123 Support Services

Client Documentation

Policies & Procedures

Shop 5, 38 Princess Street
Bundaberg East Qld 4670

07 4361 6848

www.123supports.com

www.facebook.com/123supports

ABN: 14 930 943 229

TABLE OF CONTENT

Policy / Procedure **Page**

CLIENT DOCUMENTATION

Scope

This Code of Conduct applies to all support worker staff.

Purpose

To enable 123 Support Services employees to follow written procedures that instruct them in what documentation is needed and is to be used, in order to keep accurate records for the people we serve. Documentation is a vital part of our service provision and provides a written history for individuals to take with them through life.

Documentation of information, which is accurate, current, relevant, available and accessible, supports 123 Support Services to deliver safe, high-quality support by ensuring we have the correct information to:

- Make safe decisions
- Effectively communicate and partner with clients, families, & stakeholders
- Maintain effective continuity of care
- Provide person-centred supports

Undocumented or poor documentation relies on memory, and is less likely to be communicated and retained. This lack of communication can lead to increased risk of poor outcomes for the people we support.

To ensure that documents and forms critical to the provision of service provided by 123 Support Services are raised, approved, issued, kept, withdrawn and disposed of in a controlled and confidential manner.

All entries should be factual, and written in clear, legible handwriting.

It is important to remember all documentation can be used in:

- NDIS audit
- NDIS commission enquiry
- In the event of a police enquiry
- Client/family request for information

Definitions

A document may be a hard paper copy of policies, operating procedures, manuals, work instructions, handbook, job aids, supporting documents, memos, and training materials. A document may also be an electronic or hard copy form.

Procedure

All documentation should be considered private and confidential and only used in the manner it was designated for.

All new documents and changes to any document issued must have gone through the proper process of review and authorisation. Which is the Manager, and relevant parties.

All Employees are to read and adhere to the content of the documentation, failure to do so may incur disciplinary action or dismissal.

Employees are responsible to inform the Service Manager or a member of the management team, if they do not understand any documentation they have read. At which time it shall be explained to the degree the employee acknowledges they now understand the requirements.

When a change is made to a document or form, employees will be informed of the changes via memo or verbally. It is the responsibility of all employees to make sure the documentation they use in day-to-day operation is current at all times. If the documentation is not current employees should contact the Service Coordinator or a member of the management team and alert them to this matter.

It is the responsibility of the Service Coordinator to ensure the most current version of a document is available to all employees as appropriate to their activities. It is the responsibility of the Service Coordinator, member of the management team to ensure supersede documentation is removed and destroyed in the appropriate manner.

It is the responsibility of the employees to ensure all documentation is kept in an appropriate place in the home of clients. This will be determined by the Service Coordinator.

As part of the orientation process, all new employees are orientated to the documentation used in each location they will work.

Client Documents

Documents pertaining to clients:

- Personal Journals
- Health Diary
- GP Appointment Process
- Appointment Forms
- Photo Album
- Travel Diary
- Medication Sheets
- Life Enrichment Profile Work Folder
- Body Map
- Meal Management Plan
- Behavioural Support Plan
- Epilepsy Management Plan
- Complex Health Care Plan
- Diabetes Management Plan
- Mobility Plan
- Physiotherapy Plan
- Weight Chart
- Food and Fluid Chart

- Bowel management Chart
- Personal Profile
- Support Plan
- Communication Dictionary
- Meal Planner
- Finance Ledger
- Communication Board
- House Appointment Diary

Storage

Each client will have an archival box. Any documents which are no longer being used shall be filed in this box according to the year. The archival box shall be kept in the client's room in their cupboard. Once it is full, check contents with contents list written on the archival box, record the date the box was sealed, then tape it securely. Contact the Service Coordinator and they will advise on storage.

House diaries or documentation that is not client specific, and is no longer being used, should be stored in an archival box. Clearly mark on the top and sides of the archival box the contents and date storage commenced. Store in the staff bedroom cupboard. Once it is full, check contents with the contents list written on the archival box, record the date the box was sealed, then tape securely. Contact the Service Coordinator and they will advise on storage.

Further Advice or Assistance

Further advice and information can be obtained from the:

» Director:

• by phoning: 07 4361 6848;

• by emailing: admin@123supports.com

» NDIS Quality and Safeguards Commission (https://www.ndiscommission.gov.au)

Effectiveness and Review

The Director will review this Policy and Procedures document each 12 months on the anniversary of its approval.