Pennwood Home Care
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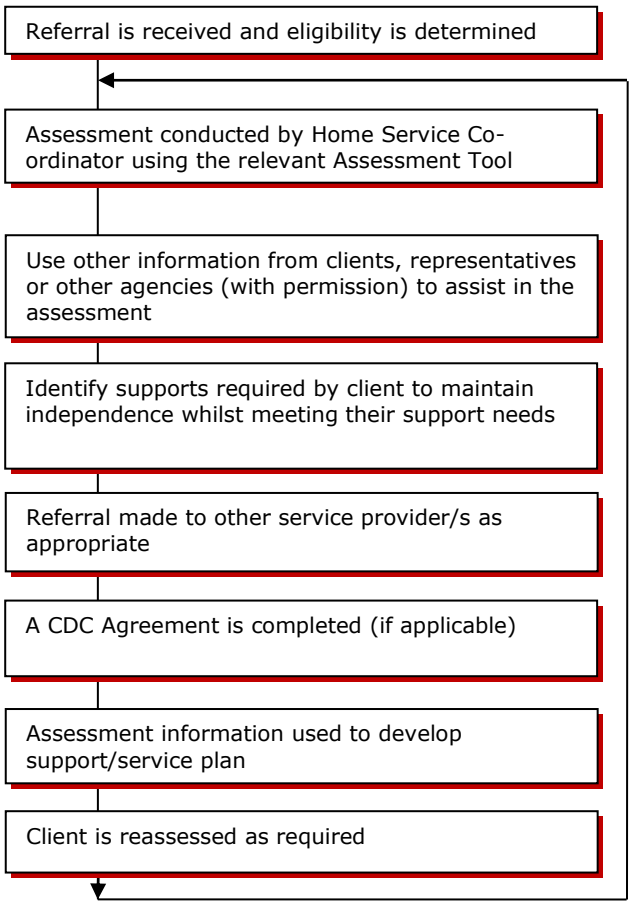
HC10 - ASSESSMENT

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



See Section 9 Service Access

See Section 13 Client Referral

See Section 12 Client Reassessment

FORMS AND RECORDS

Aged Care Client Record (ACCR)	Client records & eHCP
HS28 Client Folder Contents	Z:\Shared Data\UsersSpace\Public\Forms\Home Services Forms
HS13 Client Information and Assessment Form	
HS45 Deciding Priorities for Respite Care	
HS06 Home Safety Checklist	
HS42 Medication Consent Form	
HS12 Referral Form	
HS47 Client Details and Transfer Form	
CDC Agreement	Client records & eHCP

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HC10.1 Consultation with Clients

10.1.1 CLIENT INVOLVEMENT

Clients are consulted regarding their perceived support needs and goals and this information is used with a formal assessment to determine the support needs for the client and/or their carer. Where consultation with the client is not possible, such as in the case of incapacity, the client's representative/advocate is consulted. The support needs of the client are paramount and are used to determine the support provided.

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 support being offered in the context of the funding and services available.

The Home Care Co-ordinator conducts all assessments face to face with the client and/or their representative.

All clients who are seeking home care package support must have an ACAT assessment. The ACAT is completed by the ACAT team and provided it to us.

This information is used to guide the support plan but the Home Care Co-ordinator still visits the client/carer to go through Pennwood Home Care information.

10.1.2 PROMOTING INDEPENDENCE

Independence is promoted during the assessment and reassessment process. This involves the following principles:

- Support is decided on need, not want
- Abilities and difficulties are assessed
- Expectations are set through assessment; support is balanced against abilities and the need for support
- Support plans acknowledge support needs, abilities to foster independence and the client's goals
- The supports offered change to reflect client needs.

10.1.3 RECORDING ASSESSMENT INFORMATION

Assessment is recorded in eHCP and charged as a percentage under Case Management Fee.

During and following the assessment process counselling, support, information and advocacy services may be provided to support clients and carers. It may include one-on-one counselling, advice or information and is delivered by the Home Care Co-ordinator or other allied health professional. Any services provided by an allied health professional or by the HCC which is outside the scope of "Case Management" will be charged at an hourly rate and recorded in eHCP.

10.1.4 INFORMATION PROVISION

At the commencement of the assessment the Home Care Co-ordinator explains to the client:

- The support services offered by Pennwood Home Care
- The fees
- The assessment process including its purpose and possible outcomes
- Information on the collection and use of information, privacy and confidentiality considerations and advocacy
- Provision of the *Charter of Rights and Responsibilities for Home Care.*

This information is also available in the Client Handbook which is provided to clients during the assessment.

If the client is assessed as requiring support and we are able to provide those services, the Client Handbook is explained in more detail.

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HC10.2 Assessment

10.2.1 DOCUMENTS COMPLETED DURING THE ASSESSMENT PROCESS

Documents completed in the assessment process include:

- HS28 Client Folder Contents
- HS13 Client Information and Assessment
- HS08 Non Response to Scheduled Visit
- HS01 Consent and Release of Information
- Annexure E – Care and Service Plan – eHCP
- CDC Agreement - eHCP
- HS06 Home Safety Checklist
- HS09 Falls Risk Screen
- Aged Care Fees Income Assessment
- HS46 Deciding Priorities for Assistance (if relevant)
- Medication Consent Form (if relevant)

10.2.2 ASSESSMENT PROCESS – ALL CLIENTS

After a person makes contact with or is referred to Pennwood Home Care they are assessed, usually in their home, by the Home Care Co-ordinator using the appropriate Assessment Form. *NOTE: Medication management assessment is described in 11.11 Medication Management.*

Key elements of the assessment process are:

- If the client has been assessed by ACAT, the ACCR is obtained by the Home Care Co-ordinator and used as a guide in ensuring that the support plan meets the assessed needs.
- Clients are assessed within a timeframe that suits both parties
- An assessment interview time is arranged by telephone by the Home Care Co-ordinator, RN or EN at the client's home and includes an invitation for the client's representative to be present if required or desired. If it is identified that the client has special needs (speaks a language other than English, has a sensory loss such as a hearing or vision impairment, or has dementia or any other special need) the Home Care Co-ordinator, RN or EN makes the necessary arrangements to ensure these special needs are considered. For example, an interpreter and information in the client's language is sourced for clients who are culturally and linguistically diverse. (See also 4.2 Clients with Special Needs)

- The assessment includes:
  - The client's living situation – who lives with them, do they have anyone to support or assist them, the living environment, safety concerns (including the completion of a Home Safety Checklist (HS06) signed by the client/representative)
  - A Client Information and Assessment Form (HS13)is completed to collect personal details and other relevant contact details. Annexure E is completed to determine what the client can achieve independently and what they require support with, for example, housework, mobility and history of falls, walking, shopping, personal care etc
  - An Income Assessment (if required)
  - Consent to share information with others from client/carer
  - Consultation or referral to other services – e.g. other allied health (if required)
  - Inclusion on the waiting list if appropriate level of support cannot be offered at this time

Home care packages assessment considerations

In addition to the assessment processes described above, the following are completed for home care package clients:

- The identification of the client's complex care needs, medical issues and medications and whether medication support or administration is required
- The provision of equipment or other appropriate supports
- Completion of a CDC Agreement (the client is not required to sign the CDC Agreement; however our organisation must negotiate the type and frequency of support with the client and document in the client's record that the client refused to sign the agreement.)
- Provision of a care/support plan and individualised budget with the CDC Agreement.

10.2.3 OUTCOMES OF ASSESSMENT

Following the assessment, the Home Care Co-ordinator returns to the office and discusses the client's needs with the relevant staff, a support plan is developed and a schedule of supports is determined. The Home Care Co-ordinator then contacts the client to provide them with information regarding delivery of the supports (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 (and only able to stay for their allocated time, unless otherwise discussed and agreed prior with Coordinator).

The following situations apply:

Person eligible for HCP and support can be provided

If a person is assessed to receive support:

- The person is advised that they can receive support (they are advised that the decision is discussed with the relevant staff and they will be contacted shortly to verify this)
- Options for support are explained and the support proposed is decided in consultation with the client/representative
- The person is advised that they have the right to refuse a service and refusal will not affect future access to support
- The person is made aware of the information in the Client Handbook.

Person eligible but there is a waiting list for support

If a person is eligible for support but it cannot be provided as there is a waiting list:

- The person is advised that they can be placed on a waiting list and are given an idea of the approximate waiting time. The waiting list is maintained by the Home Care Support Officer and monitored by the Home Care Coordinator.
- The person is advised that their case is reviewed every six months 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 the decision.

Refusal of support - person not eligible

If support is refused because the person is not eligible or their 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 appropriate service or for an ACAT assessment
- Information is provided on when, and under what circumstances the person could reapply to us 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 on their ACCR and filed.

10.2.4 REVIEW OF COMPLETED ASSESSMENTS

The Home Care Co-ordinator discusses completed assessments with the relevant staff as appropriate, and once supports are determined, information about the required supports are provided to the support workers.

The Home Care Co-ordinator ensures that Care and Support Plans, and other relevant documentation, are developed and kept in the client's records and in the client's home (Care Plan Folder). Summary of client assessment is recorded by coordinator in eHCP.

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

HC10.3 Monitoring Assessment Processes

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