been organised by their educational institution;
- a parent volunteering in an activity in which their child participates, or normally participates;
- a family member or person closely related to a child attending Harmony Homecare (such as a parent, step-parent, grandparent, uncle or aunt, brother or sister);
- a teacher who is currently registered with the Victorian Institute of Teaching (VIT);
- a Victorian Police Officer or Australian Federal Police Officer; or
- an interstate visitor undertaking child-related work in Victoria for up to 30 days in the same calendar year, on several occasions (with a Check from their state or territory) or on one occasion (without a Check from their state or territory).

The Managing Director will:

- ensure staff and volunteers issued with a Negative Notice do not undertake child-related work; and
- annually go to the Department of Justice WWC Check website and check the status of all staff and volunteers with WWC Check cards using the Check Status function.

Staff and volunteers must:

- inform Harmony Homecare within seven days if they have been issued with an Interim Negative Notice or Negative Notice, or if they have a relevant change in circumstances; and
- not engage in child-related work if they have been issued with a Negative Notice.

Victorian National Police Records Check

Police Checks identify and release relevant criminal history information relating to convictions, findings of guilt or pending court proceedings. However, due to spent conviction/non-disclosure legislation and information release policies, there are limitations on the information a Police Check can provide.

All Harmony Homecare staff, volunteers and student volunteers must undergo a Victorian National Police Records Check, except for the situations noted below.

Student placements

For students aged 17 years or younger, police checks are not required, however referee checks with teachers, parents or other adults who personally know the students must be undertaken.

A police check is required for students aged 18 years and older. These checks must be administered by the relevant course coordinator in the educational institute or the student can obtain a police check through the Victoria Police website.

For international students or students who have resided in an overseas country for 12 months or more in the last ten years, as they are only here for a short period, the usual requirement for obtaining an international police check is waived. However, they must complete a Statutory Declaration declaring that they do not have:

- any charges laid against them by police concerning any offence committed in Australia or in another country in the past; or
- any offence of which they have been found guilty, committed in Australia or in another country in the past.

International police checks

Prospective staff must be informed at the beginning of recruitment processes that if they have resided continuously in an overseas country for 12 months or more in the last ten years, they should contact the relevant overseas police force to obtain a criminal or police record check. If they were a minor when they were overseas, they do not require an international police check.

Some countries will not release information regarding an individual for personal or third-party purposes. In these extenuating cases, where an international police records check cannot be obtained, a statutory declaration and character reference checks must be conducted with

at least two individuals who personally knew the individual while they were residing in the other country. This should be undertaken as a very last resort if the international police check is unavailable and cannot be obtained.

The applicant must be informed that referees will be asked whether they have knowledge or information concerning the applicant, which would adversely affect the applicant from performing the job, including any relevant criminal offences. The credentials of persons acting as referees must be verified and can include previous employers, government officials and family members.

In the case of asylum seekers and refugees who may be unable to provide character references to accompany a statutory declaration, the statutory declaration will suffice with proof of status. However, eligibility to work should be confirmed as part of the recruitment process using the Department of Immigration & Border Protection's Visa Entitlement Verification Online (VEVO) checking system at <http://www.border.gov.au/Busi/Visa> or their faxback service.

Results of Police Record Checks

Information released as part of a police record check is restricted according to the relevant legislation or release policies operating in the specific police jurisdiction. Where a police record check reveals no 'disclosable court outcomes', outstanding charges or other matters, the person's appointment may be confirmed.

While an applicant should not automatically be precluded from a job or placement on the basis of having a police record, in accordance with Victorian Department of Health and Human Services' *Child Protection Manual*, if a person's national police history includes a Category A offence, the individual must not be engaged in any client contact role without the written approval of the Managing Director of the Office of Professional Practice and the relevant Department of Human Services' Divisional Deputy Secretary.

In all other cases, the Managing Director will manage the assessment process to determine the applicant's suitability for employment or placement. The Managing Director (or delegates) will ensure that:

- the applicant, student or volunteer confirms that the details of the disclosable record are correct;
 - assessment of any disclosable record of the applicant, volunteer or student is made in accordance with the assessment criteria detailed below;
 - before employment is formally offered, a discussion occurs with the relevant Department of Health and Human Services Area Managing Director/Regional Senior Program Manager about the intention to employ an individual with such a record. The departmental representative cannot direct or make the decision to employ, but should provide their opinion regarding any decision Harmony Homecare makes; and
 - any decision made for or against a person can be justified and is fully documented.
- The Managing Director should give consideration to the following criteria:
 - the relevance of the criminal offence, in relation to the job or placement;

- the nature of the offence and the relationship of the offence to the particular job or placement for which the applicant is being considered;
- the length of time since the offence took place;
- whether the person was convicted or found guilty and placed on a bond;
- whether there is evidence of an extended police record;
- the number of offences committed which may establish a pattern of behaviour which renders the applicant unsuitable;
- whether the offence was committed as an adult or a juvenile;
- the severity of punishment imposed;
- whether the offence is still a crime, that is, has the offence now been decriminalised;
- whether there are other factors that may be relevant for consideration; and
- the person's general character since the offence was committed.

Where the Managing Director makes the decision not to take on an applicant, volunteer or student with a disclosable record, they must:

- inform the unsuccessful applicant of the decision and its rationale;
- provide an opportunity for the unsuccessful applicant to discuss the results; and
- inform the unsuccessful applicant of the opportunity for the decision to be reviewed.

Where a check demonstrates that a person has a disclosable record, Harmony Homecare may be obligated to report that outcome to the Disability Worker Exclusion Scheme Unit (see below).

Disability Worker Exclusion Scheme Check

The Disability Worker Exclusion Scheme (DWES) is a Victorian Government initiative designed to further protect the safety and wellbeing of Victorians with disability who access disability services. The DWES requires all disability service providers to conduct an additional pre-employment check prior to making an offer of engagement to a potential employee or volunteer. The scheme operates according to the Disability Worker Exclusion Scheme Instruction which provides further guidance regarding the processes set out below. Any questions about the operation of the Scheme should be directed to the DWES Unit, by phone on (03) 9096 3203 or by email on DWESU@dhhs.vic.gov.au.

The DWES includes people who fall into four broad categories, known as criteria:

- **Criteria A** – Criminal Offences – where a finding of guilt has been made against a person for offences that, for instance, involve bodily harm, violence, threats of violence, dishonesty or neglect of a person in their care, or are of a sexual nature;
- **Criteria B** – Engagement History - where the engagement of a person has previously been terminated or a person has been removed from the role of a Disability Worker for conduct which includes abusing a client, sexual misconduct with a client or otherwise placing a client at risk of serious harm, including financial harm;
- **Criteria C** – Resignation Following Commencement of an Investigation - where a person has been the subject of a workplace investigation because of an allegation relating to conduct falling within the criteria, but has resigned before the investigation or workplace disciplinary action has concluded; and
- **Criteria D** – Risk to Health, Safety or Welfare - where there are reasonable grounds to consider that the engagement of a person as a Disability Worker in a disability service would represent an unacceptable risk to the health, safety or welfare of a person with a disability.

Disability Workers must advise each disability service provider and labour hire agency they are currently engaged by, or seeking to be engaged by:

- whether their name is on the List;
- if they have been advised by the DWES Unit that they are the subject of a Notification; or
- whether circumstances exist which may result in their name being placed on the List.

To comply with the Privacy and Data Protection Act 2014, Harmony Homecare must provide each prospective staff member or volunteer with information about the Scheme at the beginning of the engagement process. This includes informing them Harmony Homecare will provide their details to the DWES Unit to check if their name is on the Disability Support Worker Exclusion List before permitting them to commence work, and that if they do not agree to participate in the Scheme, they cannot be engaged by Harmony Homecare.

Harmony Homecare must also advise them that:

- If, during the recruitment process, information comes to light that, if correct, may satisfy the Criteria, then Harmony Homecare will be required to notify the DWES Unit. The DWES Unit may also notify other disability service providers or authorised labour hire agencies that currently engage the prospective Disability Worker;
- The consequence of having their name placed on the List is that they will be prevented from being engaged by a disability service provider as a Disability Worker in a disability service; and
- The DWES Unit maintains the List and may advise other employers or prospective employers that are disability service providers, if the person is on the List or is the subject of a Notification.

Job advertisements must include statements about the operation of the Scheme. This

information should also be repeated to applicants verbally, particularly during the engagement process.

Prospective employees and volunteers must complete a DWES Consent and Acknowledgement Form prior to a check of the Disability Worker Exclusion List being conducted.

All checks of the Disability Exclusion list will be made by an Authorised Person using the Department of Health and Human Services' DWES Portal. Harmony Homecare's Authorised Person is its Managing Director (or delegate).

Harmony Homecare must not engage any person in any capacity where they are found to be on the Disability Worker Exclusion List.

Notifications

Harmony Homecare must notify the DWES Unit if it becomes aware that a former, current or prospective employee or volunteer has engaged in conduct that may fall within the DWES Criteria. Examples of when this may occur include:

- It receives an application from a person who may fall within the criteria;
- It becomes aware that a current or prospective staff member or volunteer has engaged in conduct that falls within the criteria;
- It becomes aware that a former staff member or volunteer (who has been engaged at least since 1 November 2017) has engaged in conduct that falls within the criteria; or
- It commences an investigation into a former or current staff member or volunteer for conduct, which, if proven, may fall within the criteria.

If Harmony Homecare becomes aware that a person it currently engages, or intends to engage, is on the List, or has engaged in conduct that may fall within the criteria, it must notify:

- the DWES Unit; and
- the relevant person subject to the notification.

Harmony Homecare should not wait until a formal investigation is completed before notifying the DWES Unit. This is important because a person may be concurrently engaged or seeking to be engaged by another disability service provider.

Notifications must be made within 5 business days of an investigation commencing, unless the relevant person is cleared by that investigation before the conclusion of this 5-day period. This means, for example, that a Notification would not be required where an investigation immediately establishes that a complaint against a person is vexatious or otherwise unsubstantiated.

The Notification must be updated when the investigation is concluded, and the matter is

found to be unsubstantiated or a disciplinary outcome is applied. The Notification should also be updated if it is established that the investigation cannot be completed. If a person resigns before an investigation into matters which may fall within the criteria has been completed, the investigation should continue, and findings made on the available evidence without the input of the person. The DWES Unit should also be advised why the investigation has not been completed.

Harmony Homecare must investigate all allegations of conduct by a person that falls within the Scheme's Criteria and notify the DWES Unit of the outcome of such an investigation.

The Managing Director will:

- ensure staff (including those sourced through subcontracting or labour hire arrangements) or volunteers, are not listed in the DWES before they undertake any work for Harmony Homecare;
- not engage a person whose name is on the List; and
- annually check the DWES List and check the status of all staff and volunteers.

Storage of documentation and confidentiality

Information obtained as part of the safety screening process must be treated with the highest level of confidentiality and privacy in accordance with the relevant legislation and standards. See Harmony Homecare's *Privacy and Confidentiality* and *Records and Information Management Policies and Procedures*.

Other Checks

In addition to the Mandatory Checks, the Managing Director will also confirm the identity (through photo identification), qualifications and professional registrations (through sighting a copy - where relevant) of all prospective staff prior to their appointment.

If qualifications and/or professional registration/s are a mandatory requirement of the role, original qualifications and/or registration certificate/s must be copied, certified as being a true copy of the original and dated by the relevant delegate then returned to the applicant.

If there are doubts about the qualification, the Managing Director should undertake an online check to verify that the qualification was awarded to the applicant. If an online check is not possible, the applicant should provide a letter from the registrar of the relevant institution confirming that the qualification was in fact awarded to the applicant.

If there are any concerns about the authenticity of the qualification as presented, the issuing institution must be contacted directly to verify that the qualification was completed and issued to the relevant applicant on the date specified.

Training and Development

Records of induction, training and organisational and professional development provided to all staff will be kept on each staff record as well as in Harmony Homecare's *Training and Development Register*.

Induction

Upon commencement and prior to engaging with clients, all staff will undergo a comprehensive Induction process. This will include (but is not limited to) the provision of information and training in:

- Harmony Homecare's Mission and Vision and Strategic and Operational Plans;
- Harmony Homecare's compliance and program responsibilities, including obligations under relevant legislation, regulations and standards and its Policies and Procedures;
- staff roles and responsibilities, professional standards, Harmony Homecare's *Staff Code of Conduct*, and Harmony Homecare's philosophy;
- Harmony Homecare's organisational and governance structures, team processes, communication channels, staffing, supervision arrangements and accountabilities;
- continuous improvement, risk management and OH&S, including first aid, incident reporting and emergency procedures;
- staff entitlements and working conditions;
- client rights and responsibilities and Harmony Homecare's *Client Charters*;
- obtaining feedback and handling complaints;

- privacy and confidentiality and Harmony Homecare's records and information management processes;
- supporting clients to actively participate in their service delivery, including family members and supporters in service delivery and alternative communication needs and aids;
- the safe use of goods and equipment required in the delivery of service;
- cultural, linguistic and disability diversity;
- the needs of vulnerable people including children, people with complex needs, culturally and linguistically diverse and Aboriginal and Torres Strait Islander people;
- responsibilities under anti-discrimination legislation;
- use of interpreters and translators;
- the service's access and exit/transition processes;
- referral processes, including target response and referral timeframes and how to make appropriate referrals;
- Harmony Homecare's service network, *Referral Database* and appropriate referrals for common issues;
- Harmony Homecare's assessment, planning and reassessment/review processes;
- evidence-based, person-centred approaches to service delivery and how to use a strengths-based approach to identify client needs and life goals;
- Harmony Homecare's financial management processes, including supporting clients' control over their finances;
- Harmony Homecare's service delivery and participation processes;
- Duty of Care requirements;
- child protection and interacting appropriately with children;
- how to respond to actual or potential signs of abuse, neglect, domestic violence and exploitation, including their responsibilities for responding;
- particular risks that may be experienced by people with different needs; and
- positive behaviour support strategies.

Where possible, cultural awareness training will be delivered by local ATSI and CALD groups to ensure it is tailored to the organisation's service areas.

Client-specific inductions will be provided to staff where specific or special individual client needs warrant such (e.g. where specialised communication or mobility aids are required)

All staff will be asked to provide feedback on the Induction process to contribute to Harmony Homecare's continuous improvement.

Ongoing training will be provided in these areas where required.

Ongoing Training and Development

Harmony Homecare is committed to ensuring staff and volunteers have the necessary skills and knowledge to competently undertake their duties.

Harmony Homecare will provide ongoing training and development opportunities for staff that extend and enhance their capabilities as well as provide them opportunities for advancement within the organisation.

All Management Team members and staff will have the opportunity to participate in training and development activities each year.

Training and development methods available to staff include on-the-job training and supervision, internal or external courses, support for undertaking research or project work, attendance at conferences or seminars, and networking, coaching and mentoring programs.

Training on specific issues or areas will be provided where a need is identified, for instance, NDIS information and preparedness training; disability and mental health; cultural awareness; LGBTI awareness; use of interpreters and translators; and referral and support networks.

Annual staff Performance Reviews will encourage staff to take an active role in their ongoing development by identifying their training and development needs in consultation with their Managing Director.

The Managing Director will be responsible for overseeing training and development needs for Harmony Homecare. They will track training undertaken and future needs in the *Staff Training and Development Register* and plan and publicise upcoming training and development opportunities using a *Training and Development Calendar* distributed regularly to all staff.

Where a Managing Director decides, in consultation with the Management Team, that it is necessary for a staff member to acquire a particular skill or qualification in order to carry out their duties, Harmony Homecare will consider being fully responsible for all costs incurred in the staff member meeting that requirement.

Where capacity and resources allow, staff will be supported to pursue further education or training that will contribute to their professional development, but which may not be a requirement directly relevant to their current position.

Harmony Homecare will provide equity of access to professional development opportunities for all staff, taking into account the organisation's needs and the needs and skills of staff.

Where a staff member wishes to pursue further education or professional development that is not a requirement for their current position or directly relevant to Harmony Homecare needs, Harmony Homecare will not directly contribute to the cost of the staff member's training.

At the Managing Director's discretion, and taking into account any impact on service delivery or other staff, the staff member may be:

- permitted to take annual leave or unpaid leave that would assist them to participate in the activity; and
- granted up to two days' study leave as necessary to attend examinations.

Staff management and retention

The Management Team is responsible for ensuring the structure and environment of the organisation promotes cooperative work practices and encourages staff and volunteers to take responsibility and initiative.

Staff performance and retention are supported by the following organisational policies and procedures:

- Human Resources;
- Financial Management;
- Continuous Improvement;
- Staff Code of Conduct;
- Disputes and Grievances;
- Equity, Anti-Discrimination and Workplace Harassment; and
- Occupational Health and Safety.

Staff are expected to attend regular team meetings, where they will have access to information sharing training and development and debrief opportunities.

All staff will be provided with Induction and ongoing training and development opportunities, team building activities and mentoring.

All staff will have formal supervision (debrief and mentoring) sessions monthly with their immediate supervisor as well as undergo annual Performance Reviews with their immediate supervisor.

Performance Reviews and Management

Performance Reviews will be conducted for all staff on a yearly basis. These will assess staff capability to perform their role and their understanding and application of Harmony Homecare's policies and procedures and provide an opportunity to set future professional goals.

The Managing Director will notify their staff in writing, two weeks in advance, of the date and time of their performance review.

Staff must complete a *Staff Training Needs Self-Assessment* before the date of the review and take this with them to the interview.

Before the interview, the Managing Director will review the performance of their staff over the past year and make preparatory notes.

Either party can request that a support person be present during the interview.

Performance Reviews will seek to:

- clarify any issues relevant to the staff member's job description and performance standards;
- identify the staff member's strengths;
- identify areas where the staff member needs to improve;
- discuss the *Staff Training Needs Self-Assessment* completed by the staff member and any training that will help the staff member improve their skills;
- make changes to the staff member's *Staff Training Needs Self-Assessment*, where necessary. Both parties must sign this document as agreement on the staff member's training needs;
- identify and confirm the actions to be taken to maintain, enhance or improve performance; and
- set future professional goals.

The supervisor will complete a *Staff Performance Review Feedback Form*. This will be signed by them and the staff member. Where strategies for performance improvement are required, a *Staff Performance Improvement Plan* must be completed and signed by the staff member and Managing Director.

After the Performance Review, a *Staff Training Plan* should be completed and signed by both the staff member and the Managing Director. A copy of the completed *Staff Training Plan* will be placed on the staff member's file and a copy given to them.

If a staff member believes that they have been directly or indirectly discriminated against in the performance review, they should take action in accordance with Harmony Homecare's *Disputes and Grievances Policy and Procedure*.

A copy of all documentation relating to staff Performance Reviews must be retained on their staff record.

Workers Compensation Claims

This section must be read in conjunction with Harmony Homecare's *Return to Work Policy and Procedure*.

Staff members who have been injured or become ill and wish to make a Workers Compensation claim must do the following:

1. If they have not already done so, record their injury or illness in writing as soon as possible, using Harmony Homecare's *Register of Injuries*, within 30 days of becoming aware of the injury. This can be done by the affected staff member or someone on their behalf. If the affected staff member is unable to record their injury or illness in the *Register of Injuries* they will need to notify the Managing Director of their injury or illness in writing within 30 days of becoming aware of it. If the injury was a result of a motor vehicle accident, it must also be reported to the police.
2. Be assessed by a doctor, who will determine the kind of treatment required, including the frequency and duration of treatment. The doctor will also issue a *Certificate of Capacity*, which is required to make a claim.
3. Complete a *Worker's Injury Claim Form*, available from WorkSafe Victoria, and submit it to the Managing Director.

The Managing Director (or delegate) will submit the completed *Worker's Injury Claim Form* to WorkSafe Victoria within 10 calendar days of receiving it.

Staff making a Workers Compensation claim may be required to attend an independent medical examination, conducted to help WorkSafe Victoria make decisions about the person's possible compensation entitlements, treatment, recovery, rehabilitation and return to safe work. Staff making a Workers Compensation claim may also be asked to provide a statement to the relevant a WorkSafe Victoria Circumstance Investigator.

WorkSafe Victoria will notify staff making a Workers Compensation claim of the outcome within 28 days from the date they received the claim.

Harmony Homecare will make every reasonable effort to support its staff in any claim for Workers Compensation, including adhering to this Policy and Procedure, providing staff with return to work information and assisting staff with planning their return to work.

Termination of Employment

Staff are required to give Harmony Homecare the relevant notice as stated in the relevant industrial Award or instrument in the event they choose to end their employment with the organisation. This notice must be provided in writing.

Harmony Homecare has the discretion to pay the staff member their notice period in lieu of having them attend work for the notice period. Harmony Homecare will ensure all salary and entitlements are paid to the staff member within 14 days of the end of their employment with the organisation.

Performance Management

Staff who are not performing satisfactorily, engage in misconduct or do not comply with Harmony Homecare's *Staff Code of Conduct*, Policies and Procedures or their Employment Contract may face disciplinary action. Harmony Homecare's management staff are responsible for identifying problems as soon as they arise and taking action. They must maintain records of all performance-related discussions and counselling sessions and these must be kept on staff records.

In all processes the principles of natural justice must be followed. This means the staff member must have an opportunity to state their point of view before action is taken and that the decision maker must not be biased. If a staff member engages in serious misconduct so that it is unreasonable for Harmony Homecare to continue their employment, they may be dismissed instantly. Examples of such misconduct include theft, assault and fraud. Such action must be supported by a high level of evidence.

Other misconduct that may result in disciplinary action includes:

- not complying with Harmony Homecare's *Staff Code of Conduct*; and
- preventing other staff from carrying out their duties.

If misconduct occurs, the Managing Director must complete a *Misconduct or Non-Performance Report* detailing relevant incidents and behaviours.

If Managing Director identify unsatisfactory performance of a staff member, they must advise the staff member.

Training may be required to improve the standard of the staff member's performance. An opportunity must be provided for the staff member to improve their performance within a reasonable timeframe. If the staff member's performance does not improve to the required standard after assistance and training has been provided within the specified time, the Managing Director must complete a *Misconduct or Non-Performance Report* outlining specific performance problems.

The Managing Director will meet with the staff member and inform them that a report will be written, and they will be provided with a copy.

The following process will then be followed:

1. Discussion/Counselling – between the Managing Director and the staff member. The problem will be explained, and the staff member asked to respond. The staff member is entitled to have a support person present. If misconduct or non-performance is proved, the Managing Director will advise the staff member of the corrective action they need to take. The Managing Director will record details of the disciplinary session in the *Misconduct or Non-Performance Report*. All parties present must sign the report.
2. First warning - if the incident of misconduct is repeated or performance does not improve, the Managing Director will issue a first written warning. If the case is considered severe enough, the first warning can be regarded as the final warning.
3. Final warning - if the problem persists, the Managing Director will issue a final written warning to the staff member. If the issue is not resolved, the Managing Director will take action to dismiss the staff member.

The Managing Director will maintain formal records (*Misconduct or Non-Performance Reports*) of each counselling/disciplinary session and keep them confidential. All records must be sighted and signed by the relevant staff member as true. Such records will provide important evidence if the matter proceeds to the Fair Work Commission.

Dismissal

Harmony Homecare must comply with all State and Federal legislation and the staff member's Employment Contract in relation to disciplinary action and employment termination.

Harmony Homecare must ensure:

- dismissal is not for an unfair reason;
- the staff member knows the reason for dismissal and has an opportunity to respond in relation to that reason; and
- it gives the staff member appropriate notice or compensation in lieu of notice.

Staff may be dismissed on the basis of:

- their conduct, capacity or performance;
- operational requirements, e.g. the position is no longer required; or
- other reasons sufficient to justify termination.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Harmony Homecare's feedback collection mechanisms, such as staff and client satisfaction surveys, will assess:

- staff access to and understanding of human resources processes and policies and procedures relating to the provision of high quality and safe services;
- staff access to and understanding of how criminal history checks are undertaken and their satisfaction with the management of these;
- staff confidence in their ability to do their job based on their qualifications and experience;
- staff satisfaction with training and development opportunities provided by Harmony Homecare;
- client satisfaction that their specific needs, including cultural needs, are understood and supported by staff; and
- client satisfaction that they are actively involved in the improvement of Harmony Homecare's services.

Harmony Homecare will review its human resources practices in accordance with its *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities that incorporate staff and stakeholder participation, assess feedback provided to and by staff, clients and stakeholders and review files for alignment of practice with processes (staff file audits).

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least two-yearly and changes endorsed by the</i>				

Management Team.

1.22 RETURN TO WORK POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out the steps Harmony Homecare follows in an instance where a Managing Director or staff member are injured during the course of employment.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Human Services Standards (Vic) – Human Resources*
- *Workplace Injury Rehabilitation and Compensation Act 2013*

Documents relevant to this policy:

- *Staff Code of Conduct*
- *Occupational Health and Safety Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*

Policy

Harmony Homecare is committed to the safe and durable return to work of its injured staff and will as far as reasonably practicable:

- prevent injury and illness by providing a safe and healthy working environment;
- participate in the development of an injury management plan and ensure that injury management commences as soon as possible after the worker is injured;
- support the injured staff member and ensure that early return to work is a normal expectation;
- provide suitable duties for an injured staff member as soon as possible;
- ensure that injured staff (and anyone representing them) are aware of their rights and responsibilities – including the right to choose their own doctor and approved workplace rehabilitation provider, and the responsibility to provide accurate information about the injury and its cause;
- consult with staff and, where applicable, unions to ensure that the return to work program operates as smoothly as possible;
- maintain the confidentiality of injured staff member records.

Procedures

Notification

The person responsible for return to work coordination for Harmony Homecare will ensure that:

- all injuries are recorded in the *Register of Injuries*;
- there is notification to Worksafe Victoria of any notifiable injuries to staff within 48 hours. This includes the death of a person, a serious injury or illness or a person, a potentially dangerous incident (as defined in the Work Health and Safety Act 2011); and
- Harmony Homecare's insurer is notified within 48 hours of becoming aware a worker has received a workplace injury if workers compensation is payable or may be payable (such as for time lost and/or medical expenses).

Recovery

The Managing Director (or delegate) will ensure that the injured worker receives appropriate first aid and/or medical treatment as soon as possible.

The Managing Director (or delegate) will consult with the doctor nominated by the injured worker and who is responsible for the medical management of the injury and assist in planning return to work duties in accordance with the medical advice.

Return to work

The Managing Director (or delegate) will arrange a suitable person to explain the return to work process to the injured worker. The Managing Director (or delegate) will arrange for the worker's return to work (subject to medical and rehabilitation provider advice) as soon as possible to encourage recovery.

The Managing Director (or delegate) will ensure that the injured worker is offered the assistance of a WorkCover approved workplace rehabilitation provider if it becomes evident that they are not likely to resume their pre-injury duties or cannot do so without changes to the workplace or work practices.

Suitable duties

The Managing Director (or delegate) will develop an individual return to work plan when the staff member, according to medical advice, is capable of returning to work.

Harmony Homecare will provide suitable duties that are consistent with medical advice and that are meaningful, productive and appropriate for the injured worker's physical and psychological condition, depending on the individual circumstances of the injured worker. Suitable duties may be:

- at the same worksite or a different worksite;
- the same job with different hours or modified duties;
- a different job;
- full time or part time.

Dispute resolution

Harmony Homecare will work together with the injured staff member and their union representative to resolve any disagreements about the return to work program or suitable duties.

If disagreements cannot be resolved, Harmony Homecare will involve other parties such as the staff member's treating doctor, the agent/insurer, an approved workplace rehabilitation provider or an injury management consultant.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*, policies and procedures; the *Complaints and Grievances Register*, and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least two-yearly and changes endorsed by the</i>				

Management Team.

1.23 HARMONY HOMECARE STAFF CODE OF CONDUCT

Harmony Homecare prides itself on the professionalism and ability of its staff and Management Team to meet client and other stakeholder needs. The organisation strives to be a leading service provider and to provide a safe, healthy and happy workplace. This Code of Conduct is designed to ensure that all staff, managers and stakeholders are treated in a manner that reflects the Mission, culture and legal obligations of the service.

Documents relevant to this policy:

- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*
- *Workplace Health and Safety Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

Compliance

At all times, staff and Management Team members are expected to:

- adhere to all Harmony Homecare's policies and procedures;
- comply with all applicable Federal, State and local laws and regulations;
- comply with all reasonable, lawful instructions and decisions related to their work;
- maintain a high degree of ethics, integrity, honesty and professionalism in dealing with clients, other staff and stakeholders;
- maintain the confidentiality of the organisation's operations in relation to service activities, confidential documentation and work practices during and after their employment; and
- take reasonable steps to ensure their own health, safety and welfare in the workplace, as well as that of other staff, clients and stakeholders.

Staff and Management Team Behaviour

If a staff member breaches the following guidelines, disciplinary action may be taken. If the breach of conduct is of a legal nature, it will be addressed in accordance with relevant Federal, State or local government laws.

Staff and Management Team members must not:

- discriminate against another staff member, client or stakeholder on the basis of sex, age, race, religion, disability, pregnancy, marital status or sexual preference;
- engage in fighting or disorderly conduct, or sexually harass other staff, clients or stakeholders;
- steal, damage or destroy property belonging to the organisation, its staff, clients or stakeholders;
- work intoxicated or under the influence of controlled or illegal substances;
- bring controlled or illegal substances to the workplace;
- smoke on the service's premises or in its motor vehicles; or
- accept benefits or gifts which give rise to a real or apparent conflict of interest.

Dress code

Staff and Management Team members should:

- dress to comply with workplace health and safety regulations relevant to their work activities;
- dress suitably for their position, presenting a clean, neat and tidy appearance always;
- wear minimal jewellery;
- wear a uniform (if supplied) and maintain its condition (clean and not torn); and
- consult with the Managing Director if unsure of the type of clothing appropriate to their position.

Staff should dress in a way that meets the organisation's requirements, and clients' needs. Unsuitable dress includes:

- clothing with logos, graphics or advertising that may be offensive;
- excessively loose clothes that risk being caught on equipment;
- clothing that is inappropriate for their role/may impede their ability to do their job appropriately and safely (such as dresses, skirts or short/no sleeved shirts);
- thongs, high heels and open shoes;
- clothing, jewellery and accessories that have dangling attachments or loops that can be caught on equipment or pulled or inadvertently scratch or injure clients; and
- clothing with glitter/sequins that can become a potential food contamination risk.

Where a client has particularly needs, staff's dress code must accommodate these (i.e. where a client is known to pull hair, hair should always be kept tied up and out of reach). Staff must only wear lanyards with a quick release function.

Staff who deliberately breach this dress code may be subject to disciplinary action.

Privacy and confidentiality

Staff and Management Team members must comply with Harmony Homecare's *Privacy and Confidentiality Policy and Procedure* in regard to the collection, storage, use, correction and disposal of personal and health information.

Dealing with aggressive behaviour

Staff and Management Team members are expected to provide a high standard of service provision. However, the service does not accept any form of aggressive, threatening or abusive behaviour towards its staff by other staff, clients or stakeholders.

If a staff member is unable to calm another person and/or believes a situation places them or other people in danger, they should notify the Managing Director.

Use of computers, telephones, facsimiles

Unauthorised access and use of confidential information can severely damage the reputation of the service and undermine personal privacy.

Staff and Management Team members must:

- use Harmony Homecare's communication and information devices for officially approved purposes only;
- use these communication and information devices for limited personal use, if this use does not interfere with daily duties; and
- not share their password/s with another staff member or share another staff member's password/s.

Use of the Internet and email

Internet and email are provided to staff and Management Team members for genuine work-related purposes.

Staff and Management Team members must:

- limit personal use to a minimum. The organisation may monitor use and call upon staff to explain their use;
- not divulge personal or confidential information via the Internet or email; and
- not use the Internet to access websites or send emails of an explicit sexual nature or in any manner that breaches Harmony Homecare's *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*.

While the privacy of all staff is respected, emails may be used as evidence if legal action is taken against a staff member. This information may also be used as evidence of a breach of the Code of Conduct or Harmony Homecare's *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor the progress of any improvements identified, which will, where relevant, be incorporated into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.

1.24 DISPUTES AND GRIEVANCES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out the steps Harmony Homecare staff are required to take in regard to disputes and grievances.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Human Services Standards (Vic) – Human Resources*

Documents relevant to this policy:

- *Staff Code of Conduct*
- *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*

Disputes and grievances raised by Harmony Homecare staff, volunteers and contractors would generally be dealt with under this policy and procedure, however, from time to time staff may raise issues or provide feedback that is best dealt with under Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure* (see Part 2 of this manual).

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Dispute – a disagreement or argument that can arise from discrimination, harassment or any other behaviour between staff members or between the organisation and a staff member.

Grievance - a formal complaint lodged by one staff member against another or against the organisation.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Workplace harassment - repeated behaviour, other than behaviour amounting to sexual harassment, of one staff member or group of staff members that is unwelcome, unsolicited and considered to be offensive, intimidating, humiliating or threatening by another staff member.

Policy

Harmony Homecare is committed to maintaining positive working relationships between its staff and management. Disputes and grievances should be addressed within the organisation in a timely and confidential manner.

Procedure

General

Problems can arise from the behaviour, action or decisions of management or other staff. Disputes and grievances must be treated by all parties with the utmost confidentiality, and the complainant must not be victimised.

All grievances must be taken seriously and investigated in an impartial manner.

Disputes

Staff should attempt to resolve disputes with the other person involved before lodging a grievance. If attempts to resolve the dispute fail, staff must discuss the matter with their supervisor.

The Managing Director will mediate and seek an acceptable compromise for both parties. If the dispute involves their supervisor, the staff member must discuss the matter with the Managing Director (or delegate).

Issues of sexual harassment or discrimination should be brought to the notice of the Managing Director.

Formally lodging grievances

If a dispute cannot be resolved, the staff member should lodge a grievance in writing to the Managing Director. This should detail:

- description of the decision/s or behaviour/s that are the subject of the dispute;
- the manner in which the decision or behaviour has adversely affected the staff member;
- the time and date of the decision/s or behaviour/s;
- names of witnesses;
- attempts made to resolve the dispute; and
- the action the staff member deems necessary to resolve the grievance.

Investigating grievances

Once a formal grievance is lodged, the Managing Director (or delegate) will investigate the matter within five working days. If the Managing Director has a conflict of interest in the matter, the alternative Managing Director will conduct the investigation.

The following parties will be interviewed:

- the staff member who lodged the grievance;
- the staff member against whom the grievance has been lodged;
- any witnesses; and
- the relevant supervisor(s).

Resolving grievances

Where necessary, the Managing Director will:

- appoint an independent mediator to help resolve disputes; and
- encourage support person, union or professional association representation and involvement in dispute resolution procedures.

If the investigation reveals that the grievance is valid, and depending on the nature of the complaint and its seriousness, the staff member against whom the grievance was lodged may be:

- required to apologise to the staff member who lodged the grievance;
- given a written warning, counselling, transfer or demotion; or
- dismissal.

If the grievance cannot be substantiated because of a lack of evidence, the organisation may:

- remind all staff of their obligations under the *Staff Code of Conduct* and Harmony Homecare's *Equity, Anti-Discrimination and Workplace Harassment Policy and Procedure*;
- ask all staff to undertake training in negotiation skills and dispute resolution;
- ask supervisors to identify potential conflicts among their staff and offer counselling.

If the grievance is found to be a frivolous claim, and depending on the seriousness of the allegations, the staff member making the complaint may be:

- asked to undertake counselling;
- make a written apology to the staff member complained about;
- given a written warning, transfer or demotion; or
- dismissed.

Staff have the right to appeal decisions relating to disputes. Appeals should be directed in writing to the Managing Director and a final decision will be made by the Management Team. Staff who successfully appeal will have the outcome and actions reassessed for appropriateness. Staff who are not successful in their appeal will have the original decision reconfirmed.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by /				

Signature:				
<i>This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.</i>				

1.25 EQUITY, ANTI-DISCRIMINATION AND WORKPLACE HARASSMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare's commitment to equal opportunity and a workplace free from harassment and discrimination.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Fair Work Act 2009 (Cwth)*
- *Australian Human Rights Commission Act 1986 (Cwth)*
- *Disability Discrimination Act 1992 (Cwth)*
- *Racial Discrimination Act 1975 (Cwth)*
- *Sex Discrimination Act 1984 (Cwth)*
- *Age Discrimination Act 2004 (Cwth)*
- *Workplace Gender Equality Act 2012 (Cwth)*
- *Privacy Act 1988 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Equal Opportunity Act 2010 (Vic)*
- *Human Services Standards (Vic) – Human Resources*

Documents relevant to this policy and procedure:

- *Staff Code of Conduct*
- *Disputes and Grievances Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Equity – treating all persons fairly and without discrimination.

Discrimination – treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

Age discrimination - Discrimination on the basis of age (regardless of age) or on the basis of age-specific characteristics or characteristics generally associated with a person of a particular age.

Disability discrimination - Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g. HIV virus).

Racial discrimination - Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Sex discrimination – Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Workplace harassment - repeated behaviour, other than behaviour amounting to sexual harassment, of one staff member or group of staff members that is unwelcome, unsolicited and considered to be offensive, intimidating, humiliating or threatening by another staff member.

Policy

Harmony Homecare strives to provide a positive working environment in which all staff are valued and encouraged to contribute.

As an equal opportunity employer, the organisation is bound by all relevant State and Federal legislation in relation to equal employment opportunity (EEO). This legislation ensures that no staff will be discriminated against unfairly or unlawfully.

Harmony Homecare staff are expected to comply with equity and anti-discrimination legislation, Harmony Homecare's Staff Code of Conduct and this policy and procedure.

Procedures

Harmony Homecare work practices and processes are continuously reviewed to ensure they comply with EEO requirements. These work practices include:

- recruitment and selection;
- pay and benefits;
- training and development;
- promotion;
- discrimination and harassment;
- performance appraisals/reviews;
- grievance procedures; and
- terminations.

Discrimination

Harmony Homecare staff must neither be discriminated against, nor discriminate or treat unfairly or unlawfully another staff or community member on the following grounds:

- sex;
- race, colour, nationality or ethnic origin;
- religion;
- disability;
- age;
- pregnancy;
- marital or parental status;
- political belief or activity;
- trade union activity;
- lawful sexual activity; or
- association with or relation to a person with any of the above attributes.

Harassment

Staff must not be subject to or engage in unlawful harassment or discrimination against another staff or community member. Forms of harassment include:

- sexual harassment;
- homosexual and transgender vilification;
- HIV/AIDS vilification; and
- racial vilification.

Sexual harassment includes:

- unwanted attention or touching;
- sexual propositions;
- leering or staring;
- offensive language;
- displaying nude images;
- persistent requests for dates; and
- crude or offensive jokes.

Harassment will not be tolerated, and disciplinary action will be taken against those responsible in accordance with Harmony Homecare's *Human Resources Policy and Procedure*.

Inclusive language

When writing internal or external documents, staff must ensure that non-sexist and non-racist language is used by:

- avoiding male-dominated terms (e.g. use 'chair' or 'chairperson' instead of 'chairman');
- eliminating the unnecessary use of the person's gender (e.g. 'female Manager');
- avoiding the use of 'he' or 'she' (use 'their' instead of 'his' or 'her').

Breaches of this policy and procedure

All breaches of this policy and procedure will be taken seriously.

Staff who feel they are the subject of discrimination or harassment should:

- approach the Managing Director to discuss appropriate actions or options; or
- lodge a formal complaint or grievance which will be dealt with by the Managing Director in accordance with Harmony Homecare's *Disputes and Grievances Policy and Procedure*.

Complaints will be dealt with promptly and in accordance with relevant State and Federal legislation and Harmony Homecare's policies and procedures. All complaints will remain confidential.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by Harmony Homecare's Management Team. This process will include a review and evaluation of the *Complaints and Grievances Register*, and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into Harmony Homecare's service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.

1.26 RECORDS AND INFORMATION MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide direction to Harmony Homecare staff on the creation and management of information and records and to clarify staff responsibilities.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Privacy Act 1988 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Health Records Act 2001 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *AS ISO 15489 Australian Standard on Records Management*
- *Human Services Standards (Vic) – Information Management*
- *3.6.2. Record Keeping (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *Record Retention Guide for Organizations Funded Under the Service Agreement 2016 (Department of Health and Human Services)*
- *Victorian Protective Data Security Standards*

Organisational documents relevant to this policy and procedure:

- *Privacy and Confidentiality Policy and Procedure*
- *Key Register*
- *Internal Review and External Audit Schedule*

This policy and procedure applies to all:

- Harmony Homecare staff, contractors and volunteers;
- aspects of Harmony Homecare's business; and
- business information created and received.

This policy and procedure covers:

- information and records in all formats, including documents, email, voice messages, memoranda, minutes, audio-visual materials and business system data;
- all applications used to create, manage and store information and records, including Harmony Homecare's client and financial management systems, email, websites, social media applications, databases and business information systems; and
- information and records created for Harmony Homecare and managed in-house and off-site.

Definitions

Information - Knowledge communicated or received. The result of processing, gathering, manipulating and organising data in a way that adds to the knowledge of the receiver.

Information management - supports effective and efficient management of information and is concerned with the creation, production, collection, organisation, storage, retention, retrieval and dissemination of information resources that may be in any format and available from internal or external sources.

Record - recorded information in any form (including data in a computer system) that is required to be kept as evidence of the activities or operations of the organisation. Records include:

- part of a record and a copy of a record;
- anything on which there is writing;
- anything on which there are marks, figures, symbols or perforations having a meaning for persons qualified to interpret them;
- anything from which sounds, images or writings can be reproduced with or without the aid of anything else; or
- a map, plan, drawing or photograph.⁷

Records Management - the efficient and systematic control of the creation, receipt, maintenance, use, retention and disposal of records, including processes for capturing and maintaining evidence of and information about business activities and transactions in the form of records.

Policy

Harmony Homecare's information and records are a corporate asset, vital both for ongoing operations and in providing valuable evidence of business decisions, activities and transactions.

A well-maintained records management system supports the delivery of quality client services.

Recordkeeping processes underpin Harmony Homecare's day-to-day actions and it has an ongoing commitment to continuous improvement in this area.

Harmony Homecare is committed to establishing and maintaining information and records management practices that meet its business needs, legislative and accountability requirements and stakeholder expectations.

Harmony Homecare is committed to protecting against loss or misuse of the personal information, as is reasonable in the service's circumstances.

Harmony Homecare is actively preparing to ensure its compliance with the Victorian Protective Data Security Standards (VPDSS) by July 2018. More information is contained in Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*.

Procedures

Records include all documentation retained in hard copy and electronically by Harmony Homecare in relation to its organisational arrangements, services, clients and staff.

⁷ *Evidence Act 2008 (Vic)*

All information, in paper copy, electronic or any other format, created by Harmony Homecare staff in the course of their employment, or that is accessed by staff on Harmony Homecare's equipment, is the property of Harmony Homecare.

All documents and electronic records that contain private and confidential information about clients, staff, Harmony Homecare or Harmony Homecare as an organisation, will be retained in locked cabinets with access restricted to Managing Director (or delegates).

No information or any form of media (such as USB drives) relating to Harmony Homecare work may be taken from the premises without the prior permission of the Managing Director (or delegates).

Records are to be retained and disposed of in accordance with The Victorian Department of Health and Human Services' *Record Retention Guide for Organisations Funded Under the Service Agreement*.

Records which may be required for the federal Royal Commission into Institutional Responses to Child Sexual Abuse must not be destroyed even if there is a disposal authorisation in place.

Where retention timeframes for a specific record conflict between the above regulations, the longer timeframe will be used.

The Managing Director (or delegates) have access to client information held in files on a 'need to know' basis, and only for the purposes for which it was provided (such as to provide disability services to an individual). Access to information should be provided to authorised staff for legitimate business purposes only (e.g. where the information is necessary for staff to perform their role). Information is to be treated in the strictest of confidence and is not to be divulged unless for legitimate and legally permissible purposes, in accordance with relevant legislation and standards.

Use of records by Managing Director (or delegates) is monitored and file audits are undertaken to ensure files are complete, up-to-date, and procedures are being followed (see Harmony Homecare's *Internal Review and External Audit Schedule*).

Sharing corporate information within Harmony Homecare

Information and records are a corporate resource to which all staff may have access, except where the nature of the information requires restriction. Access restrictions should not be imposed unnecessarily but should protect:

- individual staff and client privacy; and
- sensitive material such as security classified or material with dissemination limiting markings, for example 'Commercial in Confidence'.

Storage and Security

Electronic records are stored securely with back up and disaster recovery systems in place. The greatest level of care is taken for client-related records.

Harmony Homecare's electronic data, including email data, is securely stored on a cloud server, which is protected and backed up by Harmony Homecare.

Harmony Homecare uses the following business and administrative databases and software applications for the capture and storage of specific information and records:

- Client Management System (CMS): hard copy only at this stage.
- Finance system: Xero

Access to both is restricted to authorised users: the files are secured by lock and key at the Managing Director's home office, and the Xero financial system is password protected.

All Harmony Homecare computers have password protection.

Corporate records must not be maintained in email folders, shared folders, personal drives or external storage media as these lack the necessary functionality to protect business information and records over time. Records created when using social media applications or mobile devices may need to be captured into Harmony Homecare's CMS or Xero financial system.

Client files should not be taken from Harmony Homecare for any reason. If necessary, records should be moved securely in a non-transparent container (e.g. a locked brief case).

Hard copy files are kept in locked filing cabinets in secure, lockable areas with access limited only to the Managing Director.

Hard copy files are kept in secure location that are regularly maintained and cleaned, with pest management programs in place, and kept free from water, dampness and mould. They should be stored away from direct sunlight, heat and risk of fire.

Staff are expected to lock unattended computers and maintain a 'clean desk' policy.

Regular physical access and digital access internal audits will be undertaken in accordance with Harmony Homecare's *Internal Review and External Audit Schedule*.

Once information can be destroyed it is placed in a secure bag to be collected by a secure destruction company for shredding.

Harmony Homecare keys are not marked as, or in any other way be identifiable as, Harmony Homecare keys. All keys will have an inscribed number and be documented to have been provided to a particular staff member in a *Key Register*, which will be maintained by the Managing Director.

Keys for items such as Harmony Homecare secure filing cabinets are stored in a lockable box and are available to authorised staff when they need to access files from the secure cabinet. Access to these keys is through Harmony Homecare's managing director.

In compliance with state and Commonwealth legislation, staff must maintain the physical privacy of personal information and organisational records. The use and storage of consent and release forms support the collection and release of specific information.

Freedom of Information

Harmony Homecare will provide clients and government agencies access to records in accordance with any applicable legislation, including Freedom of Information legislation.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and where relevant feed into service planning and delivery processes.

Feedback collection mechanisms, such as staff and client satisfaction surveys, will assess:

- satisfaction with Harmony Homecare records and information management and privacy and confidentiality processes;
- whether stakeholders have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- the extent to which clients and their supporters feel their privacy and confidentiality has been protected.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.

1.27 PRIVACY AND CONFIDENTIALITY POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out staff responsibilities relating to collecting, using, protecting and releasing personal information in compliance with privacy legislation.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Privacy Act 1988 (Cwth)*
- *Freedom of Information Act 1982 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Health Records Act 2001 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Disability Act 2006 (Vic)*
- *Human Services Standards (Vic) – Information Management*
- *Victorian Protective Data Security Standards*
- *3.17. Privacy, Data Protection and Protected Disclosures (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*

Organisational documents relevant to this policy and procedure:

- *Records and Information Management Policy and Procedure*
- *Continuous Improvement Plan*
- *Consent Form*
- *Declaration of Confidentiality*
- *Client Handbook*
- *Privacy Statement*
- *Privacy Audit Form*

This policy and procedure applies to all:

- Harmony Homecare staff, contractors and volunteers;
- aspects of Harmony Homecare business; and
- staff and client personal and health information.

This policy and procedure should be read in conjunction with Harmony Homecare's *Records and Information Management Policy and Procedure*.

Definitions

Personal Information - Information or an opinion that identifies an individual. Examples of Personal Information we collect include: names, addresses, email addresses and phone numbers.

Sensitive information - A type of Personal Information that is an opinion about an

individual's racial or ethnic origin, political opinions, membership of a political association, religious or philosophical beliefs, membership of a trade union or other professional body, sexual preference or practices or criminal record.

Health information – A type of Sensitive Information that is information or an opinion about the physical, mental or psychological health or ability of an individual.

Policy

Privacy and confidentiality are of paramount importance to Harmony Homecare. The Management Team recognises the importance of protecting the personal information of individuals. Client privacy and confidentiality is cherished and protected by Harmony Homecare. Clients have the right to decide who has access to their personal information.

Harmony Homecare will collect, use and disclose information in accordance with relevant state and federal privacy legislation. All staff are responsible for upholding Harmony Homecare's privacy and confidentiality responsibilities. Harmony Homecare will only collect information necessary for safe and effective service delivery. It will only use information collected for the purpose it was collected and secure it appropriately. Information related to clients will not be released to other individuals or services without informed consent from the client or their representative, or in exceptional circumstances.

Harmony Homecare is actively preparing to ensure its compliance with the Victorian Protective Data Security Standards (VPDSS) by July 2018.

Procedures

Harmony Homecare Responsibilities

The Managing Director is responsible for:

- Ensuring Harmony Homecare complies with the *Health Records Act 2001*, the *Privacy and Data Protection Act 2014* and, where applicable, the *Privacy Act 1988* by developing, reviewing and implementing processes and practices that identify:
 - what information Harmony Homecare collects about individuals, and the source of the information;
 - why and how Harmony Homecare collects, uses and discloses the information;
 - who will have access to the information; and
 - risks in relation to the collection, storage, use, disclosure or disposal of and access to personal and health information collected by Harmony Homecare.
- Immediately notifying the relevant state government agency if they become aware of a breach or possible breach of privacy legislation;
- Ensuring clients and/or their representatives know why information is being collected and how it will be protected, used, disclosed and disposed of; and how they can access it;
- Providing adequate and appropriate secure storage for personal information collected by the service (see Harmony Homecare's *Records and Information Management Policy and Procedure*);
- Developing procedures that will protect personal information from unauthorised access;

- Ensuring the appropriate use of images of clients, including being aware of cultural sensitivities and the need for some images to be treated with special care;
- Ensuring all staff and volunteers are provided with a copy of this policy and procedure;
- Ensuring all clients, representatives, and other relevant stakeholders are provided with the service's easy-to-read *Privacy Statement* and informed that a copy of the complete policy is available on request;
- Ensuring Harmony Homecare's *Privacy Statement* is prominently displayed at the service and included in Harmony Homecare's *Handbook*, and that a copy of this policy and procedure is available on request; and
- Ensuring Harmony Homecare's arrangements for maintaining privacy and confidentiality are reviewed annually through a privacy audit.

The Management Team is responsible for:

- Assisting the Managing Director to implement this policy and procedure;
- Reading and following this *Privacy and Confidentiality Policy and Procedure*;
- Ensuring all Managing Director (or delegates) are provided a copy of this policy and procedure and that they complete Harmony Homecare's *Declaration of Confidentiality*;
- Ensuring all signed *Declarations of Confidentiality* are retained on the relevant staff record;
- Ensuring all staff maintain up-to-date understanding of their privacy, dignity and confidentiality responsibilities through formal induction and ongoing training and team meetings;
- Ensuring improvements identified in this area, including through staff and client feedback, are actioned through Harmony Homecare's *Continuous Improvement Plan*;
- Monitoring staff knowledge and application of confidentiality and privacy principles on-the-job and through yearly Performance Reviews; and
- Providing additional on-the-job and formal training to staff where required.

Harmony Homecare staff are responsible for:

- Reading and following this *Privacy and Confidentiality Policy and Procedure*;
- Ensuring they are aware of their responsibilities in relation to the collection, storage, use, disclosure and disposal of personal and health information;
- Collecting, handling, storing, using, disclosing and disposing of clients' personal and health information in accordance with state and federal legislation and this policy and procedure;

- When collecting personal information from clients, or their representative, or other stakeholders:
 - confirming Harmony Homecare's commitment to maintaining their privacy and confidentiality and the occasions when personal information may need to be released;
 - explaining why information is being collected and how it will be used;
 - explaining clients' right to decline providing information;
 - explaining clients' rights in terms of providing, accessing, updating and using personal information, and giving and withdrawing consent;
 - advising to whom (or the types of individuals or organisations to which) their information may be disclosed;
 - advising the main consequences (if any) for the individual if all or part of the information is not provided;
 - obtaining consent from the client or their representative, using a *Consent Form* where required;
 - collecting information sensitively and within lawful limits; and
 - ensuring information is only collected for a specific purpose and limiting the use of the information to the purpose for which it was collected.
- Performing the above activities in a way that is sensitive and caters to the cultural and disability background of the person they are dealing with;
- Where clients or their supporters have difficulty communicating, using either an interpreter or advocacy service to ensure that consent is informed;
- Keeping all client records up-to-date and stored securely; and
- Conducting interviews or sensitive conversations with clients in a private room.

Clients and/or representatives are responsible for:

- Providing accurate information when requested;
- Maintaining the privacy of any personal or health information provided to them about other individuals, such as contact details; and
- Completing all consent forms and returning them to the service in a timely manner.

Victorian Protective Data Security Standards

The Victorian Protective Data Security Standards (VPDSS) form part of the Victorian Protective Data Security Framework (VPDSF) and establish 18 high level mandatory requirements to protect data security across the Victorian public sector, including funded service delivery organisations.

The standards provide for governance across the four domains of information, personnel, ICT and physical security. Each standard is supported by four protocols. The Standards are regulated by the Victorian Information Commissioner (OVIC).

While Harmony Homecare is not required to directly report to OVIC or complete the VPDSS compliance documents published on the OVIC website (which public sector agencies are required to do), Harmony Homecare is required to comply with the VPDSS by July 2018.

To ensure Harmony Homecare's full compliance with the Standards by July 2018, the Managing Director [or Management Team] will:

- work with the Victorian Government with the respect to the risk-based reporting arrangements it is developing to ensure Harmony Homecare is taking suitable steps to protect client data;
- to establish an initial cybersecurity baseline, consider implementing the Australian Signals Managing Directorate's 'Essential Eight', which are a prioritised list of practical actions organisations can take to make their computers more secure. More detail can be found at: <https://www.asd.gov.au/publications/protect/essential-eight-explained.htm>;
- assess Harmony Homecare's compliance with the Essential Eight and plan to remediate any identified gaps as soon as practicable;
- subscribe to the 'Stay smart online website' at: <https://www.staysmartonline.gov.au>. This website provides simple, easy to understand advice about smart online behaviour as well as up-to-date information on the latest online threats and how to respond; and
- assess Harmony Homecare against Question 13 of the Department of Health and Human Services' Organisation Compliance Checklist (regarding protective data security).

Client and Family Privacy and Confidentiality

- Harmony Homecare will only request and retain personal or health information that is necessary to:
 - assess a potential client's eligibility for a service;
 - provide a safe and responsive service;
 - monitor the services provided; and
 - fulfil contractual requirements to provide non-identifying data and statistical information to a funding body.

Personal and Health Information Harmony Homecare Collects

- | | |
|---|---|
| • Contact details for clients and their parents and guardians, or relevant family member. | • Incident reports. |
| • Details for emergency contacts and persons authorised to collect clients. | • Custodial arrangements. |
| • Clients' health status and medical records. | • Consent Forms. |
| • Medication records. | • Service delivery intake, assessment, monitoring and review information. |
| | • Service delivery records, plans, and observations. |
| | • External agency information. |

Access

Client and family information may be accessed by staff with a genuine need to know.

Individuals have the right to:

- request access to personal information Harmony Homecare holds about them, without providing a reason for requesting access;
- access this information; and
- make corrections if they consider the information is not accurate, complete or up to date.

However, in accordance with the *Privacy Data Protection Act 2014 (VIC)*, access may be denied in part or in total where:

- the request is frivolous or vexatious;
- providing access would have an unreasonable impact on the privacy of other individuals;
- providing access would be likely to prejudice an investigation of possible unlawful activity;
- providing access would pose a serious and imminent threat to the life or health of any individual; and
- denying access is required or authorised by or under law.

If an individual requests access to or the correction of personal information, within a service benchmark of 2 working days (and no more than 45 days after receiving the request), staff will:

- provide access, or reasons for the denial of access;
- correct the personal information, or provide reasons for the refusal to correct the personal information; or
- provide reasons for the delay in responding to the request for access to or correction of personal information.

Information Storage

Personal files are kept in a secure filing cabinet in a private room, which is kept locked outside of operational hours. Computerised records are stored safely and secured with a password for access.

Personal files are available for viewing upon request.

Information Disclosure

Client personal and health information will only be disclosed:

- for medical treatment or emergency;
- to outside agencies with the clients' or parent or guardian or next of kin's permission;
- with written consent from person/s with lawful authority; or
- when required by Commonwealth Law, or to fulfil legislative obligations such as mandatory reporting.

If a staff member is in a situation where they believe that they need to disclose information about a client that they ordinarily would not disclose, they should seek the advice of a Management Team member before making the disclosure.

Reporting client-related privacy breaches

Harmony Homecare must report all client-related privacy incidents to the Department of Health and Human Services within one business day of becoming aware of, or being notified of, a possible privacy incident, or within one business day of an allegation being made of a potential breach. Such incidents should be reported using the Department's Privacy Incident Report, available online at <https://feedback.dhhs.vic.gov.au/layout.html#/privacy>.

A privacy breach that impacts a client may need to be reported as a Client Incident as per Harmony Homecare's *Client Incident Management Policy and Procedure* as well as through a Privacy Incident Report.

Staff Privacy and Confidentiality

Personal and Health Information Harmony Homecare Collects

- Tax declaration form
- Employment contract
- Personal Details
- Emergency Contact details
- Medical details
- Police and Working with Children Checks
- Qualifications
- First Aid, CPR and Anaphylaxis certificates
- Medical History
- Personal Resume
- Payroll information
- Superannuation details

Access

Staff information may be accessed by Management staff.

Staff have the right to:

- request access to personal information Harmony Homecare holds about them, without providing a reason for requesting access;
- access this information; and
- make corrections if they consider the information is not accurate, complete or up to date.

However, in accordance with the *Privacy Data Protection Act 2014 (VIC)*, access may be denied in part or in total where:

- the request is frivolous or vexatious;
- providing access would have an unreasonable impact on the privacy of other individuals;
- providing access would be likely to prejudice an investigation of possible unlawful activity;
- providing access would pose a serious and imminent threat to the life or health of any individual; and
- denying access is required or authorised by or under law.

If an individual requests access to or the correction of personal information, within a service benchmark of 2 working days (and no more than 45 days after receiving the request), staff will:

- provide access, or reasons for the denial of access;
- correct the personal information, or provide reasons for the refusal to correct the personal information; or
- provide reasons for the delay in responding to the request for access to or correction of personal information.

Information Storage

Staff records are maintained by the Managing Director (or delegates) in a locked filing cabinet in their office, which is kept locked outside of operational hours. Computerised records are stored safely and secured with a password for access.

Information Disclosure

Staff personal and health information will only be disclosed:

- for medical treatment or emergency;
- with written consent from the staff member; or
- when required by Commonwealth Law, or to fulfil legislative obligations such as mandatory reporting.

Privacy Audits

Harmony Homecare will conduct annual privacy audits as per its *Internal Review and External Audit Schedule*.

The audit will be based on Harmony Homecare's *Privacy Audit Checklist* and review:

- what sort of personal information Harmony Homecare collects, uses, stores and discloses;
- how Harmony Homecare safeguards and manages personal information, including how it manages privacy queries and complaints; and
- how personal information that needs to be updated, destroyed or erased is managed.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Annual service delivery and satisfaction surveys will include questions regarding:

- satisfaction with Harmony Homecare privacy and confidentiality processes;
- whether stakeholders have received adequate information about privacy, dignity and confidentiality; and
- the extent to which clients and their supporters feel their privacy, dignity and confidentiality has been protected.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.

PART 2. CLIENTS, FAMILIES AND CARERS

Harmony Homecare's Clients, Families and Carers' Policies and Procedures describe how it delivers services and protects the rights of its clients, their families and carers. They should be read alongside the Governance and Management Policies and Procedures set out in Part 1, which cover the ways Harmony Homecare carries out its operational, legal and financial responsibilities.

2.1 CLIENT RIGHTS AND RESPONSIBILITIES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to confirm Harmony Homecare commitment to clients' rights and set out how these rights will be communicated and supported by Harmony Homecare and staff.

Legislation, regulations and standards relevant to this policy and procedure include:

- *United Nations Convention on the Rights of Persons with Disabilities*
- *United Nations Universal Declaration of Human Rights*
- *Disability Act 2006 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Health and Human Services Standards (Vic) – Empowerment*
- *4.9. Victorian Charter of Human Rights and Responsibilities (Departmental Policies, Procedures and Initiatives, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*

Organisational documents relevant to this policy and procedure:

- *Client Charter*

This policy applies to all Harmony Homecare workers: the managing director, operations manager, staff, volunteers and contractors, as well as existing and potential Harmony Homecare NDIS clients, their family members, carers and other supporters (clients).

Policy

Harmony Homecare respects and fully commits to upholding the rights of all people, including those with disabilities.

As required by the *Charter of Human Rights and Responsibilities Act 2006*, Harmony Homecare considers the rights protected by the Charter when it makes decisions, sets policies and provides services.

In accordance with the *Disability Act 2006*, Harmony Homecare is committed to ensuring its clients are made aware of their rights and responsibilities and supported to exercise them.

The *Client Charter* also sets out client responsibilities, which contribute to ensuring the rights of all clients and staff are upheld.

Procedures

The *Charter of Human Rights and Responsibilities Act 2006* protects the following human rights; and those relevant are addressed in Harmony Homecare's *Client Charter*:

- recognition as a person and equality before the law, and to protection against discrimination;
- right to life;
- protection from torture and cruel, inhuman and degrading treatment, and not to be subject to medical or scientific experimentation or treatment without consent;
- freedom from slavery or forced work;
- freedom of movement;
- right to not have one's privacy, family, home or correspondence arbitrarily or unlawfully interfered with, and one's reputation unlawfully attacked;
- freedom of thought, conscience, religion and belief;
- freedom of expression;
- peaceful assembly and freedom of association;
- protection of families and children by society and the State;
- right to take part in public life;
- practice and enjoy culture, religion and language;
- to not be deprived of property other than in accordance with law;
- liberty and security of person;
- humane treatment when deprived of liberty;
- detained child to be segregated from detained adults;
- fair hearing;
- presumption of innocence when charged with a criminal offence;
- not to be tried or punished more than once for an offence already been finally convicted or acquitted in accordance with the law; and
- with respect to the operation of certain retrospective criminal laws.

Harmony Homecare's *Client Charter* also meets the requirements of the *Disability Act 2006* by stipulating that clients have the right to:

- information about the services to be provided to them and any associated costs;
- conditions that may apply to the services being provided;
- information about how to make a complaint to Harmony Homecare and to the Disability Services Commission; and
- information about their legal rights, entitlements and obligations under the Act.

Harmony Homecare will provide all prospective and existing clients with information about their rights through:

- provision of Harmony Homecare's *Client Charter* in Harmony Homecare Handbook;
- displaying the *Client Charter* in Harmony Homecare facilities; and
- verbal explanation by Harmony Homecare staff.

Harmony Homecare will take into account the specific requirements of individuals when ensuring clients fully understand their rights through providing information in a format that suits their individual communication needs, whether they be due to disability or cultural background. Formats include different languages, Easy English, face-to-face or phone explanation by staff, and the use of interpreters and advocates.

Both written and verbally communicated information about client rights will advise that access to this Policy and Procedure will be provided upon request.

As per Harmony Homecare's *Service Access Policy and Procedure*, staff will discuss clients' rights and responsibilities with them during intake and assessment. Staff will confirm clients' understanding verbally, using an interpreter or advocate where required.

For simplicity, the *Client Charter* currently only refers to relevant Victorian legislation.

Staff Responsibilities

To ensure compliance with the *Charter of Human Rights and Responsibilities Act 2006*, staff will:

- think about where human rights are relevant to their activities and decisions that they make;
- where rights are relevant to the decision or action, consider whether the decision or action is limiting a human right in the Charter; and
- be able to demonstrate that any limitation on a human right is reasonable and consider whether the limitation is lawful, necessary, and proportionate in the circumstances.

A 'reasonable' limitation is determined based on the standards in a free and democratic society, including human dignity, equality and freedom and taking into account:

- the nature of the right;
- the importance and purpose of the limitation;
- the nature and extent of the limitation;
- the relationship between the limitation and its purpose; and
- whether there is any less restrictive means reasonably available to achieve the purpose that the limitation seeks to achieve.

Upon commencement, all staff will undergo Induction, which will include training in clients' rights and responsibilities.

Client complaints will be addressed in accordance with Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure*.

In accordance with Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of clients' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Staff will provide services with sensitivity to, and awareness of, people's disabilities and culturally and linguistically diverse or Indigenous backgrounds.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Annual service delivery and satisfaction surveys will assess client:

- satisfaction with the support they are provided to exercise their rights and responsibilities;
- awareness of what to do if their rights are violated;
- satisfaction with the quality of services they receive;
- satisfaction that their privacy and confidentiality are maintained;
- views on how easy it is to access the feedback, compliments and complaints system;
- satisfaction with how complaints and feedback are managed;
- satisfaction with the management of reviews and appeals; and
- awareness of their rights and the extent to which they feel able and supported to exercise them.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.

2.2 HARMONY HOMECARE CLIENT CHARTER

Harmony Homecare respects and fully commits to upholding the rights of all people, including those with disabilities. Harmony Homecare is also committed to ensuring you are aware of your rights and responsibilities and are supported to exercise them.

Harmony Homecare is required to comply with New South Wales and national disability legislation. We are also guided by the *United Nations Convention on the Rights of Persons with Disabilities*, which states that people with disability should enjoy the same human rights and fundamental freedoms as any other person.

What you can expect from us

As part of our service to you, we will:

- Inform you of and uphold your rights and responsibilities;
- Treat you with courtesy, dignity and respect;
- Treat you fairly and without discrimination;
- Give you information about our services and associated costs, as well as other service options, within and outside Harmony Homecare;
- Involve you in decisions about your service, as well as our programs and policies, and support you to make informed choices;
- Provide services that take into account your lifestyle, cultural, linguistic and religious background and preferences;
- Protect your personal information and only use it for the right reasons;
- Support you to provide us with feedback on our service, including complaints;
- Promptly address enquiries and complaints about the care you are receiving;
- Support you to connect with other services, including advocates, interpreters and translators, if needed;
- Support you to have a person to speak on your behalf for any purpose; and
- Provide safe and appropriate services that are culturally relevant and that support your ongoing needs and goals.

How you can help us

As our client we ask that you:

- Provide us with information that will help us best support you;
- Tell us if things change or you cannot keep an appointment or commitment;
- Act respectfully and safely towards other people using the service, and towards our staff and volunteers;
- Provide us with feedback about our service and how we can work better;
- Promptly pay the agreed fees associated with your services; and
- Tell us as early as possible if our services are not required.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				

Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least two-yearly and changes endorsed by the Management Team.</i>				

2.3 FEEDBACK, COMPLIMENTS AND COMPLAINTS POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how any person can provide feedback and make complaints about any aspect of Harmony Homecare's operations and the process that Harmony Homecare will take to address or respond to feedback and complaints.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Disability Amendment Act 2012 and 2013 (Vic)*
- *Human Services Standards (Vic) – Empowerment*
- *4.5. Complaints Management (Departmental Policies, Procedures and Initiatives, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *AS ISO 10002-2014 Customer Satisfaction – Guidelines for Complaints Handling in Organisations*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *NDIA Terms of Business*
- *Australian Consumer Law*

Organisational documents relevant to this policy and procedure:

- *Feedback, Compliments and Complaints Brochure*
- *Complaints and Grievances Register*
- *Continuous Improvement Plan*
- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all stakeholders of the organisation, including clients, families and carers, advocates, staff, volunteers, contractors, other service providers, government agencies and members of the community.

Issues raised by Harmony Homecare staff (where applicable), volunteers and contractors would generally be dealt with under Harmony Homecare's *Disputes and Grievances Policy and Procedure*, however from time to time staff may raise issues or provide feedback that is best dealt with under this policy.

Definitions

Compliment - an expression of praise, encouragement or gratitude about an individual staff member, a team or a service.⁸

Complaint - an expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected.⁹

For the purpose of this policy and procedure, a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

General complaint - addresses any aspect of the service e.g. a lost clothing item or the service's fees. The complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance - a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

Policy

Compliments, complaints and other forms of feedback provide Harmony Homecare with valuable information about client satisfaction and an opportunity to improve upon all aspects of its service. Feedback is taken seriously by Harmony Homecare and seen as an opportunity for improvement.

Harmony Homecare records and handles feedback effectively in order to identify areas for improvement, coordinate a consistent approach to complaint resolution, reduce the potential for future complaints and allow for reporting and efficient allocation of resources.

Resolving complaints at the earliest opportunity, in a way that respects and values the person's feedback can be one of the most important factors in recovering the person's confidence about Harmony Homecare services. It can also help prevent further escalation of the complaint. A responsive, transparent, efficient, effective and fair complaint management system will assist Harmony Homecare to achieve this.

Harmony Homecare has an effective feedback, compliment and complaint handling system that addresses the principles of visibility and accessibility, responsiveness, assessment and investigation, feedback, continuous improvement and service excellence.

⁸ 4.5. *Complaints Management (Departmental Policies, Procedures and Initiatives, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*

⁹ *Australian Standard AS/NZS ISO 10002:2014 Guidelines for Complaints Management in Organisations*

Harmony Homecare's approach to feedback, compliments and complaints management ensures:

- people understand their rights and responsibilities;
- information on the feedback, compliment and complaint management process is easily accessible;
- people's confidentiality is maintained throughout the process;
- increased satisfaction of clients in the management of their feedback, compliments and complaints;
- the recording of data to identify existing or emerging trends or systemic issues;
- staff demonstrate an awareness of Harmony Homecare feedback, compliments and complaints management processes;
- staff develop and demonstrate the range of skills and capabilities required to manage compliments, complaints and feedback; and
- an organisational culture that is focused on effective, person-centred complaints resolution and utilising feedback and compliments for continuous improvement.

Procedures

Harmony Homecare's Management Team will promote best practice, continuous improvement and an open, supportive, respectful culture that encourages and supports staff, clients and other stakeholders to make complaints and report concerns without fear of retribution. This will be assessed in yearly Performance Reviews of management staff.

Upon commencement, all staff will undergo Induction, which will include information on staff retention approaches including their right to access Harmony Homecare feedback, complaints and dispute resolution process. They will also be trained in this policy and procedure and in providing stakeholders with information about feedback, compliments and complaints.

Annual Performance Reviews will assess staff awareness of this policy and procedure and their roles and responsibilities when service users make complaints. Additional on-the-job and formal training will be provided where required. This will also be monitored informally by supervisors and managers.

The Agenda for team meetings will include a standing item on Continuous Improvement, including staff and client feedback and complaints.

Harmony Homecare's *NDIS Care Client Handbook*, website and a specific *Feedback, Compliments and Complaints Brochure* will provide clients, their families and carers and all other stakeholders with information about this policy and procedure, in an easy to understand format. This will include information on how feedback and complaints will be addressed and who to contact to provide feedback and complaints to external agencies, including external advocacy and support agencies. Information will be clearly displayed in Harmony Homecare premises and provided by staff when requested.

Any client or other stakeholder wishing to lodge feedback, or a complaint will be provided with information regarding this policy.

Information about providing feedback and making complaints and the forms to do so will be provided in a variety of formats, including in Easy English and alternative languages.

Harmony Homecare staff will provide all clients, their families and carers with this policy and procedure when they first access the service and, throughout service delivery, remind them of the policy and their right to make a complaint without fear of such affecting their service.

All personal information Harmony Homecare collects to manage feedback or complaints will be handled in accordance with privacy legislation and Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*. Feedback and complaints will be dealt with in a confidential manner and will only be discussed with the people directly involved. All information regarding feedback and complaints will be kept securely in accordance with Harmony Homecare's *Records and Information Management Policy and Procedure*.

Complaints and feedback can be lodged by a third party on behalf of another person, if their consent has been provided.

The Managing Director will track and analyse feedback and complaint data to identify any ongoing issues. Feedback, complaints and dispute resolution matters will be reported to the Management Team monthly, as part of Continuous Improvement.

In accordance with the *Disability Act 2006 (Vic)*, Harmony Homecare will report annually to the Disability Services Commissioner in the form required by the Disability Services Commissioner, specifying the number of complaints received and how the complaints were resolved.

Feedback

Feedback can be provided to any staff member at any time in any way by any stakeholder, including through:

- a staff member (where applicable);
- email; info@harmonyhomecare.com.au
- phone contact; 1300 25 15 15
- in writing to:

The Managing Director
Harmony Homecare
1/51 The Mall,
HEIDELBERG WEST, VIC 3081
- *Feedback and Complaint Forms*
- staff planning days and Management Team meetings (involving client and other stakeholder representatives);
- client forums;
- staff collection of client feedback after each major interaction with the service (e.g. initial assessment and planning; reviews; exit);
- annual client service delivery and satisfaction surveys. All clients will be asked to complete these surveys; and
- annual staff and stakeholder satisfaction surveys. All staff will be asked to complete these surveys and stakeholders will be selected on a random basis.

Where feedback is provided verbally, the receiving staff member will accurately and promptly transcribe the feedback onto a Harmony Homecare's *Feedback and Complaint Form*.

Provision of feedback through any of Harmony Homecare's channels is voluntary.

Harmony Homecare's complaints management process

Harmony Homecare's complaints management process can be simplified into five steps:

1. Receive;
2. Record;
3. Acknowledge;
4. Resolve; and
5. Communicate resolution.

1. Receive

To lodge a complaint, individuals are encouraged to speak directly to a staff member first, in an attempt to resolve the matter without recourse to the complaints and grievances procedures.

Managing Director (or delegates) will:

- Listen – openly to the concerns being raised by the complainant.
- Ask – the complainant what outcome they are seeking.
- Inform – the complainant clearly of the complaint process, the time the process takes and set realistic expectations, ensuring they understand their confidentiality will be maintained throughout the process, and only the people involved directly will be spoken to.
- Be accountable – and empathic towards the affected person and action all commitments made.
- Assess – situations that pose an immediate threat or danger or require a specialised response.

All complaints and grievances will be referred to the Managing Director (or delegates) for resolution.

The Managing Director will discuss minor complaints directly with the party involved as a first step towards resolution.

If the complaint cannot be resolved promptly or within 24 hours, the Managing Director will treat it as a grievance (advising the individual of their right to lodge a grievance if they have not already done so, with the assistance of a support person or advocate if they wish).

A *Feedback and Complaints Form* will be readily available to individuals to lodge their grievance, however it is not mandatory that they use the form. The *Feedback and Complaints Form* can be used to make anonymous complaints.

Grievances can be lodged:

- directly with a staff member, either verbally or by providing a completed *Feedback and Complaints Form*;
- by email to: info@harmonyhomecare.com.au
- by phone on 1300 25 15 15; or
- in writing to:

The Managing Director - Harmony Homecare
1/51 The Mall,
HEIDELBERG WEST VIC 3081

At any time, individuals can make a complaint directly to the National Disability Insurance Agency (NDIA); the Victorian Department of Health and Human Services' Complaints, Integrity and Privacy Unit; the Victorian Disability Services Commission; the Commission for Children and Young People Victoria; the Victorian Ombudsman; the Office of the Commissioner for Privacy and Data Protection; or the Victorian Independent Broad-based Anti-Corruption Commission (IBAC).

All clients making a complaint will be encouraged to use an advocate of their choice to act on their behalf if they wish. The advocate may be a family member or friend, or sourced (with the assistance of a staff member if required) through the National Disability Advocacy Program.

If a complaint alleges actual or possible criminal activity or abuse or neglect, it will be referred to the Managing Director immediately. The Managing Director will report the complaint as per Harmony Homecare's *Client Incident Management Policy and Procedure* and work with the relevant authority to investigate the allegation.

Staff will take all reasonable steps to ensure the person who made the complaint, any person on whose behalf the complaint was made, and a person with a disability is not adversely affected because a complaint has been made by them or on their behalf.

2. Record

The Managing Director will:

- Record – all information that is relevant to the compliment or complaint, in its original and simplest form, in Harmony Homecare's *Complaints and Grievances Register*.
- Store and protect – the *Complaints and Grievances Register* in a secure file, accessible only to the Management Team.

3. Acknowledge

The Managing Director will:

- Acknowledge – receipt of the grievance within 2 working days to build a relationship of trust and confidence with the person who raised the complaint.
- Provide anonymity – a person may request to remain anonymous in their lodgement and therefore contact may not be possible or expected.
- Seek desired outcomes – provide realistic expectations and refer the matter to other organisations where they're identified as being more suitable to handle such.
- Avoid conflict of interest – by appointing a person unrelated to the matter as an investigator if necessary.
- Provide timeframes and expectations – to the complainant where possible.

4. Resolve

In resolving a complaint or grievance, the Managing Director will:

- Involve the complainant – keep them informed of the progress of the complaint and discuss any disparities identified in the information held.
- Request additional information – when required, applying a timeframe that limits when it is to be provided by.
- Consider extensions – only where necessary and always communicate any additional time requirements to the complainant with an explanation of the need.
- Record – all decisions or actions of the complaint investigation in Harmony Homecare's *Complaints and Grievances Register*.
- Focus – on the identified complaint matters only. A complaint is not an opportunity to review a whole case.

Investigation of complaints will not be conducted by a person about whom a complaint has been made. If required, the Management Team will determine the appropriate person to undertake the investigation.

5. Communicate resolution

Harmony Homecare will respond to all complaints and grievances as soon as possible and within 28 days from acknowledgement.

If a complaint or grievance cannot be responded to in full within 28 days of acknowledgement, an update will be issued to the complainant. The update will provide the date by which a full response can be expected. The update should be provided verbally in the first instance then confirmed in writing.

The Managing Director (or delegates) will:

- Discuss the outcome – where possible, verbally with the complainant before providing written advice and allowing them the opportunity to make further contact following receipt of the written advice.
- Include information on recourse – what further action may be available to the complainant at the conclusion of the complaint investigation. An action of recourse may be to escalate the matter further with an external agency or for a further review within the organisation.
- Provide a further review – to enable the first investigation to be reviewed for soundness and allow additional information not available in the first complaint to be included.
- Identify opportunities – relay complaint outcomes to the appropriate area within the organisation for action to improve service delivery.
- Seek Feedback – from the complainant regarding their experience of the complaints process.

Support will be provided to assist complainants' understanding of correspondence regarding complaints and grievances where required (e.g. interpreters, referral to advocates, etc.).

Options for actions responding to a complaint include but are not limited to:

- explaining processes;
- rectifying an issue;
- providing an apology;
- ongoing monitoring of issues;
- training or education of staff.

Harmony Homecare's *Complaints and Grievances Register* will be used by Harmony Homecare's Managing Director to record every complaint, track investigation progress and outcomes and how the outcomes have been communicated to stakeholders.

Complaints Escalation and Dispute Resolution

If a complainant remains dissatisfied with the outcome of their complaint or grievance they will be provided with the details of other agencies they can use to assist them to achieve a resolution. If required, and requested, Harmony Homecare will provide assistance to clients to access an external complaints process of their choosing.

Escalated complaints will be tracked in the *Complaints and Grievances Register* in the same manner as other complaints and the same communication processes as outlined above will be applied. If necessary, the Managing Director or Managing Director will undertake communication with the complainant.

Complaints to the NDIA can be lodged:

- by email to feedback@ndis.gov.au
- by phone on 1800 800 110.

Complaints to the Victorian Department of Health and Human Services, Complaints, Integrity and Privacy Unit can be lodged:

- by email to complaints.reception@dhhs.vic.gov.au
- by phone on 1300 884 706
- by post to
Complaints, Integrity and Privacy Unit
GPO Box 4057
Melbourne VIC 3001

Complaints to the Victorian Disability Services Commission can be lodged:

- by email to complaints@odsc.vic.gov.au
- by phone on 1800 677 342 (TTY 1300 726 563)
- online at www.odsc.vic.gov.au
- via Skype by calling or emailing to make an appointment first

Complaints to the Commission for Children and Young People Victoria can be lodged:

- by email to childsafes@ccyp.vic.gov.au
- by phone on 1300 78 29 78

Complaints to the Office of the Commissioner for Privacy and Data Protection can be lodged:

- By phone on 1300 666 444
- online at www.cpdv.vic.gov.au

Complaints to the Victorian Ombudsman can be lodged:

- by phone on 03 9613 6222 or (regional areas) 1800 806 314
- online at www.ombudsman.vic.gov.au

Complaints to the Victorian Office of the Public Advocate can be lodged:

- by phone on 1300 309 337
- online at www.publicadvocate.vic.gov.au/opa-feedback-and-complaints

Complaints to the Independent Broad-based Anti-Corruption Commission can be lodged:

- by phone on 1300 735 135
- online at www.ibac.vic.gov.au

NDIS participants purchasing products and services have rights and protections under the Australian Consumer Law (ACL), including provisions on customer guarantees and unfair contract terms. Consumer Affairs Victoria provides information and advice and, in some cases, dispute resolution services for customer disputes under the ACL.

In addition to Consumer Affairs Victoria, clients of Harmony Homecare can also contact the Australian Securities and Investments Commission (ASIC) if they have concerns regarding consumer protection in relation to finances.

Reporting

In its annual report to the Disability Services Commissioner, Harmony Homecare must report on the number, type and outcome of complaints, in accordance with the relevant legislation.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record how the outcomes of feedback have been communicated to stakeholders. Positive feedback will be recorded in the Plan as a way of recording things the organisation does well. If positive feedback relates to a client or staff member, that person will be formally recognised by the Management Team.

Annual service delivery and satisfaction surveys will include questions regarding:

- satisfaction with Harmony Homecare feedback and complaints processes;
- whether stakeholders have received adequate information about making complaints and their awareness of complaints mechanisms;
- the extent to which clients and their supporters feel they have been included in the review of feedback and their satisfaction with this process;
- whether stakeholders have received adequate information about how the organisation will use feedback, complaints and appeals information; and
- any barriers to lodging complaints and feedback.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

Management Team.

2.4 CLIENT INCIDENT MANAGEMENT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out how Harmony Homecare is to respond to any incident involving a client, including verbal assault, bullying, discrimination, racism, physical or sexual abuse or neglect.

The aims of the policy and procedure are to:

- ensure timely and effective responses to support client safety and wellbeing;
- support clients who have experienced physical or sexual abuse/assault or neglect;
- be accountable to clients for actions taken immediately and planned in response to their experience of abuse, assault or neglect or unexplained absence;
- ensure due diligence and responsibilities to clients are met; and
- hold perpetrators of physical and sexual abuse/assault and neglect accountable for their actions.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Crimes Act 1958*
- *Disability Act 2006 (Vic)*
- *Children, Youth and Families Act 2005 (Vic)*
- *Child Wellbeing and Safety Act 2005 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Family Law Act 1975 (Cwth)*
- *Occupational Health and Safety Act 2004 (Vic)*
- *Working with Children Act 2005 (Vic)*
- *Working with Children Regulations 2006 (Vic)*
- *Australian Human Rights Commission Act 1986 (Cwth)*
- *Disability Discrimination Act 1992 (Cwth)*
- *Racial Discrimination Act 1975 (Cwth)*
- *Sex Discrimination Act 1984 (Cwth)*
- *Age Discrimination Act 2004 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *Child Safe Standards (Vic)*
- *Human Services Standards (Vic) – Empowerment*
- *Responding to Allegations of Abuse Involving People with Disabilities Guidelines (Department of Health and Human Services)*
- *Responding to Allegations of Physical or Sexual Assault (Department of Health and Human Services)*
- *Responding to Allegations of Physical or Sexual Assault: Technical Update 2014 (Department of Health and Human Services)*

Documents relevant to this policy and procedure:

- *Harmony Homecare's Privacy and Confidentiality Policy and Procedure*
- *Victorian Department of Health and Human Services' Client Incident Management (CIMS) Client Incident Register*
- *Victorian Department of Health and Human Services' Client Incident Management System (CIMS) Client Incident Report*

Detail regarding the procedures set out in this Policy and Procedure can be found in the Department of Health and Human Services' Client Incident Management Guide (<https://providers.dhhs.vic.gov.au/cims>). All staff must be familiar with this Guide.

This policy and procedure applies to all Harmony Homecare clients. It does not apply to incidents that affect staff or members of the public that do not have an impact on a client. Such incidents should be managed as per Harmony Homecare's *Incident Management – Staff and Other Stakeholders – Policy and Procedure*.)

Near misses, which are events which had the potential to cause impact on a client but did not, are not covered by the requirements in this Policy and Procedure. Near misses will be managed by Harmony Homecare in accordance with other relevant policies and procedures, such as the *Continuous Improvement Policy and Procedure*.

Note: The reportable conduct scheme requires centralised reporting to the Commission for Children and Young People of allegations of child abuse made against staff or volunteers in organisations with a high level of responsibility for children. This requirement is in addition to the obligations set out in this policy. For more information regarding the Reportable Conduct Scheme, see Harmony Homecare's *Human Resources Policy and Procedure*.

Definitions

Abuse (in the context of this policy) – physical, sexual, financial or emotional/psychological abuse or neglect. It can also include exposure to domestic/family violence.

Child Abuse - An act or omission by an adult that endangers or impairs a child's physical and/or emotional health and development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment are generic terms used to describe situations in which a child may need protection.

Emotional/psychological abuse - Involves continuing behaviour by adults towards other adults or children, which erodes social competence or self-esteem over time. It occurs when a person engages in inappropriate behaviours, such as rejecting, ignoring, threatening or verbally abusing a person (including a child), or allowing others to do so¹⁰.

Exposure to domestic/family violence: When children and/or adults witness and/or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships¹¹.

Physical abuse - When a person suffers or is likely to suffer significant harm from an injury inflicted by another person/parent/guardian, caregiver or other adult. The injury may be inflicted intentionally or be the consequence of physical punishment or the physically aggressive treatment of a person (including a child). Physical injury and significant harm to a person/child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or

¹⁰ Office of the Child Safety Commissioner (OCSC), Victoria

¹¹ Adapted from the Australian Medical Association definition.

fractures, poisoning, internal injuries, shaking injuries or strangulation.

Racial, cultural and religious abuse - Conduct that demonstrates contempt, ridicule, hatred or negativity towards a person because of their race, culture or religion¹².

Sexual abuse - When a person uses power or authority over another person (including a child), or inducements such as money or special attention, to involve the other person (or child) in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of another person/child or exposing a child to pornography, to having sex with a child or with a non-consenting adult.

Abuser - A person who mistreats and/or harms another person.

Bullying - Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Child or Young Person - In Victoria, under the *Children, Youth and Families Act 2005* a child or young person is a person under 18 years of age.

Child FIRST - A Victorian community-based intake and referral service linked with Family Services which ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection (www.cyf.vic.gov.au/family-services/child-first).

Child protection - The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Child Protection Service (also referred to as Child Protection) - The statutory child protection service provided by the Victorian Department of Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services (www.cyf.vic.gov.au/child-protection-family-services/home).

Client Incident – see ‘Incident’.

Client Incident Management System (CIMS) - outlines the approach and key actions to manage a client incident as per Victorian Department of Health and Human Services requirements.

Client Incident Register - a register owned, managed and maintained by each Victorian service provider which captures all the required information regarding client incidents.

Client Incident Report – a report of a client incident.

¹² OCSC, Victoria

Compulsory reporting – The legislative requirement of service providers, and the Managing Director and staff within them, to compulsorily report particular acts or situations in which an individual is involved.

Disclosure (in the context of this policy) – A statement that a child or person makes to another person that describes or reveals abuse.

Discrimination – Treating a person less favourably than others in similar circumstances because of a personal attribute that has no relevance to the situation.

Age discrimination - Discrimination on the basis of age (regardless of age) or on the basis of age-specific characteristics or characteristics generally associated with a person of a particular age.

Disability discrimination - Discrimination on the basis of physical, intellectual, psychiatric, sensory, neurological or learning disability, physical disfigurement, disorder, illness or disease that affects thought processes, perception of reality, emotions or judgement, or results in disturbed behaviour, and presence in body of organisms causing or capable of causing disease or illness (e.g., HIV virus).

Racial discrimination - Discrimination on the basis of race, colour, descent or national or ethnic origin and in some circumstances, immigrant status.

Sex discrimination – Discrimination on the basis of sex, marital or relationship status, pregnancy or potential pregnancy, breastfeeding, family responsibilities, sexual orientation, gender identity or intersex status.

Divisional office - The staff within the Department of Health and Human Services divisional offices responsible for quality assurance and endorsement of client incident information.

Domestic/family violence - The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.

During Service Delivery - an incident that has occurred 'during service delivery' is an incident that occurs during any of the following circumstances:

- provision of an in-scope service as per Appendix C of the Department of Health and Human Services' Client Incident Management Guide; and/or
- as a result of, or related to, a deficiency or a potential failure in service provision (for example, through hazards, neglect or inadequacy).

Duty of care - A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility Harmony Homecare has to provide its clients with an adequate level of care and protection against foreseeable harm and injury.

Impact – the level of harm to a client as a result of an incident. In instances of Dangerous Action incidents, this includes the level of risk of harm as a result of an incident.

Incident – also '**Client Incident**' - An event or circumstance that occurs during service delivery, which results in harm or has the potential to harm a client. This includes major impact incidents and non-major impact incidents.

Impact Incident – *major impact incidents include:*

- the unanticipated death of a client;
- severe physical, emotional or psychological injury or suffering which is likely to cause ongoing trauma; and
- a pattern of incidents related to one client which, when taken together, meet the level of harm to a client defined above. This may be the case even if each individual incident is assessed as a non-major impact incident.

Certain incidents (listed in Appendix A of the Department of Health and Human Services' Client Incident Management Guide) must always be reported as major impact incidents – for example, allegations of physical or sexual abuse or suicides.

Non-major Impact Incident – non-major impact incidents include:

- incidents that cause physical, emotional or psychological injury or suffering, without resulting in a major impact as defined above;
- impacts to a client which do not require significant changes to care requirements, other than short-term interventions. For example, first aid, observation, talking interventions or short-term medical treatment;
- incidents that involve a client but result in minimal harm; and
- incidents that do not otherwise meet the criteria for 'major impact' as defined above.

Incident Investigation - a formal process of collecting information to ascertain the facts relating to an incident, which may inform any subsequent criminal, civil penalty, civil, disciplinary or administrative sanctions. Investigations may be carried out by service providers, the Department of Health and Human Services or external investigators. In the context of this policy, an incident investigation is an investigation into an allegation of abuse, poor quality of care or unexplained injury of a client, undertaken or commissioned by Harmony Homecare.

Incident Review – analysis of a client incident to identify what happened, determine whether an incident was managed appropriately, and to identify the causes of the incident and subsequent learnings to apply to reduce the risk of future harm. Such reviews may be carried out by service providers, the Department of Health and Human Services or external reviewers.

Independent Person – a person who is trained to assist young people (under the age of 18 years old) and who acts in the absence of a parent or guardian.

Independent Third Person – a trained volunteer from the Office of the Public Advocate (OPA) who attends Victoria Police interviews for adults and young people with disability or mental illness, to ensure they are not disadvantaged during the interview process.

Key Support Person – a person independent to the service being provided; may include a parent or family member, a significant other, a guardian appointed by the Victorian Civil and Administrative Tribunal or an advocate.

Mandatory reporting - The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child needs protection from harm. A broad range of professional groups are identified in the *Child, Youth and Families Act 2005* as 'mandatory reporters'. Section 182 of the Act lists those who are mandated to report.

Neglect - The failure to provide a vulnerable person with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the person's health and development is, or is likely to be, significantly harmed.

Negligence - Doing or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Offender or Perpetrator - A person who mistreats and/or harms a child or person.

Reasonable grounds - A person may form a belief on reasonable grounds that another person is in need of protection after becoming aware that their health, safety or wellbeing is at risk and the client's parents/guardians/family are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a client states that they have been physically or sexually abused;
- a client states that they know someone who has been physically or sexually abused (sometimes they may be referring to themselves);
- someone who knows the client states they have been physically or sexually abused;
- a client shows signs of being physically or sexually abused¹³;
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the client's safety, stability or development;
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision; or
- a client's actions or behaviour may place them at risk of significant harm and the parents/guardians/family are unwilling or unable to protect the individual.

Sexual harassment - any form of unwanted, unwelcome or uninvited sexual behaviour that is offensive, humiliating or embarrassing.

Unexplained Absences – a person who is absent and the service is unaware of any reasons for the absence. This person is considered missing.

Voluntary (non-mandated) notification - A notification to the Child Protection Service by a person who believes that another person needs protection, where the notification is made out of moral obligation, rather than legislative obligation. The person making the notification

• ¹³ See Appendix 2, Protecting the Safety and Wellbeing of Children and Young People – A Joint Protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools; note that these indicators can apply to all people.

is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

Policy

Harmony Homecare takes proactive steps to protect the safety and wellbeing of its clients. This includes supporting the safety and security of people affected by family violence.

Physical and sexual assault are crimes against the person. Staff should be aware that many clients, including children, young people, people with a disability, and older people are at greater risk of physical and sexual assault than the general population.

Harmony Homecare has a moral, ethical and legal responsibility to ensure that all clients are safe in its care. It will provide training, resources, information and guidance to support this.

Harmony Homecare is committed to preventing threats to client safety and wellbeing through:

- ensuring that the health, safety and wellbeing of clients using the service is protected at all times;
- fulfilling its duty of care obligations under the law by protecting clients from any reasonable, foreseeable risk of injury or harm;
- ensuring that all staff, contractors and volunteers caring for clients act in the best interests of the client and take all reasonable steps to ensure the client's safety and wellbeing at all times;
- supporting the rights of all clients to feel safe, and be safe, at all times;
- developing and maintaining a culture in which clients feel valued, respected and cared for;
- encouraging active participation from parents, guardians, families, significant others, advocates and other stakeholders, and ensuring that best practice is based on a partnership approach with shared responsibility for clients' health, safety, wellbeing and development; and
- ensuring it is proactive in educating clients of their individual rights by including personal safety education programs within Harmony Homecare.

Harmony Homecare's Client Incident Management processes align with the five CIMS stages, which are:

1. identification and response;
2. reporting
3. incident investigation
4. incident review; and
5. analysis and learning.

Procedures

Prevention

The Managing Director will:

- ensure Harmony Homecare employs skilled staff who respect the rights of people with disability, are aware of current policies and legislation pertaining to client safety and wellbeing and will support people to access complaint mechanisms and raise any concerns they have about services;

- ensure all staff, volunteers and contractors undergo criminal history screening and other mandatory checks as per Harmony Homecare's *Human Resources Policy and Procedure*;
- provide a safe physical environment for the delivery of services;
- ensure volunteers, students, parents, guardians and other visitors are not left with sole supervision of individual clients or groups of clients and that adequate staff-client ratios are maintained at all times; and
- identify and provide appropriate resources, supervision and training to assist staff, contractors, visitors, volunteers, students and other relevant stakeholders to implement this policy.

The Managing Director (or delegate) will:

- identify the potential for abuse at Harmony Homecare and develop and implement effective prevention strategies in consultation with other staff;
- identify and implement appropriate programs and practices to support the principles of a child-safe organisation in consultation with other staff;
- co-operate with other services and/or professionals in the best interests of clients;
- ensure that families are made aware of support services available to them (such as Child FIRST), and of the assistance these services can provide; and
- ensure clients are advised of Harmony Homecare's obligations and requirements in relation to reporting suspicions and allegations of abuse and assault at their initial contact with Harmony Homecare.

The Managing Director (or delegate) is responsible for:

- ensuring staff, contractors and volunteers undertake appropriate training and education on child protection and the protection of other vulnerable people, including recognising the signs and symptoms of abuse, knowing how to respond, and understanding processes for reporting, obligations for mandatory reporting and managing concerns/incidents;
- identifying the potential for and signs of abuse at Harmony Homecare, and developing and implementing effective prevention strategies in consultation with staff; and
- ensuring all equipment and materials used at Harmony Homecare meet relevant safety standards.

Staff are responsible for:

- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy;
- undertake appropriate training and education on child protection, including recognising the signs and symptoms of child abuse, knowing how to respond, and understanding processes for reporting and managing concerns/incidents;
- undertaking appropriate training and education on the abuse and neglect of vulnerable people including people with a disability, including recognising the signs and symptoms of abuse, knowing how to respond, and understanding processes for reporting and managing concerns/incidents;
- protecting the rights of clients and encouraging their participation in decision-making; and
- maintaining confidentiality at all times.

Incident identification and Response

Responses to any Client Incident should be respectful of the person, culturally appropriate, and empower them to make their own choices and decisions wherever possible. Some clients may have a key support person to support them (the client) in their decision-making.

Staff will:

- recognise and acknowledge the impact of the incident on the client;
- assure the client the incident will be taken seriously and dealt with in a fair and equitable manner;
- clearly educate clients about their rights and take their wishes into consideration;
- identify an advocate or key support person if appropriate, and keep them informed throughout the process;
- keep the client informed of the progress, outcome and any follow-up of incidents;
- involve the client in the process of reviewing or investigating the incident, including the opportunity to provide their account of what happened, with communication support if required;
- ensure the client has the opportunity to provide feedback on the response to the incident; and
- ensure personal and sensitive client information is appropriately managed and secured, to mitigate the risk of privacy breaches.

Immediate response

1. Assess the situation and check for danger. Remove the client from danger if it is safe to do so. Ensure the client's immediate safety needs are met.
2. If the client requires immediate medical attention, a medical practitioner or ambulance must be called (call Emergency Services on **000**), or the client conveyed to the nearest hospital emergency department.
3. Where a staff member is accused or suspected of harming the client, any medical practitioner called must be independent to Harmony Homecare. The staff member in question must be removed from contact with all clients pending an investigation.
4. If another client is accused or suspected of harming the client, where possible, they must be removed from contact with other clients pending an investigation.
5. If the client has injuries that do not require immediate attention, support the person to see a doctor for assessment and treatment of any injuries, including psychological trauma.
6. Consider the impact of the incident on the other clients within the setting and provide them with appropriate support.
7. Notify other service providers known to be working with that client, if appropriate.
8. If the incident involves an alleged criminal act, determine whether to contact Victoria Police. Staff must preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or Harmony Homecare.

9. Where the incident involves an alleged sexual assault, contact a Centre Against Sexual Assault (CASA).
10. Where the client consents, or does not have the capacity to consent, contact the client's Key Support Person.
11. Provide ongoing support to all affected clients and staff, taking into consideration that their ongoing needs may change.

The most senior staff member present should undertake the immediate response actions set out above.

Further information about responding to incidents where the client is an adult with disability or mental illness is provided on the OPA's website (www.publicadvocate.vic.gov.au). The Disability Services Commissioner's website (www.odsc.vic.gov.au) provides additional guidance.

Compulsory reporting to Police

A suspected crime must be reported to Victoria Police in the following circumstances:

- The client is under 18 years of age;
- The client has a cognitive impairment;
- There is evidence, aside from the client's statements, of a crime having been committed;
- The client suffered serious harm;
- The client's decision was made under duress; or
- The client or other service users are still at risk of violence or abuse.

In all other cases, if the client wishes to not report the matter to Victoria Police, and has capacity to make this decision, this wish should be respected.

The decision whether to report a matter to Victoria Police should be made by the most senior staff member present.

If the client is under 18 years of age and is a client of child protection, Child Protection must also be immediately informed of the alleged incident.

Staff must also make a report to Child Protection as soon as practicable after forming a belief, on reasonable grounds, that a client under 18:

- is in need of protection from significant harm as a result of emotional, physical or sexual abuse, neglect, exposure to domestic violence or exploitation; and
- has parents/guardians who are unwilling or unable to protect them.

Advising parties of a Police report

The staff member who first becomes aware of an incident involving a suspected crime must advise the client that the matter will be reported to Victoria Police.

Staff should consult with Victoria Police as to whether an alleged perpetrator should be told of the Police report. It is important that any steps taken do not compromise or undermine action that Victoria Police may take.

Dealing with the Police

If the client is under the age of 18 years old, a parent, guardian or Independent Person must be present if they are going to give a statement.

At the time of contact, Victoria Police must be advised if the client has a cognitive impairment, intellectual disability or mental illness and needs support of an Independent Third Person during the interview or when a statement is being taken.

Where the client uses an alternative form of communication, such as symbols, signs or facilitated communication, an Independent Third Person can usually assist the client to communicate with the Police. It is the responsibility of the Police to contact the Independent Third Person.

Preserving evidence

Staff must preserve any physical or documentary evidence that may be critical to an investigation by Victoria Police or Harmony Homecare. This may require discussions with Victoria Police.

If multiple clients witnessed the incident, they should be separated where possible to minimise the risk of their evidence being compromised before they are interviewed.

Staff must not photograph or otherwise record details of the injuries suffered unless instructed otherwise by Victoria Police.

Assisting the Police

If a client is suspected of committing a criminal act, staff should refer the matter to Victoria Police.

The Police should be assisted in conducting their investigation. The investigation may involve the police taking photographs of any physical injuries. The police may need staff members' assistance to explain this procedure to the client.

It is not necessary for a client to decide immediately about whether to be involved in a police investigation and/or prosecution. People may be distraught in the immediate aftermath of an assault and sometimes change their minds later. Some evidence, however, will only be present in the immediate period following assault. Forensic evidence collected at this time will assist police investigation, should the client wish to proceed at a later stage.

Contacting a Key Support Person

Where the client consents, or does not have the capacity to consent, staff should engage a Key Support Person to support the client, advocate on their behalf and ensure their rights are respected. Case notes should reflect that a client has been offered a Key Support Person, the decision of the client and the rationale as to whether this occurred or not.

A Key Support Person should not be contacted if Victoria Police has advised they are a witness or suspect in the investigation, unless instructed otherwise by Victoria Police. Subject to any instructions by Victoria Police, staff should encourage the client to choose an alternative Key Support Person to provide assistance and support.

Ongoing support

After an immediate response to an incident has occurred, ongoing support should be provided to promote and assist a client's recovery from the incident, and to ensure a client's ongoing wellbeing and safety.

Staff should plan for the provision of ongoing support to all affected clients, as their ongoing needs may change. Key ongoing actions in response to an incident should be documented on clients' files.

Ongoing support should also be provided to any staff affected. This is the responsibility of Managing Director.

Appropriate ongoing support actions may include:

- taking steps to assure the client's safety and wellbeing in the future;
- providing and supporting the client to access treatment, counselling, or trauma and victim support services to address their safety and wellbeing as required;
- making modifications in the way services are provided, or to the client's care plan, including updating any support documentation;
- supporting the client through any action the client takes to seek justice or redress, including making a report to Victoria Police or accessing legal counsel;
- providing direct support to clients to discuss the incident;
- developing an ongoing risk management strategy where this is deemed appropriate; and
- providing support and debriefing for staff and client witnesses.

Clients have a right to complain about Harmony Homecare services and they and their key support person/advocate should be alerted to Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure* and external complaints bodies.

Reporting Incidents

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed, must determine whether the incident occurred during service delivery.

If the incident did not occur during service delivery, it does not have to be reported through CIMS. The event should be managed in the best interests of the client using the professional judgement of staff in accordance with Harmony Homecare's policies and procedures.

The Managing Director must report all Client Incidents that occur during service delivery to the Department of Health and Human Services.

Client Incidents must be electronically reported to the Department's divisional office (via the CIMS Client Incident Report webform (<https://cims.vic.gov.au/#/introduction>)), either within 24 hours or on a monthly basis, depending on the classification of the incident.

Where a client discloses an incident that occurred in the past, it should be reported in the same way as any other client incident.

In determining the category of the incident, the focus must be on the impact (level of harm) to the client. While the most senior staff member present is responsible for completing the initial Client Incident Report, the Management Team is responsible for using their professional judgement to confirm the appropriate categorisation for the incident.

Reporting Major Impact Incidents

Harmony Homecare must electronically report all Major Impact Incidents to the Department within 24 hours of the incident occurring or staff becoming aware of the incident. This includes on weekends and public holidays.

All Major Impact Incidents must also be recorded in Harmony Homecare's *Client Incident Register* within the same timeframe.

The most senior witness to the incident or, if there were no witnesses, the staff member to whom the incident was disclosed, must complete the detailed components of the Client Incident Report.

Department divisional office staff will review the incident report to ensure the safety and wellbeing of the client involved.

The divisional office may contact Harmony Homecare to follow up on the incident if there are concerns about the safety of clients or management of the incident.

The divisional office may also request staff to provide further information and details regarding prior incidents to further understand the context and any contributing factors of the incident in question.

Once any follow up is completed to the satisfaction of the divisional office, it will endorse the incident for their records.

Reporting Non-Major Impact Incidents

Non-major Impact Incidents must be recorded in Harmony Homecare's Client Incident Register within five working days of staff becoming aware of the incident, to facilitate timely management of the incident and accurate recording of the facts.

Non-major Impact Incident reports must also be provided to the department in batches on a monthly basis, within five days of the end of each month. The Managing Director [highest position, e.g. CEO or delegate] must sign off on each batch prior to submission.

The Departmental divisional office will review the Non-Major Impact Incident data submitted.

Divisional office staff may contact the Harmony Homecare to:

- follow up on the incident and ensure the information provided is accurate; and
- confirm that appropriate actions are being planned and undertaken to manage incident trends and the potential for cumulative harm.

General Incident Reporting Requirements

It is critical that incident reports are accurate, comprehensive, clear, factual and use objective language.

Staff can seek guidance and advice on completing incident reports by:

- referring to the CIMS toolkit (www.providers.dhhs.vic.gov.au/cims); or
- contacting the Department's divisional office for guidance or advice.

The Managing Director [Management level] must review incident reports submitted by staff and complete:

- a brief description of the incident (20 words or less);
- additional actions completed, for example notification to Victoria Police;
- a quality check of the report, ensuring appropriate incident type, category, client and location details were recorded.

The Managing Director [highest position, e.g. CEO or delegate] must approve the incident report prior to submission to the Department.

Incident reports and any other supporting information must also be attached to the individual client's file to support management and follow up of the incident.

Where an incident occurs that involves a client is in receipt of a number of service types or services from a number of service providers, the service provider that first becomes aware of the incident is responsible for ensuring the client's safety, completing the Client Incident Report and discharging the other obligations set out in this Policy and Procedure. A more appropriate service or service provider can take on this responsibility upon mutual agreement of all service providers involved.

A client's personal and health information will only be used and disclosed to third parties in accordance with Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*.

Other Reporting Requirements

The Department has established a protocol for the provision of Client Incident Reports relating to allegations of staff to client assault or unexplained injuries within disability services to the Disability Services Commissioner for independent monitoring, review and advice on client specific issues and trends.

Where an incident results in the death of a child (a person who is under 18 years of age) who was a Child Protection client at the time of death or within 12 months before their death, a copy of the Client Incident Report must be provided to the Commission for Children and Young People and the Child Protection Unit, Statutory and Forensic Services branch of the Department of Health and Human Services. The Commission for Children and Young People must conduct an inquiry into the death of the child.

Where an incident results in the death of a child who was not a Child Protection client, the Management Team should consider what action may be required and whether the matter should nevertheless be reported to the department and/or the Commission for Children and Young People.

Relevant factors to consider include the:

- length of time elapsed since Child Protection's involvement with the child;
- extent of Child Protection's involvement;
- sensitivities of the case;
- potential for public, political or legal scrutiny; and
- particular facts and circumstances.

In addition to reporting client deaths as outlined above, the following statutory reporting obligations may also exist:

- reporting deaths to the Coroner (see www.coronerscourt.vic.gov.au for more information); and
- reporting deaths of any person receiving mental health services under the *Mental Health Act* (see www2.health.vic.gov.au/about/key-staff/chief-psychiatrist/chief-psychiatrist-guidelines for more information).

Reportable Conduct Scheme

Victorian disability providers that provide services to children are required to report allegations of reportable conduct, including professional misconduct, to the Commission for Children and Young People.

The five types of 'reportable conduct' are:

- sexual offences committed against, with or in the presence of a child;
- sexual misconduct committed against, with or in the presence of a child;
- physical violence against, with or in the presence of a child;
- any behaviour that causes significant emotional or psychological harm to a child; and
- significant neglect of a child.

The Managing Director [most senior position e.g. CEO or Managing Director] must:

- respond to a reportable allegation made against a Harmony Homecare staff member or volunteer by ensuring that the allegation is appropriately investigated;
- report allegations which may involve criminal conduct to the Police;
- notify the Commission for Children and Young People of reportable conduct allegations **within three business days** after becoming aware of the allegation;
- give the Commission for Children and Young People detailed information about the allegation **within 30 days after becoming aware of the allegation**;
- after the investigation has concluded, give the Commission for Children and Young People relevant information, including a copy of the findings of the investigation; and
- ensure that Harmony Homecare has systems in place to:
 - prevent reportable conduct from being committed by a staff or volunteers within the course of their employment;
 - enable any person to notify them of a reportable allegation;
 - enable any person to notify the Commission for Children and Young People of a reportable allegation involving them; and
 - investigate and respond to a reportable allegation against a staff member or volunteer from Harmony Homecare.

Further information can be found at <https://providers.dhhs.vic.gov.au/reportable-conduct-scheme> and <https://ccyp.vic.gov.au/reportable-conduct-scheme/about-the-reportable-conduct-scheme/>.

Investigating Incidents

Major impact incidents in the following categories must be investigated:

- physical abuse;
- sexual abuse;
- financial abuse;
- emotional/psychological abuse;
- poor quality of care; and
- unexplained injury (in order to determine whether there has been any abuse or neglect that caused the injury).

Major impact incidents that do not fall into the above categories must be subject to an incident review (detailed below).

For every incident, the Managing Director must appoint an Investigation Manager to determine the appropriate investigative action for an incident and oversee the incident's investigation.

The Investigation Manager must determine the appropriate investigative action for all incidents within a maximum of 72 hours of Harmony Homecare becoming aware of the incident. The Investigation Manager may seek advice from other staff members if appropriate.

The options for investigative action are:

- **No further investigative action** – This may be appropriate where it can be clearly established that the report of the incident is inaccurate or there is no basis for concerns about the safety of the client or the quality of care the client is receiving. If the decision is not to undertake an investigation, the grounds for this decision must be supported and recorded with persuasive reasoning backed up by evidence. The incident must then be the subject of a review (detailed below).
- **Monitoring and support required** – Certain information may raise issues that do not necessarily warrant an investigation, but nevertheless require changes in practices. Harmony Homecare may manage these issues by monitoring and supporting affected staff members or clients, and documenting this on relevant staff and client files. The incident must then be the subject of a review (detailed below).
- **Internal investigation** – This option may be selected only where Harmony Homecare has the capability to undertake an investigation independently. See the Department's *Client Incident Management Guide* for more detail.
- **External investigation** – In other cases, Harmony Homecare will need to commission an investigation by an external party to ensure the investigation is robust, objective and expert. The Investigation Manager may commission an investigator, or a person from another organisation, with relevant expertise.

The Investigative Manager must advise the Department of Health and Human Services divisional office regarding the recommended investigative action within 72 hours of Harmony Homecare becoming aware of the incident. In exceptional cases, the divisional office will jointly oversee incident investigation with the Investigation Manager.

All investigations must be completed (including report finalisation) within 28 working days of receiving confirmation of the appropriate investigative action from the divisional office.

Investigations must take a person-centred and rights-based approach, taking into account what is important to the client. The client should be invited to participate in the investigation and be provided the support they need to do so. The investigation must, however, remain impartial and independent always.

The investigation report must meet the requirements set out in the Department's *Client Incident Management Guide* and be provided to the divisional office for review and quality assurance. For investigations where the alleged victim is a person with an intellectual disability or cognitive impairment, refer to the Disability Services Commissioner's website (www.odsc.vic.gov.au) for further guidance.

Based on the investigation report, the Investigation Manager should prepare a Response Plan, including determined outcomes for staff or clients who were involved, any actions to ensure the safety of clients in the future, and any practice improvements that may have been identified.

Once any actions required as a follow-up to the investigation have been implemented, the Investigation Manager can complete the incident investigation.

Incident Review

An investigation review should not be undertaken until the investigation is completed, to avoid unnecessary duplication of evidence-gathering processes.

Reviews may be carried out by Harmony Homecare, external bodies or jointly by Harmony Homecare and the department.

Reviews must take a person-centred and rights-based approach. Impacted clients should be invited to participate and be supported to do so. The investigation must, however, remain impartial and independent at all times.

A review is not required for incidents that have been the subject of an investigation, where that investigation has addressed quality assurance and continuous improvement matters.

Where a review is required, the Managing Director must determine which of the following review actions is most appropriate:

- **Case review**; or
- **Root cause analysis (RCA) review** – a structured review process for identifying the basic or causal factor(s) that underlie an incident, in order to facilitate learning from that incident. It requires trained staff and appropriate resourcing and time, and therefore is only required in certain defined cases.

Templates for case reviews and RCA reviews can be found as part of the CIMS toolkit on department website at <https://providers.dhhs.vic.gov.au/cims>.

Review staff must consider how the client's experience and welfare could be improved and seek client input regularly throughout the review process.

Case Review

Case reviews are suitable for incidents where service processes or systems were not, or do not appear to be, a significant causal or contributing factor to the incident. Case reviews must be planned and undertaken by Harmony Homecare.

Case reviews should be initiated within 72 hours of receiving confirmation from the divisional office regarding the appropriate review action. They must then be completed within 21 working days.

The purpose of Case Reviews is to identify what happened and any process and system issues that need improvement. They are less structured and resource-intensive than root cause analysis reviews.

Case reviews must be conducted in accordance with the standards set out in the Department's *Client Incident Management Guide*.

All case reviews must be signed off by Managing Director [most senior position, e.g. CEO or Managing Director] or their delegate. Any changes relevant to the services provided to the client must then be recorded on the client's file.

The Managing Director must log any actions that result from the review in the incident report and record when they have been carried out. Actions relevant to the client's ongoing service provision should also be recorded on a client file.

The Managing Director must also communicate the findings of reviews to the people involved in the incident (including the client and their key support person).

Once any actions required as a follow-up to the review have been implemented, the Managing Director can close the incident file.

Case review reports are not required to be submitted to the divisional office but must be retained on the client's file. The divisional office may request case review reports on an ad-hoc basis for quality assurance purposes or as otherwise required.

In some instances, a case review will indicate the need for a root cause analysis review. Where this occurs, the case review should be used to inform a root cause analysis review.

Root Cause Analysis Reviews

Root cause analysis reviews are required for incidents where service processes or systems were, or appear to be, a significant causal or contributing factor to the incident occurring. They are a structured process for identifying the basic or causal factors that underlie a client incident, in order to facilitate learning from that incident. These reviews must be planned and undertaken by Harmony Homecare, although in exceptional circumstances, the divisional office may manage the review jointly with Harmony Homecare.

Root cause analysis reviews should be completed within 60 working days of receiving confirmation from the divisional office regarding the appropriate review action. They must be conducted in accordance with the standards set out in the Department's *Client Incident Management Guide*.

Root cause analysis review reports must be submitted to the divisional office and be retained on the client's file.

Any risk management actions identified in the review must be recorded and tracked by the Managing Director in Harmony Homecare's *Risk Register*. Once any actions required as a follow-up to the incident have been implemented, the Managing Director can close the incident file.

Analysis and Learning

Incident data analysis includes the monitoring, interrogating and acting on trends identified through the analysis of incident information. The purpose of analysing incident data is to learn from patterns of client incidents in order to safeguard the safety and wellbeing of individual clients, as well as improve the quality of services and the service system.

All incidents will be reviewed by the Management Team monthly, in order to determine if there are any trends or preventive measures that Harmony Homecare can take to prevent future incidents. If trends or measures are identified, these will be tracked in the *Continuous Improvement Register*.

Responding to allegations of abuse

Allegations of abuse of clients - whether by staff members, volunteers, other clients or third parties - are reportable as client incidents under the CIMS. Allegations of abuse of staff members by clients should be dealt with in accordance with Harmony Homecare's *Incident Management – Staff and Other Stakeholders – Policy and Procedure*.

Irrespective of gender, victims of sexual assault frequently experience negative outcomes including dissociation, posttraumatic stress disorder, depression and anxiety. Victims of physical assault also frequently experience shock, numbness, fear, depression and anxiety. In recognition of this, after an allegation of abuse, additional support and/or a review of supports provided to the client may be required.

Indicators of Abuse

Indicators of abuse include:

- a client alleges that abuse has occurred, by a staff member, volunteer, another client, or other person;
- a staff member or volunteer observes or is told about alleged abuse;
- a staff member or volunteer suspects that abuse has occurred (for example, a client may have unexplained injuries, a client may be distressed or anxious, or clothes may have been ripped);
- a client's behaviour changes significantly (this might include self-destructive behaviour, sleep disturbances, acting-out behaviour, emotional distress, or persistent and inappropriate sexual behaviour); and

- a client complains of physical symptoms or a staff member observes symptoms (this might include bruising, abdominal pain, sexually transmitted disease or pregnancy).

Where a staff member considers that a client's behavioural changes or symptoms may be a result of abuse, they must report their concerns to the Managing Director/s.

Immediate Response

****Note that this guidance is additional to that provided earlier in this Policy and Procedure regarding general Immediate Response requirements.****

Where an allegation of abuse involves victims, witnesses or alleged perpetrators with disability, refer to the *Responding to Allegations of Abuse Involving People with Disabilities Guidelines* at <https://providers.dhhs.vic.gov.au/responding-allegations-abuse-involving-people-disabilities> for additional guidance.

1. Ensure a safe environment

Suspensions and allegations of abuse should always be treated seriously. The client's feelings about themselves may be influenced by initial reactions to their suspicion and/or allegation. If abuse is disclosed, or a staff member is suspicious of abuse, or becomes aware of abuse, a helpful response may include:

- listening carefully to and reassuring the client;
- reassuring the client who disclosed abuse that they did the right thing by telling someone about their concerns; and
- asking the client what can be done to make them feel safe and explaining the actions you will take next.

Staff might also consider contacting specialist victim support services including crisis care, counselling, advocacy, legal information and advice services.

2. If necessary, seek emergency medical assistance

If the alleged victim requires immediate medical attention, a medical practitioner or ambulance should be called, or the alleged victim taken to the nearest hospital emergency department.

Where a staff member is the alleged perpetrator of abuse and requires medical attention, any medical practitioner called should be independent of the service where the alleged abuse took place.

3. Call Victoria Police

Where an immediate police response is required, staff should call 000. Where a client does not consent to the Police being called, see *Compulsory Reporting to Police* in this Policy and Procedure for guidance on situations where Police notification is mandatory.

Contacting Victoria Police will result in the allocation of the appropriate response unit, which may be a Sexual Offence and Child Abuse Unit / Sexual Offences and Child Abuse Investigation Team (SOCAU/SOCIT) for the area, or a General Duties Police Unit.

In the case of alleged sexual abuse that has just occurred, to preserve any forensic evidence, the client should not be showered or bathed or offered drinks or food until after Victoria Police have been contacted and provide further instruction.

4. Contacting Centres Against Sexual Assault

Centres Against Sexual Assault (CASAs) operate throughout Victoria and provide counselling, advocacy, support and information to adults, young people and children who have experienced sexual assault, whether they were children or adults when the assault was perpetrated. The 24-hour Sexual Assault Crisis Line can be contacted on 1800 806 292 from anywhere in the state, or via the CASA website (www.casa.org.au) and a duty worker will respond.

In instances of alleged sexual assault, where the client consents, the most senior staff member in the work area should contact the local CASA at the same time the Police are informed of the allegation.

The CASA should always be involved unless the client does not want contact with this service. Where the allegation is of sexual assault and the client is examined by a forensic medical officer or forensic nurse examiner, staff must ensure that the client is offered the assistance and support of a counsellor-advocate from the CASA.

If the client is a person with a disability who does not have the capacity to consent, consent should be obtained from the person's guardian, where possible.

CASA services are free and confidential to all victims/survivors of recent and past sexual assaults regardless of gender and include:

- immediate crisis support including crisis intervention, provision of information, counselling, advocacy, liaison with the department on child protection matters, police, forensic and other medical personnel, and coordination of support
- follow-up, longer-term counselling, advocacy and support
- information regarding options and rights within the legal system
- information regarding medical options, including follow-up medical treatment
- assistance to negotiate the management of sexually transmitted infections and/or pregnancy arising from the assault
- assistance in the management of other practical consequences of the assault such as emergency housing and compensation
- support and information to non-offending family members and support people.

In addition to the above activities, CASAs also provide community education, training and specialist consultation services to relevant individuals and services to facilitate meeting the broader needs and concerns of victim/survivors of sexual assault. CASA can also arrange culturally-specific services for victims from culturally and linguistically diverse communities.

Forensic medical examination

In some instances, the police may suggest that the Victorian Institute of Forensic Medicine (VIFM) be contacted to provide a forensic medical officer, free of charge, to examine the victim. The VIFM provides clinical services and medical advice in the investigation of violent crimes and other offences.

The examination of people who have been sexually assaulted is a specialised area, and the institute provides a 24-hour service for attendance when requested by police or hospital staff.

In this instance, the forensic medical officer or forensic nurse examiner will:

- assess and treat any immediate medical needs;
- undertake tests for sexually transmitted infections and pregnancy, if appropriate; and
- collect evidence for use in the investigation and possible prosecution.

Medical needs are a priority in cases of recent sexual assault (within 72 hours). Often victims/survivors do not report assaults immediately, so time will often have been lost that may have an adverse impact on the victim/survivor's health or the gathering of evidence. For adults, such an examination will often take place at a sexual assault crisis care unit.

For children (under 18 years) the Victorian Forensic Paediatric Medical Service (VFPMS) should be contacted. Forensic services to children will typically be provided through the Gatehouse Centre (Royal Children's Hospital), South East Centre Against Sexual Assault in the metropolitan area or the nearest crisis care unit in divisional areas.

In relation to physical assault, forensic medical assessment of physical injuries may provide the only objective evidence of events. Injuries should be documented accurately and interpreted by medical officers with forensic training. The VFPMS will provide this service to children.

Where the alleged victim and the alleged perpetrator reside, attend or work in the same setting

Prevent further contact

Immediately after staff become aware of an allegation of abuse, every attempt must be made to ensure the safety of the alleged victim and to prevent any further contact between the alleged victim and the alleged perpetrator. This may include reallocating staff or volunteers to alternative duties.

Plan for relocation

Thorough consideration must be given to the relocation of the client, the alleged perpetrator or, in rare cases, both parties. In principle, the alleged perpetrator should be removed from the immediate work area, such as a house or unit, while an investigation is undertaken. However, circumstances will differ, and it may be more appropriate to move the client.

In deciding who must be moved, consideration must be given to the length of time the client has been residing in the facility, and whether they want to remain in the facility. Action taken must be based on consideration of the best interests of the client. In the instance in which it is decided the client should be moved, it should be clearly explained to them that they are not being moved because they have done something wrong. Decisions to relocate or not relocate the client should be documented clearly for future reference.

If the alleged perpetrator is to remain in the same setting, it is essential to plan for the safety of other clients and staff. For clients receiving child protection services, this will require the Child Protection Managing Director's approval.

Relocation of a client with a disability

If the person subject to relocation resides in a residential accommodation service, any relevant requirements under the *Disability Act 2006* (including section 74 – notice of temporary relocation) and the *Strengthening rights in residential services policy (May 2010)* must be complied with.

For clients with a disability, a decision to move a client from a setting must be made on an individual basis in consultation with senior divisional management. When a decision is taken that a situation warrants a client being moved from the setting, it will be necessary to attempt to obtain the client's or their guardian's consent for this to occur.

When the consent of the client, guardian or next of kin is not provided or cannot be obtained and the relocation of the client is reasonably required to prevent the foreseeable risk of serious harm, the person may be relocated provided:

- the most senior staff member present has consulted with the Office of the Public Advocate;
- advice has been sought from the Managing Director [most senior manager]; and
- where the client has a designated advocate, their advice has been obtained where possible.

Where immediate action is required to prevent serious harm in emergency situations, these requirements may be waived if, in the opinion of the most senior staff member present, a delay in taking action would lead to serious harm.

Where a client is the alleged victim

Where a client is the alleged victim of an assault, Harmony Homecare staff must assist them to make an informed decision whether to participate in the police investigation. Staff should advise the client that:

- the matter has been referred to the Police;
- the Police may investigate the incident and may want to interview the client and take a statement;
- the client may choose whether to participate in the police investigation;
- the police will decide whether to proceed with charging;
- if the matter is taken to court, the client may be required to give evidence.

Police officers may be better placed to provide some of this information to the client.

Clients with an intellectual/cognitive impairment/disability or a mental illness must have an Independent Third Person present during any interview. The role of the Independent Third Person is to facilitate communication, ensure that the client understands his or her rights, and to support the client. Police are responsible for arranging the Independent Third Person. Harmony Homecare staff should not act as the Independent Third Person.

Where the alleged victim is under 18 years of age, he or she must have a parent, guardian or an independent person present when a statement is being taken. The role of the independent person is to provide support to the client and ensure that their evidence is accurately recorded. If the young person has a cognitive disability, then an Independent Third Person rather than an Independent Person should be present.

Where an incident has not been reported to Victoria Police, the CIMS incident investigation process outlined in this policy and procedure must still be followed.

Supporting clients through the justice process

Harmony Homecare will support clients through the justice process, including police investigation, prosecution and crimes compensation processes as appropriate. This may include:

- ensuring the client has access to appropriate communication aides and tools to facilitate disclosures and the provision of evidence;
- ensuring the client has access to an interpreter should they be from culturally or linguistically diverse backgrounds;
- ensuring the client has access to a Key Support Person of their choosing;
- alerting police to the need for an Independent Third Person or Independent Person and the client's communication support needs, and the need for timely interviews to facilitate the recall of information;
- facilitating arrangements with police for interviews and examination of evidence;
- facilitating arrangements with specialist support services; and
- working proactively with the client to consider whether they will provide a witness statement, including making sure they understand they have time to make their decision if they are initially reluctant, as well as the right to seek independent legal advice (in some instances Victoria Police may be better placed to provide this information).

Some discussion may be required to establish safety and a basic understanding of what has occurred. If the client needs to talk about what happened, staff should listen and support the client and reassure the client that they did the right thing by talking about the abuse.

Under no circumstances, however, should an advocate, Independent Person, Independent Third Person or staff member interview the client about the allegation – that is the role of Police. CASAs have an agreement with the Office of the Public Advocate that CASA counsellors/advocates can act as an Independent Third Person for sexual abuse medical examinations and crisis care unit presentations.

Notification of next of kin or guardian

If the alleged perpetrator is the client's next of kin or legal guardian, the staff member must ensure that the immediate needs of the client and an appropriate planned response are undertaken.

The Managing Director must notify the client's next of kin or guardian where:

- the client is under 18 years old;
- the client is over 18 years old and consents to their next of kin or guardian being contacted. If the client is unable to make an informed decision regarding contact and the client does not have an appointed guardian, Harmony Homecare's Managing Director should contact the next of kin as appropriate;
- the client has a legal guardian;
- the client is on a Care by Secretary order (in this case the client's allocated case worker must be contacted); or
- the client is on a Family Reunification Order.

The Managing Director must explain to the next of kin or guardian: the nature of the allegation; the standard procedure for reporting allegations to the Police; that the client may choose whether to participate in the Police investigation; and any action taken by staff since reporting the allegation.

If the client is a child or young person who does not wish their next of kin or guardian to be notified, this should be discussed with a Departmental Child Protection Managing Director. A decision in relation to notification will need to consider factors including the client's age and capacity, where they are living and their best interests. If necessary, legal advice should be sought, and if a decision is taken not to notify the next of kin or guardian, this must be clearly documented and placed on the client's file.

Clients from Aboriginal or Torres Strait Islander or culturally and linguistically diverse communities

For clients who are from culturally and linguistically diverse communities or from Aboriginal and Torres Strait Islander communities, staff should consider referring the client to specialist agencies or staff for additional support. It may also be necessary to arrange an interpreter. Appropriate services may include the Aboriginal and Torres Strait Islander Corporation Family Violence Prevention and Legal Service or the Victorian Aboriginal Health Service.

Where the client uses a language other than English or is deaf, an interpreter of the same sex as the client should be arranged as soon as practicable to interpret for the client, police and other persons involved in the process. Contact the Victorian Interpreting and Translating Service (VITS) on (03) 9280 1955 (24 hours, seven days a week).

Some victims may be reluctant to speak to an interpreter because they fear that what they say may be passed on to their local community. In this case, it is possible to request a telephone interpreter from another state, or to not disclose the victim's name to the interpreter. When using an interpreter directly, consideration should be given to the gender of the interpreter and arranging an interpreter who is not associated with the client or his or her immediate cultural community.

CASA should be contacted to arrange culturally-specific services for alleged victims from culturally and linguistically diverse communities.

Care/Support Plan

Agreed actions for the client's immediate and ongoing needs must be recorded on the client's care or support plan. This must include:

- steps being taken to assure the client's safety and wellbeing in the future;
- treatment or counselling the client may access to address their safety and wellbeing;
- modifications in the way services are provided (for example, same gender care or placement);
- how best to support the client through any action the client takes to seek justice or redress including making a report to Police; and
- any ongoing risk management strategy required where this is deemed appropriate.

Client's right to complain

Clients should be made aware of their right to complain and referred to Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure* if required.

Criminal injuries compensation and victim support

Application for compensation from the Victims of Crime Assistance Tribunal may be pursued by the client or their legal administrator after the incident has been reported to Victoria Police.

In relation to sexual abuse, a CASA counsellor/advocate can support clients who wish to pursue compensation.

The alleged victim may also wish to contact Victims of Crime at <https://www.victimsofcrime.vic.gov.au> or the Court Network on 1800 681 614 or at <http://www.courtnetwork.com.au>.

Where a client is the alleged perpetrator

Staff must consult with Police about whether to inform the client of the report to Police. The police may want to interview the client and take a statement. Clients with an intellectual/cognitive impairment/disability and/or mental illness must have an independent third person present during the interview, and this will be arranged by police. Where the client is under the age of eighteen years, an Independent Person must be present during the police interview.

Staff must assist the client to obtain legal representation if required. If the client has a designated case manager, the staff should contact the case manager to ensure the client is assisted during the investigation and hearing if required. Further information about supporting clients with a disability with no appointed case manager can be found at <https://services.dhhs.vic.gov.au/disability>.

Under no circumstances should anyone but the Police interview the client about the allegation. It is acknowledged however that some discussion with the client may be required to establish safety and a basic understanding of what has occurred.

Where a staff member is the alleged perpetrator

After reporting to the Police, the Managing Director must be immediately notified of the report.

Depending on the nature of the allegation, the Managing Director's response regarding the alleged perpetrator should comply with Harmony Homecare's *Human Resources Policy and Procedure*. Responses include redirecting the staff member to alternate duties that do not involve direct client care or standing the staff member down. Where relevant, a notification must be made to the Disability Worker Exclusion Scheme, as per Harmony Homecare's *Human Resources Policy and Procedure*.

Where an incident has not been reported to Victoria Police but involves a client, the CIMS incident investigation process set out in this Policy and Procedure must still be followed.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Harmony Homecare's service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- client and other stakeholder satisfaction with Harmony Homecare's complaints processes; and
- the extent to which clients feel safe and protected in their dealings with Harmony Homecare.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

Management Team.

2.5 DECISION MAKING AND CHOICE POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to outline Harmony Homecare's approach to encouraging and enabling clients to make decisions, having regard for dignity of risk in relation to those decisions.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Guardianship and Administration Act 1986 (Vic)*
- *Human Services Standards (Vic) – Participation*

Organisational documents relevant to this policy and procedure:

- *Client Charter*
- *Client Handbook*

This policy and procedure applies to all potential and existing Harmony Homecare clients, their family members, carers and other supporters.

Definitions

Dignity of risk - Respecting everyone's autonomy and self-determination (or *dignity*) to make choices for themselves.

Policy

Harmony Homecare is committed to ensuring all clients are involved in making decisions and exercising choice and control over all aspects of the support services they receive from the organisation.

In the first instance, clients should be the person making informed decisions and choices about themselves and the services they receive.

All people have the right to maintain their personal, gender, sexual, cultural, religious and spiritual identity, and the right to dignity of risk. They also have the right to maintain their independence in physical, intellectual, emotional, cultural, social, civic and financial matters.

Principles

Harmony Homecare's Managing Director (or delegates) will ensure all staff are familiar with the following principles:

- All adults have the right to make their own decisions.
- Some clients will have an independent support person, representative, family member or advocate to assist them to make a decision or choice or make a choice on their behalf.

- A representative or person responsible is not necessarily the client's next of kin. A representative or person responsible can be:
 - a guardian or administrator appointed by the Victorian Civil and Administrative Tribunal (VCAT); or
 - a spouse, carer or close relative or friend (informal guardian).
- If a person is unable to make decisions because of disability or impairment, a guardian or administrator can be appointed to make decisions for them.
- A **guardian** can make personal and lifestyle decisions on another's behalf. In Victoria, an **administrator** can make financial and legal decisions about a person's estate.
- An advocate can be a family member, friend or an independent person from a community organisation. Advocates assist clients to express their needs or speak on behalf of a client. They are not substitute decision makers but are there to ensure the clients' needs and wants are listened to.

Procedures

The Managing Director (or delegates) will advise clients/parents/family members/guardians (whomever is most appropriate in the client's individual situation) when making appointments for an initial assessment and subsequent reviews that they are entitled to have an independent support person at the meeting to assist them in the decision-making process.

The Managing Director (or delegates) will bring the clients/parents/family members/guardian's attention to information in Harmony Homecare's Handbook about independent advocacy and agencies that can assist with this process.

When requested by clients/parents/ family members/guardians, Managing Director (or delegates) will contact their advocates, independent support people or other representatives, giving them the day, date and time of meetings clients would like them to attend.

Managing Director (or delegates) will support clients/parents/ family members/guardians to access any information they reasonably require enabling them to participate in decisions affecting clients' lives. This includes supporting them to access technology, aids, equipment and services that increase and enhance their decision-making and independence.

Managing Director (or delegates) will consider the cognitive, communication, sensory, mobility, dexterity and environmental needs of clients (during all service access and delivery activities) and utilise the required equipment, devices and technology to provide support in a way that maintains and promotes independence.

Managing Director (or delegates) will be responsive to the changing needs, goals, aspirations and choices of clients and will communicate in appropriate formats to facilitate their informed decision-making and choice.

Where Harmony Homecare is unable to meet the needs and goals of a client or is not resourced to effectively meet the person's needs, Managing Director (or delegates) will refer the person to other relevant service providers or community-based organisations to facilitate their support needs.

Managing Director (or delegates) will act upon the outcomes of a client/parent/guardian's input into decision-making.

As per Harmony Homecare's *Client Rights and Responsibilities*, and *Service Access Policies and Procedures*, information about clients' rights, services and processes that impact them will be provided in a variety of formats to assist understanding, in order to support decision-making and choice.

Dignity of Risk

Where a client has the capacity for decision making, all options, risks and possible consequences must be discussed with them and all relevant stakeholders involved in the decision-making process.

If a decision doesn't place anyone at risk of harm, staff are to comply with the decision.

Managing Director (or delegates) will support clients' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

Managing Director (or delegates) will be trained in responding to the needs of clients, maintaining and promoting client's independence, decision making, dignity of risk and assisting clients to make informed choices in the least restrictive way, through formal induction and training processes as well as regular team meetings.

Provision of Information

The way in which information and advice is provided to clients aligns with the *Disability Act 2006 - Provision of advice, notification or information*.

Advice, notice or information given to a client must be explained by the person giving it to the maximum extent possible in the language, mode of communication and terms that person is most likely to understand.

Where possible, explanation should be given verbally and in writing.

If a client appears to be incapable of reading or understanding information provided, staff must use reasonable endeavours to convey the information to the person in the language, mode of communication or terms which the person is most likely to understand. Staff may give a copy of the information to:

- a family member, guardian, advocate or other person chosen by the client; or
- if no person is chosen by the client, to a person who staff consider can assist the client and who is not employed by Harmony Homecare.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate client and other stakeholder feedback. Clients and stakeholders will be informed of changes made.

Harmony Homecare's *Continuous Improvement* Plan will be used to record and monitor progress of any improvements identified.

Harmony Homecare's service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- client and other stakeholder satisfaction with Harmony Homecare's complaints processes; and
- whether clients are satisfied with the choices they are provided regarding their service delivery.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.

2.6 SERVICE ACCESS POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare's commitment to service access procedures that uphold the right of people to access appropriate services that meet their needs and are provided in a transparent and equitable way.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Australian Human Rights Commission Act 1986 (Cwth)*
- *Disability Discrimination Act 1992 (Cwth)*
- *Racial Discrimination Act 1975 (Cwth)*
- *Sex Discrimination Act 1984 (Cwth)*
- *Age Discrimination Act 2004 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *Human Services Standards (Vic) – Access and Engagement*
- *Victorian Department of Human Services Access Policy 2009*

Organisational documents relevant to this policy and procedure:

- *Client Charter*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Occupational Health and Safety Policies and Procedures*
- *Providing Information, Advice and Referrals Policy and Procedure*

This policy and procedure applies to all potential and existing Harmony Homecare clients, their family members, carers and other supporters.

Definitions

Disability – a sensory, physical or neurological impairment or acquired brain injury or any combination thereof, which –

1. is, or is likely to be, permanent; and
 - causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication; and
 - requires significant ongoing or long term episodic support; and
 - -is not related to ageing; or
2. an intellectual disability; or

3. a developmental delay.¹⁴

For more information on determining if someone has a disability and what that disability may be, see the *Disability Act 2006 (Vic)*.

Policy

Harmony Homecare's service delivery environment is safe and engaging, physically accessible and responsive to its clients' support and communication needs.

Harmony Homecare's screening and eligibility, priority of access and waitlist management is undertaken in a fair, equitable and transparent manner, and in line with Harmony Homecare's *Client Charter*. Access to services is based on relative need, service capacity, the best interests of people using the service and potential impact on existing service users.

Procedures

The Managing Director (or delegates) are responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements.

The Managing Director (or delegates) report to the Management Team on the effectiveness of the entry and referral processes. This is discussed at the Management Team meetings.

Client feedback and complaints will be addressed in accordance with Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure*.

In accordance with Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*, respect for and protection of clients' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where required, clients will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Harmony Homecare's *Decision Making and Choice Policy and Procedure*.

Service Environment

Harmony Homecare ensures its service environment is kept clean, hygienic, safe, secure and aesthetically pleasing at all times, through implementing the following:

- Harmony Homecare's *Occupational Health and Safety Policies and Procedures*, including fire safety and emergency; safety and security; maintenance and management of equipment, furniture, lighting and ventilation; electrical safety; vehicle safety; physical accessibility; chemical use and storage; infection control; and food storage and preparation;
- Harmony Homecare's *Risk Management; Incident Management; Feedback, Compliments and Complaints; and Continuous Improvement Policies and Procedures*.

¹⁴ *Disability Act 2006*

Harmony Homecare's physical accessibility is ensured through its *Physical Accessibility and Occupational Health and Safety Policy and Procedure*. As per this Policy and Procedure, Harmony Homecare takes a continuous improvement approach to its physical accessibility and encourages clients to use its *Feedback, Compliments and Complaints Policy and Procedure* to assist it to respond to accessibility needs where required.

Harmony Homecare business hours are 9:00am to 5:00pm Monday to Friday. After hours, the managing director will be contactable by phone on the 1300 25 15 15 number.

The Managing Director (or delegates) will track demand, as well as client and accessibility needs, by monitoring:

- **demographic data:** relating to the local community and its needs from Local, State and Federal Government Sources, including ABS data and specific NDIS market data published by the NDIA;
- **unmet need:** demographic data (as above), Harmony Homecare's enquiry and waitlist data and feedback from staff, including those involved in local service networks; and
- **opportunities for innovation and improvement:** through monthly review of Harmony Homecare *Complaints and Grievances Register* and *Continuous Improvement Plan* and annual staff and client satisfaction surveys.

Information for clients, including Harmony Homecare signage and client information, will be provided in a variety of formats such as different languages, Easy English, face-to-face or phone explanation by staff, and the use of interpreters and advocates. Specific formats provided will be responsive to demand data (as above) and individual client needs.

Harmony Homecare will provide suitable client resources to accommodate the local population. This will take into account cultural backgrounds, disabilities, age and developmental stage where appropriate. Any premises signage will also be consistent with local population requirements.

Harmony Homecare will develop and implement a *Reconciliation Action Plan* to ensure it builds strong relationships, respect and opportunities for people from Aboriginal and Torres Strait Islander backgrounds within Harmony Homecare.

Service Access

The Managing Director (or delegates) will deal with all enquiries from prospective clients or their supporters about accessing services. If the Managing Director don't take the initial enquiry personally, they will contact the person seeking services or their supporter within 1 working day.

In their first contact with the person or their supporter, the Managing Director (or delegates) will assess whether the person requires any support to move through the intake process.

- The Managing Director (or delegates) will advise the person of their right to involve a support person in their dealings with Harmony Homecare.
- They will also provide information and support for the person to access a person of their choice, such as an advocate, to assist them to interact with the service (see Harmony Homecare's *Decision Making and Choice Policy and Procedure*).

- Where physical access issues are identified, the Managing Director will consider whether Harmony Homecare is accessible for the person, and if not, how it could be made accessible.
- Where a language or cultural barrier is identified, the Managing Director (or delegates) will engage an interpreter or an appropriate external agency to support the person. See Harmony Homecare's *Service Delivery and Participation Policy and Procedure*.

The Managing Director (or delegates) will book an Intake Interview with the person within 5 working days of their initial contact with them or sooner if the person's needs are considered urgent.

The Managing Director (or delegates) will conduct all Intake Interviews. They will provide the person with information about:

- entry and exit procedures;
- eligibility and priority of access requirements;
- conditions that may apply to service provision; and
- fees.

To be eligible to receive Harmony Homecare's disability-specific services, a person must meet the following eligibility criteria. The person:

- has one or more identified intellectual, cognitive, neurological, sensory or physical impairments that are, or are likely to be, permanent, or
- has one or more identified impairments that are attributable to a psychiatric condition and are, or are likely to be, permanent, or
- is a child who has developmental delay.

Consideration must also be given to the person's Priority of Access by examining:

- the person's relative need compared to others who receive or want to receive Harmony Homecare services;
- any special additional needs of the person, and where relevant, their family, carer or other supporters;
- the extent to which Harmony Homecare can contribute to those needs being met;
- the resources available within Harmony Homecare to meet the person's needs;
- other services the person receives and how Harmony Homecare services will complement those and contribute to improved outcomes for the person; and
- the best interests of the person.

Where relevant, the interview will take into account information already provided about the person in their NDIS Plan.

The Managing Director (or delegates) will provide the person with:

- a Harmony Homecare *Handbook* (outlining entry and exit procedures and appeal processes (see service refusal, below), priority of access requirements, waitlist procedures, fees, hours of operation, booking procedures, conditions that apply to service delivery, rights and responsibilities, privacy and confidentiality, and feedback, compliments and complaints processes; and
- Harmony Homecare's *Client Charter*, *Privacy Statement* and *Feedback, Compliments and Complaints* brochure.

Where required, the Managing Director (or delegates) will provide this information in an alternative format such as a different language, Easy English, detailed verbal explanation or the use of interpreters and advocates.

The Managing Director (or delegates) will contact the person or their supporter within 1 working day of the Intake Interview to advise them of the outcome¹⁵. Notification will be provided by phone and or email.

Where the client is offered services and accepts, see Harmony Homecare's *Assessment, Planning and Review Policy and Procedure*.

Non-acceptance

Where a person is offered services but chooses not to accept the offer, the Managing Director will respect this choice.

The Managing Director (or delegates) will encourage the person to contact Harmony Homecare should they change their mind, noting that they may need to be placed on Harmony Homecare waitlist if the service has no capacity to provide services at the time they do recontact.

Service Refusal

Where services cannot be provided, the person will be provided with a clear reason based on Harmony Homecare's eligibility criteria, Priority of Access requirements or waiting list processes.

Harmony Homecare may refuse to offer a person services where:

- they do not meet Harmony Homecare's eligibility requirements;
- other potential clients are assessed as a higher priority based on Harmony Homecare's Priority of Access Considerations;
- Harmony Homecare does not have the capacity to cater to additional clients;
- Harmony Homecare does not have the resources to cater to the specific needs of the person.

A person who meets Harmony Homecare's eligibility requirements and cannot be offered a service due to lack of capacity, can elect to be placed on Harmony Homecare's *Waiting List*. The person will be advised of the possible waiting time before services might become available.

In either case, the person will be assisted with referrals and support to access alternative services, as per Harmony Homecare's *Providing Information, Advice and Referrals Policy and Procedure*.

¹⁵ *The Disability Services Act 2006 (Vic)* requires that service providers consider all relevant information and make a decision within four weeks of a request for services being made. It must then advise the person of the decision, and the reasons for it, in writing within 14 days of the decision being made.

Waiting List processes

Managing Director (or delegates) will contact people on its Waiting List at least every three months to:

- advise them of their current status;
- check whether they want to remain on the list;
- provide referrals to other service providers if required; and
- advise the estimated wait time remaining.

To keep Waiting List size and wait times to a minimum, at the Managing Director discretion, additional services will be offered where justified by demand and resources allow.

Appeal

Any person refused services has the right to appeal the Managing Director decision. Appeals should be directed in writing to the Managing Director and a final decision will be made by the Management Team.

If required, staff will provide support for a person to make an appeal, by either transcribing their feedback for the Managing Director (or delegate's) review or referring the person to interpreter or advocacy services.

Those not successful in their appeal will be provided written advice to this effect. For procedures for those who successfully appeal, see *Harmony Homecare Assessment, Planning and Review Policy and Procedure*.

If a person is unhappy with outcome of their appeal, they will be directed to Harmony Homecare complaints process. As per *Harmony Homecare Feedback, Compliments and Complaints Policy and Procedure*, information on the complaints process can be provided in a variety of formats if required, including support to access interpreters or advocates if necessary.

Alternative supports

Harmony Homecare will work collaboratively with all people refused services and (with consent) their supporters, to identify what alternative services and referrals could best meet their needs.

With the client's consent, relevant information will be provided by Harmony Homecare to new service providers to support the client's seamless transition. Where required, Harmony Homecare staff will also meet with staff of alternative providers to facilitate a smooth transition for the client.

Continuous improvement

Harmony Homecare will maintain a record of people who have been refused a service, summarising reasons for their being found ineligible or, if found eligible, reasons for being placed on Harmony Homecare *Waiting List*.

Access, service refusal and referral information will be tracked in Harmony Homecare client management system to inform Harmony Homecare continuous improvement.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, client and other stakeholder feedback. Clients and service networks will be advised of any changes.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of Harmony Homecare access procedures;
- client and other stakeholder satisfaction with Harmony Homecare physical access, service access procedures and management of service refusal and appeals regarding access; and
- whether clients are satisfied with the service environment, service delivery and referral and support to access other services.

Six-monthly Service Delivery and Planning days and activities will include clients and stakeholders where relevant and assess:

- Whether Harmony Homecare eligibility criteria are reflected in its clients; and
- Feedback provided by and to clients and potential clients around access and refusal and whether the information provided to clients is appropriate and effective.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.

2.7 PROVIDING INFORMATION, ADVICE AND REFERRAL POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to ensure Harmony Homecare clients and other stakeholders access services most appropriate to their needs through timely and responsive service integration and referral.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *Human Services Standards (Vic) – Access and Engagement*
- *Information Sharing Guidelines for Registered Community Services in Victoria*

Organisational documents relevant to this policy and procedure:

- *NDIS Client Charter*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Assessment, Planning and Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*

This policy and procedure applies to all potential and existing clients, their family members, carers and other supporters as well as other Harmony Homecare stakeholders.

Types of Referral

Passive – The person is given contact information for appropriate services, so they can make their own contact at a time that best suits them.

Facilitated referral – The person is helped to access the other service, for example, Harmony Homecare makes an appointment with the other service on the person's behalf, asks the other service to make contact with the person or a caller is transferred to the other service.

Active referral - Harmony Homecare, with the person's consent, provides the organisation to which it is referring the person with information that it has collected about the person or with its professional assessment of the person's needs.

Cold referral – A caller is transferred to another service, without any immediate communication between Harmony Homecare and the other service.

Warm Referral - A 'live' three-way conversation in the presence of the client (whether face to face or by telephone) in which Harmony Homecare introduces the client, explains what has already been done to assist the client and why the client is being referred.

Policy

Harmony Homecare works proactively as part of a broader service delivery network, which enhances its own service delivery and provides its clients with appropriate referrals and services that meet their needs.

Harmony Homecare will inform the community, potential clients and other services about its services and access requirements through active engagement strategies that encourage and facilitate client and stakeholder participation.

Where possible, people (including clients leaving the service or people unable to access Harmony Homecare services) will be referred using facilitated, warm or active referral processes in accordance with the *Information Sharing Guidelines for Registered Community Services in Victoria*.

Procedures

Service Network Engagement

Harmony Homecare Management Team will build strong relationships with local government and non-government providers, agencies and health services and participate in relevant local networks, to increase service and referral options for its clients and other stakeholders.

Harmony Homecare Management Team will build strong relationships with relevant Aboriginal and Torres Strait Islander (ATSI) and culturally and linguistically diverse (CALD) services to support it to identify and meet clients' needs and goals, as well as contribute to more coordinated service provision, better use of resources and improved outcomes for clients and communities. This includes active involvement with ATSI and CALD communities and services, such as participation in community events, collaborative service provision and referrals.

The Management Team will collaborate with local ATSI and CALD service providers to assist culturally sensitive service delivery, ensure staff are adequately trained and sensitive to the specific cultural needs of the service area (including in the development of referral practices) and generally facilitate participation of stakeholders from these backgrounds in the service and community.

Where applicable, Harmony Homecare will develop clear protocols with other service providers (including medical officers and health professionals), such as memorandums of understanding or other forms of agreement, which in outline relationships and delineate the roles and responsibilities of collaborating agencies. The Managing Director will be responsible for establishing, reviewing and modifying such agreements.

Managing Director (or delegates) will be encouraged to attend interagency meetings as a means of linking with other service providers and to inform them of client service and referral options.

Harmony Homecare will retain records of service network involvement, such as meeting minutes and communications, in accordance with Harmony Homecare *Records and Information Management Policy and Procedure*, to inform continuous improvement.

The Managing Director (or delegate) will review Harmony Homecare participation in service and referral networks on an annual basis to ensure the arrangements in place are the best use of Harmony Homecare resources and are providing the best possible outcomes for Harmony Homecare stakeholders.

Service Promotion

The Managing Director (or delegates) will ensure Harmony Homecare is listed on relevant managing Directories, including through the 'Find Registered Service Providers' tool on the NDIS website.

Harmony Homecare will distribute information about its services in appropriate formats to local government and non-government providers and agencies in the organisation's geographical service area.

Referral and Information Sharing

Harmony Homecare will prominently display information (such as brochures) in its foyer regarding alternative services and local community participation options for clients and other stakeholders. Where possible (noting that the bulk of this collateral will be provided by other providers) information will be provided in a variety of formats, including staff explanation where necessary. Where clients are not accessing services at Harmony Homecare premises, staff can provide them with brochures or information that may be of interest to them.

The Managing Director (or delegates) will maintain a comprehensive *Referrals Database*, which will be continuously reviewed and built upon by all delivery staff.

Managing Director (or delegates) will respond to referrals and requests for its services in accordance with its *Service Access Policy and Procedure*. Referrals required as part of Harmony Homecare support of a client will be dealt with in accordance with this and other relevant Harmony Homecare policy and procedure.

Harmony Homecare will work collaboratively with all people refused services or leaving Harmony Homecare, and their supporters, to identify what alternative services and referrals could best meet their needs.

In all cases, referrals to other services will be made within 2 working days, except where the situation is urgent. Urgent referrals should be made within 2 hours (or immediately where the person is at risk of immediate harm).

Staff making referrals must have an accurate knowledge of the services provided by other agencies and actively contribute to the continuous improvement of Harmony Homecare *Referral Database*.

Managing Director (or delegates) will provide referrals with empathy and respect for the person, a non-judgemental attitude and sensitivity to their needs.

Where required, people will be provided with information and support to access a person of their choice, such as an advocate, to assist them to interact with Harmony Homecare Managing Director (or delegates) and other services. See Harmony Homecare *Decision Making and Choice Policy and Procedure*.

When providing referrals, Managing Director (or delegates) will take into consideration:

- the person's most pressing needs (including those relating to health);
- safety issues and whether a referral will compromise the person's safety;
- the level of distress experienced by the person (e.g. it may be necessary to calm the person or seek the support of a more senior staff member before referring them on to other services);
- the needs of children, vulnerable people and people with complex needs or at high risk;
- the person's age, ability, gender, sexual identity, culture, religion, special needs, spirituality and language and communication needs; and
- other services the person is already receiving and from where.

Managing Director (or delegates) must be aware of possible barriers that a person may experience in using another service and, where feasible and appropriate, work with them to find ways to overcome these barriers. Barriers may include:

- lack of information about services and what is available;
- lack of client capacity or interest in taking up a referral;
- waiting lists that are too long to meet the client's needs;
- cost;
- lack of child care;
- cultural or language barriers;
- difficulties in contacting clients (e.g. lack of phone services);
- family ties;
- lack of anonymity in small communities;
- lack of interpreters;
- lack of services particularly in rural and regional areas; and
- lack of transport options.

Managing Director (or delegates) will be assisted to support individuals with special or complex needs through ongoing formal and on-the-job training and professional development opportunities.

Managing Director (or delegates) will acknowledge and address any concerns and explain the reasons why a referral has been made.

Where more than one service may assist a person, it is appropriate to provide them with information about the range of services available and give them choice over which service or services they want to use. In doing so, staff may need to provide some guidance on any special conditions for using a service. It is important to refer people to the most appropriate service at the right time and avoid a 'merry-go-round' of referrals.

Managing Director (or delegates) should use facilitated, warm or active referral processes where feasible, especially for clients who are likely to have trouble using other services without assistance.

Where a referral is a passive or cold referral, Managing Director (or delegates) should

provide sufficient information to the person to help make the referral successful.

Where appropriate, Managing Director (or delegates) may also follow up with the person to ensure the referral was effective.

Where required, information about alternative services, Harmony Homecare referral process and Harmony Homecare feedback and complaints processes will be provided to people in alternative formats that facilitate their understanding. Information about Harmony Homecare referral processes and information sharing provisions will be included in the Harmony Homecare *Handbook* and provided where required by staff, including during service delivery.

Where a person is not satisfied with referrals provided or the integration of supports provided by Harmony Homecare with other services, they will be directed to Harmony Homecare feedback and complaints processes.

Service access and refusal and referral information will be tracked in Harmony Homecare client management system and on client files. Records will include the timeframes within which incoming referrals were actioned or outgoing referrals made.

Information Sharing Provisions

When sharing a person's information with another service, staff must:

- give priority to a person's best interests, including consideration of the need to maintain a person's health, protect them from harm, protect their rights and promote their development;
- only share information as authorised by privacy legislation (see Harmony Homecare *Privacy and Confidentiality Policy and Procedure*);
- seek consent, where this is possible, before sharing information and where this does not place the person or any other person at risk;
- exercise professional judgment – use their professional skills, knowledge and experience – in deciding what action to take in regard to a vulnerable person; and
- consult with a senior staff member where they are unsure of what to do.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices; the *Incident Register*; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Processes and materials for communicating Harmony Homecare eligibility criteria, priority of access requirements and waiting list procedures, as well as service entry and exit processes, will be updated upon review and update of Harmony Homecare *Service Access Policy and Procedure*. Relevant referral networks will also be advised.

Service access and refusal and referral information will be tracked in Harmony Homecare client management system. Information about referral pathways will be used to inform Harmony Homecare continuous improvement.

On a six-monthly basis, Harmony Homecare will assess its performance against its benchmarks for responding to requests for information and actioning referrals, to ensure they are dealt with in a timely manner that supports the immediacy of the needs of the person enquiring.

While delivery staff are responsible for actively updating Harmony Homecare *Referral Database* on an ongoing basis, the Managing Director will formally review the Database every six months to ensure the currency and relevance of the information it contains.

Annual review of this policy and procedure will include staff, client and other stakeholder feedback and incorporate:

- client file audits, to assess alignment between documented processes and actual practice;
- service involvement and links with ATSI, CALD and other special needs communities and services;
- a review of Harmony Homecare service network and referral processes to service planning and delivery; and
- a review of feedback from staff, clients and other stakeholder on their satisfaction with Harmony Homecare service integration and referral management.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

2.8 SERVICE DELIVERY AND PARTICIPATION POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out person-centred principles to guide service delivery for Harmony Homecare clients.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *NDIS Act 2013 (Cwth)*
- *Human Services Standards (Vic) – Wellbeing and Participation*
- *4.15. Improving Inclusion and Access for Aboriginal People and Communities (Departmental Policies, Procedures and Initiatives, Service Agreement Information Kit for Funded Organisations, Department of Health and Human Services)*
- *Department of Human Services Language Services Policy*

Organisational documents relevant to this policy and procedure:

- *Client Charter*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Assessment, Planning and Review Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*

This policy and procedure applies to all potential and existing clients, their family members, carers and other supporters as well as other Harmony Homecare stakeholders.

Policy

All aspects of Harmony Homecare service delivery promote clients' active participation and inclusion in their community and support clients to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage, cultural circumstances, or other special needs.

Harmony Homecare promotes a person-centred approach to its service delivery whereby individuals lead and direct their services and are supported to maintain connections with their family, and friends.

Harmony Homecare *Service Access, and Assessment, Planning and Review Policies and Procedures* are based on this philosophy.

Client assessment, planning, service delivery and review will include activities or supports that help clients to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Service Delivery Principles

Harmony Homecare will put the client at the centre of decision-making in all aspects of their life and support clients to actively participate in their community and pursue their interests and goals.

Client assessment, planning and review/reassessment will include activities or supports that help clients to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where required, Managing Director (or delegates) will identify and provide referrals and linkages to services and activities that will enhance people's community participation and inclusion and will provide support and assistance to help clients access these. See Harmony Homecare *Providing Information, Advice and Referrals Policy and Procedure*.

Referral possibilities include, but are not limited to: training, employment, education, health, wellness, recreation, leisure, cultural and community services, activities and events, as well as public transport and affordable housing options.

Where possible, services and support provided to clients by Harmony Homecare should support clients to develop and maintain independence, problem solving, social and self-care skills appropriate to their age, developmental stage, cultural circumstances, other special needs in accordance with relevant legislation and their preferences.

The Management Team will develop a diverse workforce and employ diverse staff so that client assessments, planning, service delivery and reviews/reassessments benefit from expertise from a range of staff with varying life experiences.

Harmony Homecare will work collaboratively with disability-specific and mainstream services to provide holistic service delivery to its clients.

Harmony Homecare will use a strengths-based approach to identify individual client needs and life goals, particularly in relation to recognising individuals' capacity to develop their independence, problem solving, social and self-care skills.

Services will be delivered in a way that respects individuals' personal, gender, sexual, cultural, religious, spiritual identity along with their special needs in accordance with relevant legislation.

Harmony Homecare will support clients' access to information on which to base their decisions when they want to try new things or continue with options that may not have gone well in the past, including the benefits and risks, consequences and responsibilities to them and others.

Harmony Homecare will recognise that people can communicate their choices, likes and dislikes in many ways, for example, verbal communication, withdrawal, acting out, engagement and disengagement, aggression, excitement, despondency and joyfulness. They will work with clients and adapt to their individual needs as they change over time, regardless of the frequency or cause.

ATSI-Specific Service Delivery Principles

Harmony Homecare is committed to supporting clients from ATSI backgrounds to maintain and strengthen their connection to their community.

The Management Team will develop a culturally competent workforce and employ Aboriginal and Torres Strait Islander staff so that client assessments, planning, service delivery and reviews/reassessments are undertaken in a culturally sensitive way.

Staff will identify and providing referrals and linkages to community services and activities operated by or for Aboriginal and Torres Strait Islander people.

Harmony Homecare will work collaboratively with ATSI services to provide holistic service delivery.

Harmony Homecare will use a strengths-based approach to identify individual client needs and life goals, particularly in relation to recognising the importance of family, extended family, kinship and community ties.

CALD-Specific Service Delivery Principles

Harmony Homecare is also committed to supporting clients to maintain and strengthen their cultural, spiritual and language connections.

The Management Team will develop a culturally competent workforce and employ culturally and linguistically diverse staff so that client assessments, planning, service delivery and reviews/reassessments are undertaken in a culturally sensitive way.

The Managing Director (or delegates) will identify and providing referrals and linkages to community services and activities operated by or for people from culturally and linguistically diverse backgrounds.

Harmony Homecare will work collaboratively with CALD services to provide holistic service delivery.

Harmony Homecare will use a strengths-based approach to identify individual client needs and life goals, particularly in relation to recognising the importance of people's ties to their culture, spirituality and language.

Interpreters

Harmony Homecare recognises that the provision of language services is a quality and safety issue. The delivery of safe high-quality services requires effective communication between the client and Harmony Homecare has a duty to provide language services appropriate to a person's needs.

Interpreters will be made available at no costs to clients and Harmony Homecare will promote this in its client information.

Where it is determined that an interpreter may be required, staff will first assess how well the client can understand information in English. An effective method for assessing English proficiency is to conduct a short, informal interview with the person, asking for basic details about their reason for attending and their background.

Stressful or unfamiliar environments may affect a person's ability to communicate effectively, even if they generally have a level of proficiency in English suitable for that type of appointment or meeting.

An interpreter will be engaged if a person requests one.

Where a client has limited or no English language skills or uses Auslan, Harmony Homecare will offer the use of a professionally accredited interpreter to ensure the client understands and can communicate in response to the information being provided to them.

Every reasonable effort must be made to use an accredited interpreter before a family member or friend of the client is asked to assist. They may assist in communicating with a client where an interpreter is required but is not available and a matter must be dealt with in a restricted timeframe. The decision to do so, and the circumstances justifying that decision, must be documented in the client's file or relevant record. As soon as practicable the services of a professional interpreter will be engaged to ensure the information has been accurately conveyed, especially in the case of medical or complex situations.

Any individual under the age of 18 must never be asked to act in the place of an accredited interpreter.

Unless they are an accredited interpreter or employed for their language skills, staff members who speak a language other than English may only assist with communicating low risk information such as making appointments or obtaining basic personal details such as name and address. Unaccredited bilingual staff cannot be used to communicate information that is legally binding or puts at risk either the client or Harmony Homecare. ^[1]_[SEP]

The following are critical points at which people with low English proficiency should have access to information in their preferred language:

- the client is being informed of their rights (e.g. privacy, confidentiality) and responsibilities (e.g. fees);
- the client is required to make significant decisions concerning their lives (e.g. provision of test results, medication regimes, other interventions, undertaking assessment and service/care planning);
- essential information needs to be communicated and understood to inform decision making (e.g. procedures and referral options); and
- giving informed consent (e.g. to treatment, release of information, power of attorney and guardianship matters).

Harmony Homecare will access Interpreters and Translators through the Victorian Interpreting & Translating Service (VITS). Services provided by VITS include:

- telephone interpreting;
- on-site interpreting (spoken languages and Auslan);

- language translations; and
- video remote interpreting.

Interpreting bookings including those for video remote interpreting can be made:

- online at <http://client.vits.com.au>;
- by email to interpreting.bookings@vits.com.au; or
- by phone on (03) 9280 1955 (24 hours seven days a week).

VITS' Video Remote Interpreting service is for people who are Deaf or hard of hearing and use Australian Sign Language (Auslan) to communicate.

Clients can request a preferred interpreter. However, while the use of the client's preferred interpreter is recommended, if that interpreter has a qualification lower than a professional level, they can only interpret basic information. A professionally accredited interpreter must be used for the communication of critical or legally binding information.

Information regarding access to interpreters will be published in *Harmony Homecare Handbook* and clearly displayed in Harmony Homecare foyer, along with other information regarding how Harmony Homecare will deliver culturally competent services. Relevant contact details will be included in Harmony Homecare *Referral Database*.

Translation

Translated information can supplement interpreting services and provides information that the client can later refer to, or provide to family, carers and other support persons to aid understanding. Some people may prefer written information.

Translation enquiries can be made:

- online at <http://client.vits.com.au>;
- by email to translations@vits.com.au; or
- by phone on (03) 9280 1941.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual review of this policy and procedure will include:

- a review of service access and support strategies for people from ATSI and CALD backgrounds;
- a review of service involvement and links with ATSI and CALD communities and services;
- satisfaction with the cultural sensitivity of services provided by Harmony Homecare staff;
- satisfaction with the relevance and quality of referrals and connections provided by Harmony Homecare staff to Aboriginal and Torres Strait Islander communities and services;

- client file audits, to assess alignment between documented processes and actual practice;
- feedback from people from ATSI and CALD backgrounds related to the cultural competence of the services provided to them;
- feedback from people on their satisfaction with supports provided to maintain and strengthen their independent life skill; and
- client and other stakeholder awareness of, access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

2.9 ASSESSMENT, PLANNING AND REVIEW POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to set out the approach Harmony Homecare will take to assessment, planning and review in respect to client support plans, once a person has been offered and accepted Harmony Homecare services.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *NDIS Act 2013 (Cwth)*
- *Age Discrimination Act 2004 (Cwth)*
- *Australian Human Rights Commission Act 1986 (Cwth)*
- *Disability Discrimination Act 1992 (Cwth)*
- *Racial Discrimination Act 1975 (Cwth)*
- *Sex Discrimination Act 1984 (Cwth)*
- *Human Services Standards (Vic) – Wellbeing*
- *DHHS Disability Services Planning Policy 2009*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *The NDIS Terms of Business and Guide to Suitability*
- *Australian Consumer Law*

Organisational documents relevant to this policy and procedure:

- *Client Charter*
- *NDIS Service Agreement Templates*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Referral Database*

This policy and procedure applies to all potential and existing Harmony Homecare clients, their family members, carers and other supporters.

Definitions

Planning - a process to enable people with a disability to explore their needs, goals and aspirations and the ways they can be supported to achieve these. Planning will have a different focus for each person.¹⁶

¹⁶ Victorian Department of Human Services' Information Sheet 4 – Planning for people with disability

Policy

This policy and procedure aligns with the planning requirements as set out in the *Disability Act 2006 (Vic)* (Division 3), the *Victorian Department of Human Services Disability Services Planning Policy 2009* and the principles of the *NDIS Act 2013 (Cwth)* of participation, choice and control, engaging as equal partners in decisions and including families, carers and other significant people.

Procedures

Managing Director (or delegates) involved in assessment, planning and review activities will be trained in and capable of implementing:

- active engagement and early intervention strategies, including with families;
- strength-based planning, assessment and review;
- holistic and collaborative approaches to service delivery; and
- capacity building of families and carers.

All documentation relating to assessment, planning and review will be maintained on client files and tracked in Harmony Homecare client management system.

For all assessments, planning and review activities, the Managing Director (or delegates) will discuss clients' rights and responsibilities with them. They will confirm clients' understanding verbally, using an interpreter or advocate where required.

The Managing Director (or delegates) will advise the person of their right to involve a support person in their dealings with Harmony Homecare.

Where required, clients will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Harmony Homecare *Decision Making and Choice Policy and Procedure*.

In accordance with Harmony Homecare *Privacy and Confidentiality Policy and Procedure*, respect for and protection of clients' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where physical access issues are identified, the Managing Director (or delegates) will consider whether the service is accessible for the person, and if not, how it could be made accessible.

Where a language or cultural barrier is identified, the Managing Director (or delegates) will engage an interpreter or an appropriate external agency to support the person.

If necessary and with the client or their supporter/s consent, other parties such as service providers who deliver existing or complementary services to clients will be included in assessment, planning and review activities.

The Managing Director (or delegates) will take into account the client's wishes in regard to accepting or rejecting particular support options.

Assessment

Following their Intake Interview, where a client is offered services and accepts, the Managing Director (or delegates) will work with the client and their supporter/s to assess their needs, develop and agree upon a Service Agreement.

The Managing Director (or delegates) will meet with the client and their supporter/s within 5 working days of their acceptance, or sooner if able, for an Assessment and Planning Interview.

The Managing Director (or delegates) will conduct all Assessment and Planning Interviews.

The assessment will take into account:

- the client's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;
- the supports that can be provided by Harmony Homecare to meet those;
- the client's preferred links to family, friendships and other support networks;
- the client's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality;
- any barriers to community participation and strategies that could be put in place to help clients overcome them; and
- how, when, and where the client requires the supports to be delivered.

Where possible, support provided by Harmony Homecare should:

- ensure clients develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and
- help clients to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Where relevant, the interview will take into account information already provided about the person in their NDIS Plan.

Where required, the Managing Director (or delegates) will identify and provide referrals and linkages to other services and activities that will enhance the client's community participation and provide support and assistance to help them access these.

Referral possibilities include, but are not limited to: training, employment, education, health, wellness, recreation, leisure, cultural and community services, activities and events, as well as public transport and affordable housing options.

Referrals to alternative services will be provided in accordance with Harmony Homecare *Providing Information, Advice and Referrals Policy and Procedure*.

Planning

The Managing Director (or delegates) will work with the client and their supporter/s to formalise the supports to be provided by Harmony Homecare in a Service Agreement. Harmony Homecare *Service Agreement Templates* can be tailored to the individual needs of each client.

The Service Agreement will include:

- the supports that will be provided;
- the cost of those supports;
- how, when, and where the client requires the supports to be delivered;
- the period for when the client requires the supports to be provided;
- when and how the Service Agreement will be reviewed;
- how the client and Harmony Homecare will deal with any problems or questions that arise, including complaint handling and dispute resolution;
- what the client's and their supporter's responsibilities are under the Service Agreement;
- what Harmony Homecare responsibilities are under the Service Agreement; and
- what notice is needed for the client or Harmony Homecare to change or end the Service Agreement and how this is done.

Service Agreements will be prepared within no more than 7 days of the client commencing to regularly access Harmony Homecare services, and ideally by a service benchmark timeframe of 5 days.

The Managing Director (or delegates) must ensure the client (and their supporter/s) understands their plan, or are supported to understand it, and provide the client a copy. A copy will also be kept on the client's file and key elements captured in Harmony Homecare client management system.

The client must sign the Service Agreement before service delivery can commence.

Review

The Managing Director (or delegates) with the relevant stakeholders will review the provision of supports for each client every 6 months with the client and their supporter/s.

Flexibility will be provided in regard to the timing of review assessments, based on clients' needs and wishes.

Reviews will include:

- the client's needs (including health, wellbeing and safety needs), goals and longer-term aspirations;
- the client's progress towards addressing their needs and achieving their goals;
- recognition and celebration of the client's progress; and
- the client's and their supporters' age, ability, gender, sexual identity, culture, religion or spirituality;
- the client's preferred links to family, friendships and other support networks;
- any barriers to community participation and strategies that could be put in place to help clients overcome them; and
- whether there needs to be a change to the supports provided.

Where possible, support provided to clients by Harmony Homecare should:

- support them to develop, maintain and strengthen independence, problem solving, social and self-care skills appropriate to their age, developmental stage and cultural circumstances; and
- help clients to take control of and responsibility for their choices and enhance their autonomy, independence and community participation.

Reviews will take into account information in the client's NDIS Plan (if applicable).

If changes to supports or their delivery are required, a new Service Agreement will be completed by the client or their supporter/s and the Managing Director.

If the client wishes to change their service delivery outside of the six-monthly review cycle, they can request a review of their Service Agreement with the Managing Director (or delegate).

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, client and other stakeholder feedback.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Annual client satisfaction surveys will assess client:

- satisfaction with supports provided;
- satisfaction with the relevance and quality of referrals and connections provided by Harmony Homecare staff; and
- awareness of, access to and experience of supports provided to enable them to maintain and enhance links with other people and organisations.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

Management Team.

2.10 CLIENT CASE NOTES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide staff with set guidelines on how to record case files notes to ensure client information is recorded in a standardised, timely and accountable manner.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Privacy Act 1988 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Health Records Act 2001 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *AS ISO 15489 Australian Standard on Records Management*
- *Human Services Standards (Vic) – Information Management*
- *3.6.2. Record Keeping (Terms and Conditions, Service Agreement Information Kit for Funded Organisations, Victorian Department of Health and Human Services)*
- *Record Retention Guide for Organizations Funded Under the Service Agreement 2016 (Department of Health and Human Services)*

Organisational documents relevant to this policy and procedure:

- *Privacy and Confidentiality Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Definitions

Case note: A 'case note' is the term applied to a chronological record of interactions, observations and actions relating to a client. Case notes are an essential part of a client's file where staff succinctly record details to document the client's support services provided by Harmony Homecare. File notes are a tool for reflecting on a client's progress towards their goals as identified in their plans and represent a record of events on each support session, interaction and event, and are a communication tool for staff.

Policy

Harmony Homecare is committed to the transparent and accountable recording of service delivery to clients.

The recording of accurate and quality case notes is integral to supporting the following functions of the organisation;

- Recording and Planning Service Delivery;
- Supervision of Staff;
- Legal Accountability;
- Risk Management Planning;
- Client Support Planning; and
- Client Case Reviews.

Procedures

What to include in case notes

When recording case files, staff are to ensure the information recorded is related to the following;

- a client's progress towards goals or values identified on their plan (actions taken, progress made, or barriers identified);
- the client's significant achievements or changes;
- information relevant to the client's Risk Management Plan (potential and current risk issues and strategies developed and/or implemented to respond to the identified risk issues)
- appointments attended;
- all communication, including attempts, with other services involved with the client;
- referrals made;
- group activity participation;
- any information given to the client (Harmony Homecare specific information, health information, etc.);
- all informed consent decisions (e.g. "Client provided consent for staff to discuss low mood with Case Manager.");
- client case reviews (outcomes, follow up actions, progress); and
- any follow up required.

What to avoid in case notes

When making case notes, staff are to avoid the following;

- emotional reactions;
- personal opinions;
- value judgements or opinions;
- false information; and
- unfounded speculations/opinion.

Guidelines

Staff shall be aware that client files can be subpoenaed at any time and staff can be subject to cross examination in court in relation to the content of their file notes.

All personal information relating to the client shall be maintained within the client's file and subject to the security, confidentiality, access and storage requirements detailed within Harmony Homecare *Records and Information Management Policy and Procedure*.

Staff must make notes as soon as possible after the support session, interaction, meeting or event and must reflect the client's communication and behaviour, accurately and fairly.

Staff will act in accordance with Harmony Homecare *Privacy and Confidentiality Policy and Procedure* when managing and recording personal and sensitive client information.

The Managing Director will ensure appropriate time is allocated for staff to complete case notes at the earliest possible time post support session.

If staff find it difficult to complete case notes (due to timing restrictions, access to files, etc.), they are to discuss this with the Managing Director.

Staff must be mindful when recording case notes that clients have the right to request to read their own files notes at any time.

Monitoring and Review

This policy and procedure will be reviewed at least two-yearly by the Management Team and incorporate staff and other stakeholder feedback.

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

Feedback collection mechanisms, such as staff and client satisfaction surveys, will assess:

- satisfaction with Harmony Homecare records and information management and privacy and confidentiality processes;
- whether stakeholders have received adequate information about privacy and confidentiality including how their records will be stored and disposed of and how they can access and change them; and
- the extent to which clients and their supporters feel their privacy and confidentiality has been protected.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least 2-yearly and changes endorsed by the</i>				

Management Team.

2.11 HANDLING CLIENT MONIES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to provide guidelines for Harmony Homecare Managing Director (and delegates) in relation to the management of a client's funds.

Legislation, regulations and standards relevant to this policy and procedure include:

- *NDIS Act 2013*
- *Guardianship and Administration Act 1986 (Vic)*
- *Social Security (Administration) Act 1999*

Organisational documents relevant to this policy and procedure include:

- *Financial Management Policy and Procedure*
- *Client Charter*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Human Resources Policy and Procedure*
- *Staff Code of Conduct*
- *Client Incident Management Policy and Procedure*
- *Service Access Policy and Procedure*
- *Compliance Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Incident Management (Staff and Other Stakeholders) Policy and Procedure*
- *Client Rights and Responsibilities Policy and Procedure*
- *Service Delivery and Participation Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all Harmony Homecare staff, contractors and volunteers.

Policy

The Managing Director will work with the client and their stakeholders to develop an Individualised Budget, as component of the client's Service Agreement.

Managing Director and staff cannot accrue benefits for themselves from managing a client's plan. However, Harmony Homecare can charge clients an administration fee. This must be captured within the client's Service Agreement.

Where the client wishes, family members or advocates will be included in development of a Service Agreement, including the Individualised Budget.

A client's funds cannot be legally managed by another person (including the signing of an Individualised Budget by a person other than the client) unless:

- the client has competently assigned management to that person;
- an order has been made by the Courts or the Victorian Civil and Administrative Tribunal;
- in relation to NDIS planning and correspondence, the person has been appointed by the client or is necessary; or

- the person has been appointed as a Centrelink nominee under the Commonwealth Social Security (Administration) Act 1999, which allows the person to receive social security payments on behalf of another.

Harmony Homecare Managing Director and staff will not undertake the management of a client's personal funds.

Procedures

Upon a client seeking and agreeing to receive support from Harmony Homecare, the Managing Director will work with and be directed by the client and their stakeholders in developing a Service Agreement, which will include an individualised budget.

Individual Budget Inclusions

The client's individual budget will clearly set out the costs to be paid for supports.

Harmony Homecare will declare all prices to all clients before providing services and include all fees in Service Agreements along with detailed information about the supports to be provided.

Fees will not exceed the price controls set by the NDIA. See Harmony Homecare's *Financial Management Policy and Procedure* and *NDIS Assessment, Planning and Review Policy and Procedure* for more information on what the Service Agreement will contain.

The client's individualised budget will be prepared by the Managing Director, with regard to the client's:

- goals, assessed needs and preferences;
- funds available in their plan;
- service preferences and selections, as set out in the Service Agreement.

The individualised budget for the Service Agreement should be amended whenever the care plan or costs change.

Reporting

The Managing Director will provide clients with a monthly statement of the funds available and the expenditure in respect of the care and services provided during that month.

Review

The Managing Director will review and, if necessary, revise the client's Service Agreement, including the individualised budget when:

- There is a change to the care and services to be provided;
- The costs of providing the care and services change; or
- If the client or their stakeholders request a review.

Roles and Responsibilities

In managing clients' plans, the Managing Director will:

- assist clients with budgeting and the purchase of goods and services from Harmony Homecare and other service providers, ensuring that as far as possible clients get value for money and that they are not taken advantage of;
- undertake monthly audits of clients' funds, and report to the client in accordance with relevant legislation;
- monitor money management systems on sites and ensure that the processes are accountable;
- provide families and guardians with reports about clients' funds on an as required basis (where applicable);
- report to the relevant stakeholders and/or government bodies where any discrepancies or deficiencies in the money management system are observed;
- check the appropriateness of charges levied by the organisation against clients;
- check transactions that occur within management of the clients' plan against funds received and payments made;
- check the appropriateness of signatories of clients' individualised budgets;
- prepare monthly reports of all audits performed;
- prepare financial statements on an as required basis; and
- collate and store all current and previous checked and audited accounts and budget information.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate staff, client and other stakeholder feedback as well as client file audits, to assess alignment between documented processes and actual practice.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into Harmony Homecare service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the</i>				

Management Team.

2.12 EXIT AND TRANSITION PLANNING POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy and procedure is to demonstrate Harmony Homecare commitment to transparent and equitable service exit procedures that uphold the rights of people with disabilities and support them to transition to other supports where required.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Australian Human Rights Commission Act 1986 (Cwth)*
- *Disability Discrimination Act 1992 (Cwth)*
- *Racial Discrimination Act 1975 (Cwth)*
- *Sex Discrimination Act 1984 (Cwth)*
- *Age Discrimination Act 2004 (Cwth)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *Human Services Standards (Vic) – Wellbeing*

Organisational documents relevant to this policy and procedure:

- *Client Charter*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Decision Making and Choice Policy and Procedure*
- *Service Access Policy and Procedure*
- *Providing Information, Advice and Referrals Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all potential and existing clients, their family members, carers and other supporters.

Policy

Clients have the right to terminate their service provision at any time, and this decision will not prejudice future access to the service.

Harmony Homecare collaborates with other services to enhance exit/transition planning to meet people's needs.

Exit procedures will be fair, transparent, follow due process, uphold the rights of clients and protect the safety and integrity of Harmony Homecare staff, clients, programs and services.

Procedures

Should a client, their supporter/s or Harmony Homecare wish to end service provision before the dates set out in the Service Agreement, they must give the other party at least 2 weeks' notice.

Service exit and referral information will be tracked in Harmony Homecare client management system to inform continuous improvement.

The Managing Director (or delegates) are responsible for ensuring staff are familiar with the requirements of this policy and have sufficient skills, knowledge and ability to meet the requirements.

Client feedback and complaints will be addressed in accordance with Harmony Homecare *Feedback, Compliments and Complaints Policy and Procedure*.

In accordance with Harmony Homecare *Privacy and Confidentiality Policy and Procedure*, respect for and protection of clients' privacy and confidentiality will be reinforced on an ongoing basis, verbally and in literature promoting the services offered by the organisation.

Where required, clients will be provided with information and support to access a person of their choice, such as an advocate, to assist them to access the service. See Harmony Homecare *Decision Making and Choice Policy and Procedure*.

All clients exiting the service will be offered an Exit Interview, where the Managing Director (or delegates) will explain the reason for the client's service termination (if applicable), obtain feedback about where Harmony Homecare can improve its processes and communicate the steps to re-accessing the service should the client wish to.

Service Termination

As part of Harmony Homecare entry processes, clients are informed of their rights and responsibilities. Where a client is asked to leave Harmony Homecare, information regarding the reason for being asked to leave will be provided and explained to the client and their supporter/s. These reasons will be included in the client's exit plan if required (see below).

Harmony Homecare will only terminate a client's services when:

- they are unwilling over a period of time to work towards agreed goals;
- other people using the service, staff or the person themselves are at risk of harm;
- financial requirements are not being met;
- severe incompatibility with other clients using the service is displayed;
- dramatic health changes require significantly increased levels of care or a service model not provided by Harmony Homecare.

The service exit will only be actioned after discussion and consultation with the client, their supporter/s and other important stakeholders, and strategies have been implemented to meet irreconcilable differences.

Clients will be offered support to access interpreters or advocates to assist them through this process if necessary.

Client Requested Termination

Clients have the right to terminate their service provision at any time, and this decision will not prejudice future access to the service.

On termination of service the client will be sent a letter informing them of their rights to future service provision and information regarding advocacy services if required.

Appeal

Clients who have their services terminated by Harmony Homecare have the right to appeal. Appeals should be directed in writing to the Managing Director and a final decision will be made by the Management Team. Clients who successfully appeal will be supported to continue accessing Harmony Homecare's services. Applicants who are not successful in their appeal will be provided advice in writing to this effect.

If a person is unhappy with outcome of their appeal, they will be directed to Harmony Homecare feedback and complaints processes. As per Harmony Homecare's *Feedback, Compliments and Complaints Policy and Procedure*, information on Harmony Homecare complaints process can be provided in a variety of formats if required and support given to access interpreters or advocates if necessary.

Transition Planning

The Managing Director (or delegates) will work collaboratively with clients and their supporters to identify what alternative services and referrals could best meet their needs. See Harmony Homecare *Providing Information, Advice and Referrals Policy and Procedure*.

With the client's or their supporter's consent, Harmony Homecare will provide relevant information to new service providers to support the client's seamless transition. Where required, Harmony Homecare staff will introduce the client to or meet with staff of alternative providers to facilitate a smooth transition for the client. See Harmony Homecare Information Sharing Provisions in its *Providing Information, Advice and Referrals Policy and Procedure*.

Prior to exiting, clients will be provided guidance and support to:

- investigate other options or models of support from Harmony Homecare;
- explore the consequences of their decision to exit the service; and
- consider re-entry to the service in the future should their needs or circumstances change.

An Exit Plan will be agreed with the client and with their informed consent, any other stakeholders. The Plan will contain identified timeframes outlining actions and those responsible to implement the actions.

Service Re-entry

Clients who have chosen to exit Harmony Homecare have the right to re-access services within a 1-month period of exiting, without having to follow formal access processes, provided the necessary service resources are available.

Following expiration of the one-month cooling off period, a new intake assessment will be undertaken if they request service at some point in the future.

Files and Documentation

Upon a client's exit, all documentation and information developed and implemented by Harmony Homecare will remain the property of the service. Any documentation provided by other service providers and included in the client's file that has been used to facilitate the client's support will be returned to the client or their supporter/s, and Harmony Homecare will retain copies of these documents.

All information in relation to the client will be retained, secured and stored in accordance with Harmony Homecare's *Records and Information Management Policy and Procedure*.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team. This process will include a review and evaluation of: current practices and service delivery types and locations; current legislation, guidelines and standards, the *Incident Register*; policies and procedures; the *Complaints and Grievances Register*; and, will incorporate staff, client and other stakeholder's feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified and feed into service planning and delivery processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.

2.13 POSITIVE BEHAVIOUR SUPPORT POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy is to support the delivery of modern, high quality services to clients by respecting their rights and improving their quality of life.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Disability Amendment Act 2012 and 2013 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Occupational Health and Safety Act 2004 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *NDIS Act 2013 (Cwth)*
- *Human Services Standards (Vic) – Empowerment*

Documents relevant to this policy and procedure:

- *Behaviour Support Plan Toolkit, Department of Human Services, Victoria*
- *Client Charter*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Restrictive Practices Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all potential and existing Harmony Homecare clients, their family members, carers and other supporters.

Policy

Harmony Homecare promotes the dignity, worth, rights and developmental potential of people with a disability. Harmony Homecare uses positive behaviour support principles when working with all people they support, including in situations where challenging behaviour or behaviour/s of concern are present.

Harmony Homecare commitment to using positive behaviour support when providing services ensures that support provided is individually optimised and strengths driven, delivered in a capacity building and collaborative way.

Procedures

Positive Behaviour Support

Harmony Homecare staff will use Positive Behaviour Support strategies in their daily practice with the primary goal of empowering individuals and enhancing their quality of life through:

- Delivering inclusive, person-centred support that focuses on seeing the person's strengths and being committed to the person's potential;
- Communicating with clients using their preferred method;
- Offering options and supporting clients to make their own decisions as the minimum standard for all interactions in all environments;
- Proactively seek opportunities to support and increase mainstream community access and build social relationships and networks people;
- Proactively preventing behaviours of concern from occurring, through ensuring a client's needs are met, their method of communication is properly supported, and they are able to access those things they want or need;
- Appreciating that all behaviours have a purpose and do not occur in all contexts; and
- Being positive.

Managing Director Responsibilities

It is the responsibility of Managing Director to ensure that:

- staff have access to relevant training in positive behaviour support and are able to demonstrate competence in supporting people using this approach;
- there is regular review of support practices;
- significant others are invited to participate in identifying the person's support needs;
- clients who exhibit signs of having a poor quality of life have access to relevant professional services; and
- debriefing and counselling are available to people involved in support, including family members, other clients and staff.

Staff Responsibilities

Staff are responsible for:

- supporting the client using positive behaviours support principles, using a strengths-based approach and respecting an individual's right to dignity of risk.
- supporting the development of the client by following all procedures above and where relevant, as specified in any plans related to a client's behaviour.

Record Keeping

The Managing Director (or delegates) will record the use of positive interventions and strength-based supports in line with the *Records and Information Management Policy and Procedure*.

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Harmony Homecare will review and monitor its processes around positive behaviour support and client incident management in accordance with the *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities, which incorporate client and stakeholder participation and assess feedback provided to and by clients and stakeholders.

Service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- client and other stakeholder satisfaction with Harmony Homecare complaints processes; and
- the extent to which clients feel safe and protected in their dealings with Harmony Homecare.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

2.14 THE USE OF RESTRICTIVE PRACTICES POLICY AND PROCEDURE

Purpose and Scope

The purpose of this policy is to:

- support the delivery of high quality services to clients by improving their quality of life and reducing or eliminating behaviours of concern; and
- minimise and prevent any physical harm of clients and staff within the service; and
- introduce the legislative restrictions and requirements related to the use of Restrictive Practices within the service.

The scope of this policy is limited **only** to individuals aged 18 years and over, receiving support from a registered disability service provider. It is **not applicable** to individuals under 18, those being supported in a designated mental health service, or individuals in receipt of aged care services.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Disability Amendment Act 2012 and 2013 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Occupational Health and Safety Act 2004 (Vic)*
- *Privacy and Data Protection Act 2014 (Vic)*
- *Privacy Act 1988 (Cwth)*
- *NDIS Act 2013 (Cwth)*
- *Human Services Standards (Vic) – Empowerment*

Documents relevant to this policy and procedure:

- *Behaviour Support Plan Toolkit, Department of Human Services, Victoria*
- *Client Charter*
- *Decision Making and Choice Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Positive Behaviour Support Policy and Procedure*
- *Records and Information Management Policy and Procedure*

This policy and procedure applies to all potential and existing Harmony Homecare clients, their family members, appointed decision makers carers and other supporters.

NOTE: Only registered disability service providers that have the approval of the Secretary, Department of Health and Human Services can use Restrictive Practices.

Definitions

Authorised Program Officer – In accordance with all relevant legislation, disability service providers are responsible for appointing an Authorised Program Officer, who must ensure that any restrictive intervention used in the provision of a disability service for which the Authorised Program Officer is responsible is administered in accordance with the Act. Harmony Homecare Authorised Program Officer is Harmony Homecare Managing Director.

Behaviours of concern - any behaviour by a person using Harmony Homecare services which could cause physical harm to themselves or other people, or which could cause property damage that could lead to themselves or other people being hurt.

Behaviour Support Plan - A plan developed for a person with a disability that specifies a range of strategies to be used in supporting the person's behaviour, including proactive strategies to build on the person's strengths and increase their life skills. Any person who is subjected to restraint and/or seclusion in disability services must have an approved Behaviour Support Plan.

Chemical restraint - the use, for the primary purpose of the behavioural control of a person with a disability, of a chemical substance to control or subdue the person. Does not include the use of a drug prescribed by a registered medical practitioner for the treatment, or to enable the treatment, of a mental illness or a physical illness or physical condition.

Detention - a situation where a person who wishes to do so is actively prevented from leaving the place where they receive disability services. Detention may include locked doors, windows or gates, and the constant supervision and escorting of a person to prevent them from exercising freedom of movement.

Environmental restraint – the prevention, including but not limited to the use of physical or other barriers, of a person's free access to all parts of their environment for the purpose of influencing or controlling that person's behaviour. This includes locking cupboard and doors, being prevented access to anything in the kitchen and restrictions to personal items, locks being used that a person has difficulty accessing or cannot self-operate, and restrictions to engaging in social activities (such as a person not being supported to leave the house when they want to, regardless of operational demands).

Exclusion - the act of preventing a person from participating in or being part of an activity or decision, or deliberately ignoring or not including a person in an activity or decision.

Guardian - a person appointed as guardian of an adult by legal order of the relevant state institution, usually where a person has been deemed as having impaired decision-making capacity. A guardian is responsible for making decisions on behalf of a person about accommodation and/or health care and/or lifestyle matters and/or Restrictive Practices.

Impaired decision-making capacity refers to the inability of a person to make a decision at a particular time because he or she is incapable of:

- understanding any information that may be relevant to the decision; or
- retaining such information; or
- using such information in the course of making the decision; or
- communicating his or her decision in any manner; or

- by reason of being comatose or otherwise unconscious, is unable to make a decision about his or her medical treatment

Mechanical restraint - the use of a device to prevent, restrict or subdue a person's free movement for the primary purpose of influencing or controlling that person's behaviour. Mechanical restraint does not include the use of devices for therapeutic purposes (e.g. splints) or for safety purposes not primarily related to behaviour (e.g. seat belts, bed rails to prevent injury from falls, devices to enable the safe transportation of a person). However, a therapeutic or safety device is considered a mechanical restraint if a person resists or objects to its use, or if it prevents free movement upon its use for safety or therapeutic services ceasing (i.e. where a bed rail prevents a person from getting out of bed as soon as they want to).

Physical restraint - the use of any part of a person's body to prevent, restrict or subdue free movement of another person's body for the primary purpose of controlling that person's behaviour. Physical restraint does not include brief physical contact to guide or redirect a person away from immediate potential harm or injury consistent with a service provider's duty of care to that person or physical assistance with activities of daily living. This type of restraint can only be used as a planned response in emergency situations and is not to be used as a part of a person's routine behaviour support.

PRN medication (PRN - 'pro-re-nata') - medication that is given as needed or as the situation arises (i.e. the times of administration are determined by the needs of the person and not given at scheduled times, e.g. analgesia for pain or fever). PRN may be considered as being a chemical restraint (see definition of chemical restraint).

Psycho-social restraint – the use of power-control strategies to influence a person's behaviour. This includes but is not limited to directing the person's behaviour through voice tone, commands or threats and the use of punishment, including ignoring the person and withholding basic human rights, such as positive social interaction, personal belongings or a favoured activity. It also includes directions to: stay in one area of the house or the use of 'exclusionary time-out'; and remain in a particular position, and the over-correction of errors.

Restrictive intervention – defined by the relevant legislation as any intervention that is used to restrict the rights or freedom of movement of a person with a disability including chemical, mechanical, physical restraint, and seclusion. The legislation also refers to other Restrictive Practices, which include, but are not limited to, environmental restraint, psycho-social restraint and consequence-driven strategies.

Restrictive practices - any practice, device or action that removes or restricts another person's freedom, movement or ability to make a decision. This includes, but is not limited to, detention, seclusion, exclusion, aversive restraint, chemical restraint, physical restraint, mechanical restraint, environmental restraint, psycho-social restraint and the consequence-driven strategies. Restrictive practices do not include therapeutic or safety devices/practices, where the device or practice is being used for its intended purpose and the person is not resisting or objecting to its use.

Safety device/practice - a device or practice used for safety purposes not primarily related to behaviour (e.g. lap belts or bed rails to prevent accidental falls or devices to enable the safe transportation of a person). This also includes environmental modifications for safety purposes, such as sensor mats and 'Walkabout' alarms.

Seclusion - the sole confinement of a person with a disability at any hour of the day or night:

- in any room in the premises where disability services are being provided of which the doors and windows cannot be opened by the person from the inside; or
- in any room in the premises where disability services are being provided of which the doors and windows are locked from the outside; or
- to a part of any premises in which disability services are being provided.

Senior Practitioner – in accordance with the relevant legislation, this is the person appointed by the relevant Government to ensure that people's rights are protected and that service providers follow legislative and practice standards any time Restrictive Practices are used.

Substitute decision-maker - an adult appointed under an advance care directive who can make decisions about health care, end of life, living arrangements and other personal matters on behalf of a person during a period of impaired decision-making capacity, whether for a short time or permanently. In this policy, it includes substitute decision-makers appointed under the former Enduring Power of Guardianship and Medical Power of Attorney.

Therapeutic device/practice - a device or practice recommended by an appropriate health practitioner for the purpose of maintaining or restoring health or for the treatment of an illness or condition (e.g. splints).

Policy

Harmony Homecare promotes the dignity, worth, rights and developmental potential of people with a disability. Our commitment to using positive behaviour support when providing services ensures that support provided is individually optimized and strengths driven, delivered in a capacity building and collaborative way.

Harmony Homecare uses positive behaviour support principles when working with all people they support, with ongoing consideration of client's rights as well as ethical practice, including in situations where challenging behaviour or behaviour/s of concern are present.

Harmony Homecare supports the use of Restrictive Practices only where they are necessary to prevent or reduce imminent physical harm, are the option of last resort and where their use is done so in the least restrictive manner.

Restrictive Practices cannot be used in any support provided by Harmony Homecare unless there is legal authorisation from the relevant authority, in line with the relevant legislation.

Harmony Homecare will cease the use of restraint and seclusion at the end of the period authorised by the Authorised Program Officer, or as soon as restraint or seclusion is no longer required, whichever is shortest, in accordance with the relevant legislation.

Procedures

Positive Behaviour Support

Incorporation of individualised, strengths-based, positive behaviour support principles in daily support is the minimum practice standard that can be expected by Harmony Homecare clients.

Harmony Homecare staff will use Positive Behaviour Support strategies to respond to behaviours of concern in a positive, encouraging way. Strategies include:

- inclusive, person-centred approaches in all instances of support;
- proactively preventing behaviours of concern occurring in the first place;
- working to the primary goal of enhancing the quality of life of a person and a secondary goal of reducing behaviours of concern;
- taking into consideration the context in which any behaviours of concern occur and the environments in which the person lives;
- seeing the person's strengths and being committed to the person's potential;
- valuing the person and seeing the behaviour in context;
- an appreciation that all behaviours have a purpose; and
- being positive.

Harmony Homecare Managing Director (or delegates) will discuss how best to manage behaviours of concern with the client and their supporter/s.

In managing behaviour, staff will always use the least restrictive alternative. Any action taken to benefit a client should intrude as little as possible on their rights and lifestyle.

Restrictive Practices, including those that constitute environmental restraint, psycho-social restraint, consequence-driven strategies or exclusion are inconsistent with rights-based and person-centred service delivery to people with disability and must not be recommended or used in any circumstances, unless used in accordance with relevant legislation.

Managing Director and staff (where applicable) will implement Harmony Homecare *Assessment, Planning and Review Policy and Procedure* consistent with this policy.

Individual Behaviour Support Plans

The plans of people subject to Restrictive Practices must introduce environmental change and support positive behaviour. They must include (but should not be limited to) the following key quality elements in relation to positive behaviour support:

- the function of the behaviours of concern;
- environmental factors that trigger or support the behaviours of concern are identified;
- reinforcement schedules relating to positive behaviour;
- descriptions of the response to recurrent behaviours of concern; and
- a strategy to communicate between relevant persons.

Harmony Homecare may seek the expertise of psychologists and/or developmental educators and/or other allied health professionals in the development and implementation of individual support plans, in accordance with relevant legislative requirements.

An appropriate individual behaviour support plan must be in place before a restrictive practice is recommended.

Managing Director (or delegates) are to be advised and trained in the individual support plan, which must be readily available in the person's file for ongoing use by staff when required.

Harmony Homecare is required to ensure that a person's specific consent and/or authorisation arrangements, including the details of a person's substitute decision-maker or guardian, or any orders by the relevant Public Guardianship authority are clearly documented to inform Managing Director (or delegates) about arrangements relating to the use of restrictive practices.

Disability service providers are responsible for accurate recording and reporting of the use of restrictive practices. This includes:

- maintaining a register of all people who have an individual support plan that includes the use of restrictive practices;
- recording each use of a restrictive practice; and
- recording each use of a restrictive practice in an emergency.

Restrictive Practices

Harmony Homecare in principle does not support the use of Restrictive Practices.

Restrictive Practices restrict the liberty of individuals and should be considered only in exceptional circumstances where a person is at imminent risk of causing physical harm to themselves or others (including harm to self or others through the destruction of property), and all other reasonable, less restrictive alternatives have been used. In these rare instances, the use of Restrictive Practices must be an option of last resort. It must be time-limited, based on best practice, applied in line with the relevant legislative requirements and be the least restrictive option available in the situation.

Should Harmony Homecare need to implement Restrictive Practices, the organisation will uphold its obligations in accordance with the relevant legislation. This includes consultation with the client, their supporter/s and other key stakeholders, including appointed decision makers, to develop a Behaviour Support Plan prior to the use of any Restrictive Practices

The use of a Restrictive Practices within Harmony Homecare requires the following:

- comprehensive bio-psychosocial assessment;
- recommendation of the restrictive intervention by an appropriate professional, within the context of a holistic individual behaviour support plan for the person with disability, in line with legislative requirements;
- informed consent by a person with legal authority;
- where required, authorisation by the relevant government institution;
- application of the restrictive intervention only by appropriately trained and competent disability services staff, to the extent legally authorised; and
- regular review of the use of the Restrictive Practices as part of individual support planning with the person, in accordance with timeframes set out in relevant legislation.

Within Harmony Homecare, the use of a restrictive practice requires recommendation by:

- a practitioner, being a medical practitioner, relevant health professional or manager of the relevant service unit or area; and
- Managing Director, and
- Any other appropriate person, according to legislative requirements.

The primary focus of any Behaviour Support Plan will be to improve the quality of life of the client, with a secondary focus on eliminating or reducing behaviours of concern. Restrictive Practices approved for use, will be used only:

- when necessary to prevent the person from causing physical harm to themselves or others (including harm to self or others through the destruction of property);
- in a way that is least restrictive;
- as a last resort;
- in accordance with the individual's behaviour support plan;
- applied for the period of time that has been authorised; and
- in accordance with all relevant legislative requirements.

For each client that Restrictive Practices apply to, the restrictive practices will not be implemented until that client's Behaviour Support Plan is approved by the Authorised Program Officer and until the client subject to the Restrictive Practices has been notified in writing at least two days prior to the proposed use of the practices, except in the case of an emergency.

Notification will be in an accessible communication format for the client and advise that a restrictive intervention has been approved for use and under what conditions. Clients subject to restrictive intervention and their supporters will be made aware of the reasons Restrictive Practices may be implemented and when and how this will be reviewed. In accordance with relevant legislation, an independent person must be availed of to complete this task.

Before any restrictive intervention is used, the Managing Director (or delegates) will ensure the person exhibiting behaviours of concern and their supporter/s (if applicable), understand they have the right to appeal to the relevant authority if they do not agree with the intervention.

If a client does not have a supporter or guardian and is unable to advocate for themselves, staff will make sure the person is supported to access an advocate (see Harmony Homecare's *Decision Making and Choice Policy and Procedure*).

Restrictive Practices will not be used until such time that Harmony Homecare have procedures in place that detail the specific application of the restriction (e.g. specific procedures as to how physical restraint will be safely and legally applied in the relevant setting).

No individual will apply a restriction without the appropriate training in the safe use of the restriction, the legal framework and obligations, and the risks posed by the use of the restriction. The Managing Director (or delegates) must be satisfied of staff's competence in the practice prior to its use.

Any use of a restrictive intervention must be approved by the Managing Director (or delegates), the Authorised Program Officer and any other relevant person in accordance with the legislative requirements, except in situations where there is significant risk of someone being harmed.

If a restrictive intervention is used, it will be for as short a time as possible and applied for no longer than the period of time that has been authorised. Its use will be reviewed frequently as per the relevant Behaviour Support Plan, and in accordance relevant legislative obligations.

If a restrictive intervention is used, staff will record the details of the behaviour, the positive and reactive interventions tried prior to the restrictive intervention, the nature and duration of the restrictive intervention and the client's response to such.

Where Restrictive Practices are used, they will be overseen by a specialist in behaviour and/or an allied health professional. A medical specialist will also oversee any restrictive intervention to identify any potential side effects.

Emergency Restrictive Practices

Harmony Homecare may use Restrictive Practices in an emergency if they believe there is an imminent risk of the person causing serious physical harm to themselves or others, and it is necessary to use a restrictive intervention to prevent that risk.

If this happens, the intervention used must be the least restrictive as is possible in the circumstances and applied in accordance with all other legislative requirements.

After implementing any emergency restrictive intervention, staff will report the intervention immediately to the Managing Director/Authorised Program Officer, who will report as soon as possible to the relevant state authority and/or appointed decision maker, as well as other relevant stakeholders.

Managing Director responsibilities

The Managing Director will ensure that:

- clients who exhibit challenging behaviour have prioritised access to relevant professional services;
- staff have access to relevant training and can demonstrate competence in supporting people who exhibit challenging behaviour;
- regular review of behaviour practices;
- debriefing and counselling are available to people involved in critical incidents involving challenging behaviour, including family members, other clients and staff; and
- all relevant people are invited to participate in identifying the person's support needs.

Staff Responsibilities

Staff are responsible for:

- supporting the client in a way which promotes positive interactions.
- supporting the development of the client by following all procedures as specified in the client's behaviour support plan;
- preventing and protecting individuals from harm (including harm to individuals through the destruction of property);
- implementing any necessary restrictive strategies as a last resort, and in a way that is least restrictive and consistent; and
- addressing any performance issues that related to the use of behaviour support strategies/the use of restrictive practices.

Record Keeping and Reporting

The Managing Director (or delegates) will record the use of positive interventions and strength-based supports in line with the *Records and Information Management Policy and Procedure*.

The Managing Director (or delegate) will report the use of Restrictive Practices to the relevant state authority and/or appointed decision maker, in accordance with the relevant legislation and practice requirements.

The Managing Director (or delegates) will report on the use of emergency Restrictive Practices as soon as possible after they occur, in accordance with the relevant legislation and practice requirements.

Monitoring and Review

Harmony Homecare will review the use of Restrictive Practices, along with an individual's behaviour support plan at least annually, or within a shorter timeframe where specified by the Authorised Program Officer or relevant state authority. This review must be completed in accordance with relevant legislation.

This policy and procedure will be reviewed at least annually by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Harmony Homecare will review and monitor its processes around Restrictive Practices and client incident management in accordance with the *Internal Review and External Audit Schedule*. This schedule includes service planning and delivery activities, which incorporate client and stakeholder participation and assess feedback provided to and by clients and stakeholders.

Service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel able and supported to exercise them;
- client and other stakeholder satisfaction with Harmony Homecare complaints processes; and
- the extent to which clients feel safe and protected in their dealings with Harmony Homecare.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				

This policy and procedure will be reviewed at least annually and changes endorsed by the Management Team.

2.15 CHILD SAFE POLICY AND PROCEDURE AND STATEMENT OF COMMITMENT

Purpose and Scope

The purpose of this policy, procedure, and statement of commitment is to demonstrate Harmony Homecare's commitment to the safety of the children in its care.

Legislation, regulations and standards relevant to this policy and procedure include:

- *Disability Act 2006 (Vic)*
- *Child Safe Standards (Vic)*
- *Human Services Standards (Vic) – Wellbeing*

Organisational documents relevant to this policy and procedure:

- *Human Resources Policy and Procedure*
- *Client Charter*
- *Feedback, Compliments and Complaints Policy and Procedure*
- *Records and Information Management Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Risk Management Policy and Procedure*
- *Client Incident Management Policy and Procedure*

This policy and procedure applies to all potential and existing clients, their family members, carers and other supporters, as well as all staff of Harmony Homecare.

Harmony Homecare's Commitment to Child Safety

Harmony Homecare is committed to child safety.

Harmony Homecare wants children to be safe, happy and empowered. We support and respect all children, as well as our staff and volunteers.

Harmony Homecare is committed to the safety, participation and empowerment of all children.

Harmony Homecare has zero tolerance of child abuse, and all allegations and safety concerns will be treated very seriously and consistently with our robust policies and procedures.

Harmony Homecare has legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

Harmony Homecare is committed to preventing child abuse and identifying risks early and removing and reducing these risks.

Harmony Homecare has robust human resources and recruitment practices for all staff and volunteers. Harmony Homecare is committed to regularly training and educating our staff and volunteers on child abuse risks.

Harmony Homecare supports and respects all children, as well as our staff and volunteers. Harmony Homecare is committed to the cultural safety of Aboriginal children, the cultural

safety of children from culturally and/or linguistically diverse backgrounds, and to providing a safe environment for children with a disability.

Harmony Homecare has specific policies, procedures and training in place that support our management team, staff and volunteers to achieve these commitments.

Staff who believe a child is at immediate risk of abuse must phone 000.

Policy

This policy and procedure is intended to empower children who are vital and active participants in Harmony Homecare. Harmony Homecare involves them when making decisions, especially about matters that directly affect them. Harmony Homecare listens to their views and respects what they have to say.

Harmony Homecare promotes diversity and tolerance in our organisation, and people from all walks of life and cultural backgrounds are welcome. In particular, Harmony Homecare:

- promotes the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander children;
- promotes the cultural safety, participation and empowerment of children from culturally and/or linguistically diverse backgrounds; and
- ensures that children with a disability are safe and can participate equally.

This policy and procedure guides Harmony Homecare's staff and volunteers on how to behave with children accessing Harmony Homecare's services.

All of Harmony Homecare's staff and volunteers must agree to abide by Harmony Homecare's *Staff Code of Conduct*, which specifies the standards of conduct required when working with children. All staff and volunteers, as well as children and their families, are given the opportunity to contribute to the development of the Code of Conduct.

Procedures

Training and supervision

Training and education is important to ensure that everyone in Harmony Homecare understands that child safety is everyone's responsibility.

Harmony Homecare's culture aims for all staff and volunteers (in addition to parents/carers and children) to feel confident and comfortable in discussing any allegations of child abuse or child safety concerns. Harmony Homecare trains staff and volunteers to identify, assess, and minimise risks of child abuse and to detect potential signs of child abuse.

Harmony Homecare supports staff and volunteers through ongoing supervision to develop their skills to protect children from abuse; and promote the cultural safety of Aboriginal and Torres Strait Islander children, the cultural safety of children from linguistically and/or diverse backgrounds, and the safety of children with a disability.

New employees and volunteers will be supervised regularly to ensure they understand Harmony Homecare's commitment to child safety and that everyone has a role to play in protecting children from abuse, as well as checking that their behaviour towards children is

safe and appropriate (please refer to Harmony Homecare's *Staff Code of Conduct* to understand appropriate behaviour further).

Any inappropriate behaviour will be reported through appropriate channels, including the Department of Health and Human Services and Victoria Police, depending on the severity and urgency of the matter.

Recruitment

Harmony Homecare takes all reasonable steps to employ skilled people to work with children. Harmony Homecare develops selection criteria and advertisements that clearly demonstrate Harmony Homecare's commitment to child safety and an awareness of Harmony Homecare's social and legislative responsibilities. Harmony Homecare understands its ethical and legislative obligations when recruiting staff and volunteers.

Harmony Homecare actively encourages applications from Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds and people with a disability.

All people engaged in child-related work, including volunteers, are required to hold a Working with Children Check and to provide evidence of this Check.

Harmony Homecare carries out reference checks and police record checks to ensure that it recruits the right people. See Harmony Homecare's *Human Resources Policy and Procedure* for more information on this process.

If during the recruitment process a person's records indicate a criminal history, the person will be given the opportunity to provide further information and context.

Fair procedures for staff

The safety and wellbeing of children is Harmony Homecare's primary concern. Harmony Homecare is also fair and just to staff. The decisions Harmony Homecare makes when recruiting, assessing incidents, and undertaking disciplinary action will always be thorough, transparent, and based on evidence.

Harmony Homecare records all allegations of abuse and safety concerns as per its incident management policies and procedures. All records are securely stored, as per Harmony Homecare's *Records and Information Management Policy and Procedure*.

If an allegation of abuse or a safety concern is raised, Harmony Homecare provides updates to children and families on progress and any actions the organisation takes.

Privacy

All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, parents or children, unless there is a risk to someone's safety. Harmony Homecare has safeguards and practices in place to ensure any personal information is protected. Everyone is entitled to know how this information is recorded, what will be done with it, and who will have access to it, as per Harmony Homecare's *Privacy and Confidentiality Policy and Procedure*.

Legislative Responsibilities

Harmony Homecare takes its legal responsibilities seriously, including:

- Failure to disclose: Reporting child sexual abuse is a community-wide responsibility. All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to the Police.¹⁷
- Failure to protect: People of authority in Harmony Homecare will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so;¹⁸ and
- Any staff that are mandatory reporters must comply with their duties.¹⁹

Risk Management

In Victoria, organisations are required to protect children when a risk is identified (see information about Failure to Protect, above). In addition to general occupational health and safety risks, Harmony Homecare proactively manages risks of abuse to children accessing its services.

Harmony Homecare has risk management strategies in place to identify, assess, and take steps to minimise child abuse risks, which include risks posed by physical environments (for example, any doors that can lock), and online environments (for example, no staff or volunteer is to have contact with a child supported by the organisation on social media). These strategies will be documented in Harmony Homecare's Risk Management Plans, as per its *Risk Management Policy and Procedure*.

Allegations, concerns, and complaints

Harmony Homecare takes all allegations seriously and has practices in place to investigate them thoroughly and quickly. Harmony Homecare's staff and volunteers are trained to deal appropriately with allegations.

Harmony Homecare works to ensure all children, families, staff and volunteers know what to do and who to tell if they observe abuse or are a victim, and if they notice inappropriate behaviour.

¹⁷ A person will not commit this offence if they have a reasonable excuse for not disclosing the information, including a fear for their safety or where the information has already been disclosed.

Further information about the failure to disclose offence is available on

<www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+disclose+offence>.

¹⁸ Further information about the failure to protect offence is available on

<www.justice.vic.gov.au/home/safer+communities/protecting+children+and+families/failure+to+protect+offence>.

¹⁹ Mandatory reporters (doctors, nurses, midwives, teachers (including early childhood teachers), principals and police) must report to child protection if they believe on reasonable grounds that a child is in need of protection from physical injury or sexual abuse.

See the Department of Health and Human Services website for information <<http://providers.dhhs.vic.gov.au/making-report-child-protection>>.

Harmony Homecare staff and stakeholders all have a responsibility to report an allegation of abuse if they have a reasonable belief that an incident took place (see information about Failure to Disclose, above).

If an adult has a reasonable belief that an incident has occurred, then they must report the incident. Factors contributing to reasonable belief may be:

- a child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves);
- behaviour consistent with that of an abuse victim is observed (see Harmony Homecare's *Client Incident Management Policy and Procedure*);²⁰
- someone else has raised a suspicion of abuse but is unwilling to report it; and
- observing suspicious behaviour.

Monitoring and Review

This policy and procedure will be reviewed at least annually, or following any significant incident, by the Management Team and incorporate client and other stakeholder feedback.

Harmony Homecare's *Continuous Improvement Plan* will be used to record and monitor progress of any improvements identified.

Harmony Homecare will review and monitor its commitment to child safety and relevant policies and procedures in accordance with the *Internal Review and External Audit Schedule*. This schedule includes reviewing service planning and delivery activities, which incorporate client and stakeholder participation and assess feedback provided to and by clients and stakeholders.

Service delivery and satisfaction surveys will assess:

- client and other stakeholder awareness of their rights and the extent to which they feel safe and supported by Harmony Homecare; and
- client and other stakeholder satisfaction with Harmony Homecare's child safety processes.

Endorsement Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:	Reviewed Date:
XX / XX / XXXX				
Reviewed by / Signature:				
<i>This policy and procedure will be reviewed at least annually, and changes endorsed by the Management Team.</i>				

²⁰ For example of behaviour, please see < <http://providers.dhhs.vic.gov.au/child-safe-standards>>.

