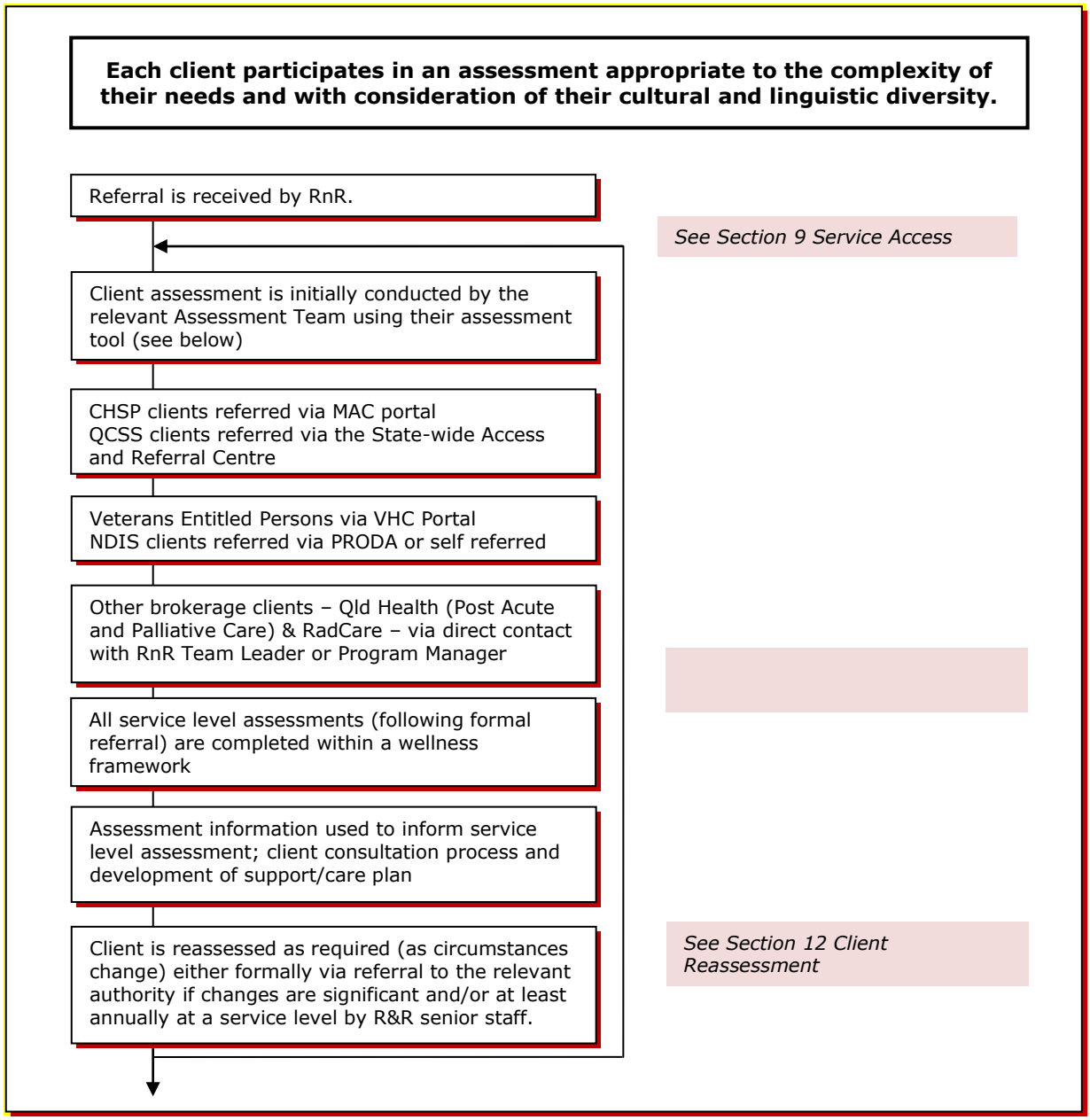
ASSESSMENT



FORMS AND RECORDS

My Aged Care Client Record and Support Plan	Client records and Information Management System
Assessment Reassessment Checklist	Client records and Information Management System
Assessment Reassessment Form	Client records and Information Management System
Deciding Priorities for Respite Care	Client records and Information Management System
Home Safety Checklist	Client records and Information Management System
Client Consent Form – Confidentiality and Privacy	Client records and Information Management System
Client Disaster Management Survey	Client records and Information Management System
Referral Form	Client records and Information Management System
Client Details and Transfer Form	Client records and Information Management System

Client Care Agreement/Support Plan	Client records
Client Handbook	Shared Drive
Client Spreadsheet and Waitlist	Shared Drive

10.1 Consultation with Clients

10.1.1 CLIENT INVOLVEMENT

Clients, carers and their families (if desired) are involved at every point in the Assessment; Support Planning and Delivery process.

Upon receipt of a formal referral, clients are consulted by R&R regarding their perceived support needs and this information is used in conjunction with the formal assessment to determine the support needs for the client and/or their carer. Where consultation with the client is not possible, the client's representative/advocate is consulted. The support needs of the client are paramount and are used to determine the support provided.

The service level assessment is conducted with a focus on supporting the client's independence to remain living in their home environment and within their community. During the assessment process information is provided to clients to assist them to understand the available services being offered.

All service level assessment/re-assessment and client care/support plan documentation is completed in partnership with the client/carer or nominated representative, has a wellness focus and incorporates the following considerations, in particular those outlined in **Standard 1 & 2 of the Aged Care Quality Standards:**

- ***Each client is treated with dignity and respect – with their identity, culture and diversity valued***
- ***Care and services provided, are culturally safe and appropriate***
- ***Each client is supported to exercise choice and independence, including to – make decisions about their own care and the way such care and services are delivered; make decisions about when family, friends, carers or others should be involved in their care, and; communicate their decisions, and; make connections with others and maintain relationships of choice, including intimate relationships***
- ***Each client is supported to take risks to enable them to live the best life they can (Dignity of Risk) See Section 11 – Support Planning and Delivery.***
- ***Information provided to each client is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice***
- ***Each client's privacy is respected and personal information kept confidential***
- ***Assessment and planning, including consideration of risks to the consumer's health and wellbeing, informs the delivery of safe and effective care and services***
- ***Assessment and planning identifies and addresses the client's current needs, goals and preferences, including advance care planning and end of life planning if the client wishes***
- ***Assessment, planning and review is based on an ongoing partnership with the client and others that the client wishes to involve, and includes other organisations and individuals/providers of other care and services that are involved in the care of the client***
- ***The outcomes of assessment and planning (including any identified risks and mitigation strategies) are effectively communicated to the client and documented in a care/support plan that is readily available to the client, and***
- ***Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the client.***

10.1.2 PROMOTING INDEPENDENCE, WELLNESS AND CONSUMER DIRECTED CARE

Independence, wellness and consumer focused/directed care is promoted during the assessment and review process. This involves the following principles:

- Support type and frequency is determined on assessed need
- Abilities, difficulties and functional capacity (decline or improvement) are assessed within a wellness framework

- Support plans acknowledge support needs and abilities to foster independence and wellness/re-ablement
- The supports offered will adapt to reflect changing client needs and directives wherever possible.

10.1.4 INFORMATION PROVISION

Person eligible and support can be provided by Rural & Remote Home Care (& Respite Service)

If a potential client is assessed (by the appropriate authority) as eligible to receive services, R&R receives recommendations regarding both the type of service and hours needed. This assessment forms the starting point for discussions in regard to the client care/support plan.
The RnR Team Leader/Cluster Team Leader then contacts the client to do an initial home visit in order to consult and discuss with them, the delivery of the services (see Section 11: Support Planning and Delivery).
Clients are advised that whilst every effort is made to deliver services to the timeframes provided, staff may arrive up to half an hour before or after the scheduled time due to factors beyond scheduling control. Clients will be informed as soon as possible by the relevant CTL as soon as any scheduled changes are required.

Person eligible but there is a waitlist for support

If a person is eligible for support but it cannot be provided, R&R maintains a wait list:

- The person is advised that they can be placed on a wait list and are given an idea of the approximate waiting time. The wait list is maintained by the Program Manager
- The person is advised that their case is reviewed every month and that they can ask for a reassessment at any time if their circumstances change
- The person is assisted to access other community services, if possible
- The person is made aware of the complaints procedure and advised that they can complain if they are not happy with this decision
- A formal letter documenting the abovementioned points is sent to the potential client/carer as soon as possible after the referral has been accepted to the waitlist.

Refusal of support - person not eligible

If support is refused because the environment is not suitable (eg hazards, threats to staff etc):

- The person requesting the support is advised immediately giving reasons why the service is not provided
- If appropriate, the person is referred to another more appropriate service or for formal re-assessment to the relevant authority
- Information is provided on when, and under what circumstances the person could reapply to R&R for support
- The person is made aware of the complaints procedure and advised that they can complain if they are not happy with the decision.

Whenever clients are refused support it is recorded by RnR Team Leader/CTL in the client file.

. This is further described in Section 11: Support Planning and Delivery.

10.3 Monitoring Assessment Processes

Assessment processes and systems are regularly audited as part of the R&R audit program and staff, clients and other stakeholders are encouraged to provide ongoing feedback on issues and areas where improvements can be made (see Corporate Calendar and Section 5: Continuous Improvement).