



**Australian Government**  
**Department of Health and Ageing**

Dear Community Packaged Care Providers.

**Implementation of 'The Guide' for Community Packaged Care Providers on how to respond when a client does not respond to a scheduled visit.**

The June 2008 Ministerial Conference of Ageing (MCA) meeting agreed to develop nationally consistent protocols to deal with non-response of community care clients when care workers arrive for a scheduled visit. The logic behind developing a protocol was to provide assistance to service providers in developing formal policies and procedures for when community care clients do not respond to a scheduled visit. As a result of 18 months of consultation with industry and service providers, at the November 2009 Ministerial Conference of Ageing (MCA) members agreed that 'The Guide' should now be implemented.

This Guide has been developed for service providers of community care programs such as the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages, and the National Respite for Carers Program (NRCP).

As a community care service provider you will be required to have policies and procedures in place for when clients do not respond to a scheduled visit. Many service providers have already developed effective policies and procedures on how to respond when a client does not respond to a scheduled visit, and these existing policies and procedures have been used in developing the guide. For new providers, or those who do not already have a policy or procedure in place, this guide will help you develop a response that is appropriate for your particular service. This requirement is being incorporated into the Department's Quality Reporting arrangements and from December 2010 will be monitored through these quality mechanisms.

Please find enclosed a copy of 'The Guide' for your reference.

Should you require any additional information, please go to [www.health.gov.au](http://www.health.gov.au) or you can contact The Aged Care Information Line on 1800 500 853.

Yours sincerely

A handwritten signature in black ink, appearing to read 'A. Hill', written over a white background.

The Packaged Care Team

# THE GUIDE – FACT SHEET

## **What is The Guide?**

It is acknowledged there is public concern that deaths to frail older people will occur in the community care setting, even when service providers are providing required levels of care. Providers of community care services play an important role in helping to keep frail older people who live alone in the community safe from harm.

The June 2008 Ministerial Conference of Ageing (MCA) meeting agreed to develop nationally consistent protocols to deal with non-response of community care clients when care workers arrive for a scheduled visit. The logic behind developing a protocol was to provide assistance to service providers in developing formal policies and procedures for when community care clients do not respond to a scheduled visit ('The Guide') and to ensure that a thoughtful approach is taken to those clients who may be at risk from social isolation.

As a result of 18 months of consultation with industry and service providers, at the November 2009 MCA members agreed that 'The Guide' should now be implemented.

## **What do providers need to do?**

'The Guide' has been developed for service providers of community care programs such as the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and Extended Aged Care at Home Dementia (EACHD) packages, and the National Respite for Carers Program (NRCP).

Many service providers have already developed effective policies and procedures on how to respond when a client does not respond to a scheduled visit, and these existing policies and procedures have been used in developing this guide. For new providers, or those who do not already have a policy or procedure in place, this guide will help you develop a response that is appropriate for your particular service.

Community care service providers will be required to have policies and procedures in place for when clients do not respond to a scheduled visit. This requirement is being incorporated into the Department's Quality Reporting arrangements and from December 2010 will be monitored through these quality mechanisms.

## **Where to find further information?**

Further information on 'The Guide' for Community Care Service Providers on how to respond when a client does not respond to a scheduled visit please go to [www.health.gov.au](http://www.health.gov.au) or you can contact The Aged Care Information Line on 1800 500 853.

***A Guide for Community Care Service Providers***  
***on how to respond when a community care client does not respond***  
***to a scheduled visit***

**WHY HAS THIS GUIDE BEEN DEVELOPED?**

There is public concern that frail older people have died alone in the community and have not been found for weeks or months after they have passed away.

Today, a higher proportion of older people live at home alone. In 2006, some 783,000 (29 per cent) of people 65 years and older lived alone in private dwellings, with the percentage increasing to 39 per cent among those aged 85 years and over. Projections by the Australian Bureau of Statistics suggest that, by 2026, about 907,000 people aged 75 years and over will be living alone, most of them women.

It is acknowledged that deaths will occur in the community care setting, even when service providers are providing required levels of care. Community care service providers cannot prevent deaths from occurring or change the environment in which they take place.

Providers of community care services play an important role in helping to keep frail older people who live alone in the community safe from harm. They are in regular contact with many clients who could potentially be at risk. Taking appropriate and timely action when a client does not respond to a scheduled visit may reduce the risk of an adverse event, or result in earlier discovery of a mishap.

**WHO IS THE GUIDE FOR?**

This guide has been developed for service providers of community care programs such as the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and EACH Dementia (EACHD) packages, and the National Respite for Carers Program (NRCP).

These programs provide care to a large number of frail older people who live at home alone. Over one million clients and carers use services provided through these programs each year. These clients tend to be frail and/or have disabilities that mean they are at risk of experiencing an adverse event.

## WHAT DO YOU NEED TO DO?

Many community care service providers have already developed effective policies and procedures on how to respond when a client does not respond to a scheduled visit. These existing policies and procedures have been used to develop this guide. Industry has also provided case studies that highlight some of the issues commonly faced by service providers and demonstrate the use of effective procedures when a client does not respond to a scheduled visit. These are provided at Appendix A to this *Guide*.

For new providers, or those who do not already have a policy or procedure in place, this guide will help you develop a response that is appropriate for your particular service.

Community care service providers will be required to have ***policies and procedures in place for when clients do not respond to a scheduled visit***. This requirement is being incorporated into the *\*Community Care Common Standards Guide*, which provides guidance to service providers about the *\*Community Care Common Standards* (\*both in draft form as at April 2009).

## WHAT IMPORTANT ELEMENTS DO YOU NEED TO CONSIDER WHEN DEVELOPING A POLICY/PROCEDURE FOR CLIENTS THAT DO NOT RESPOND TO A SCHEDULED VISIT?

Community care programs, by their very nature, are intended to be flexible and responsive to the individual needs of each client. Services are provided in various environments, locations and contexts. Each service provider will need to consider the following important elements when developing a policy/procedure that fits their particular service model.

### ***An individualised approach***

- As part of the development of a service response it is important that providers have a process in place for when a care recipient does not respond to a scheduled visit. Such a response needs to be based on assessment and individualised because each client's circumstances will differ. This response should then be documented in the client care plan, service agreement or other appropriate service documentation, with a copy made available to the client.
- For services with an existing generic procedure in place (i.e. written procedure and staff and clients aware of process, but not necessarily documented on individual service plans) it is expected that individualised plans would be progressively documented at service reviews or re-assessment.

### ***Ensuring a client's safety***

- In recognition of the vulnerability of clients receiving community care services, procedures need to be established to ensure a client's safety is not neglected. While a client's autonomy is to be respected at all times there can be many reasons why a scheduled visit is missed. These include:
  - The client may have inadvertently forgotten to inform the care worker/service provider that he/she would not be at home; and/or
  - The client may have fallen, been injured or taken ill and still be in the home.

### ***Establishing levels of responsibility for each party***

- To ensure a timely and appropriate response to a situation where a client might be at risk it is important to establish the level of responsibility of the service provider, the care worker and the client.
  - The service provider, care worker and client should have a clear understanding of who will be responsible for the various steps outlined in the individually agreed process (i.e. in the client's care plan, service agreement or other appropriate documentation).
  - Regularly updated carer and/or emergency contact details need to be included in a service delivery response agreed with the client.
  - Some clients, such as those who are assessed as at risk, or with a pattern of not responding to scheduled visits, should have appropriate documentation on how the care worker is to respond.
  - The client/carer agrees to notify the service provider if the client is not going to be home for the prearranged visit.
  - The client/carer to ensure that emergency contacts know they have been nominated as a contact and that emergency contact details are current.

### ***Joint plans between providers where possible/appropriate***

- Where possible and appropriate, the formulation of a joint plan among service providers where a client is receiving services from multiple providers is considered good practice. It is up to each individual service to determine the most practical approach in these situations.

### ***When a client does not want a planned response***

- If the client/carer requests, the option of no planned response should be documented and respected. It is important to note that even where a client has requested that they do not want a planned response, if a *care worker* has concerns or there is an indication that there may be something wrong, they should raise their concerns with the *service provider*.

### **WHAT KIND OF STRATEGIES ARE GOOD TO INCLUDE IN A PLANNED RESPONSE?**

The following strategies are *examples only* of strategies that may be proposed to clients in developing their individualised planned response. These may be particularly relevant to clients with dementia, a history of falls, mental health problems, or those who repeatedly miss scheduled visits.

- Safe storage of a spare key by means of any of the below example arrangements:
  - The use of a coded key safe installed at the client's home. Arrangements for this may be made by the service provider or by the client. The client's written permission must be obtained as to whom and under what conditions the key may be accessed.
  - A key held by an emergency contact such as a family member, neighbour or friend as nominated by the client and/or his/her representative. Details of this emergency contact should be recorded by the service provider.
  - A key held by the service provider, when a key safe is unable to be installed at the client's property. The client's written permission must be obtained as to who has access to the key, and under what conditions. Care workers may wish to be accompanied when entering a client's home.
- Service providers should identify with the care worker the most appropriate person to accompany them when entering a client's home. This may be a supervisor, neighbour, an emergency worker such as ambulance personnel, or a police officer.
- Consider referring the client to a service that provides a daily phone call to check their well-being. For instance, if the client is receiving a Package, a daily phone call could be included in the care plan.
- Consider referring the client for a personal alarm system supplier. For example if the client is receiving a community care package, this may be provided as part of their care package.

## **DO YOU HAVE A SAMPLE POLICY/PROCEDURE THAT I CAN LOOK AT?**

The following represents a *sample* procedure. This sample is modelled on existing policy/procedures that are currently being used by community care service providers. It is provided as a guide only to help you prepare a policy/procedure that is relevant for your service.

1. Each client is required to have a planned response for when they do not respond to a scheduled visit. Such a response needs to be individualised for each client, and documented in the client care plan or service agreement with a copy made available to the client. In the event that a client does not want any response, this should be documented in the client care plan or service agreement.
  - It is important to note that even where a client has requested that they do not want a planned response, if a *care worker* has concerns or there is an indication that there may be something wrong, they should raise their concerns with the *service provider* and have their concerns documented.
2. When a client does not respond to a scheduled visit, the *care worker* should make the initial steps to implement the client's agreed response plan.
  - *As an example*, the first step in a planned response might be *the care worker is to contact the service provider to see if the client has advised that they will not be home and to identify the individualised response*.
3. Upon confirmation a client is absent at the time of a scheduled visit, it is the responsibility of the *service provider* to implement the planned response for that individual as previously agreed by the client.

## DEFINITIONS

The following definitions are provided *as examples* for use in the preparation of a planned response:

- **SCHEDULED VISIT OR SERVICE** – a situation where a home-visit to provide a service has been prearranged. This could include services such as nursing care, home help or transport to an appointment or other activity.
- **CARE WORKER** – a volunteer or paid employee of a community care service provider who is visiting the client to provide a service that has been agreed with the client.
- **SERVICE PROVIDER** – the operational arm of a community care service provider who receives funds from the government to deliver services related to the Home and Community Care (HACC) Program, Community Aged Care Packages (CACPs), Extended Aged Care at Home (EACH) and EACH Dementia Packages, and the National Respite for Carers Program (NRCP).
- **CARER** – Unpaid relatives or friends who provide regular and ongoing care and support to the frail, ill or disabled.

This document has been prepared at the request of the Ministerial Conference for Ageing (MCA). It is based on existing jurisdictional protocols and procedures, and has been subject to consultation through the Ministerial Advisory Council on Ageing.

**CASE STUDIES – provider examples of a planned response**

The following case studies demonstrate how the implementation of a response plan may work in a range of scenarios. Please note that each individual receiving care has different levels of dependence and social networks, and each service provider may operate from different service models. Therefore, the point where the service provider's responsibility should terminate, should be discussed, agreed and documented for each individual case.

**Case Study 1**

Elderly client living alone in the community with high care needs. The only living relative is a niece who herself is in her 60's. The niece lives 10 minutes away from the elderly client. A care worker has scheduled visits to the client on Mondays, Wednesdays and Fridays that range in length of stay and care services being delivered.

- Care worker visited the client on a Friday, all was well and services were provided as usual.
- The following Monday the care worker arrived for the scheduled visit. Despite repeated door knocking, the client did not answer the door and the care worker noted that there were three (3) newspapers on the doorstep of the client's home.
- The care worker had the client phone number and called the client. The client did not answer the phone. The care worker then called the service provider and advised that there was no response from the client. The case manager advised they would arrange assistance.
- The case manager contacted the niece, who had a key to the client's residence, and explained the situation. The niece advised that she would go immediately to the client's residence. The case manager offered to come and support the niece if required. The niece was appreciative of this and they met at the client's residence.
- The client's niece opened the door and requested that the case manager enter first to assess the situation.
- The case manager found the client unconscious on the floor in her bedroom with possible stroke like symptoms. Client appeared to be getting ready for bed as her alarm was on the bedside table.
- The case manager called the ambulance and waited with the niece to provide support until they arrived and the client was being cared for.

## **Case Study 2**

Elderly client living alone in the community with low care needs. It is known that the client never goes out alone. A key safe has been installed and client has given permission for staff to enter if client does not respond to scheduled visit. Client wears hearing aids.

- Care worker arrives for a scheduled visit at the appointed time. Despite repeated door knocking, the client did not answer the door.
- Care worker contacts the service provider to check if the client has advised they would be away. No notification has been given.
- Care worker contacts the case manager who advises the care worker to remain talking to her on the phone while the care worker accesses the key safe and enters the client's residence.
- The care worker enters the premises and finds the client sleeping soundly. The hearing aids were on the bedside table.

### **Case Study 3**

Elderly client living alone in the community receiving HACC services. Client is reasonably independent and often goes out.

- Care worker arrives for a scheduled visit at the appointed time. Despite repeated door knocking, the client does not answer the door.
- The care worker has the client's phone number and calls the client. The client does not answer the phone.
- The care worker then called the service provider and advised that there was no response from the client. The case manager advised that they were not aware of any reason the client would not be at home.
- Case manager phones the nominated emergency contact, who advises that they do not know why the client is not at home. Case manager advises care worker of this.
- Given the client history of not being home for scheduled visits, it is agreed that the care worker completes a form indicating that they had arrived for a scheduled visit and that no-one was home. The form asks that the client ring the service provider when they return home to let them know they are safe.
- The care worker puts the note under the front door (this is the door most commonly used by the client).
- Care worker leaves and continues remaining visits.
- Client returned home 2 hours later, found the note and contacted the service provider to advise that they had forgotten the care worker was coming and they had gone to the shops.