CARE REVIEW POLICY AND PROCEDURE

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Purpose and Scope

This policy and procedure sets out the approach Bilingual Care takes to consumer care reviews, to ensure care and services are effective, changes are accommodated for, and consumer needs and preferences continue to be met. Care reviews form part of the care management process for consumers who have approved Support at Home funding and should be read in conjunction with Bilingual Care's *Care Management Policy and Procedure.*

This policy and procedure applies to all care partners and assessment and care planning staff, consumers, their family members, carers, and other supporters, and meets relevant legislation, regulations and Standards.

Applicable Strengthened Aged Care Quality Standards

- *Standard 1. The Individual*
- *Standard 2. The Organisation*
- *Standard 3. The Care and Services*
- *Standard 4. The Environment*
- *Standard 5. Clinical Care*

Definitions

Restorative Care Pathway – a short-term, intensive pathway under the Support at Home program that provides coordinated allied health and/or nursing services to restore or maintain function and support independence.

Restorative Care Partner – a suitably qualified clinician responsible for coordinating, managing and overseeing a consumer's restorative care episode, including goal planning, multidisciplinary coordination, monitoring, and exit planning.

Serious Incident Reporting Scheme (SIRS) - SIRS requires serious incidents (e.g. abuse and neglect) to be notified to the Aged Care Quality and Safety Commission. Providers are responsible for preventing incidents and reporting serious ones. See Bilingual Care's *Consumer Incident Management Policy and Procedure* for detailed guidance.

Policy

Bilingual Care is committed to regularly reviewing the care and services provided to consumers to ensure:

- care and service plans are up-to-date and meet the consumer's current assessed needs, goals, and preferences
- care and services provided are delivered safely, effectively and in a way that supports the consumer's independence, well-being and reablement goals
- care and services are responsive to changes in the consumer's circumstances, needs, preferences and identified risks, and
- care practices are updated in line with contemporary evidence-informed and best

practices to support continuous improvement and better care outcomes for consumers.

Bilingual Care will undertake reviews collaboratively with consumers and will ensure:

- consumers are supported to actively participate in the decisions about their needs and services
- the frequency of care reviews reflects clinical need, level of risk, and consumer preference
- the outcomes of all care reviews are documented, and *Care Plans*, *Service Agreements* and *Individualised Budgets* are updated accordingly, and
- reviews are undertaken in response to significant changes in the consumer's condition, circumstances, or upon request.

Bilingual Care will encourage engagement with families, carers, supporters, representatives, and other stakeholders during the care review process, in accordance with the consumer's wishes. Additional advice, information and referrals will also be provided to other services or support, where required.

Procedures

Roles and Responsibilities

The Care Partner is responsible for:

- scheduling and coordinating routine and triggered care reviews (e.g. change in needs, deterioration, incidents, hospitalisation)
- conducting reviews within required timeframes
- monitoring the appropriateness of care and services and ensuring services are in scope, approved, and aligned with the consumer's Support at Home funding and applicable program requirements
- collaborating with the Clinical Advisor, consumer's GP or other health professional for clinical input, as required
- escalating emerging risks, safeguarding issues, or unmet needs
- partnering with the consumer when undertaking reviews to ensure *Care Plans* are person-centred, culturally appropriate, goal-focussed and based on the consumer's current needs
- any changes to consumer *Service Agreements*, *Care Plans* and *Individualised Budgets* are communicated to relevant staff or other stakeholders (e.g. associated providers delivering services), and
- updating relevant documentation, ensuring consent is current, and keeping consumer files up to date in Ezihealth.

The Clinical Advisor is responsible for:

- participating in care reviews where clinical complexity or health changes are present and updating clinical components of the *Care Plan*
- conducting clinical-based assessments (e.g. wounds, mobility, cognition, medication risks) and risk assessments (falls, pressure injury, nutrition, etc.)
- providing clinical recommendations to support care planning and ensuring care aligns with evidence-based practice, clinical guidelines and safety requirements
- identifying when referrals are required (e.g. GP, allied health, specialists)
- monitoring consumer outcomes and arranging reviews if there is an incident, decline or improvement in consumer's health, risks arise, a consumer requests it, or services are not meeting goals, and
- supporting the Care Partner with clinical advice and escalation pathways, as required.

All staff delivering aged care services to consumers are responsible for:

- respecting and supporting consumer rights in all interactions
- actively observing and reporting changes in a consumer's condition, behaviour, preferences, risks, incidents or concerns to the Care Partner
- accurately documenting care delivery (progress notes) in Ezihealth
- providing feedback to the Care Partner about observed changes ahead of reviews
- escalating urgent concerns immediately in accordance with emergency response procedures in consumer *Care Plans*
- implementing updated care strategies and services in accordance with the consumer's *Care Plan*, and
- maintaining respectful, person-centred and culturally safe care at all times.

The consumer and/or their family, supporter/s and representative/s are responsible for:

- participating in care reviews to the extent they wish and are able to
- communicating their goals, preferences and needs and engaging in the care review process, and
- communicating any changes in their circumstances or needs as soon as possible.

Steps for Care Reviews

1. **Trigger for Review** – a care review is initiated when there is a scheduled review, or a trigger is identified (e.g. deterioration, incident, change in circumstances, consumer request).

2. **Gather Information** – the reviews, as applicable:
   - the reason and documentation as to why the care review has been triggered
   - the consumer's current *Care Plan* goals, services and risks
   - the consumer's initial assessment outcomes
   - recent progress notes and incidents, and
   - feedback from staff, the consumer, their family, carer, supporters and/or representatives, and any other relevant stakeholders (e.g. health professionals or associated providers).

3. **Reassess the Consumer** – undertake a focused reassessment as per Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure*

4. **Identify Changes from Baseline** – compare current assessment findings against initial assessment to identify improvements, stability or deterioration, unmet or changing needs, and emerging or changed risks.

5. **Evaluate Effectiveness of Current *Care Plan*** – determine whether the existing *Care Plan* is meeting the consumer's needs and goals, provides an appropriate level of support and any adjustments needed to safely support the consumer.

6. **Consult with the Consumer** – meet with the consumer and their family, carers, supporters and/or representatives (as appropriate) to discuss the outcome of the review, any changes or concerns about their current care and services, goals and preferences and suitability of their current *Care Plan*.

7. **Determine Required Actions** – based on the consumer's feedback, reassessment outcomes and care goals, decide to:
   - continue current care and services unchanged

- modify care and services (e.g. type, frequency, alternate providers)
- initiate referrals if required (e.g. allied health), and/or
- escalate for higher-level reassessment (via My Aged Care), if required.

8. **Update Documentation** – make updates to relevant documents as required, e.g. *Care Plan*, *Service Agreement* and *Individualised Budget*. Ensure all assessment reports, rationale for decisions and case notes are documented in the consumer's file in Ezihealth. Set date for next review.

9. **Communicate Changes** – inform staff and any other stakeholders (e.g. associated providers) of changes and updates to the consumer's care and services required. Provider clear instructions and handover processes for support staff and address any questions.

10. **Monitor and Review** – continue to monitor the consumer's progress towards agreed goals, and make adjustments as required. Repeat the review process if the triggers re-occur or if there are new triggers.

General

Consumer care review processes directly align with the initial assessment and care planning processes, set out in Bilingual Care's *Initial Assessment and Care Planning Policy and Procedure*.

All documentation relating to care reviews must be maintained on consumer files and tracked in Bilingual Care's CRM.

As part of care reviews, staff must:

- reconfirm consumers' rights as per the *Statement of Rights*, in ways that meet their communication needs and ensure their understanding of them, as set out in Bilingual Care's *Consumer Rights Policy and Procedure*
- where a language or cultural need is identified, arrange appropriate support such as an interpreter or relevant external agency to support the person
- advise the person of their right to involve a support person in their dealings with Bilingual Care and provide assistance for them to access a person of their choice, such as an advocate. For more information see Bilingual Care's *Decision Making, Dignity, and Choice Policy and Procedure*, and
- maintain respect for and protection of consumers' privacy and confidentiality at all times, in accordance with Bilingual Care's *Privacy and Confidentiality Policy and Procedure*.

Care Review

The Clinical Advisor will conduct all reviews, using appropriate, valid assessment tools, with consumers and anyone they wish to be involved, using appropriate, valid assessment tools.

Each review must be recorded in the consumer's documentation, including an updated *Care Plan* and case notes, even where care continues unchanged. Review documentation must include the reviewer's name, signature, position, and date, and be updated in Ezihealth.

Further information about the consumer and their current needs will be obtained (with consent) from the consumer's family, other stakeholders, and relevant medical and health professionals (where appropriate).

Frequency of Reviews

The frequency of consumers' reviews will be based on the:

- complexity of their needs (or lack of)
- complexity of their service provision
- frequency of their needs or preferences, or circumstances (including deterioration or improvement in condition) changing
- extent of involvement of external service providers or agencies
- occurrences of incidents, complaints or identified risks
- request of a consumer or their representative and
- minimum legislative requirements.

Consumers may also need their care and services reviewed more frequently due to triggers such as:

- a change in their care and service needs that cannot be met within their available budget and Support at Home funding
- hospitalisation, significant health events, or transitions of care
- medication changes or ability to manage medication
- cognitive changes (e.g. confusion, memory decline, behavioural changes)
- a change in living arrangements (e.g. relocation or home safety issues)
- a change in carer arrangements (e.g. carer stress, withdrawal, or new family involvement)
- non-compliance or refusal of services that are impacting safety or outcomes
- safeguarding concerns, such as suspected abuse or neglect
- end-of-life considerations or palliative care needs
- reablement goals/milestones review (e.g. reassessment of progress towards independence during restorative care episode)
- technology, equipment or assistive device changes, or
- the sudden use of a large amount (or all) of any unspent funds.

Flexibility will be provided regarding the timing of reviews, based on consumers' needs and wishes. Where a care review period extends past the agreed timeframes upon the consumer's request, the reasoning and scheduled care review date must be recorded on the consumer's file.

Review Process

Reviews must focus on:

- determining the consumer and their representative's satisfaction with the current care and services, including whether they continue to align with their choices and preferences and meet their emotional, cultural, psychological, and spiritual needs
- whether the consumer and their representative feel they have received sufficient information about the care and services and how their Support at Home funding is managed, throughout their time receiving support
- measuring the effectiveness of the consumer's goals and service aims
- noting achievements, successes, and any other positive outcomes from the implementation of the *Care Plan*
- reviewing the consumer and their supporter/representative's satisfaction with the staff who provide them support
- whether the consumer and their representative feel that communication has been frequent and transparent, and they are treated like a partner, i.e. when planning for care and services, when changes occur, if there are incidents or issues, and in managing staffing

- whether there are different or additional care and services that would allow the consumer to achieve their goals
- if new health or clinical needs are identified, what these are, how they will be supported (e.g. is reassessment and/or additional funding required), and what process needs to be followed to respond to deterioration or medical emergencies
- feedback and complaint processes and whether the consumer and their representative feel comfortable and confident raising concerns or feedback
- determining whether the consumer and their representative understand the financial management of their Support at Home budget, including fees charged, and monthly statements
- the effectiveness of Bilingual Care's Support at Home services management and any referrals to external services and
- feedback the consumer and their supporter/representative may have on areas for improvement across the organisation.

The Clinical Advisor is responsible for partnering with the consumer and their supporter/representative to revisit their original care and services goals as part of the care review. This allows for a meaningful dialogue reflecting on the consumer's strengths, and coping strategies, and the positive outcomes they have achieved (regardless of level or ability).

As the care and services are reviewed, goals should be re-established or changed depending on outcomes of the above. The Clinical Advisor must focus on the consumer's wellbeing and independence being maximised in a motivational way (aligning them with the specific needs and preferences of the consumer).

Where it is identified during the review process that the consumer requires additional assessment, review or support, appropriate referrals should be made as soon as possible, and depending on the urgency of the situation, support provided to access them where required.

Where the Clinical Advisor assesses the consumer as requiring higher-level care and services, the consumer will be referred to *My Aged Care* for reassessment of their Support at Home funding level.

Deterioration

All staff must remain vigilant to changes in a consumer's usual condition (baseline). Deterioration may be acute or gradual and can include, but is not limited to:

- decline in mobility, function, or ability to perform activities of daily living
- changes in cognition, memory, mood, or behaviour
- altered communication or responsiveness
- signs of pain, discomfort, or distress
- nutritional or hydration concerns (e.g. reduced intake, weight loss)
- increased frequency of falls, incidents, or near misses
- changes in skin integrity or wound status
- social withdrawal or changes in engagement, and/or
- environmental or carer-related concerns impacting wellbeing.

Where deterioration is identified, staff must check the immediate safety and wellbeing of the consumer and address any urgent needs (e.g. call emergency services or follow escalation procedures in the consumer's *Care Plan*). If staff notice:

- there is significant or sustained change in the consumer's condition

- the consumer's current *Care Plan* doesn't seem to be adequate
- risks to safety or wellbeing have increased (or decreased) or
- it's unclear what but there are observed changes,

these must be reported to the Clinical Advisor to trigger the review process, and as per the *Consumer Incident Management Policy and Procedure* if an incident/event has occurred.

Staff will need to document in the consumer's case notes the nature of the change, details of the onset, duration and any contributing factors, and actions taken in response.

Review Following Incidents

In the event of an incident, the Clinical Advisor is responsible for undertaking mandatory incident reporting in accordance with the Serious Incident Response Scheme (SIRS). This includes reporting any concerns or suspected breaches that meet SIRS definitions, such as unreasonable use of force, psychological or emotional abuse, neglect, unexpected death, unlawful or inappropriate sexual conduct, stealing or financial coercion by a staff member, inappropriate use of restrictive practices, and any unexplained absence of a consumer.

All reportable incidents must be escalated and managed in line with Bilingual Care's *Consumer Incident Management Policy and Procedure* and must be followed to ensure correct reporting processes are applied.

A consumer's care and services may need to be reviewed following an incident or near-miss, so that their *Care Plan* can be updated to ensure ongoing safe and effective care and services can be delivered.

A care review following an incident will be conducted in the same manner, however, must also include processes outlined in Bilingual Care's *Consumer Incident Management Policy and Procedure* and *Open Disclosure Policy and Procedure*.

Restorative Care

Restorative care is an integral component of the care review process and is considered whenever there is a significant change in a consumer's health, function, or circumstances.

Following events such as incidents, hospitalisation, or identified decline, the Restorative Care Partner will assess the consumer's capacity, independence, and goals to determine whether restorative care is appropriate. Where it is identified that restorative care is required, the Restorative Care Partner will:

- discuss restorative care options with the consumer and/or their supporters/representative so they can make informed decisions
- determine whether the required supports can be delivered within the consumer's existing funding or if additional funding will need to be applied for (e.g. Restorative Care pathway), or other payment arrangements made
- where additional or different supports are required, assist the consumer to access appropriate services, including referral to clinical or allied health services
- where applicable, support or refer the consumer for reassessment under the Support at Home program to enable access to additional or adjusted funding, such as the Restorative Care pathway or Assistive Technology-Home Modifications funding
- update the consumer's *Care Plan* to include time-limited, goal-oriented restorative interventions and expected outcomes, and
- monitor progress and review outcomes to determine ongoing support needs.

Where appropriate, short-term, goal-oriented supports will be explored to assist the consumer to regain or maintain independence and continue living safely at home.

See also Bilingual Care's *Restorative Care Management Policy and Procedure* for how to support consumers on the Restorative Care Pathway.

Dignity of Risk

Bilingual Care respects each consumer's right to make choices for themselves that may involve risk, as per Bilingual Care's *Decision Making, Dignity, and Choice Policy and Procedure*.

Staff must accept consumers' wishes with respect to accepting or rejecting support options. They must identify and educate consumers and their supporters/representatives about any assessed risks to ensure they understand them clearly.

Documentation

The Clinical Advisor is responsible for ensuring the consumer's personal information is updated and remains correct and relevant, including any consent originally provided, and preferred links to family, friendships, and other support networks.

The Clinical Advisor is also responsible for reviewing, and updating where required, the following with consumers and their representatives:

- *Service Agreement* including *Individualised Budget* and *Care Plan* when changes occur
- Bilingual Care's consent documentation
- *Medication Plan and Consent Form* (if applicable)
- *Consumer and Environmental In-Home Risk Assessments*
- any other relevant care plans, e.g. *End of Life Care Plan*
- Enduring Power of Attorney documentation (where applicable)
- any fee payment documentation such as Direct Debit/Ezi-Debit (where applicable), and
- any other required documentation.

The Clinical Advisor must ensure consumers and their representative understand their updated documentation, or are supported to understand them, and are provided with a copy for their records. No changes are to be made without the consumer or their representative's permission.

Copies of updated *Care Plans* must also be:

- kept on consumer files, with key elements captured in Bilingual Care's Ezihealth and
- readily available to staff. This ensures staff are informed of the person's needs, preferences, goals, tasks, and any alerts or risks that may be present.

Relevant staff involved in the consumer's care must be informed of any changes.

Service Agreements will need to be updated if there is a change in the consumer's Support at Home classification, they enter a short-term pathway (e.g. restorative care pathway), or if they have a support plan review (via re-assessment with My Aged Care) and are approved to receive new services.

Where a consumer chooses not to sign the updated *Service Agreement* (however accepts the conditions and care and services commencing as above), the Care Partner is responsible for documenting the reasons why the *Service Agreement* is not signed and the basis of the care being provided, in the consumer's file in Ezihealth.

Staff Training

Staff coordinating care reviews must be equipped with appropriate assessment skills to effectively undertake care reviews and ensure services remain responsive to each consumer's changing needs. This includes recognising subtle changes in a consumer's baseline presentation and maintaining competency in holistic assessment approaches that consider clinical, functional, cognitive, psychosocial and environmental factors.

All staff delivering care and services play a critical role in identifying signs of deterioration and must be trained to recognise early indicators of physical, cognitive or psychosocial decline. Training will focus on building observational skills, understanding what constitutes a significant change from baseline, and reinforcing the importance of documenting and reporting concerns promptly and escalating as per the consumer's *Care Plan*.

Supporting Documents

Documents relevant to this policy and procedure include:

- *Care Management Policy and Procedure*
- *Consumer Incident Management Policy and Procedure*
- *Consumer Rights Policy and Procedure*
- *Decision Making, Dignity, and Choice Policy and Procedure*
- *Initial Assessment and Care Planning Policy and Procedure*
- *Privacy and Confidentiality Policy and Procedure*
- *Restorative Care Management Policy and Procedure*
- *Onboarding and Induction Policy and Procedure*
- *Open Disclosure Policy and Procedure*
- *Consumer Information Pack*
- *Care Plan*
- *Individualised Budget*
- *Service Agreement*
- *Medication Plan and Consent Form*
- *Consumer Risk Assessment*
- *Environmental In-Home Risk Assessment*
- *End of Life Plan*
- *Restorative Care Plan*
- *Statement of Rights*

Monitoring and Review

This policy and procedure will be reviewed at least annually by the Leadership Team. Reviews will incorporate staff, consumer, and other stakeholder feedback.

Bilingual Care's feedback collection mechanisms, such as consumer satisfaction surveys, will assess:

- satisfaction with the competency and thoroughness of staff completing care reviews

- understanding of Bilingual Care's care review processes and documentation (clearly described by staff)
- satisfaction with support provided during care review processes
- satisfaction with the choice, relevance, and quality of referrals and connections provided by Bilingual Care staff and
- awareness of and access to information during the care review process that allows them to make informed choices and remain in control of their care and services.

Bilingual Care's *Continuous Improvement Plan* will be used to record improvements identified and monitor the progress of their implementation. Where relevant, this information will be considered as part of Bilingual Care's service planning and delivery processes.

DOCUMENT CONTROL

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