

GLEN INNES SEVERN COUNCIL



LIFE CHOICES – SUPPORT SERVICES PROCEDURE MANUAL

Date of Version:	What is new?
23 April 2009	First Issue
25 June 2009	1.5 Flow Chart of the Aged and Disability Services Procedure Manual 2.1.1 Tendering 2.4 Case Management/case coordination/community assistance 2.5 Equipment purchases for clients 2.6. Food thermometer calibration 2.7 Client Satisfaction 3.1 Document Control
7 June 2010	1.2 Flow Chart 1.5 Flow Chart of the Aged and Disability Services Procedure Manual 2.1.2 Notification of Funding Agreement 2.3 Intake 2.3.2 Intake /Community Assistance 2.3.3 Intake for Aged Care Client Record 2.4.2 Community Assistance 2.4.3 Aged Care Client Record
23 June 2011	1.2 Responsibilities. 1.3 Clause Matrix. 1.5 Flow chart of the Aged and Disability Services Procedures Manual Replace 'FileMaker Pro' with 'Client Database' throughout. Replace 'Management Plan' with 'Operational Plan' throughout. Replace 'Dataworks' with 'Technology One ECM' throughout. 2.3 Intake & Assessment 2.3.1 Case Management and Case Coordination Intake 2.3.2 Intake/Assessment for Community Assistance 2.3.3 Intake for Aged Care Client Record (ACCR) 2.4.1 Case Management/Case Coordination 2.4.3 Aged Care Client Record (ACCR) Waiting List. 2.7 Client Satisfaction 2.8 Complaints, non-conformances, feedback, and continual improvement. 3.2 External Document Control. 3.3 Records Control 3.4 Human Resources 3.4.1 Recruitment and selection. 3.4.2 Induction and orientation. 3.4.3 Employee review 3.6 Meetings
28 July 2011	2.3.3 Intake for Aged Care Client Record (ACCR) 2.4.1 Case Management/Case Coordination

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26 April 2012	1.2 Responsibilities
	1.5 Flow Chart of the Aged and Disability Services Procedure Manual
	2.3. Intake and Assessment
	2.3.1 Case Management and Case Coordination Intake
	2.3.2 Intake/Assessment for Community Assistance
	2.3.3 Intake for Aged Care Client Record
	2.4 Case management/case coordination/Community Assistance/Aged Care Client Record
	2.4.5 Direct Support Services (new section)
	3.4.2 Induction and Orientation
	3.4.3 Employee Review
23 May 2013	1.2 Responsibilities
	1.5 Flow Chart of the Aged and Disability Services Procedure Manual
	2.3.1 Case Management and Case Coordination Intake
	2.3.2 Intake/Assessment for Community Assistance
	2.4.1 Case Management/Case Coordination
	2.4.4.1 Acceptance of Contractor Invoices
	2.4.4.5 Direct Support Services
	2.6 Food Thermometer Calibration
	2.7 Client Satisfaction
	2.8 Complaints, Non-conformances, Feedback, and Continual Improvement
	3.1 Document Control
	3.4.3 Employee Review
	3.6.1 Monthly Team Leader Meetings
	3.6.3 Monthly Staff Meetings at NCC and Garden Court
22 May 2014	Change Aged and Disability Services throughout the Manual to Life Choices – Support Services
	Changes to Responsibilities Chart to currently approved structure
	1.5 Update of staff meeting schedule to reflect co-location of LC-SS Team
	Replacement of 'Intake Coordinator' with ' Administration and Intake Team' throughout the document
	2.3.1 Inclusion of the phrase 'by consumer choice and selection as long as there is capacity.'
	2.4.3 Removal of consumer from waiting list with consent after refusing an HCP three (3) times
	2.4.5 Detail added to Direct Support Services procedures to facilitate more efficient service delivery
	Replace Community Aged Care Package(s) (CACP) with Home Care Package(s) (HCP) throughout the document
	'Case Manager/Management' and 'Case Coordinator/Coordination' have been replaced with 'Support Facilitator/Facilitation' throughout the document, to reflect the changes in Aged Care Services and Disability Services
	The words 'Local' and 'Regional' have been included in the titles of the Support Services supervisors to distinguish those responsible for Glen Innes Severn services from those responsible for the wider region

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	The titles of 'Generalist Support Workers' has been changed to 'Activity Support Workers'
	2.7 Changes to the wording of the Consumer Meetings to reflect co-location and other name changes
	2.8 Addition of Register of Complaints
	3.1 Change of review requirements to three (3) years to align with Review Date and Council policies
	3.4.3 Addition of Training Register
28 May 2015	'Client' has been replaced with 'consumer' throughout document
	1.2 Responsibilities - updated
	1.3 Clause matrix – reviewed and updated
	1.5 Flow chart - reviewed and updated
	2.2 Planning - inclusion of annual planning for existing services
	2.4 Support Facilitation/Community assistance/Aged Care Client Record – all subsections reviewed and updated
	2.4.4.1 Consumer service account payment has been changed to outline the improved process
	2.5 Equipment purchases for consumers
	2.8 Complaints, non-conformance, feedback and continuous improvement - revised
	3.0 Renumbering of section to include new section
	3.2 Internal document control and renumbering in section
	3.5.1 Recruitment and selection – reviewed
	Footer - Reference number allocated
26 May 2016	1.1 Scope
	1.2 Responsibilities updated to align with staffing roles following restructure (Stage 1)
	1.3 Clause matrix – reviewed and updated
	2.3 Intake and Assessment – reviewed and updated
	2.3.1 Intake and service coordination for Respite reviewed
	2.3.2 Intake for HCP and CHSP amended
	2.3.3 ACCR reviewed and removed
	2.4 Support Facilitation updated to include CHSP
	2.4.3 ACCR Waiting list - removed
	2.4.5 Direct Support Services – minor amendments
	2.5 Equipment Purchases for consumers - reviewed and updated
	3.6 Internal Audits amended to reflect Administration and Quality Officer role
	3.7 Meetings - reviewed and updated
	Footer – Version Control attended

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1.0 INTRODUCTION

1.1 Life Choices – Support Services Operational Context

Glen Innes Severn Council provides Community Services across a sub-region encompassing the Local Government Areas of Glen Innes Severn, Inverell, Tenterfield and Gwydir. The Community Services listed below are sponsored and managed by Council and funded through various State and Commonwealth Departments.

1.1.1 Services

- Children and Family Services
- Youth Services
- Life Choices - Support Services

1.1.2 Stakeholders

Life choices – Support Services is conscious of its responsibility to provide a high quality service to the many individuals and organisations supported. The stakeholders include:

- Consumers e.g.:
 - People who are older;
 - People who have a disability;
 - Aboriginal people;
 - Carers;
- Council;
- Various funding bodies;
- Community members;
- Third party service providers.

1.1.3 Economic and Political Climate

Changes in government or government policy that affect funding may cause Life Choices – Support Services to change its procedures and policies. Much of the funding for Life Choices – Support Services changed during the 2016/17 financial year from block funding (where Council received a block allowance) to individualised funding under the NDIS (National Disability Insurance Scheme) and the Home Care Package system. The new funding arrangements provide greater choice and accountability for consumers but potentially destabilises the Life Choices – Support Services revenue base.

1.1.4 Geography

Historically, Life Choices – Support Services has serviced a large geographic area covering the whole New England region and the sub-region described above. This is now unsustainable for Life Choices – Support Services due to the introduction of the NDIS and a decision has been made to only provide NDIS services in the Glen Innes Severn **Local Government Area (LGA)**. It has also been decided that whilst continuing to service existing consumers in the Gwydir area, no new consumers will be accepted in this area due to the additional burden of staffing, travel time and costs.

1.1.5 Governance

Life Choices – Support Services must operate within a framework of legislative requirements and standards including those contained in the following documents:

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- Local Government Act 1993
- Aged Care Act 1997
- Disability Inclusion Act 2014
- Home Care Common Standards
- National Standards for Disability Services
- WHS Act 2011
- WHS Regulation 2011
- Council By-Laws

The Manager of Community Services is responsible for ensuring that Life Choices – Support Services operates within the Glen Innes Severn Council governance framework.

1.2 Scope

To provide support services, including brokered services, enabling people who are older, people who have a disability, and their carers to remain at home and to be as independent as possible.

1.3 Leadership

The provision of quality services is the responsibility of all staff commencing with the Glen Innes Severn Council General Manager who takes overall responsibility.

He is assisted in that responsibility by the Director of Corporate and Community Services, the Manager of Risk and Compliance and the Manager of Community Services.

Risk management and the effectiveness of the quality management system is monitored and actioned at all levels of Council.

Responsibilities for the various processes are outlined in sections 2 and 3 of the Life Choices - Support Services Procedure Manual.

1.3.1 Management Representative

The Management Representative for the Life Choices – Support Services Procedure Manual is the Manager of Community Services.

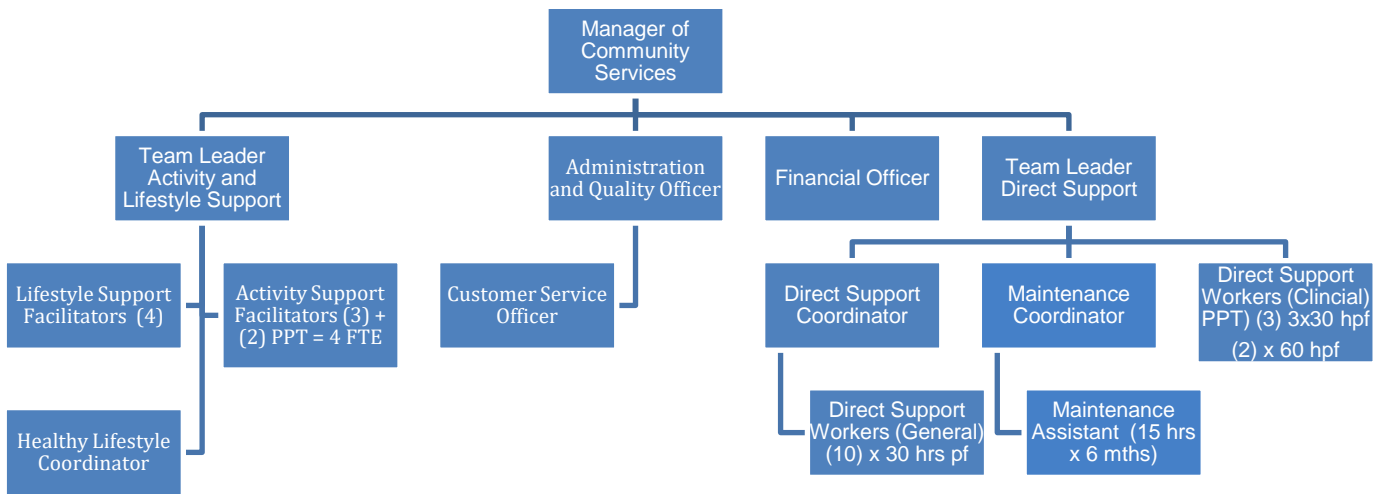
The role of the Management Representative is to ensure the Life Choices – Support Services Procedure Manual is developed and maintained, and to regularly report the effectiveness of the Quality Management System. Among the roles of the Management Representative therefore are the achievement of all Quality objectives and the management of Internal Audits and reporting audit results.

The Management Representative also is actively involved in the development of Quality, Safety and Environmental Policy.

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1.3.2 **Organisational Chart**

Life Choices - Support Services



There are 22.91 full time equivalent (FTE) staff.

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1.4 Quality Policy and Objectives

1.4.1 Quality Policy

Life Choices - Support Services Quality Policy supports the Glen Innes Severn Council Mission Statement and Vision. Life Choices - Support Services is committed to providing quality services that provide maximum independence, advocacy where needed, are purposeful, person-centred, and respectful of the rights and dignity of all consumers.

Life Choices - Support Services is committed to:

- Implementing, developing and maintaining systems that meet the requirements of International Standard ISO9001:2015, all statutory requirements, codes of practice, industry standards, guidelines and contractual requirements;
- Maintaining a strong reputation of loyalty, integrity and discretion in all business operations;
- Demonstrating professionalism at all interactions with all stakeholders;
- Maintaining ethical standards in all operations;
- Developing, implementing and maintaining procedures that identify, and manage risks.

Strategies will include:

- Establishing measurable objectives and reviewing performance against objectives in quarterly **Management Review Meetings**;
- **Statistical reports** will be created and reviewed in the quarterly Management Review Meeting to monitor trends. Root causes of issues will be determined and **preventative and/or further corrective actions** will be determined, assigned to responsible officers and implemented;
- Providing ongoing quality management system training and skills development training to all Life Choices - Support Services employees;
- Consulting with all stakeholders to improve the effectiveness of the Quality Policy and management system;
- **Communicating the Quality Policy** to Life Choices - Support Services consumers and Staff through regular engagement;
- Reviewing the effectiveness Quality Policy annually along with the total range of policies prior to the annual **Internal Audit** with the staff;
- **Reviewing the effectiveness of the overall Quality Management System** annually prior to the Internal Audit.

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1.4.2 Quality Objectives

The quality objectives for the 2017 calendar year and ongoing are as follows:

- **Customer Surveys will be conducted annually and reported to all relevant stakeholders;**
- **All consumers will operate within their budget;**
- **All consumers are happy with the assigned support staff;**
- **All services shall be delivered within 30 minutes of the agreed time;**
- **All vehicles will be maintained in accordance with manufacturer’s specification.**

Achieving these objectives is the responsibility of all Staff. Training on quality objectives is provided to Staff in regular meetings and expectations are outlined in the induction training for all new employees. The Management Representative monitors our progress towards our objectives and ensures that any deviations are actioned.

1.5 Clause Matrix

Clause In ISO 9001:2015	Where addressed
7.5.3 Documented Information	3.1 Document control, 3.2 Internal document control, and 3.3 External document control, 3.4 Records control
5.2.1 Quality policy 6.2 Quality Objectives and Planning to Achieve Them	<ul style="list-style-type: none"> • 1.3 Policies and Objectives • See Life Choices - Support Services Mission, Vision and Objectives
6.2 Quality Objectives and Planning to Achieve Them 6.3 Planning of Changes 8.1 Operational Planning and Control	<ul style="list-style-type: none"> • A Ten Year Community Strategic Plan for Council is developed every ten years following consultation with community and needs groups • A four (4) year Delivery Program (2017-2021) • A four (4) year Disability Inclusion Action Plan (2017-2021) • An Operational Plan is developed annually by Council. This plan is informed by the Community Strategic Plan, the Delivery Program and the Disability Inclusion Action Plan.
5.3 Organisational Roles, Responsibilities and authorities	<ul style="list-style-type: none"> • See position descriptions and organisational chart • Responsibilities are also documented throughout the procedures <p>The Management Representative for the Life Choices – Support Services Procedure Manual is the Manager of Community Services.</p> <ul style="list-style-type: none"> • The role of the Management Representative is to ensure the Life Choices – Support Services Procedure Manual is developed and maintained, and to regularly report to senior management on the effectiveness of the Life Choices – Support Services Procedure Manual. The main responsibility of the Management Representative is therefore to ensure internal audits are performed and effective.
7.4 Communication	3.7 Meetings
9.3 Management review	3.7.2 Management Review Meeting

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Clause In ISO 9001:2015	Where addressed
7.1.6 Organisational Knowledge 7.2 Competence	3.5 Human resources
7.1.3 Infrastructure 8.5.1 Control of Production and Service Provision	Addressed in Management Review Meeting (See 3.7.2 Management Review Meeting), the Community Strategic Plan and the Operational Plan
8.1 Operational Planning and Control	2.2 Planning
8.2 Requirements for Products and Services	2.1 Tendering and agreement
8.3 Design and Development of Products and Services	Exclusion to ISO 9001: Design and development is not applicable to Aged and Disability Services
8.4 Control of Externally Provided Products and Services	2.4 Support Facilitation
8.5.1 Control of production and service provision	2.4 Support Facilitation
8.5.2 Identification and traceability	2.4 Support Facilitation
8.4 Control of Externally Provided Products and Services 8.2.1d Handling or Controlling Customer Property 8.5.3 Property Belonging to Customers or External Providers	No specific procedure exists that addresses the issue of Customer Property clause. Any complaints related to damaged consumer property would be handled as per 2.8 Complaints, non-conformances, feedback, and continual improvement
8.5.4 Preservation	See food preparation policies and procedures
7.1.5.2 Measurement Traceability	2.6 Food thermometer calibration
9.1.2 Internal Customer Satisfaction	2.7 Consumer satisfaction
9.2 Internal Audit	3.6 Internal audits
9.1 Monitoring, Measurement, Analysis and Evaluation	2.4 Support Facilitation
8.7 Control of Non-Conforming Outputs	2.8 Complaints, non-conformances, feedback, and continual improvement

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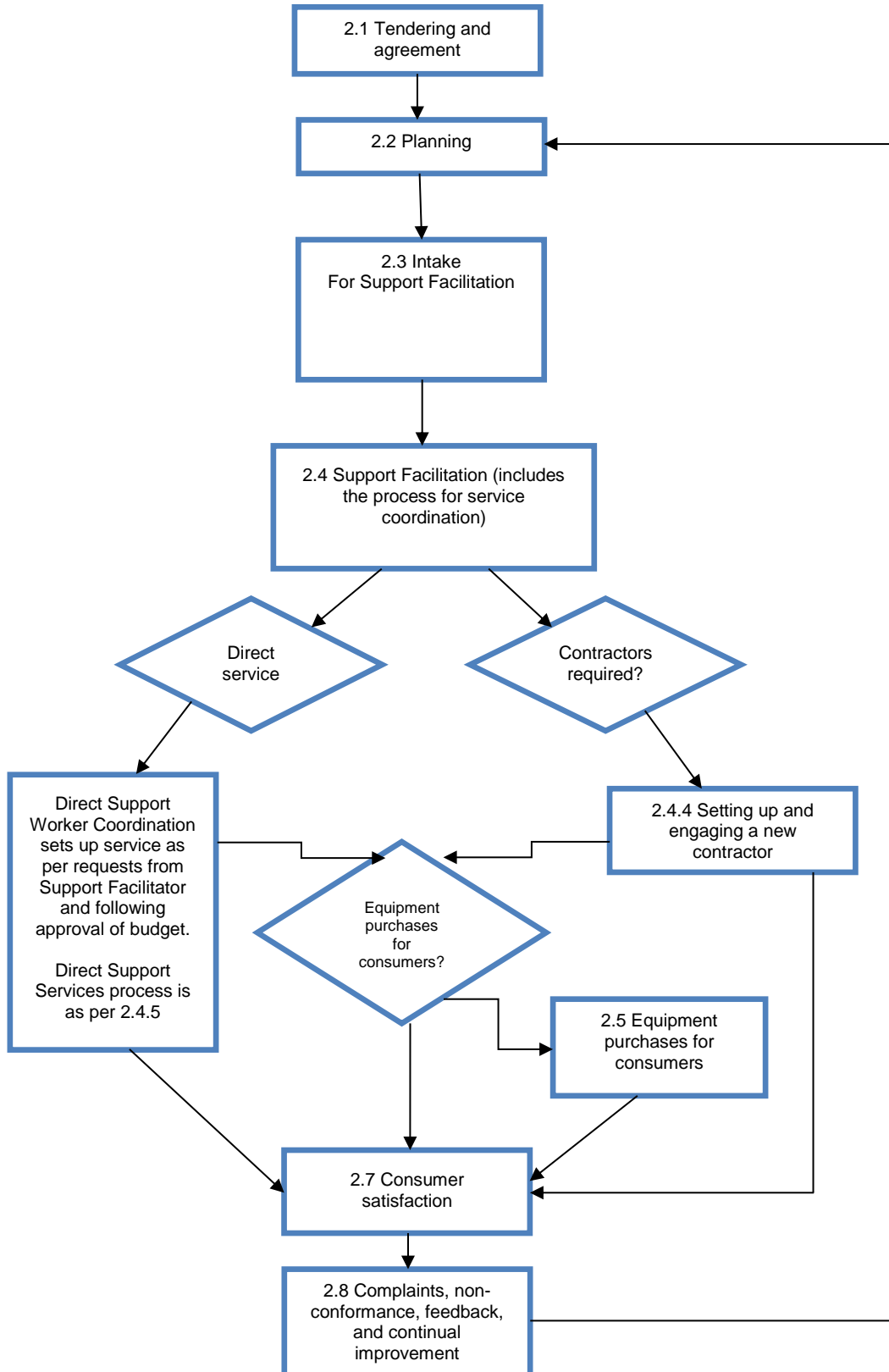
Clause In ISO 9001:2015	Where addressed
9.1.3 Analysis and Evaluation	2.8 Complaints, non-conformances, feedback, and continual improvement and 3.7 .1 Staff meetings
8.5.1 Continual improvement	2.8 Complaints, non-conformances, feedback, and continual improvement
8.5.2 Corrective action and 8.5.3 Preventive action	2.8 Complaints, non-conformances, feedback, and continual improvement

1.6 Overview of the Life Choices – Support Services Procedure Manual

Section name	Brief Description	Section headings	Persons relevant to
1.0 INTRODUCTION	Provides a brief overview of the sections of the Life Choices - Support Services Procedure Manual. This section also was designed to meet clause 4.2.2 of ISO 9001	1.1 Scope 1.2 Leadership 1.3 Policies and Objectives 1.4 Life Choices Operational Context 1.5 Clause matrix 1.6 Overview to the LC-SS Procedure Manual 1.7 Flow chart of the LC - SS Procedure Manual	All staff and management
2.0 OPERATIONS	This section describes the main processes of Life Choices – Support Services commencing from tendering through to the support facilitation and billing process	2.1 Tendering and agreement 2.2 Planning 2.3 Intake and assessment 2.4 Support Facilitation 2.5 Equipment purchases for consumers 2.6 Food thermometer calibration 2.7 Consumer satisfaction 2.8 Complaints, non-conformance, feedback, and continual improvement	All staff and management
3.0 SYSTEM MANAGEMENT PROCEDURES	The section contains procedures relevant to management system standards such as ISO 9001 e.g. internal audits and document control	3.1 Documented Information 3.2 Internal document control 3.3 External document control 3.4 Records control 3.5 Human resources 3.6 Internal audits 3.7 Meetings 3.8 Risk Management	Management Representative, Manager of Community Services and Administration and Quality Officer

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1.7 Process Flow Chart



- Throughout this process:
- ❖ Records control is as per Section 3.4
 - ❖ Recruitment and selection and employee reviews are performed as per Section 3.5
 - ❖ Internal audits are performed annually as per Section 3.6
 - ❖ LC-SS staff meetings are held monthly as per Section 3.7.1
 - ❖ Management review meetings are held annually as per Section 3.7.2

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2.0 OPERATIONS

2.1 Tendering and agreement

Responsibility: Manager Community Services (MCS)

2.1.1 Tendering

1. A **tender is received** from the funding agency **and reviewed**;
2. A **plan of how to deliver the required services is discussed with consideration given to expenses, capacities and resources**;
3. A **risk assessment is carried out using the relevant documents**;
4. **If a financially viable tender opportunity, an application is completed** and checked;
5. **Approval of the tender submission is by signature** of the key personnel as appropriate;
6. The Manager of Risk and Compliance checks responses prior to submission;
7. **The tender is submitted to the agency on time.**

2.1.2 Notification of Funding Agreement

1. If the **tender is successful, a funding notification or a funding agreement**, as appropriate, is received and reviewed.
2. **If a funding notification is received, the MCS reviews current capabilities.** The Grants Officer prepares an overview of the grant. **If a decision is made to proceed, the MCS and Grants Officer** prepare and submit an application.
3. If a funding agreement is received:
 - a. **The funding agreement is reviewed in Council meeting**;
 - b. **If accepted, the funding agreement is signed and sealed** and returned to the agency for countersigning and return;
 - c. The returned funding agreement is distributed:
 - I. **The agreement is scanned into Councils Records Management System**;
 - II. **The original agreement is filed by the Records Supervisor.**

Note: **If a variation to the funding agreement is received, repeat these steps.**

2.2 Planning

Responsibility: Director Corporate and Community Services, Manager Community Services, Supervisor, Communication and Committees Liaison Officer

For a new service:

1. The commencement date is identified and the service is resourced accordingly.
2. If a new service:
 - a. Documentation appropriate to the new service is prepared;
 - b. Promotion media is prepared by the Supervisor and reviewed/approved by Director of Corporate and Community Services and the Communications and Committees Liaison Officer;
 - c. The new service is promoted accordingly through distribution and networking as appropriate.

For an existing service, the following takes place at least annually:

1. Review performance of existing service against agreed funding requirements, measures and deliverables;
2. Alignment of continuous improvement activities for inclusion of any changes;

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3. Confirm documentation is appropriate for continued delivery of the service;
4. The service is promoted accordingly through distribution and networking as appropriate.

2.3 Intake and assessment

2.3.1 National Disability Insurance Scheme (NDIS)

Responsibility: Administration and Quality Officer, Lifestyle and Activity Support Facilitators

1. Consumer information is recorded on a **Service Agreement for NDIS Funded Supports**
2. The consumer is set up in the consumer database, **FileMaker Pro (FMP)**;
3. Written **consent** is contained within the Service Agreement for NDIS Funded Supports
4. The Life Choices – Support Services (LC-SS) **Pre-Visit WHS Form** is completed, **Risk Assessment Table**;
5. **Venue Risk Assessments** and / or a **Workplace Review WHS assessment may be required** in accordance with the **Risk Assessment Table**;
6. All forms are scanned into FMP and attached to consumer notes.

Note: In many instances there is no funded support facilitation with LC-SS for NDIS consumers.

2.3.2 Intake for Commonwealth Home Support Program (CHSP) or Home Care Packages (HCP)

Responsibility: Lifestyle and Activity Support Facilitators

1. A consumer is assessed by **My Aged Care (MAC)** for eligibility of program and referrals are received via MAC portal;
2. LC-SS staff may assist a consumer to access MAC if they present to LC-SS;
3. Consent by consumer is by signature on the relevant **Commonwealth Home Support Program Intake/Assessment Form** (White) or the (Green) **HCP Assessment/ Reassessment/Consent Form** incorporating a person-centred profile;
4. The relevant **WHS Form/s** is completed if required as per the Risk Assessment table;
5. The consumer is set up in FMP incorporating information from the **My Aged Care Assessment** and the LC-SS assessment documents (green or white);
6. An electronic care plan is completed with consumer agreement and choice;
7. All forms are scanned into FMP and attached to consumer notes.

2.4 Support Facilitation

Responsibility: Lifestyle and Activity Support Facilitators

2.4.1 Support Facilitation

A Support Facilitator is allocated to the consumer by the Supervisor:

1. The Support Facilitator sets up the **Support Plan/s** in **FMP** with the consumer and within the confines of the funding agreement. **Home Care Packages (HCP's) consumers need to sign an agreement in relation to their services.** A pre-visit WHS also will be completed by the Support Facilitator.
2. The consumer and Support Facilitator discuss who will provide the direct services:
 - a. If a contractor is needed, the appropriate contractor is selected and engaged by an Individual Service Agreement (see also 2.4.4 Setting up a new contractor):

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- i. Service agreements up to \$10,000 must be approved by the signature of a delegated person;
 - ii. Service agreements above \$10,000 must be approved by signature of the Director of Corporate and Community Services;
 - iii. The contractor must perform a **WHS inspection** and provide a **copy to Council**.
 - b. If Council's direct support staff are to be used, a **Workplace Review WHS assessment** is completed as per the Risk Assessment Table and the Team Leader Direct Support is advised that the **Consumer Service Detail (CSD)** is complete and ready for progression (See 2.4.5).
3. The direct service commences. The Support Facilitator supports the consumer in meeting Care Plan goals. The Support Facilitator:
 - a. Keeps records of progress and visits in FMP as case notes;
 - b. Updates the Care Plan and Support Plan/s as needed;
 - c. Pertinent correspondence and documentation is scanned and saved into FMP and attached to the relevant case note.
4. The Support Facilitator contacts the consumer by phone:
 - a. Case notes of the visits are kept in FMP;
 - b. HCP and Individually funded consumers – as agreed by consumer/as initiated by consumer and visits for agreed reviews (minimum annually);
 - c. CHSP – as agreed by consumer and Support Facilitator with a minimum annual service review including care plan, support plans and consent;
5. Service must be reviewed within **three (3) months** and a re-assessment completed annually.

2.4.2 Commonwealth Home Support Program

1. The service commences. The Support Facilitator supports the consumer in meeting Care Plan goals. The Lifestyle or Activity Support Facilitators or Healthy Lifestyle Coordinator:
 - a. Will keep records of progress and visits in FMP as case notes;
 - b. Updates the Care Plan and Support Plan annually (electronically);
 - c. Obtains pertinent documentation (relevant WHS Form if applicable) and scans and saves into FMP;
 - d. Group risk assessments and/or venue risk assessments are completed as required as per the Risk Assessment Table.
2. Contact will be consumer initiated and may be recorded in FMP or on day sheets;
3. With centre based services, **day sheets are kept as a record** of the last 12 months of attendance and monies paid.
4. Service must be reviewed and a re-assessment completed annually using the relevant Commonwealth Home Support Program form.
5. When a consumer exits the program, if there is no likelihood of re-entry, electronic files are filed as per Council's archiving policy and procedure.

2.4.3 Contract Renewal

The new service agreement is prepared based on current needs identified in the consumer support plan. The service agreement is approved as per Section 2.4.1.

Individual service agreements must be renewed annually.

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2.4.4 Setting Up a New Contractor

Responsibility: Team Leader or Manager of Community Services, Purchasing & Procurement Officers, WHS Coordinator

1. Preferred contractors are approved by Council following an open tender process as per NSW Government Tendering Guidelines, in compliance with our Procurement Policy, where necessary.
2. Exceptions to the open tender process may be approved for contracts with other Councils, statutory bodies, or for specialist services, as per the Department of Local Government Tender Guidelines.
3. Signed contracts by successful tenderers are executed by signature of the relevant Council representative and Council seal on an agreement.
4. The contractor receives one (1) copy of the agreement and the other copy is filed by Records.
5. The vendor panel is reviewed every 12 months as per **vendor and contractor review instructions** by the Purchasing and Procurement Officer. The WHS Coordinator ensures the online WHS Orientation takes place every two years for all contractors.

2.4.4.1 Consumer Service Account Payment

1. Account is received by administration staff and an order is requested. Approval to pay is by signature of a delegated person (within delegation limit).
2. The Support Facilitator will:
 - a. Match tax invoices received against the Support Plan;
 - b. Resolve any discrepancies;
 - c. The tax invoices are then given to the Team Leader Activity and Lifestyle Support
3. The Team Leader Activity and Lifestyle Support checks the cost number, and if correct approves, prints and signs the order and attaches the tax invoice;
4. Account is given to Financial Officer who signs after checking:
 - a. That the invoice is an original and has not been paid before;
 - b. That the cost has been entered into FMP and accounted against the consumer's funding;
 - c. Checks that the order has the correct creditor, description, and is costed to the correct cost number.
5. If the invoice matches the Support Plan, and has been signed by both the Financial Officer and the delegated person then the Administration and Quality Officer:
 - a. Scans the document in FMP;
 - b. Creates the case note and attaches the invoice (this is also put into the creditors folder in J:Drive);
 - c. Finalises the note and sends to Creditors for payment.

This procedure will apply to all consumer service accounts from service providers with whom a Service Agreement is in place.

This procedure will not apply to one off equipment or other purchases where normal procedure is to obtain an order number from Practical Plus prior to purchase. This procedure will not apply to Service Providers who provide invoices for bulk services to more than one consumer.

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2.4.4 Direct Support Services

Person responsible: Team Leader Direct Support and Direct Support Coordinator

- **Availability of staff for service** is checked via email from the Support Facilitator to Direct Support Worker Coordination (DSWC). This DSWC email address has been established for all operational matters and goes to both the Direct Support Team Leader and the Direct Support Coordinator in order to reduce the risk of missed information;
- The Support Facilitator or person requesting the service attaches a completed **Consumer Service Detail (CSD) form** to a case note and then emails (from consumer note) to the Team Leader Activity and Lifestyle Support who reads the CSD and approves budget capability;
- Input may be sought from the Financial Officer if further clarification is required;
- The Team Leader Activity and Lifestyle Support emails back and the Support Facilitator emails DSWC;
- DSWC, checks the CSD and returns to the sender if any relevant information is incomplete;
- The checked CSD information will then be added to the next roster;
- Should the service involve an outing to a specific venue, the Support Facilitator will ensure that a current **Venue Risk Assessment** is available and the Direct Support Services Coordination will ensure that the direct support worker has access to current copies of relevant venue risk assessments, to facilitate consumer choice.

Note: The normal service week commences each Saturday. CSD's must be received by midday Tuesday for service to commence in the following week.

Note: If the service cannot commence for any reason, the DSWC will notify the Support Facilitator in an email (from a consumer note) no later than Thursday afternoon of that week. Weekly rosters will be completed and provided to the Direct Support Workers by Thursday of each week. Only urgent services will be considered for rostering after midday Tuesday for the days remaining that week.

- The person requesting a new consumer service will add 15 minutes to the start time of the first scheduled service for the Direct Support Worker to complete the **Workplace Review** (if not already completed by the Support Facilitator). If any WHS risks are identified and cannot be resolved using the 'quick fix' method, the service is to be postponed by the Direct Support Worker pending resolution of the issue or issues. The Direct Support Worker will then communicate the problems to DSWC;
- At the commencement of every **new service the Direct Support Worker will use the iPad to complete a consumer note outlining and raising any issues.** If when completing the note, the Direct Support Worker believes there is a risk to the consumer and/or worker they will call DSWC immediately for advice and will act in accordance with that advice;
- On completion of each service, the **Direct Support Worker will complete the note via the iPad and sign with their electronic signature.** DSWC will then action where necessary. It should be **high-lighted when there is a consumer matters which are of an urgent nature, or an incident or an element of service provision not included in the CSD.** These notes **must be progressed to DSWC for immediate attention.**

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- The consumer note facility on the iPad must only be used for relevant consumer notes. The Direct Support Workers will use the 'Mail' icon on their iPad for all other email correspondence;
- If at any time during a service the **consumer requests a variance** from their normal service provision, the Direct Support Worker will make a decision regarding said request. If the request is for a service change which incorporates another service type usually supplied to that consumer, the Direct Support Worker will accommodate said request and advise DSWC via email of the alteration. DSWC will then enter the information via a consumer note so as any trends can be monitored.
- If the **consumer appears ill or injured when the Direct Support Worker arrives, or if they deteriorate during the scheduled service the Direct Support Worker must ring 000, manage the situation according to their First Aid training and as soon as possible contact the DSWC or the LCSS Office to advise.** If it is the assessment of the Direct Support Worker that the consumer is suffering an illness or injury they will advise the consumer they are telephoning the Ambulance as it is their Duty of Care rather than question the consumer if they will agree to Ambulance attendance or not.
- **Any changes to, or cancellations of active CSDs are to be notified as soon as possible to DSWC** (from Consumer note) and receipt of information will be acknowledged in an email (from consumer note) by DSWC.

Note: Notifications for changes should reach the DSWC not later than midday Tuesday for services commencing in the following week. Cancellations should be received prior to 1500hrs the day before said cancellation so as the Direct Support Workers can be advised.

- It is the responsibility of the person requesting service provision to **supply updated CSDs** as necessary and the responsibility of the DSWC to update current CSDs in Rostrit to ensure that correct information is made available to staff.

2.5 Equipment purchases for consumers

Responsibility: Finance Officer, Support Facilitators

1. If **equipment is over \$2,500 two (2) written quotations** are required as per Procurement Policy wherever possible.
2. Supplier and product is selected based on the procurement policy, availability, funding agency requirements, needs assessment, and price. **Specialised purchases where two (2) quotes aren't available must have the reason documented and signed in the 'Special Instructions' box on the purchase order.**
3. A **purchase order is raised** by the Administration and Quality Officer.
4. Product is **checked against the purchase order and signed by a staff member with the appropriate delegation** if correct. If over \$10,000, the purchase order is signed by the Director of Corporate and Community Services. **Copies of the signed purchase order, quotes received, and the accompanying tax invoice are sent to the Finance Department for payment** and a copy to file.
5. Quote documentation is saved and linked to the electronic quotes page in the Index.

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2.6 Food thermometer calibration

Responsibility: Activity Support Facilitators

Food thermometers are calibrated twelve (12) monthly by an external body. A record of calibration is provided and filed.

Certificates of Calibration are retained on file on J Drive.

When not in use, food thermometers must be protected from damage, by being stored in the case provided.

If the food thermometer was found to be significantly out of calibration, an investigation into the effect this may have had on food safety should commence immediately. Investigation records and the associated corrective actions should be included on the continuous improvement register.

2.7 Consumer satisfaction

Responsibility: All Life Choices Staff

Annual surveys are performed amongst consumers and special needs groups. Information received is collated, analysed, and reported to the Manager of Community Services. Information from the report can be addressed in Council's Operational Plan as appropriate.

Contact is made with consumers of local activity services at a minimum of every six (6) months. Consumer notes are kept.

Periodic payments from the funding body for Life Choices - Support Services are reviewed by the Team Leader/Manager. Any discrepancies or adjustments are resolved.

2.8 Complaints, non-conformance, feedback, and continuous improvement

Responsibility: Supervisors

Consumer complaints of a minor nature at a service delivery level, are resolved by the Supervisor and are recorded in consumer files.

Consumer complaints of a more serious nature, including those against LC-SS staff members or volunteers and the associated actions, are recorded in Council's records management system.

All complaints are 'tasked' to the relevant Director and/or General Manager who ensure that they are closed out after the area of complaint has been settled with the consumer. If unable to be settled, any further actions should also be detailed by the relevant supervisor. A record of the complaint is also kept on the consumers file.

Consumers may also refer complaints to third party agencies.

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Formal feedback on the performance of Life Choices - Support Services can come from:

1. Consumer complaints (see above paragraph);
2. Consumer meetings, funding agency reviews, and annual surveys (See 2.7 Consumer Satisfaction); and
3. Staff meetings (See 3.7 Staff meetings).

Relevant feedback is collated by the team leader for the purpose of identifying emerging trends, including in a Register of Complaints.

Where further corrective or preventive action should be taken in order to prevent the occurrence or re-occurrence of a complaint or problem, the continuous improvement register is completed and should include:

1. The problem, potential problem, or suggestion;
2. Determine the cause of the problem/complaint and record (not required for suggestions);
3. Which Standard the problem/issue relates to (if any);
4. If no further action is required, the line on the continuous improvement register is closed out;
5. If further action is required, identify the appropriate corrective/preventive action is determined and responsibilities and timeframes;
6. The result of the implemented action;
7. If the likelihood of occurrence or re-occurrence has been reduced to an acceptable level, the line is closed out on the Continuous Improvement Register.

3.0 SYSTEM MANAGEMENT PROCEDURES

3.1 Documented Information

Responsibility: Management Representative

The master of the Life Choices - Support Services Procedure Manual is the electronic version which is available on the intranet. A hardcopy is available at Life Choices – Support Services.

The approving authority for the Life Choices - Support Services Procedure Manual is noted in the footer of the manual. The Life Choices - Support Services Procedure Manual is reviewed, at a minimum, every three (3) years as per the Council Policy Register, or otherwise as required.

When changes to the manual are required:

1. Changes are made in consultation with others where appropriate;
2. The footer of the manual is updated;
3. The manual is updated with changes made, commencing at page two (2);
4. The changed document is reviewed annually at team meetings. Team members sign a 'sign off' sheet which is scanned into Council's records management system. The newly signed version replaces the obsolete hardcopy versions. Obsolete hardcopy versions are shredded;
5. A PDF copy of the manual is provided on the intranet by the Records Supervisor.

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3.2 Internal document control

Responsibility: Administration and Quality Officer

Documents residing on individual computer desktops are considered uncontrolled.

All LC-SS forms, information sheets, documents etc. are version controlled. LC-SS final documents are, where possible, available in PDF format so that any changes made are approved prior to use and to minimise the chance of changes made by accident. Changes may not be made to controlled documents without approval of the relevant officer.

Staff are to ensure that all LC-SS documents are accessed via the LC-SS Forms Index. Indexes are not to be altered without approval as per LC-SS document changes protocol. When a document is updated the correct version is the only document listed and linked in the LC-SS Index and Forms Register.

3.3 External document control (e.g. codes and standards)

Responsibility: Manager Community Services and Administration and Quality Officer

Notification of changes to relevant legislation, codes or standards is through our association with the Local Government NSW or Council. Notifications are sent to the General Manager or the Manager of Community Services via email. Other organisations providing notifications of changes include:

- Aged and Community Services Australia;
- Family & Community Services;
- National Disability Services (NDS);
- National Disability Insurance Scheme (NDIS);
- The Department of Health.

If notified of a change to a relevant standard, the responsible officer reviews the changes and implements the changes accordingly, including making changes to procedures, and forms as appropriate.

Information regarding new policies, codes, standards and guidelines is provided through staff meetings, and staff sign off on all Council policies.

Obsolete standards must be deleted, discarded, or kept aside from the current version.

3.4 Records control

Responsibility: Records Supervisor

Records may be archived as needed. Archives are labelled accordingly and recorded in an Archive Register.

When records are due for destruction as per GA 39 (General Authority Local Government Records), the list of records for disposal is sent to the Records Supervisor. Approval for records destruction is by the Records Supervisor as per GA 39. Records for disposal are security shredded.

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Electronic records are backed up daily. This includes all information on the following servers; Client Database (consumer data), Exchange (shared drives, printer drivers), Electronic Document Control (records), and Financial System (financial records).

Emails inbound and outbound are captured and registered by the author for ease of retrieval and dissemination into the Glenn Innes and Severn Council records management system.

3.5 Human Resources

Responsibility: Director Corporate and Community Services/ Manager Community Services/ Team Leaders / Manager Administration and Human Resources / Human Resources Officer (Payroll).

3.5.1 Recruitment and Selection

1. Position Supervisor:
 - a. Reviews the Position Description;
 - b. If the position is a new position or has significantly altered duties, a Job Evaluation will be required. This is a joint process between Human Resources and the position supervisor;
 - c. Receives the amended Position Description when finalised by the Human Resources Officer (Payroll);
 - d. Completes a Position Justification Form;
 - e. Prints the Position Description and Position Justification Form and gives to the Director Corporate and Community Services for approval.
2. When approval is received from the General Manager and Director of Corporate and Community Services:
 - a. A Vacancy Control file is prepared by the Human Resources Officer (Payroll) and will include:
 - i. Recruitment Procedure;
 - ii. Position Justification Form;
 - iii. Copy of Position Description;
 - iv. Advertising Request Form;
 - v. Recruitment Forms.
3. Advertising:
 - a. The **Human Resources Officer (Payroll)** and the **Position Supervisor draft an advertisement** for the position including appropriate wording if the position is child related employment and forwards the approved advertisement with an advertising request form to the Manager of Administration and Human Resources for a quality control check;
 - b. The final advertisement (for external recruitment) will be sent to the **Human Resources Officer (Payroll) to arrange the advertisement.**
 - c. The Human Resources Officer (Payroll) places the advertisement on Council's website and in Ezisuite (Council's online recruitment software). Other advertising may take place in accordance with the Advertising Request.
4. Online Recruitment:
 - a. When the completed position justification, advertisement and advertising request have been the signed off the Human Resources Officer (Payroll) will set up the position on Ezisuite;
 - b. All applicants must submit their application online;
5. **The Panel Convenor prepares an Appointment of Panel form to be approved by the Manager Administration and Human Resources.** After this an initial meeting of the

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- panel occurs and if satisfied the Panel Convenor signs the declaration and returns to the Manager Administration and Human Resources for approval.
6. The Human Resources Officer (Payroll) receives the applications online and after the approval of the panel, gives Ezisuite access to the Panel members.
 7. The selection panel:
 - a. Accesses Ezisuite and Identifies potential employees that meet the requirements including relevant qualifications and shortlists for interview;
 - b. Meets and agrees on applicants to be interviewed;
 - c. Requests Manager Administration and Human Resources to review and approve shortlist, or advise of alternate recommendations;
 - d. McQuaig Assessments are completed for short-listed applicants, results are discussed by panel and final short-listing is undertaken;
 - e. Develops interview questions, taking into consideration any relevant information from the McQuaig assessments;
 - f. Panel convenor organises interviews with candidates then informs the Human Resources Officer (Payroll so the applicants can be notified of an interview date, time, and location (must be given three (3) full days' notice);
 - g. Perform interviews and complete the Panel Final Selection Report;
 - h. Identifies the candidate best meeting the selection criteria and any default nominees. The selected candidate and any default nominees are recorded on the Recommendation for Appointment form.
 - i. The preferred candidate will be contacted by phone and advised that they have been shortlisted to advance to the next stage, as will default nominees; whilst unsuccessful nominees will be advised of their status;
 - j. References are checked using the Telephone Reference Form for the preferred candidate;
 - k. Forwards the file to the Director of Corporate and Community Services for approval;
 - l. The file will be returned to the Human Resources Officer (Payroll).
 8. The Human Resources Officer (Payroll) organises:
 - a. For the preferred candidate to attend a pre-employment medical examination and where required a Functional Assessment;
 - b. Carries out appropriate screening (Australian Police Check and/or Working with Children Check);
 - c. Forwards the file to the Director of Corporate and Community Services for approval;
 - d. Prepares a Letter of Appointment and advises unsuccessful applicants by letter;
 - e. Sends the Letter of Appointment and Position Description to the Director of Corporate and Community Services for approval.
 9. The Director of Corporate and Community Services approves by signing the letter of appointment and Position Description.
 10. The candidate must sign each page of their Letter of Appointment and Position Description to formalise acceptance of the offer of employment.
 11. The supervisor signs the position description on return from candidate.
 12. The new employee completes relevant information including personal details, tax declaration, bank details, contact details, etc.
 13. A personnel file is prepared by the Human Resources Officer (Payroll).

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3.5.2 Induction and orientation

- a. Staff employed undergo an orientation with Council's Work Health Safety Officer on commencement of their duties.
- b. A site-specific induction is held with the new employee under the direction of the position supervisor using the relevant Induction Manual. The Induction Manual is signed off by the employee.

3.5.3 Employee Review

During the first three (3) months of employment, a probation interview is held with the new employee on a monthly basis. Appropriate improvement plans from the review are implemented. Objectives are set at the final probation review and added to new employee personnel file for review by the end of June the following year.

A regular supervision and support meeting is scheduled for each staff meeting with their immediate supervisor, which includes monitoring of compliance, skills assessment updates, and review of annual goals and training.

Each staff member undergoes an **annual performance appraisal/skills assessment** with their immediate supervisor. The **Performance Appraisal** together with **behavioural competency indicators**, as well as any **skill or training updates** is completed in the relevant section of **PULSE** by the staff member and supervisor.

Note: Training needs from these annual performance appraisals/skills assessments help to identify corporate training in Council's Operational Plan. A Training Register is maintained for all staff by the WHS Coordinator and the Human Resources Officer (Payroll). Together, they arrange mandatory training which has been identified and entered in to the training budget.

Note: Information from the performance appraisals/skills assessment is reviewed by the Director of Corporate and Community Services. As appropriate, step increases are approved by the Director of Corporate and Community Services. Payroll is notified of step increases and accompanying pay rises and the personnel file is updated accordingly.

3.6 Internal Audits

Responsibility: Management Representative/Administration and Quality Officer

Internal audits are performed annually in accordance with the **Internal Audit Schedule**.

When an internal audit is due:

1. **The Administration and Quality Officer** prepares **Audit Worksheets**. The Administration and Quality Officer allocates worksheets to auditors that are independent of the process being audited;
2. Each **auditor determines compliance** with the area that they were assigned to by asking questions and sighting records. Information sighted and discussed is recorded on the **Audit Worksheet**;
3. Any areas for improvement are asterisked for later inclusion in the **Audit Report**;
4. At the conclusion of the audit, the Audit Report is compiled by the Administration and Quality Officer and presented in the Management Review Meeting;
5. Actions from the meeting are recorded on the Audit Report;
6. The Management Representative is responsible to follow up the actions from the Audit Report.

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3.7 Meetings

3.7.1 Monthly Staff Meetings for Life Choices – Support Services

Responsibility: Administration and Quality Officer

Standard Agenda Items: Compliance and Complaints; Policy and Procedure information; Records Management; procedures and guidelines and team and program reports and updates. Actions are followed up at each meeting. WHS is always discussed at this time and WHS issues and actions are reviewed.

3.7.2 Management Review Meeting

Responsibility: Manager of Community Services

Management Review Meetings are held at least annually. Attendees at the meeting include the Management Representative, senior staff from LC – SS, the Administration and Quality Officer, the Manager of Risk and Compliance and the Director of Corporate and Community Services if available.

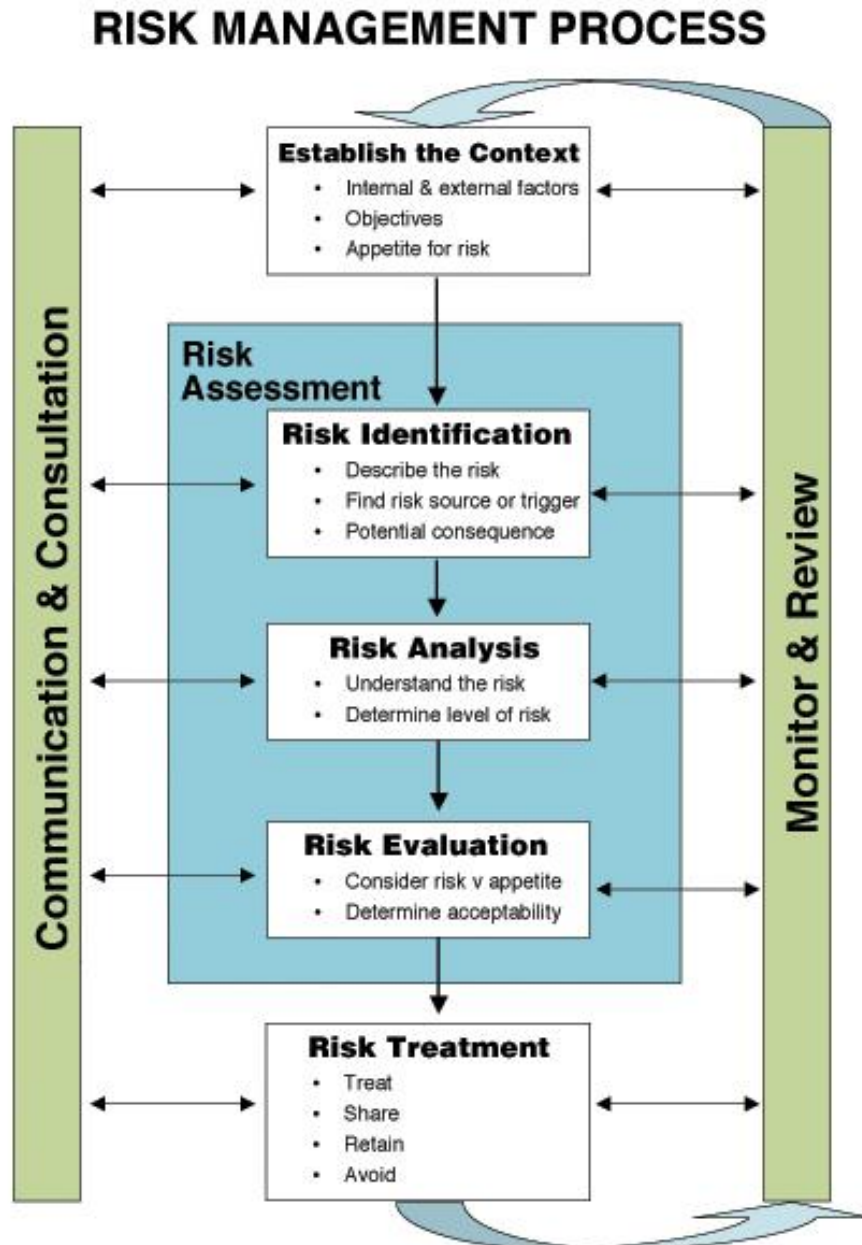
Management Review Meeting minutes are recorded on the Management Review Meeting Minutes form. Actions from the meeting should be closed out as soon as possible. Actions are followed up by the Management Representative.

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3.8 Risk Management

Responsibility: Manager Risk and Compliance (Council), Manager of Community Services

The general risk management process is outlined below and is consistent across council for all issues.



3.8.1 Risk Management Meeting

The Risk Management Meeting is held at least quarterly and discusses all risk management issues. Records of the meeting are retained on file and actions arising from the meeting are entered into to Infocouncil. Notifications of actions and the expected date for completion are distributed by an administrator and follow-up must be recorded in Infocouncil.

Life Choices – Support Services also has identified risks, risk owners, risk controls and risk tasks allocated and monitored in Council’s PULSE Enterprise Risk Management system. These are monitored, evaluated and actioned.

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Risks are identified and managed following the process outlined below:

3.8.2 Risk Assessment

Risk assessments are carried out as outlined in the table below using the documents described in the Risk Assessment Document column:

Service Type	Task	Responsibility	Risk Assessment Document
In-home	Domestic Assistance Personal Care Respite Social Support	<ul style="list-style-type: none"> LC-SS Staff LC-SS Staff 	<ul style="list-style-type: none"> Pre-Visit WHS Form *Workplace Review Form
Meals on Wheels	Delivery of Meals (home)	<ul style="list-style-type: none"> LC-SS Staff 	<ul style="list-style-type: none"> Pre-Visit WHS Form
Maintenance	Internal Maintenance (in a home)	<ul style="list-style-type: none"> LC-SS Staff LC-SS Maintenance Staff 	<ul style="list-style-type: none"> Pre-Visit WHS Form * Internal Maintenance Review Form
Maintenance	External Yard and Garden Maintenance	<ul style="list-style-type: none"> LC-SS Staff LC-SS Maintenance Staff 	<ul style="list-style-type: none"> Pre-Visit WHS Form WHS Maintenance Checklist
Contracted Services	Varied as above	<ul style="list-style-type: none"> LC-SS Staff Contractor 	<ul style="list-style-type: none"> Pre-Visit WHS Form <i>*Contractor supplied</i> Workplace Review Form

*Mandatory when staff are entering for services

Standard **Venue Risk Assessments** forms were developed by NESST (New England Sector Support Team). These forms are used and the assessments are carried out and shared by all NESST affiliates. If there is no shared assessment (current within 12 months) for any facility used by LC-SS staff and clients, a new assessment will be performed.

LC-SS staff are individually assessed by Glen Innes Severn Council's contracted Physiotherapist, to ensure work is carried out in a safe manner and that all staff are managing their risks with appropriate control measures. The **Workstation Assessment** document is used to assess risks associated with office work.

Monthly staff meetings are convened in which WHS issues are discussed and staff are consulted concerning changes and additional control measures. The WHS Coordinator ensures regular training is provided to all staff.

All hazards, incidents and injuries are recorded in SafeHold and appropriate corrective actions are taken. Lessons learned will form the basis of training to be provided.

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GLEN INNES SEVERN COUNCIL

Life Choices - Support Services Procedure Manual

RESOLUTION NUMBER:	MEETING:
15.10/17	26/10/2017
20.07/17	27/07/2017
19.05/16	26/05/2016
15.05/15	28/05/2015
13.05/14	22/05/2014
12.05/13	23/05/2013
17.04/12	22/04/2012
08.06/11	28/07/2011
11.06/11	23/06/2011
19.07/0	07/06/2010



 General Manager

..... 30-10-2017
 Date

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