Transition Care Program Handbook

White Oak Home Care Services

Care Recipient Handbook

Table of Contents

Care Planning

Delivering Support

Cancelling Support

Responsibilities

Privacy and Confidentiality

Advocacy

Your Valuables

What is the Transition Care Program?

The Transition Care Program (TCP) provides short-term care in a community setting (your own home). It seeks to optimise the functioning and independence of older people after a hospital stay.

The TCP is time-limited, goal-orientated and is designed to improve or maintain your independence and confidence after a stay in hospital.

The TCP provides a continuum of care for care recipients who need more time and support to make a decision on their longer-term aged care options. Extra support is provided in your own home to help you:

- with continued recovery
- in transitioning from hospital to home, and
- plan arrangements for the future.

Am I eligible for a TCP?

You may be eligible for TCP if you are:

- Aged 65 years and over or 50 years and over for Aboriginal and Torres Strait Islander people; and
- Are an inpatient in a public or private hospital; and
- Would otherwise be eligible for aged residential care; and
- Have completed your acute or subacute hospital care, including rehabilitation; but
- Need more time in a non-hospital environment to:
    - Complete your restorative process;
    - Optimise your functional capacity and/or
    - Finalise and access your longer-term aged care arrangements.

You are not eligible for Transition Care if you:

- are requiring sub-acute care, including those with a palliative diagnosis and unable to maintain or improve their functioning;
- requiring intra-venous fluids/medications;
- are seeking respite care upon discharge from hospital
- are needing an intensive rehabilitation program;
- are requiring naso-gastric feeding, Total Parenteral Nutrition (TPN) or tracheostomy care;
- are requiring ongoing intervention from the Hospital in the Home service (HITH).

Referral Process

The ACAT team is responsible for conducting a comprehensive assessment of your case and sending their findings and recommendations to the ACAT delegate.

The transition care approval is valid on the date the ACAT delegate signs the approval and then for 28 calendar days after the date of signing. You must enter the program within this four-week approval period.

You have up to 48 hours to commence your TCP episode after discharging from hospital.

What Services Does the TCP at White Oak Provide?

White Oak will endeavour to optimise your independence and wellbeing and provide you with a mix of services that is tailored to your needs.

The assessment processes will:

- allow you or your representative, assisted by your carer/s and family as appropriate, to make informed choices between transition care service options to define and set your goals to optimise your independence and wellbeing.
- include an assessment of your physical, cognitive and psycho-social needs.

You will provided with a multidisciplinary approach with high quality, evidence-based therapeutic services that are focused on maintaining or improving your function in line with your established goals. This is an intense program where you will receive services daily from a qualified team of clinical and allied health specialists.

The assessment processes will include the following:

- assessment of your transition care needs by the multidisciplinary team (MDT) at the beginning of the transition care episode
- use of validated assessment tools deemed appropriate by clinicians/therapists
- a dementia assessment where required
- measurement of a baseline level of functioning using validated assessment tools, and re-assessment of functional performance at pre-determined intervals; and
- evidence of discharge planning throughout the transition care episode.

White Oak will use a collaborative service delivery model that delivers seamless care. Our assessment processes:

- follow agreed protocols for the effective transfer of your information between primary, community, acute and aged care services
- recognise and incorporate hospital assessment, care planning and discharge arrangements, including ACAT assessment and approval recommendations
- enable TCP staff to meet and assess your care needs and the service's ability to meet these care needs prior to your admission into the service, where possible; and
- provide for a verbal as well as a written handover of your information and status whenever you move between or within services, where practical.

As part of the TCP, you will be clinically assessed for a range of services. This may include:

- A case manager to coordinate and keep check on your progress
- Physiotherapy to assist with movement and strength.
- Occupational therapy to improve functional abilities.
- Nursing care to check blood pressure and wound care
- Social work to assist with connections, finances and ongoing care.

- Domestic help to assist with light cleaning, housekeeping, shopping and meal prep.
- Transport assistance to and from medical and other appointments.

TCP staff may provide or assist you to access, other services including:

- Speech Pathology
- Podiatry
- Dietician
- Other services, as required.

TCP does not include the following:

- Gardening or heavier household duties
- Assistance for family members or other household members (TCP Client only)
- Additional financial assistance
- Purchasing or supply of meals / food.

How long can I access the TCP?

The average length of stay is usually about seven (7) weeks, but if required, you can receive care for up to twelve (12) weeks on the program. For the small number of care recipients who require more time in TCP, one extension of up to six (6) additional weeks may be possible if approved by an ACAT.

Care will be provided based on each client's care needs and individual requirements.

When does my TCP end?

You can choose to end the TCP at any time. A TCP can stop when:

- You move away from our service area
- You move into permanent care
- Another agency provides you with the suppor.
- Your needs increase and we are unable to provide the necessary support
- If support is cancelled, the reasons for cancellation will be explained and assistance provided to access other services if appropriate
- You have completed your care plan and goals and no longer require TCP support
- You have been receiving TCP for twelve weeks.
- You are admitted to a hospital or take leave for more than 7 days during your TCP episode
- You need to access respite care
- Your behaviour or home places our staff at risk or prevents the achievement of agreed goals.

Abuse and Neglect

You have a right to feel safe, and to live in an environment where you are protected from abuse or neglect. If you feel that someone related to White Oak has or may abuse you in any of the following ways, contact us immediately and ask to speak to a senior staff person.

Abuse can include:

- Unreasonable use of force or rough handling by staff working with you
- Sexual contact or inappropriate sexual suggestions or conduct
- Psychological abuse to make you feel bad
- Stealing or trying to obtain money from you
- Neglecting your needs or wishes when delivering services to you.

People can be at risk of abuse from family, friends, our staff, other care recipients, or other people. Whilst we are aware that we cannot control all risks to you, we are committed to making sure you are safe in our service and with our staff. We may also be able to assist if you experience abuse or neglect outside of our service.

If you have any concerns about your safety in White Oak or outside, please talk to us as soon as possible. We guarantee your confidentiality as far as possible, and we will only provide assistance or take action that you are happy with.

The national 1800ELDERHelp line (1800 353 374) is available to anyone who wants to talk to someone about potential or actual elder abuse. This service provides information on how to get help, support and referrals.

Security of Tenure for Transition Care Packages

We ensure the security of tenure of service users receiving Transition Care Packages by advising service users when they commence on a package that, at some time in the future, they may not be able to continue on a transitional care package.

We will only support discontinuation of your Transition Care Package if:

- You cannot be cared for in the community with the resources available through the Transition Care Package
- You advise us, in writing that you no longer wish to receive the care
- Your Transition Care Episode has reached its 12 weeks
- You take leave from the program for more than 7 days, either as a total number of while on a active transitional care package or as a continuous period of leave.
- Your condition changes so that:

1. You no longer need home care or;
2. Your needs, as assessed by the ACAT, can be more appropriately met by other types of services or care.

- You do not meet your responsibilities, as described in the Charter of Rights and Responsibilities for Transitional Care, for a reason within your control. If support is discontinued, the reasons will be explained to you and assistance provided to access other services if appropriate.

If you need to transfer to another type of care we ensure a smooth transition by assisting you to contact My Aged Care.

Fees and Charges

All clients are informed of the fee associated with any service at the time of assessment. Clients will be given reasonable notice of any changes to the agency fee statement.

Paying Your Fees

In charging fees, White Oak applies the following principles, consistent with the WA TCP fees policy:

- Payment of a fee that contributes to the cost of a TCP service is only sought from clients who have the capacity to pay
- A client who does not have a capacity to pay will have their fee reduced in accordance with WA TCP Fees Policy

Fee Principles

- Fees will be determined in a way that is transparent, accessible and fair
- Invoices will be provided that are clear and in a format that is understandable
- The period during which fees is charged will not exceed the period during which you were admitted to the program
- Fees charged will not exceed the actual cost of service provision
- Revenue from the fees will be used to enhance and/or explain the TCP services
- Your inability to pay will not be used as a basis for refusing a service to you if you have been assessed as requiring a service
- Procedures for the determination of fees will be clearly documented and publicly available
- The assessment of your capacity to pay fees will be as simple and unobtrusive as possible, with any information obtained treated confidentially
- You and your advocates have the right of appeal against a given fee determination
- If your place is put on hold pending your return then you will continue to be charged during that period.

Invoicing

We require fees to be paid monthly in arrears. We will send your nominated person a Statement of Account during the first week of the month, and payment is due by the end of that month. You can make payment at the White Oak office, by post or electronic funds transfer.

When you begin services with us we will require that you or your Power of Attorney nominate a person to accept responsibility for the payment of your accounts. You and your Power of Attorney, plus your nominated account person, will be required to sign an Account Responsibility Agreement.

We prefer payment by direct debit, however if you require alternative arrangements, please speak to the TCP Coordinator.

Rights and Responsibilities

(as at 1st July 2019)

As a service user you have both rights and responsibilities.

Charter of Aged Care Rights

I have the right to:

- safe and high quality care and services
- be treated with dignity and respect
- have my identity, culture and diversity valued and supported
- live without abuse and neglect
- be informed about my care and services in a way I understand
- access all information about myself, including information about my rights, care and services
- have control over and make choices about my care, and personal and social life, including where the choices involve personal risk
- have control over, and make decisions about, the personal aspects of my daily life, financial affairs and possessions
- my independence
- be listened to and understood
- have a person of my choice, including an aged care advocate, support me or speak on my behalf
- complain free from reprisal, and to have my complaints dealt with fairly and promptly
- personal privacy and to have my personal information protected
- exercise my rights without it adversely affecting the way I am treated.

Your Obligations

- Notifying the provider of any special requirements.
- Caring for your own health and wellbeing as far as you are capable
- Providing information to the provider about your wants and needs
- Refrain from smoking inside whilst TCP staff are in your home
- Respecting the rights of the staff and the provider to work in a safe and healthy environment, free from harassment
- Informing the provider about any required changes to the care plan or agreement
- Providing constructive feedback to the provider about the service performance
- Ensure dogs are contained in an area away from TCP staff visiting your home
- Ensure all provided equipment is treated with care and is stored appropriately
- Ensure you are able to provide a safe and suitable environment for the White Oak staff to carry out treatment.

If this is unsatisfactory you may wish to speak to the TCP Care Coordinator.

Changes to supports

- If the parties agree to any changes as to how we deliver your supports, including any changes to the Support Plan then:
- White Oak will keep a record of any changes and the reason for the changes; and
- The supports and the Support Plan are deemed to be amended to reflect those changes
- We will provide you with an updated Support Plan (as applicable) reflecting any changes agreed between the parties.

Cancellations and No Shows

If we cancel or reschedule an appointment, we will:

- give you notice of appointment cancellations or changes by you as set out in the Support Plan at least 24 hours prior to the scheduled appointment; and
- if any person arranged to provide supports at a scheduled appointment is unable to attend the appointment at short notice (for e.g. because of illness/emergency), and we cannot arrange a substitute to provide the support we will give you notice as soon as we become aware that the appointment must be cancelled or rescheduled by your preferred contact method.

If you cancel or reschedule an appointment, you must advise our Representative at least two Business Days prior to the scheduled appointment or, if an appointment must be changed with less notice (for example because of unexpected illness or emergency), as soon as you become aware that a change is required.

Discharge from the TCP Program

On discharge from your TCP episode, White Oak will provide a discharge summary and handover to you current provider. This will include copies of reports from our clinical and allied health teams and any future services or treatment plans you may require.

Care Planning

A support plan is developed to meet your goals.

A support plan specifies the support you will receive to reach your transition care goals, your participation, any special requirements, the days, the times and the fees. The plan will be explained to you and you will be asked to sign it to confirm your agreement.

Support reviews

While on the TCP Program you will receive intensive support from the clinical and allied health team. The clinical nurse will review your progress at week 4 and will carry out a review. You will also be asked to take part in a short survey and provide feedback on the care you have received to date. The allied health team will provide weekly reviews where required based on the interventions in place and your progress towards your goals.
If you feel your needs have changed please contact your TCP Coordinator.

Service agreement

As a TCP service user you will be provided with a service agreement that outlines the conditions of the package of care that is being provided. All TCP care recipients are provided with a copy of the Service Agreement, and a copy of your TCP support plan outlining your goals and interventions in place to meet these goals. The service agreement will:

- State the range of services and how they will be provided
- State a date for the start of transition services
- Provider conditions under which each party can terminate care services
- provide financial information to you and your representative, including the cost of services, any fees payable and consideration of your financial circumstances
- state your rights in relation to decisions about the service you are to receive
- include a guarantee that all reasonable steps will be taken to protect the confidentiality as far as legally permissible, of information provided by you or your representative and details of use to be made
- state that you or your representative is entitled to make, without fear of reprisal, any complaint about the provision of transition care and state the mechanisms for making a complaint

You are encouraged to sign the agreement. However, if you choose not to, we will document this information in your record and will still observe our responsibilities to negotiate and deliver the level and type of care you need.

Delivering Support

Administration and Care Planning

At the start an initial and ongoing assessment, planning and management of care will be undertaken by appropriately qualified and trained staff members or others (including external practitioners) with expertise in geriatric and/or therapeutic management, with the involvement of the care recipient (or the representative), and their carer, where appropriate.

Note: TCP cannot be used as a substitute for subacute palliative care.

Case Management

We ensure that appropriate case management is available to you under transition care and will coordinate and monitor all aspects of your care and movement from hospital, through transition care and back into the community or to your normal care arrangements. We will also act as a central point of contact for everyone involved in your care.

This will include:

- ensuring a comprehensive care plan is available at the time of discharge from hospital;
- ensuring all aspects of the care plan are carried out, monitoring progress against the care plan goals and adjusting the plan where necessary;
- identifying any changes to a recipient's care needs that occur during transition care and arranging for appropriate adjustments to the services provided;
- liaising with and organising all care requirements provided by external service providers (including GPs and specialists); and
- arranging for appropriate care, if required, following transition care or managing the return of the recipient to the community or their normal care arrangements.

Nursing Care

At White Oak we are proud of our nursing-led model of care. Our qualified nursing staff together with our allied health team provide the highest levels of care and will tailor a series care plans to your particular needs and preferences.

We encourage your family to discuss your care needs with us regularly when we visit or by phone. We will include you and your representatives in care planning as much or as little as you choose.

Specialised Clinical Services

Our clinical staff will provide clinical care appropriate to the service delivery and in accordance with professional standards and guidelines. These services may include, but are not limited to, the following:

- assessment for pain and a plan implemented to keep the care recipient as free from pain as possible
- establishment, review and maintenance of urinary catheter care
- complex wound management
- enema administration or insertion of suppositories
- appropriate medication management
- appropriate nursing services
- appropriate dementia support
- taking appropriate action to prevent falls among care recipients

Daily Living Activities Assistance

Our Personal Care and Therapy Assistants will provide personal assistance, including individual attention, individual supervision and physical assistance with:

- bathing, showering, personal hygiene and grooming
- maintaining continence or managing incontinence, and using aids and appliances designed to assist continence management
- dressing, undressing and using dressing aids.
- moving, walking, wheelchair use and using devices and appliances designed to aid mobility, including the fitting of artificial limbs and other personal mobility aids; and
- communication, including to address difficulties arising from dementia, impaired hearing, sight or speech, or lack of common language (including the fitting of sensory communication aids).

Mobility Equipment

Most of the time you will be discharged from hospital with the equipment that you require on loan. If additional equipment is required this will be organized under the TCP program, but it must be returned on discharge. If equipment needed is required long term, then the you will need to purchase or continue to hire the equipment after discharge a, your TCP Coordinator can assist with organising this with you.

Therapeutic Care

Therapeutic care provided through the transition care program includes low intensity therapy, such as physiotherapy, occupational therapy, podiatry, dietetics, speech pathology, counselling and social work. This is to maintain and improve your physical and cognitive functioning and to facilitate improved capacity in activities of daily living. This care is to be provided by appropriately qualified and trained staff or consultants and in accordance with any levels of care specified under your care plan. As the TCP program is a short term program, the therapy you will receive will involve a number of weekly visits over the 8 – 12 week program.

Medication Management

When you start to avail our services, you may have existing medications that you bring with you. We ask that you bring any pre-prescribed medications in a Webster Pack. White Oak's TCP Coordinator will request a Medication Authority from the hospital upon discharge. White Oak staff will be unable to prompt any medication if it is not packed in a Webster Pack.

Doctors

We will notify your GP of your admission to the TCP Program.

We encourage our clients to retain their own Doctor. Your GP will be notified of your discharge from the program.

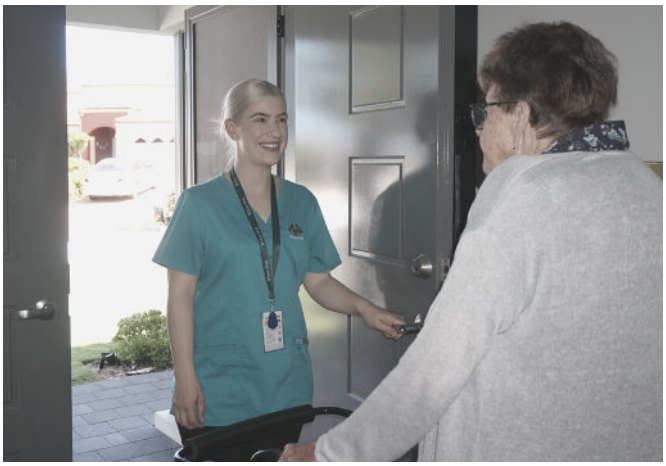
Assessment Visits - Aged Care Quality and Safety Commission

As an accredited TCP aged care provider, White Oak is obliged by legislation to meet certain care and service delivery standards. The National TCP Program Guidelines and the WA TCP Operational Guidelines cover all aspects of care, service delivery and organisational governance.

The Aged Care Quality and Safety Commission (ACQSC) is responsible for monitoring the quality of care and services provided in the home care residential facilities in Australia. Assessment Teams from the ACQSC will conduct scheduled audits from time to time. We welcome these audits, as they support our commitment to quality care and continuous improvement.

As part of their visits, the Assessment Teams may contact you or your next of kin by phone about your experiences with the services you receive from White Oak.

More information about the ACQSC, their role and the accreditation and assessment process can be found on their website at: www.agedcarequality.gov.au



Rescheduling of Support Visits

On rare occasions, White Oak may need to reschedule or cancel a support visit due to unforeseen staff shortages. If this happens we will telephone you as soon as possible to let you know and will endeavour to arrange a new time for the visit.

What about smoking?

All of our staff and volunteers are asked not to smoke in people's homes.

We also request that you do not smoke when a staff member is in your home and that you do not smoke in the day centre or in staff and volunteer's vehicles.

What about dogs?

As the behaviour of dogs can be unpredictable we ask you to make sure that any dog other than an assistive dog is restrained whilst the Support Worker is in your home. Our staff are instructed to leave a home if the dog is not restrained.

Chemicals in the home

Our staff may be exposed to chemicals every day due to their work so we insist that they do not work with hazardous chemicals in your home. Support Workers are not permitted to use bleach-containing products or any corrosive chemicals, such as oven cleaners.

Simple detergents and non-hazardous chemicals can be used by Support Workers.

All cleaning products have instructions for use on them and advise if the product is hazardous and what protective equipment should be used.

Purchase non-hazardous chemicals for the Support Workers to use. Support Workers will use the appropriate personal protective equipment, such as gloves when using chemicals.

Cancelling Support

Can I cancel my support?

Service users have the right to refuse or cancel your support at any time. If you refuse support from the program of take a period of leave for more than 7 days you will need to be discharged from the program.

Hospital stays

Please arrange for someone to advise us if you have to go to hospital.

Social or Medical Leave

Seven day leave rule:

- TCP recipients can take up to 7 days leave within a TCP episode for social or medical reasons including a hospital stay
- A valid ACAT approval will be necessary and the recipient must be referred to commence a new TCP episode IF the number of days (overnight stay) of leave are greater than 7
- The 7 days can be split up in blocks or taken as individual days within the TCP episodes. If the care recipient has an approved extension, they do not get more leave days.

Incident Reporting

Are you concerned about the care you or someone else is receiving?

White Oak reports, manages and investigates all incidents and hazards that have occurred in connection with providing supports to care recipients. There is a system in place to identify and reduce the risks and hazards in the everyday work environment.

The Moving on Audits (MOA) - a hazard and incident management system –– is maintained to capture all hazards and incidents that consist of acts, omission, events or circumstances that have, or could have, caused harm to care recipients, staff, volunteers, contractors, visitors and any people undertaking business on behalf of White Oak.

Everyone in aged care has the right to be safe, treated with dignity and respect and receive high quality care and services.

To ensure this right the Government has introduced the Serious Incident Response Scheme (SIRS). Under the SIRS we are required to report the following incidents to the Aged Care Quality and Safety Commission:

- Unreasonable use of force – such as kicking, punching or rough handling
- Unlawful sexual contact or inappropriate sexual conduct – like stalking, making sexual advances or unwanted sexual touching
- Psychological or emotional abuse – such as yelling, name calling or ignoring
- Stealing or financial coercion by a staff member – such as stealing money or pressuring you to give money
- Neglect – such as not giving you the care you need to stay well
- Inappropriate use of restrictive practices – such as using physical force or medication to restrict your freedom or movement
- Missing care recipients – such as where a consumer goes missing from our facility or an activity or event provided by us
- Unexpected death – such as someone dying unexpectedly because they did not receive proper care and services.

If you have a concern about the care, you or someone else is receiving, you can raise a concern directly with White Oak by contacting any staff member or you can contact the Aged Care Quality and Safety Commission on 1800 951 822.

You can also talk to someone at the Older Persons Advocacy Network on 1800 700 600.

Emergency Management

The health and safety of all White Oak's stakeholders is of paramount importance. Hence White Oak is committed to the implementation of clear and effective fire safety and emergency procedures.

White Oak will support you to improve your safety and resilience by promoting emergency planning. We will:

- liaise with local emergency services to determine the seriousness of an emergency situation and the level of risk posed to you.

- use a risk assessment approach to ensure services to those of you who have not evacuated are prioritised taking into account the most vulnerable.

- arrange for other providers to deliver services to vulnerable consumers, where our services are impacted, for example, staffing.

In the event of an emergency we will ensure that all crucial information relating to you, which includes personal data, service agreements, assessments, services provided, financial records will be stored securely at a back-up site located at Hall & Prior.

In the aftermath of an emergency, we will maintain constant contact with you to instil confidence and keep you well informed.

Complaints and Feedback

White Oak encourages service users to provide feedback on the support we provide. This assists us to better meet your needs and to plan for the future.

If you are unhappy with any of the services you receive, please let us know. If you do not feel comfortable with the Support Worker who visits you, please let the Care Manager know and a change of staff can be arranged if necessary.

All complaints and feedback are treated in confidence and will not affect the quality of support you receive or any other dealings you have with White Oak. You have the right to:

- be given information on how to make complaints and suggestions about the care and services I receive complain about the care and services I receive, without fear of losing the care or being disadvantaged in any other way
- have complaints investigated fairly and confidentiality, and to
- have appropriate steps taken to resolve issues of concern.

Complaints Procedure

You are encouraged to raise your complaint with the staff member concerned if you feel comfortable to do so.

If you are not happy to discuss the issue with the staff member or are not satisfied with the outcome, you can contact your Care Coordinator.

If your complaint concerns the Care Coordinator, then you can contact White Oak's management team directly. Remember that you can use an advocate to assist you.

Care Coordinator - Transition Care Program
Aimee Fallows: 08 9301 0299

Business Operations Manager
Kymberly McDonald: 08 9301 0299

General Manager
Treasa Lonergan: 08 9301 0299

If the issue is not satisfactorily resolved you can submit your complaint in writing to:

General Manager – White Oak Home Care Services
Po Box 338, Joondalup, WA 6919

If you are not satisfied that White Oak has resolved the complaint, you may contact the Aged Care Commission. We are happy to assist you with this if you phone the office.

If you are unhappy with the Manager's decision you may wish to contact someone outside of White Oak Home Care Services, such as one of the advocacy and external complaints contacts listed over the page.

Once your complaint has been finalized, someone from White Oak will be in touch to make sure you still feel comfortable to access support and to ask for your feedback on the complaint process.

The Health and Disability Services Complaints Office (HaDSCO) and The Australian Government Aged Care Quality and Safety Commission (ACQSC) also provide a service for your aged care feedback.

HaDSCO – 08 6551 7600 or by visiting www.hadsco.wa.gov.au

ACQSCC - 1800 951 822 or by visiting www.agedcarequality.gov.au/making-complaint/lodge-complaint.

Responsibilities

Your responsibilities are:

01

General

- To respect the rights of care workers to their human, legal and industrial rights including the right to work in a safe environment
- To treat care workers without exploitation, abuse, discrimination or harassment.

02

Care and services

- To abide by the terms of the written service agreement
- To acknowledge that my needs may change and to negotiate modifications of care and service when my care needs do change
- To accept responsibility for my own actions and choices even though some actions and choices may involve an element of risk.

03

Communication

- To give enough information to assist the approved provider to develop, deliver and review a care plan
- To tell the approved provider and their staff about any problems with the care and services
- Before changing my approved provider, to tell the current approved provider and their staff of the day I intend to cease to receive transitional care services from them.

04

Access

- To allow safe and reasonable access for care workers at the times specified in my care plan or otherwise by agreement
- To provide reasonable notice if I do not require transitional care to be provided on a particular day.

05

Fees

- To pay any fee as specified in the agreement or negotiate and alternative arrangement with the provider if any changes occur in my financial circumstances.

Privacy and Confidentiality

White Oak is committed to protecting your privacy and confidentiality. We comply with the Privacy Act 1988, Privacy Amendment (Enhancing Privacy Protection) Act 2012 and the Australian Privacy Principles.

To ensure your privacy:

- Service user files and other information are securely stored
- We only collect information about service users that is relevant to the support you receive and we explain to service users why we collect the information and what we use it for
- We seek consent from service users to, in an emergency, disclose personal information to other health service providers as appropriate to provide emergency care or services
- We seek consent from service users to provide access to service user records to government officials (or their delegates) in the conduct of quality reviews or the investigation of complaints. We advise service users that these individuals are required to keep all information accessed through this process confidential
- Information provided to government bodies regarding service provision (such as MDS data) does not identify the client. If any information is provided to outside government agencies for data purposes, we ensure that the information is de-identified and we make a note in the client's record what information was shared and to whom
- Consent to share personal information can be withdrawn at any time by the service user
- Service users can ask to see the information that we keep about them and are supported to access this information if requested within 30 days of the request. Information is provided in a format accessible by the service user. The service user can nominate a representative to access the service user's records held by White Oak
- All information relating to service users is confidential and is not disclosed to any other person or organisation without the service user's permission
- The provision of information to people outside the service is authorised by the Care Manager
- We do not discuss service users or their support with people not directly involved in supporting them
- Our organisation takes steps to correct information where appropriate and regularly review service user information to ensure it is accurate and up to date
- Assessments and reviews are always conducted in private with the service user and the Care Coordinator unless the service user consents to their carer, advocate or other person being present
- During service user assessments the Care Coordinator asks the service user about any particular privacy requirements they have, such as their preference for a male or female support worker. These are noted on their assessment form and on the support plan
- Any discussions between staff about service users are held in a closed office.
- Service users are supported by us should they have a complaint or dispute regarding our privacy policy or the management of their personal information
- Any references to individual service users in meeting minutes refer to the service user by initials only or another unique identifier, such as their service user number
- We confidentially destroy any personal information held about our service users when it is no longer necessary to provide support or to keep the information.

Our duty of care and your dignity of risk

An important part of providing services to you is balancing our duty of care and your dignity of risk. We have a legal responsibility (duty of care) to ensure our services to you are safe and secure.

We also recognise that you have the right to make informed choices and take calculated risks (dignity of risk). Self-determination and the right to take reasonable risks is essential for dignity and self-esteem. We will work with you and your family and friends to ensure you and they fully understand the choices and our advice to you, enabling you to make informed choices.

Continuous Improvement

We pride ourselves on working with care recipients to improve our services. We welcome your feedback on any aspects of our service and invite you complete our feedback form or talk to staff whenever you like, and to participate in our surveys.

We regularly conduct audits and surveys and participate in reviews of our service to ensure we are meeting the Aged Care Quality Standards.

Advocacy

You have a right to use a person of your choice to negotiate on your behalf with White Oak. This may be a family member, friend or advocacy service. A list of advocacy services is provided below. We can help you contact a service if you like.

What is an Advocate?

An advocate is a person who, with your authority represents your interests. Advocates may be used during assessments, reviews, and complaints or for any other communication between you and White Oak.

Appointing an Advocate

If you wish to appoint an advocate let us know the name of the person you wish to be your advocate. You can use the form- Authority to Act as an Advocate. You can change your advocate at any time using the same form.

Guidelines for Advocates

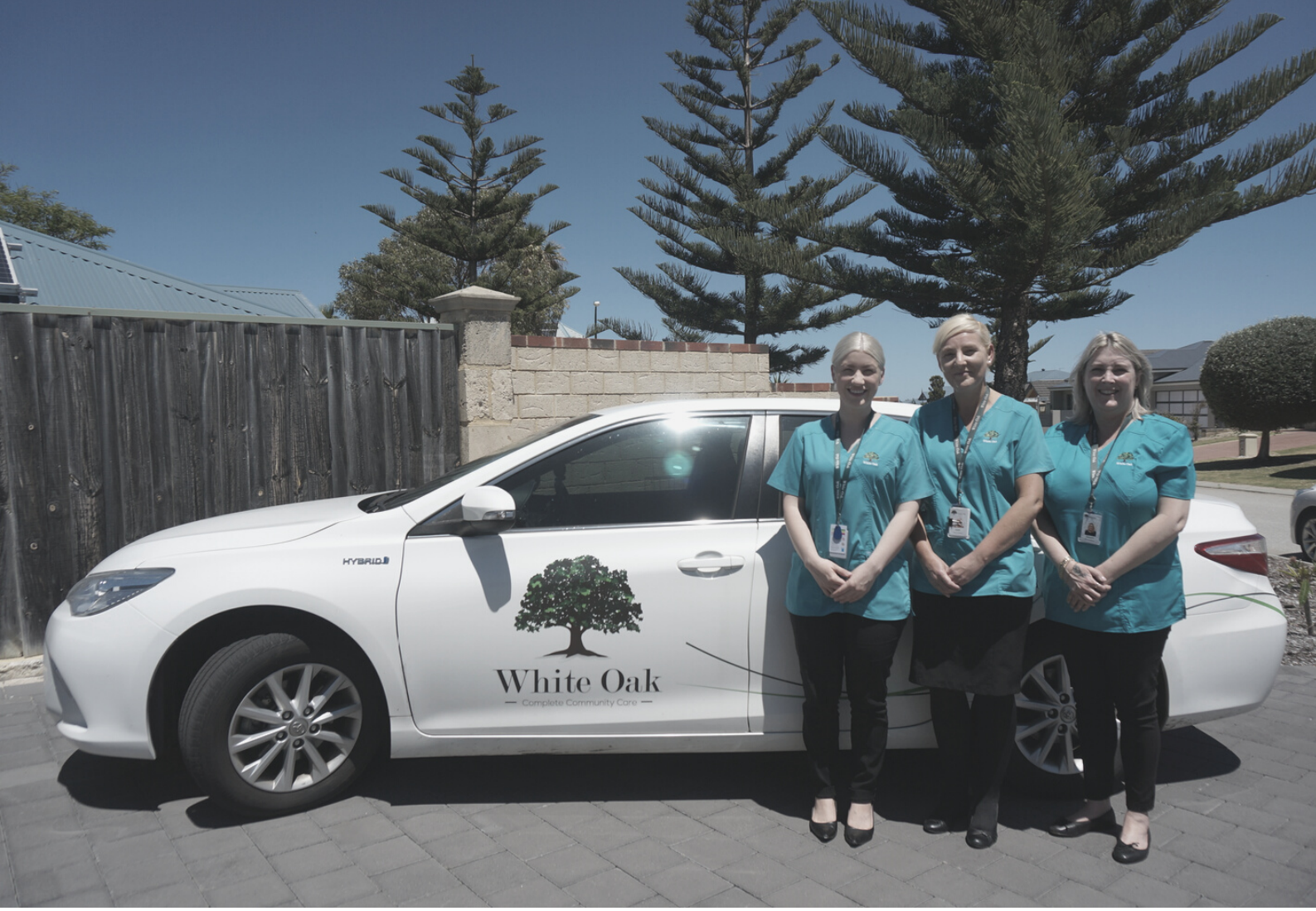
The guidelines for advocates are included with the Authority to Act as an Advocate form for you to pass on to your advocate.

Advocacy and External Complaints Contacts

Advocacy and external complaints contacts available to service users include:

National Aged Care Advocacy Line	**Ph:** 1800 700 600
Advocare Unit 1, Byblos House 190 Abernethy Road Belmont WA 6104	Freecall™:1800 655 566 Phone: (08) 9479 7566 Fax: (08) 9479 7599 Email: rights@advocare.org.au Website: www.advocare.org.au
Carers WA 182 Lord Street PERTH WA 6000	Phone: (08) 9444 5922 Fax: (08) 9444 8966 24 Hr Freecall:1800 242 636 / 1300 CARERS (227377) Website: www.carerswa.asn.au/
Disability Services Commission 146-160 Colin Street West Perth WA 6005	General enquiries: Phone: (08) 9426 9200 Main fax: (08) 9226 2306 TTY: (08) 9426 9315 Country callers: Freecall: 1800 998 214 Email: dsc@dsc.wa.gov.au
Health Care Recipients Council WA (Inc.) GPO Box C134 PERTH WA 6839 The Health Care Recipients Council office is situated at: Unit 13/14 Wellington Fair 40 Lord Street PERTH WA 6000	Freecall: 1800 620 780 Phone: (08) 9221 3422 Fax: (08) 9221 5435 Email: info@hconc.org.au
The Office of Health Review Level 12, St Martin's Tower, 44 St Georges Terrace PERTH WA 6000 GPO Box B61 PERTH WA 6838	Phone: (08) 9323 0600 Fax: (08) 9221 3675 Country Freecall: 1800 813 583 TTY: (08) 9323 0616
Director - Aged Care Policy Directorate (HACC) Department of Health PO Box 8172, Perth WA 6849	Written complains only
Aged Care Complaints Commissioner Locked Bag 3 Collins StreetEast Melbourne, VIC, 8003	Phone: 1800 550 552
Ombudsman WesternAustralia* Level 2, AlbertFacey House, 469 Wellington Street, Perth WA 6000	Phone: (08) 9220 7555 Fax: (08) 9325 1107 Email: mail@ombudsman.wa.gov.au

* The Ombudsman WA only has jurisdiction to consider matters relating to HACC services provided under the management/sponsorship of a local authority or another State Government body.



Your Valuables

To ensure the security of and access to your money and property we adopt the following rules:

- Whilst we understand that you may want to show your appreciation to White Oak, staff are not permitted to accept any gifts or loans. Please do not offer any
- Staff are not permitted to undertake any tasks that involve money unless they are part of your support plan
- Unless related to service delivery (e.g. shopping for you), we ask you to store your money and other valuables securely
- Do not provide your bank PIN to staff
- Please advise the office immediately if a staff person requests or takes any money or items of value not covered in your support plan, or requests your bank PIN
- Staff are aware that any misuse of consumer funds or valuables will result in instant dismissal and prosecution if appropriate under law.

References

TRANSITION CARE PROGRAM GUIDELINES

https://www.health.gov.au/sites/default/files/2022-12/transition-care-programme-guidelines.pdf

WA TRANSITION CARE PROGRAM GUIDELINES

https://www.health.wa.gov.au/~/media/Corp/Policy-Frameworks/Clinical-Services-Planning-and-Programs/Patients-Awaiting-Aged-Care-Services-Including-Transition-Care-Program-Policy/Supporting/WA-Transition-Care-Program-Guidelines.pdf

Get in touch

Unit 3, 65 Grand Boulevard, Joondalup WA 6027

08 9301 0299 or after hours: 0413 734 999

info@whiteoak.com.au

www.whiteoak.com.au