CHC30208 Certificate III in Aged Care

Code: 22294A

Open Colleges
Student Workbook

› Provide support to meet personal care needs (CHCICS301A)
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Before you begin

What you will learn
This workbook is based on CHCICS301A Provide support to meet personal care needs from the CHCo8 Community Services Training Package.

Knowledge and skills required
The following is a list of the knowledge and skills required by the worker to support the older person with their personal care needs.

Knowledge
By the end of this unit students should know:

- the nature of own work role and responsibilities
- processes and strategies to support people with personal care needs
- basics of body hygiene and grooming
- basics of oral hygiene
- process of interpreting a personal care support plan, including terminology, basic understanding/knowledge of human body systems, goals, objectives, actions
- personal safety and security risks associated with provision of personal care support
- strategies to minimise personal safety and security risks associated with provision of personal care support
- role of carers
- common equipment and aids utilised in provision of personal care support
- principles and practices of confidentiality and privacy
- principles and practices in undertaking technical skills associated with supporting or assisting people to meet personal care needs
- significance of service setting, including specific contexts of supporting personal care needs in a residential care setting and in a client's private home
- occupational health and safety issues and procedures (including those related to manual handling and infection control).

Skills
At the conclusion of this unit it is critical that students demonstrate the ability to:

- follow organisation policies and protocols
- liaise and report appropriately to supervisor and/or health professionals
- make informed observations and report appropriately
- adhere to own work role and responsibilities
obtain relevant information from a personal care support plan
provide physical and psychosocial support to the person when assisting with personal care needs
provide personal care support within the individual personal care context
respond to a client’s personal preferences wherever appropriate
provide general hygiene and grooming, including physical ability to:
  perform personal care tasks
  provide oral hygiene
  perform client lifting and use moving methods
  use aids and equipment
support a person’s direction and participation in provision of personal care support
use processes, aids and equipment appropriately in provision of personal care support
communicate effectively with people requiring personal care support
identify variations to personal care support requirements
identify and respond to risks associated with providing personal care support
demonstrate safe and effective use of workplace technology in-line with occupational health and safety (OHS) guidelines
apply reading and writing skills required to fulfil work role in a safe manner and as specified by the organisation/service by:
  following work-related instructions and directions and seeking clarification and comments from supervisors, clients and colleagues
  possessing a literacy level that will enable them to interpret international safety signs, read client’s service delivery plans, make notations in clients’ records and complete workplace forms and records
apply oral communication skills required to fulfil work role in a safe manner and as specified by the organisation by:
  following work-related instructions and directions and the ability to seek clarification and comments from supervisors, clients and colleagues
  possessing oral communication skills that will enable them to ask questions, clarify understanding, recognise and interpret non-verbal cues, provide information and express encouragement
apply numeracy skills required to fulfil work role in a safe manner and as specified by the organisation by:
  performing basic mathematical functions, such as addition and subtraction up to three-digit numbers and multiplication and division of single and double-digit numbers
apply basic problem-solving skills to resolve problems of limited difficulty within organisation protocols
work effectively with clients, colleagues and supervisors.

Refer to the Training website (www.training.gov.au) for full details of the unit of competency.
How this unit is organised and what we expect of you

Throughout the learning material you will see the following:

**Practice Task**

A practice task is an activity that allows you to assess your own learning progress. It is an opportunity to determine the levels of your learning and to identify areas for improvement.

PLEASE DON’T SUBMIT YOUR PRACTICE TASKS.

**Discussion**

At the end of each chapter you will find a number of discussion topics. Whether this occurs in an online forum, through online messaging or in a face-to-face environment, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students.

**Print students**

As a print student, you may wish to participate in the discussion forums to liaise with fellow students. Discussion forums constitute an important resource that enhances your learning and can be accessed via OpenSpace. To access OpenSpace, go to [http://www.opencolleges.edu.au/](http://www.opencolleges.edu.au/) The link to Login to OpenSpace is located on the top right hand side of the main Open Colleges web page.

Your theory assessments for this unit are located in the back of this student workbook and your workplace assessments are available in Study Period 4.

**Online students**

If you are an online student, you are expected to participate in the online discussions. Discussion forums constitute an important resource that enhances your learning.

As an online student, you may download a copy of this student workbook from your unit on OpenSpace. Please ensure that you save this workbook to your hard drive.

Your theory assessments for this unit can also be downloaded from your unit in OpenSpace. Your workplace assessments are available in Study Period 4.
If you have a question about this unit

If you have any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via the OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email <studentsupport@opencolleges.edu.au> or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

**Glossary:** A glossary of key words used in the learning material can be found at the back of the workbook.

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**How to work through this unit**

**Understand the material**

To successfully complete this unit, you need to make sure you read the material presented in each of the chapters. Should you come across material that is confusing or doesn’t make sense to you, please contact your trainer via the OpenSpace messaging system. Most problems that you come across can be easily addressed by seeking clarification, and your trainer is in the best position to offer assistance. As a learner, it is very important that you take on some of the responsibility for the learning that you will undertake.

**Do the practice tasks**

As you read through the unit you will see a number of tasks. These give you an opportunity to:

- **use** your own experience
- **think** about what you have learnt
- **do** some research to enrich your learning
- **discuss** an issue with someone.

**Minimum essential requirements for students in this unit**

To pass the unit, you must attempt, complete and submit each of the assessment tasks and receive a satisfactory grade for each task.

**Assessment procedures and advice**

Students are expected to refer to the following information, along with “Open Colleges Assessment Policy and Procedures” available via the Open Colleges website at http://www.opencolleges.edu.au/policies.aspx#PoliciesProcedures

Please note that you will also have workplace assessment activities to complete for this unit. These activities will be undertaken either when you commence your work placement with a host organisation or if you are currently working when you decide to undertake your practical workplace assessment tasks. Workplace assessments are available in Study Period 4.
Before you begin

Theory Assessments

Instructions

Once you feel confident that you have covered the learning materials for this unit, you are ready to attempt this assessment.

To complete the assessment, please create a new MS-Word document and type your answers to each question or task in this document, noting the question number from the assessment.

To help Open Colleges manage your assessment, please use the following file-naming convention when you save your MS-Word document. Your file should be named and saved to your computer’s hard drive using your: [student number]_[assessment]_[assessment number].doc For example: 12345678_21850a_01.docx.

Assessment Submission

When you are ready to submit your assessment, upload the file in OpenSpace using the Assessment Upload links in the relevant Study Period of your course. The Student Lounge provides a ‘Quick Guide to Uploading Assessments’ if you need further assistance. Uploading assessments in OpenSpace will enable Open Colleges to provide you with the fastest feedback and grade on your assessment.

Alternatively, you can print and post your assessment to Open Colleges, PO Box 1568, Strawberry Hills, NSW 2012. Please ensure that you use the Open Colleges Assessment Cover Sheet (available in the Student Lounge in OpenSpace). Where assessments are submitted by post, grades will be released in OpenSpace. Please note that assessments submitted by post may take up to 21 days from the date received by Open Colleges to grade and are reliant on the efficiency of the postal service.

It is important that you keep a copy of all electronic and hardcopy assessments submitted to Open Colleges.

Resources

The following resources are suggested to assist you to gain the skills and knowledge required in this unit. They may be available online, at the Gale Library or your local library. You are not expected to read each one. Your trainer may suggest other resources to assist you in your learning.

Websites

Aged Care Australia <www.agedcareaustralia.gov.au/>
Independent Living Centres Australia <www.ilcaustralia.org/home/default.asp>
Tips to study success

- Below are some links that may help you to improve your study skills:
  - Webspiration – free online mind mapping tool. Watch a video on how to use Webspiration on YouTube http://www.youtube.com/watch?v=ToELbQC_F8&feature=related
  - Example of a mind map at MindMeister – http://www.mindmeister.com/23290325/western-philosophy
  - Bubbl-us – free online mind mapping tool https://bubbl.us/
  - Mind 42.com – free online mind mapping application http://mind42.com/signin
  - Study Stack – Online flash cards: use the ones available or create your own http://www.studystack.com/
  - Basic Study Skills - ALISON Online Training Course – http://alison.com/courses/Study-Skills
  - Math Help and Tutorials by Subject and/or Topic – http://math.about.com/od/mathhelpandtutorials/Math_Help_and_Tutorials_by_Subject_and_or_Topic.htm
  - Khan academy Maths – http://www.khanacademy.org/
  - Computer basics – http://www.gcflearnfree.org/computers
  - Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html
Introduction: Supporting people with personal care needs

People requiring support with their personal care needs will often come to you with a range of different medical or other basic care needs. They may also come to you from a variety of backgrounds or have specific cultural needs to be met. Personal care needs will therefore vary according to the client’s disability or medical condition, their culture, their personal preferences and perhaps the needs of their family.

A critical part of supporting people and meeting their personal preferences is ensuring that clients have a sense of control over the support and care that is provided. Your focus, as a care worker, is to follow the client care plans and provide a level of support that allows the person to be as independent as possible. The way you interact with your clients, the level of information you provide and the degree to which you allow the client to make choices will have a significant impact on the success of the care you provide.

Through this workbook you will be encouraged to see your clients as active participants in the support you deliver. There should be discussion and choice about how your support is provided. The first and most critical step is to understand your clients’ personal support needs, particularly as expressed in their care plans.

As you carry out your work, you should also be guided by your workplace policies and procedures to ensure the support you provide minimises risk to yourself and your clients. Providing support may involve some specialised or technical knowledge on your part, perhaps in helping a person change an artificial limb. More generally, your role will often require you to work with aids and equipment; for example, helping a person with their wheelchair.

Workplace policies and procedures will also guide you in a number of other ways. You may be given guidance about:

» identifying and dealing with difficulties in meeting a client’s care needs
» privacy and confidentiality
» the standard of work performance required of you
» identifying and reporting changes required to the kind of support a client requires, including revised processes of different aids
how to identify, clarify and report health issues a client may have, particularly in cases of self-neglect.

It is essential that, as a support worker, you are alert to changes in a client’s condition, care needs or circumstances and that you understand the process for reporting these changes.

Formal reporting, recording and document maintenance will be required elsewhere in your role. Once again, there will be workplace guidelines you will be required to follow for completing documents and maintaining records. While many documents you keep can be used in legal proceedings, it is just as important to understand that the information you provide makes a vital contribution to the quality of care your clients receive.
Chapter 1: Understanding the client’s personal care needs

Personal care clients may live in residential care environments or in the community in their own homes, either alone or with friends or family. Personal care may be provided to them while at home or in the residential facility, or in a community setting such as a school or other learning environment or a day centre.

Having personal care needs met is a basic and essential need. A person must have their personal care needs met to help them to achieve their other activities of daily living, work, education or social interaction. Personal care includes making sure clients are properly nourished, clean and able to move around safely and easily.

Each client you work with will have different personal care needs. These needs will depend on the type of disability or frailty they have, the place they live and the people that live with them, their personal beliefs, their cultural background, their preferences and life experiences and other individual characteristics.

In this chapter you will learn about:

1.1 Reviewing personal care support plan with the client
1.2 Confirming personal support needs
1.3 Considering the effect personal care support has on a client
1.4 Understanding the cultural needs of the client
1.5 Identifying the risks associated with providing personal care
1.6 Using equipment, processes and aids
1.7 Seeking appropriate support
1.1 Reviewing personal care support plan with the client

What is personal care?

Personal care activities are the tasks carried out to maintain the client’s health, appearance and general wellbeing. Support workers provide assistance with these activities to people who would normally perform these tasks themselves but now require assistance due to illness, disability or frailty. Personal care services include helping clients with:

- washing
- dressing and undressing
- grooming
- hair and nail care
- oral hygiene – looking after the mouth, gums and teeth
- mobility – moving part of the body
- transfer – moving the body from one place or position to another such as from a bed to a chair
- toileting
- eating and drinking
- respiration – breathing
- skin maintenance – looking after the skin.

The role and responsibilities of a support worker

A support worker helps clients with their personal care needs. This involves helping with normal daily activities, monitoring the client’s wellbeing and reporting any notable changes. It involves providing care in a way that focuses on the client and their personal preferences and needs.

Personal care can be delivered to a range of different clients, in a range of locations and contexts, including:

- a client in their own home
- students at a school or in another learning environment
- clients at a service or community venue or other community setting
- people living in a residential care environment.

In order to provide effective personal care assistance to your clients, you need to know:

1. Who the client is
2. Where the service will be provided
3. The client’s abilities and personal care preferences
4. Other people who provide care for the client.
1. **Who the client is**

There are several things you need to know about the person you are delivering personal care services to, including:

- their name, and what they prefer to be called
- the country in which they were born and the cultural implications this may have
- which language they speak
- if they are Aboriginal and Torres Strait Islander
- if they are frail or have a disability
- if they have dementia or other cognitive issues that may affect memory or behaviour
- if they have difficulty communicating
- whether they are financially disadvantaged
- whether they live in a rural or remote area.

This information will shape and inform the way you assist with the client’s personal care. For example, if the person is from a different cultural background, you need to understand their beliefs and identify how these beliefs may affect their personal care. You need to approach your tasks in a culturally appropriate way. If they are financially disadvantaged, you should be mindful of this when suggesting they buy certain personal care products and make sure they are not wasted when you are providing support.

Information about the client is recorded in the client’s **personal care support plan**. This may be a stand-alone personal care support plan or it may form part of a wider individualised plan. Make sure you have read and reviewed your client’s support plan.

2. **Where the service will be provided**

You need to know where the personal care assistance is to take place. If you are providing support in clients’ homes, the environment will vary greatly. The client’s home could be a house, a unit, an apartment in a retirement community, even a caravan or mobile home. It is important to know if you are providing support in a service or community setting, as this may affect the equipment you need, the clothes or uniform you wear or the way you plan your work. You may work in a particular setting such as a planned activity group or school, or you might move from place to place in your work.

You will be given information about when the care is to start and where it is to take place when you are given a work roster.

3. **The client’s abilities and personal care preferences**

Every person you work with will be different. A client’s ability to complete their personal care tasks will vary. Some people may only need help with parts of tasks, or with some but not all personal care tasks. Others may need much more support. A client’s abilities may change over time. Their condition may worsen, which means they can no longer perform tasks they were able to before.
Your clients will also have different preferences for how you provide support to them. These may be a preference for the order in which tasks are done or for a worker of a particular gender or age. Clients may have preferences about the level of privacy they want with personal care tasks. A client’s preferences may change over time, or may change from visit to visit depending on their mood and on their cultural background or upbringing. You will find out information about the person’s preferences from their personal care support plan or by asking them how they would like their personal care tasks done. Some clients, such as children, those with communication difficulties and those with dementia may not be able to convey their personal preferences. It may be necessary for the client’s family or carer to assist in establishing and communicating information about their care abilities and preferences.

4. Other people who provide care for the client

When you are working with a client who receives additional support and services from others, it is important to be aware of who provides this additional support. It is important that services are well coordinated and that all of those providing support work together to ensure that the client receives the best care and support possible. You need to know what your responsibilities are and what responsibilities others have. You need to know if the client has a husband or wife, partner, family member or other carer who lives with them or visits and provides support. You need to know if other services provide support to your client such as other personal carers, home carers and visiting nurses.

It is important to know who these people are so you can communicate with them about changes in your client’s needs and to ensure that services are well coordinated. This information should be in the client’s personal care support plan or assessment information. The client may have a communication book for different support people to access and share information. You may need to write in the client’s file, in progress notes or care notes.

It is important to know what the role of each support person is and how this may fit with or affect your role as a support worker.

The following example is about Mrs Richmond, who is experiencing a condition common in ageing people – memory loss.

**Example**

Mrs Richmond is a 71-year-old woman who lives in a unit in a retirement village. She has always cooked her own meals and baked cakes and scones for herself, her family members and friends. Lately she has been experiencing some memory loss. Staff from the village have been called to her unit three times to respond to a smoke alarm. They discovered that she had forgotten to take things out of the oven and they have become burnt and set off the alarm. When staff attended the unit, they noticed that Mrs Richmond’s kitchen was dirty, she had out-of-date food in the fridge and she did not seem to have washed properly.

This condition – memory loss – is causing Mrs Richmond to forget to perform her personal care tasks properly. To help Mrs Richmond maintain her independence, she will need support to complete her personal care tasks.
Practice task 1

1. Describe five things that you need to know about a client you are providing personal care services to. Explain why it is important to know each of these things.

The personal care support plan

The care you give to your clients will differ. This is because the needs of individual clients and types of services you will work for are different.

You are likely to work with clients in a variety of different situations. You may work with clients who:

- live in their own home
- live in a residential care environment
- live in a place that is suited to people with high-care needs
- live in a place that is suited to people with lower support needs
- are veterans
- have disabilities
- are using services through a community program.

There are some things, however, that should be the same in most workplaces. There should be a personal care support plan for each client. The support plan is a written document that explains the personal care a client needs. The plan is written with the help of the client and may also include information provided by the client’s carer.

The name of these plans may vary from workplace to workplace. The plans are updated regularly. This may be because the needs of the client have changed. They may need more care in certain areas. They might not be able to do some tasks on their own or they might need workers to give them more prompts during tasks.

There should also be workplace rules and guidelines that tell you how to do your job. Your job role should have a formal job description that describes your responsibilities.

Reviewing your client’s support requirements

An important objective of a personal care support plan is to increase a client’s ability to direct their own lives. Sometimes inclusions in service delivery plans are restrictive or do not provide sufficient opportunities for development.

Monitoring the plan allows timely changes to be made to help ensure the objectives of the support plan are achieved.

Consulting with the client and their caregivers is one way to review work. There are other methods. These include:

1. Observation
2. The results of assessments
3. Discussion and consultation.
1. Observation

Observation can provide direct evidence about the client’s progress. Observation happens while you are assisting the client with their personal care. It involves paying attention to whether their needs for assistance and their abilities to perform tasks remain the same or have changed from when their support plan was developed. Observation is often most effective when done informally and as part of your daily work. Your observations should be noted and reported so that the support plan can be changed to reflect client needs.

The following example illustrates observation of a change in a client’s support requirements.

**Example**

John is a support worker at a special development school. One of the students there is Ricky. Ricky is eight years old and has Down Syndrome. He is unable to perform most of his own personal care tasks. Ricky loves having his shoes and socks off, and has always needed someone to put them back on for him when he goes outside or is ready to go home.

Ricky’s personal care support plan states that staff should provide full assistance to Ricky when he requires his socks and shoes on.

Today when John is getting Ricky ready to go outside and play, he notices that Ricky has found his socks by himself and managed to get them half way onto his feet. He cannot pull them up properly, but has at least got them part way on. John notes this observation in Ricky’s case notes, and consequently Ricky’s personal care support plan is changed to instruct workers to encourage Ricky to put his own socks on and assist only when he has done as much as he is able.

2. The results of assessments

There are a variety of tools that can be used to assess physical, mental and **cognitive** wellbeing, as well as a person’s ability to carry out activities of daily living. Some of these tools may include:

- personal information questionnaires
- functional ability assessment forms
- health condition assessment forms
- psychosocial needs forms
- mental health and wellbeing forms
- mental status examinations.

Doctors, nurses, psychologists and your supervisor should interpret the results of these assessments to identify the client’s progress.

When providing personal support, you need to be able to read and understand the personal care support plan and the rules and guidelines for your workplace. You must be confident in asking for help if you do not understand something. There are always people
in your workplace who are happy to help you with information you do not understand.

As a support worker, you are required to offer care that is responsive to the needs of the client. Your clients care must be based on a partnership model, where they are responsible for taking an active role in determining their care needs; deciding on an appropriate personal care support plan and implementing and monitoring the actions and outcomes of the plan. Plans are developed and care is delivered in a way that is **person centred**. This means that support is provided to the client with their goals, aims, preferences and abilities in mind.

Support plans may change because the needs, abilities or preferences of the client have been reviewed. There might be a meeting called to discuss a client’s needs. This may be requested by the family, the carer or by the client. A meeting may be the result of a suggestion made by a support worker.

### 3. Discussion and consultation

**Consulting with team members and other support staff**

You may need to discuss the client’s progress with other support workers. Ensure that you speak about the client only with those involved in their care. If you need to seek the expert advice of a worker or professional not involved in their care, you should not refer to the client by name and only speak in general terms, so that the client cannot be identified by the person you are talking to.

Program planning meetings are formal ways to discuss and consult with all stakeholders (those involved in the care and support of the client). These meetings are called case conferences or program support groups. Formal meetings offer all stakeholders the chance to share information about the client’s condition, consider possible solutions and decide on a service delivery plan.

**Agenda** are developed for these meetings to ensure that all stakeholders have a chance to contribute. During the meeting someone will be responsible for taking minutes. These minutes will reflect the contributions of each person to each of the agenda items. This written record can also be used to write up the new support plan.

It is important to discuss and consult with the client and their family members or carers when reviewing their support plans.
Consulting with clients and their carers

It is important for support workers to actively encourage their clients to participate in determining if their needs are being met through the process of consultation. Reviewing a client’s support plan through a consultation process may help establish whether a person’s care needs are increasing, stabilising or decreasing. The client or those family members who live with them and/or provide care are often best placed to know when things have changed, or when the support provided is not meeting the client’s needs. However, it is also worth considering that when changes are gradual, the client and those that are with them all the time, may not notice them and may be surprised when changes are pointed out to them.

Changes in a client’s condition may be caused by:
› failure to comply with a health provider’s instructions
› progressive disorders or diseases
› increased fragility due to age
› adherence to health provider’s instructions
› active participation in health care.

Consultation methods

Consultation about a client’s condition and progress can be:
› verbal
› written
› informal
› formal.

Informal verbal feedback should be sought during day-to-day interactions with clients. Ask your client about their comfort level, health and wellbeing when providing personal care. Take the time to discuss with your client whether they feel their needs are being met. Be mindful of privacy considerations when dealing with this type of information. If you are unsure, ask your supervisor.

When communicating verbally with your clients, make sure you choose your questions carefully. Questions should not be leading, closed or vague, as described in the following table.

<table>
<thead>
<tr>
<th>Question type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leading</td>
<td>A leading question is a statement disguised as a question. A client may feel obliged to agree with you.</td>
</tr>
<tr>
<td>Closed</td>
<td>A closed question requires only a ‘yes’ or ‘no’ answer. A client may say ‘yes’ but this might indicate they don’t want to be rude or they would like the conversation to finish, rather than actual agreement. There are instances where closed questions are effective; for example, if you want a client to commit to or reject a proposed action.</td>
</tr>
</tbody>
</table>
Chapter 1: Understanding the client’s personal care needs

<table>
<thead>
<tr>
<th>Question type</th>
<th>Description</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vague</td>
<td>A vague question can be interpreted in a range of ways. Answers to vague questions may not provide the information that you require.</td>
<td>‘How is it all progressing?’</td>
</tr>
<tr>
<td>Specific</td>
<td>A specific question provides the client with a clear indication about the information you are seeking.</td>
<td>‘What was your experience with the learning support centre like?’</td>
</tr>
<tr>
<td>Open</td>
<td>An open question encourages a person with a disability to explain in more detail.</td>
<td>‘How can we improve the care we offer you?’</td>
</tr>
</tbody>
</table>

The questions you choose to use are important; however, there are other factors that contribute to the success of the consultation.

» Does the client feel comfortable with you?
» Does the client feel confident you will act on their feedback?
» Does the client feel confident the information will only be shared with the appropriate personnel?

In most cases you should be able to answer ‘yes’ to these questions. Listen to your clients and their carers. Make sure you take their feedback seriously, follow up on all promises and never discuss your clients with unauthorised people.

If consulting formally with clients and carers about the support provided, make sure the environment allows the client to feel comfortable. The room should be at a pleasant temperature and free from distractions. Your body language should match your words. Body language often sends a more powerful message than words.

Consider the following example, which illustrates a communication problem.

**Example**

Janice, a support worker, says to Bob, a client, ‘Yes Bob, I am keen to hear your feedback.’ Her voice is flat and she appears uninterested. She keeps looking at her watch and fidgeting. Bob decides that Janice is not interested so he says, ‘It doesn’t matter.’

The following example is of a support worker with good communication and consulting skills.

**Example**

Vinay is a 25-year-old man with a disability. Dilshan is his support worker.

Vinay: Dilshan, I was wondering if I could have a few words.

Dilshan: Absolutely!

Dilshan opens the door and guides Vinay to two comfortable seats arranged side by side. Dilshan looks at Vinay throughout the interaction, repeats key phrases to show he is listening and asks questions to clarify his understanding. Vinay shares all the required information.
All forms of feedback should be:

› acknowledged
› investigated
› acted upon
› documented.

Acknowledging feedback can be verbal; for example, ‘It sounds like this has been distressing for you.’ Or it can be a written acknowledgment, which is normally provided or authorised by a manager. Written acknowledgment should be provided quickly and it does not have to include a solution. It shows the client that their feedback has been received, is being acted upon and provides a reference point for further contact.

The following is an example of a response to a letter from Florence Malloy, who had inquired about receiving additional personal care support for her adult son.

Example

Dear Mrs Malloy,
Re: Personal care services
Thank you for your letter regarding your experiences with our personal care services dated 13/08/12. We are currently investigating the best way to improve the personal care services your son receives. I will contact you within five working days to discuss a new plan.
If you have any questions during this time, please contact me on 9000 9000.
Yours faithfully,
C Smythe

Clients and their carers should be kept informed of the outcome of the feedback they provide. This encourages them to provide feedback in the future.
1.2 Confirming personal support needs

There are many activities of daily living that need to be done in order to keep clients comfortable, healthy and safe. Support workers will have a number of different tasks to do in order to assist their clients to complete these activities.

Activities of daily living

The tasks people do every day are called activities of daily living. Activities of daily living are the jobs we do to keep ourselves and where we live clean, safe and organised. The following table describes the types of daily activities people do and the ways in which these things can become more difficult when people are aged or have a disability.

<table>
<thead>
<tr>
<th>Daily living activity</th>
<th>Example</th>
<th>Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Keeping the home in good condition</td>
<td>• Cleaning the windows • Fixing a broken lock</td>
<td>A physical disability could prevent a person from maintaining their home, meaning it becomes unsafe and uncomfortable.</td>
</tr>
<tr>
<td>Keeping the garden in good condition</td>
<td>• Weeding • Watering</td>
<td>Arthritis or other joint problems may mean it is difficult to bend or kneel down. If the garden becomes overgrown or falls into disrepair, it may become unsafe.</td>
</tr>
<tr>
<td>Transport</td>
<td>• Driving • Catching a bus</td>
<td>A person with an intellectual disability may never be able to obtain a driver’s licence and may then have to rely on others for transport, or use funds to pay for transport, for their whole life.</td>
</tr>
<tr>
<td>Going out</td>
<td>• Visiting friends</td>
<td>A person who has a progressive condition may not be able to go out and see friends or socialise as often as they would like to. They may become socially isolated.</td>
</tr>
<tr>
<td>Domestic cleaning</td>
<td>• Clearing the table • Washing the dishes • Sweeping • Putting the rubbish bins out for collection</td>
<td>Problems with joints, muscles or vision can make domestic cleaning very difficult. An unclean house can be unhealthy and unsafe.</td>
</tr>
<tr>
<td>Domestic laundry</td>
<td>• Hanging clothes out to dry • Folding the washing</td>
<td>Memory problems or other intellectual disabilities can mean a person may not be able to learn or remember how to do laundry. This may mean their clothes are dirty or unironed and may lead to them being ridiculed by peers or avoided socially by friends and acquaintances.</td>
</tr>
<tr>
<td>Preparing meals</td>
<td>• Chopping up vegetables • Cooking</td>
<td>Memory problems can make cooking dangerous.</td>
</tr>
<tr>
<td>Daily living activity</td>
<td>Example</td>
<td>Effects</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Shopping</td>
<td>• Buying things to eat</td>
<td>Shopping can be difficult if the client cannot drive, or has difficulty walking or lifting heavy weights.</td>
</tr>
<tr>
<td>Paying bills and writing</td>
<td>• Paying a phone bill</td>
<td>Problems with vision or memory can make writing or remembering to pay bills difficult. Not paying bills may mean essential services such as electricity or telephone are disconnected.</td>
</tr>
<tr>
<td>letters</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caring for pets</td>
<td>• Feeding</td>
<td>Pets can be dangerous as a trip hazard, or if they jump or knock the client over. If the client has arthritis or muscle weakness, they may have difficulty opening a can or taking a pet for a walk.</td>
</tr>
<tr>
<td></td>
<td>• Cleaning</td>
<td></td>
</tr>
<tr>
<td>Personal care</td>
<td>• Showering</td>
<td>Paralysis, difficulties with standing or reaching, memory problems, etc. can all make personal care tasks difficult. Not maintaining personal care can affect health and wellbeing.</td>
</tr>
<tr>
<td></td>
<td>• Cleaning teeth</td>
<td></td>
</tr>
</tbody>
</table>

As demonstrated in the table, common conditions of ageing or having a disability can create challenges in just getting usual daily tasks done. This means that clients may have difficulty in achieving or maintaining independence.

The types of activities of daily living people perform may change. Your clients’ needs may be:

- physical
- emotional
- cultural
- spiritual
- sexual
- safety and security related
- nutritional.

As people age, their needs in these areas may change, and the activities of daily living they do to meet these needs may also change.

As a support worker, you must understand the needs of your clients. You must regularly monitor and confirm the level of support required by your client to ensure you are meeting their needs. You will need to document any changes to your client’s support according to your workplace policies and procedures. If you are unsure about how to do this, speak to your supervisor.
Chapter 1: Understanding the client’s personal care needs

Personal support requirements

It is very important that your clients are able to complete their personal care tasks so they remain as safe and healthy as possible. The changes and conditions that commonly occur as people age or the limitations caused by disability can affect their ability to remain independent. They may need assistance or supervision when they are carrying out their personal care tasks.

Your clients’ personal support requirements may necessitate you to assist them in:

- personal hygiene, oral hygiene and health care
- eating, drinking and using feeding techniques
- toileting, use of continence aids and bed bathing
- dressing and grooming (including assisting with pressure stockings)
- shaving, showering and elimination
- hydration and nutrition, including dysphagia
- maintaining skin health and preventing pressure sores
- mobility and transfer (including assisting the client in and out of vehicles or with falls recovery)
- medication
- nail care
- pain, rest and sleep
- respiration
- other technical care activities according to personal support plan and your organisation’s policies and protocols and procedures.

Personal hygiene

Personal hygiene means keeping our bodies clean and free of dirt. It means looking and smelling fresh. The main activities we undertake to maintain our personal hygiene are washing, dressing and undressing, grooming and oral hygiene.

Washing

You can wash the body by showering, bathing or sponging. Daily living activities for washing include getting the shower or bath running, checking temperature, washing the body and hair and drying the body and hair.

These activities can be difficult for clients. The following example illustrates the kind of problems some clients may face in completing their personal care tasks.

Example

Mr McGuire has arthritis in his back and knees. He likes to shower every evening before going to bed. He has arthritis and cannot bend his knees or back well. Mr McGuire has trouble standing up for any length of time, balancing well and moving from standing to sitting.
It is very important that clients are able to wash and keep themselves clean. Keeping skin clean helps to prevent cracks or other openings developing in our skin, where disease-causing bacteria could enter and cause illness. Washing also helps to remove bacteria and lower the risk of infection. It is especially important to carefully wash areas that are exposed to urine or faeces. Both these body substances can cause burns or rashes on the skin and promote disease-causing bacteria. These areas must be washed well every day or two.

After a shower or bath, a client’s skin must be dried properly. Leaving the skin damp may cause redness, rashes or cracks in the skin and may allow fungus to grow, causing infection or illness. The whole body should be dry. You should encourage or assist the client to carefully dry toes and fingers, and in areas where there are folds of skin; for example, around the stomach, back or under breasts.

For some clients, getting into a shower or bath is too difficult and it is necessary to help them to wash with a sponge. When washing this way, it is important to make sure that the person’s body is washed thoroughly, including all of the difficult-to-reach places.

Some clients may be able to wash some areas themselves. Others will need help with everything. Make sure the person is properly rinsed and dried. The client’s personal care support plan will let you know what type of support and assistance they need and how to provide it. It will give information on whether the person has a shower, bath or sponge bath. It will tell you what parts of washing they can do themselves and what parts they need help with. Make sure you read your client’s support plan. Talk to your supervisor if there is anything you are unsure about.

A home and community care worker should only perform the tasks detailed in the support plan. If the support plan says the client can do some parts of the task themselves, make sure you encourage this. Be sure to help with all of the tasks indicated in the support plan.

Make sure you plan your work. Think about the things that need to be done before the person is washed, before the water is running and the person is undressed. Think about the things you will need after washing the person such as towels, powder, a chair and clothes: they should be in easy reach before you begin.

Some clients will be able to wash themselves and will only need help to get in and out of the shower or bath. Other people may be able to wash most of their own body but may not be able to reach some areas such as their feet or back. Others may need help with washing all of their body. When helping a client to wash, it is important to help them maintain their dignity and privacy. Make sure they stay covered for as long as possible. If they only need a little help or supervision, try to seem busy doing something else in the room rather than look like you are watching them. If they need your help with washing, talk about other things while you wash them to divert their attention. If you need to ask or tell them something about what you need to do, be direct. If you are calm, confident and not embarrassed, this will put your client at ease.

You also need to make sure that you are aware of and show respect for the client’s cultural and religious beliefs. You must consider these beliefs and the way they affect the tasks you will help with.
Chapter 1: Understanding the client’s personal care needs

Practice task 2

Read the case study and write your responses to the tasks.

Case study

Louise is a support worker who helps Madeline with her shower. Madeline’s support plan indicates she needs help to get into the shower and sit on the shower chair. She can wash most of her body herself, but needs help to wash her feet and she needs to be reminded about washing properly elsewhere. The support plan indicates the worker should remain in the bathroom and supervise Madeline while she showers, then help her out of the shower and dry her feet and legs.

1. List the tasks the worker needs to do to help Madeline with showering.
2. Describe, in your own words, how the worker could ensure she respects Madeline’s privacy and dignity, and help to put her at ease while she is in the shower.

Dressing and undressing

There are many reasons why some clients need assistance with dressing and undressing. A client may have involuntary movements or arthritis in their hands and not be able to manage buttons and zips. They may not be able to stand for long periods or balance properly. Others may have vision problems and not be able to see colours or if their clothes are clean. Or a client may have an intellectual disability, memory problems or dementia and be unable to choose appropriate clothing for the situation.

It is important that clients are able to dress in clean and suitable clothing and that they get the help needed to do this. Your clients need clothing that is appropriate to:

- the weather – to avoid being too hot or cold
- the situation – they need to wear different clothes for different occasions. For some people it is very important to be well dressed if they are going to a social event, or seeing a doctor or other professional
- their abilities – for example, they should not wear clothing that prevents them from going to the toilet independently; it is important their clothing is manageable. Velcro or hook fastenings, pants with elastic waists instead of clothing with buttons or zips may be easier. An occupational therapist may find ways for your clients to manage things like buttons, zips and other fastenings.

Clients should be dressed in clean, laundered and ironed clothes. This way your clients’ clothes are hygienic and feel comfortable. This assists them to maintain their dignity. As a support worker, you should respectfully point out when clothes are soiled or need ironing. Do not be embarrassed or concerned that you may insult the person. Most people would prefer to know. Remember, though, if your client chooses to wear the clothes anyway, this is their choice. Talk to your supervisor if you are concerned or have any difficulty with this part of your role.
Grooming
Grooming means making sure your clients are neat and tidy. That their hair is brushed and arranged tidily, and men are clean-shaven and women have their make-up on where this is their preference. You should ensure their fingernails are clean and smooth.

These are everyday things that everyone does but for various reasons may become difficult for some people; for example, a person with a physical disability affecting the use of their arms or shoulders may have difficulty lifting their arms to brush or comb their hair, apply make-up or hold a shaver. A person with vision problems may have difficulty seeing if their hair is neatly combed, their face smoothly shaven, their make-up straight or if their nails are clean. A person with dementia may have forgotten how to groom themselves appropriately. Your client’s support plan will tell you how much help the person needs with grooming. Make sure you read the personal care support plan and follow it closely.

Where possible, ask your client or their carer what they are doing for the day to make sure their grooming is appropriate. Always tell the person what you are going to do before you do it. Check the client when they have finished their grooming to see that they have not forgotten something. Tell them they look good. It is reassuring for someone who cannot do their own grooming to know they look good, and that someone else is checking for them.

Here is an example of a worker assisting their client with their grooming.

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**Example**

Jane is the support worker who helps Mr Spears. Mr Spears used to work in a bank in the city and has always been particular about his clothing and grooming. He always wore a collar and tie on weekdays. When going out, he was always clean-shaven with combed hair and neat, clean fingernails. As he is getting older now, his sight is failing and he has trouble seeing if he has shaved properly or if his clothes are clean. Jane is aware that this is very important to him. She always checks carefully that he looks neat, tidy and clean. She tells him that he does.

Mr Spears can then go out feeling confident that he is properly dressed and groomed.

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Oral hygiene
Oral hygiene is making sure that the teeth and mouth are clean. Some people have their own teeth; others may have dentures. Where clients still have some or all of their own teeth, it is important they care for them well so they do not become decayed. Dentures must also be cleaned and appropriately cared for.

Support workers may be required to remind their clients to brush their teeth, assist them with preparing the brush and toothpaste or assist with brushing. If a client has dentures, they should be removed and cleaned each day. There are special pastes or soaking solutions that people with dentures use to clean false teeth. People with dentures still need to make sure that their mouth and gums are clean and cared for. They may use a mouthwash to make sure food particles are rinsed away and their mouth is clean. Support workers may be required to assist clients with cleaning and soaking their dentures. They may only need reminding to do this, or they may need assistance with the whole task. The client’s support plan will provide information on the level of support required with oral hygiene.
Chapter 1: Understanding the client’s personal care needs

The following example shows a personal care support plan that identifies the level of oral hygiene support required.

**Example**

Mr Lockyear’s personal care support plan has the following section in it.

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
<th>Personal care tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral hygiene</td>
<td>Mr Lockyear has partial lower dentures. The rest of his teeth are his own. Mr Lockyear needs prompting to clean his dentures and his other teeth, or he forgets.</td>
<td>Remind Mr Lockyear to remove his dentures at night. Rinse these and brush with denture paste. Place dentures in container with water and cleaning tablet. Put toothpaste on his toothbrush and have a glass of fresh water ready. Remind Mr Lockyear to brush his teeth. Monitor him and prompt him to clean properly top and bottom. Prompt him to rinse properly. Rinse toothbrush and cup when he is finished.</td>
</tr>
</tbody>
</table>

**Practice task 3**

Read the case study and write your answers to the questions.

**Case study**

Jeremy is the support worker who visits Mr Lockyear to help him get ready for bed. When it is time to clean his teeth, Jeremy follows Mr Lockyear to the bathroom. He gives him his toothbrush and the toothpaste and says, ‘Clean your teeth now, Mr Lockyear.’ Jeremy lays the pyjamas out on the bed while Mr Lockyear is brushing his teeth. Jeremy returns to the bathroom, gives Mr Lockyear a glass of water and tells him to rinse. He then asks Mr Lockyear to remove his dentures. Jeremy takes these and rinses them under the tap. He places them on the bedside table for Mr Lockyear to put in his mouth in the morning.

1. Review Mr Lockyear’s support plan. Did Jeremy follow the support plan for assisting Mr Lockyear with oral hygiene?

2. What did Jeremy do? What should he have done? Complete the following table.

<table>
<thead>
<tr>
<th>What Jeremy did</th>
<th>What Jeremy should have done</th>
</tr>
</thead>
</table>
Mobility and transfer

Mobility means being able to move about. This may mean walking unassisted, using a walking stick or walking frame, or moving around in a wheelchair. Transfer means being able to get from lying down to sitting or sitting to standing. Your clients may have trouble with mobility and transfer.

Your clients may have problems with the joints or muscles in their legs, hips, back or arms, which might make moving very difficult. They may have impaired vision which makes moving around and finding their bed or chair hard to do. They may have uncontrolled movements in their limbs, making movement and balance difficult. A support worker may need to provide mobility and transfer assistance to clients.

The client’s support plan should describe how much help the client needs. They may be independent. They may need reminding about the best way to transfer or move independently. They may need assistance such as stabilising a walking frame or positioning their hands and feet. They may not be able to move or transfer at all. This may need to be done for them with special equipment such as a hoist.

It is important that some clients are assisted with mobility and transfer because they could otherwise get stuck lying in bed or sitting in a chair all day. Mobility and transfer are required for daily living activities such as:

- getting out of bed
- getting in and out of the shower
- going to the kitchen for food and drink
- going to the toilet
- sitting down to read a book or watch television
- going to answer the telephone
- getting into a car or bus to go to work or school.

A client may be in danger if they are not able to get the assistance they need for mobility and transfer.

Practice task 4

Carry out the following task:
For one day, either at home or work, record the number of times you move from standing to sitting, and sitting to standing.

1. Discuss with a fellow learner or a co-worker the effect limiting or restricting your ability to carry out these fundamental activities would have on your independence.

2. In the light of this discussion, consider also the impact the need for mobility has on the level of care provided.

Record your responses.
Elaboration

Elimination

Elimination means being able to go to the toilet. It means being able to urinate and defecate. Elimination can become a problem for older people and for those with disabilities.

Controlling elimination

People can have difficulty with controlling elimination. This is referred to as incontinence. They may have to use incontinence aids such as pads or special underwear to prevent their clothes becoming soiled. Elimination may occur whenever waste materials are present or if the person strains due to activities such as laughing, exercising or lifting, for example. A person can be incontinent with urine, faeces or both.

People who are incontinent may require support to use incontinence aids appropriately and to remain clean and washed. This prevents damage to their skin, their clothes and helps them to smell fresh at all times.

Elimination difficulties

People may have difficulty making elimination occur. They may not be able to urinate or defecate when they need to. Not eliminating bodily wastes can be very dangerous. It can make a person very sick. Some people who are unable to urinate will need to have a catheter fitted, which connects to a bag that collects the urine. Clients who have a catheter may need assistance to empty the bag.

It is important that the person’s body is kept clean around the catheter area. Catheters can provide an entry point for bacteria, and infections can easily occur if the site is not kept clean.

Eliminating faeces

People may also have difficulty eliminating faeces. Some people may be constipated. This means the person has not passed faeces for some time; there is a build-up that the person is unable to pass. A doctor may prescribe medication for constipation. As a support worker, you may need to remind the person about when to take the medication or to assist them with personal hygiene. Other difficulties clients may have with elimination are usually managed by a doctor or other health professional. The main things to remember when assisting people with elimination are to:
  
  - use any aids the client requires for support
  - assist the client to keep clean
  - report any changes to the person’s ability to eliminate waste immediately.

Hydration, nutrition and feeding

A person must remain properly hydrated to be healthy. Dehydration is the condition that occurs when a person does not have enough water in their body. They become weak, very sick and may die if not treated. Likewise, we need vitamins, minerals, proteins, carbohydrates, fats and fibre for our bodies to work properly and for us to stay healthy.
Some clients need assistance with hydration, nutrition or feeding because they have:

- difficulty mobilising or standing and cannot prepare a meal or get a drink
- memory problems and sometimes forget to eat and drink properly, or they cannot safely prepare a meal
- conditions such as Parkinson’s disease and are unable to chew or swallow properly
- physical disabilities and are unable to feed themselves
- problems with their teeth or dentures and need assistance with feeding
- conditions such as arthritis, which can make food preparation painful, and need support to prepare their meals.

A support worker may be required to assist clients with hydration and nutrition in a number of ways such as:

- prompting them to eat and drink properly
- assisting them to prepare food and drink
- monitoring them while they eat and drink
- preparing vitamised food or thickened drinks for clients with chewing or swallowing problems
- assisting them with feeding.

The client’s support plan will describe the support the client needs. Remember it is very important that people have proper hydration and nutrition. If you are unsure or concerned about a client, report this immediately to your supervisor.

**Respiration**

Respiration means breathing. It is critical to health and life. When you breathe in, you move oxygen from the air into the bloodstream. When you breathe out, you move carbon dioxide from the bloodstream out of the body into the air. Respiration uses the mouth, throat, lungs, heart and diaphragm.

Some of your clients may have difficulty with respiration. They may have a condition that makes breathing difficult or that causes less oxygen to enter the body. Health professionals treat such conditions.

Clients with respiration difficulties may be unable to move around without becoming breathless. They may need to receive oxygen via a tube and carry a tank around with them. This makes moving around difficult. They may not be able to do their activities of daily living without assistance or supervision.

The client’s support plan will describe the types of assistance these clients require. Here is an example of a client with a respiratory problem.
Chapter 1: Understanding the client’s personal care needs

Example

Mrs Hawkins is 58 years old and lives alone in a small unit. She smoked for 35 years. She gave up last year after being diagnosed with advanced emphysema. She has tubes providing oxygen directly through her nostrils at all times and she has an oxygen tank on a trolley if she needs to move more than a couple of metres. Mrs Hawkins cannot walk more than 10 or 12 steps without getting breathless, and cannot do any tasks of daily living such as washing or dressing without assistance.

Support workers from the local Home and Community Care (HACC) service assist Mrs Hawkins every morning and night to get up, get washed and dressed each day and to get ready for bed each night. They also prepare some of her meals. She has meals delivered five days a week and home help for cleaning, laundry and shopping every week. She spends most days sitting in a chair watching television. The most she can do on her own is walk to the toilet or into the kitchen to make a cup of coffee. Without the support of the HACC service, she would have to move into an aged care facility as she would be unable to manage.

Skin maintenance

Your clients may need to be supported to have healthy, clean, moisturised and intact skin. The skin is the body’s largest organ. The skin protects the fragile internal organs from disease-causing bacteria and viruses. If the skin is cracked or torn, these disease-causing germs can enter the body and the person may become ill. Clients may have difficulty with skin maintenance for a number of reasons. They may have difficulty reaching to wash and dry or apply creams to their skin. They may have a condition that causes rashes or cracks in their skin. They may forget to wash and dry properly or apply creams if needed. As people get older, their skin becomes thinner – more like paper – and is easily torn or damaged. A support worker may need to assist the client with washing and drying themselves, or with applying lotions or creams to keep their skin moisturised or to treat cracks or rashes. Some people will only need reminding; others may need assistance with part or all of these tasks. The client’s support plan will provide details of the level of support required. Remember, it is important to report any changes in the client’s skin condition. Skin maintenance is important to protect the body from disease and infection.

Giving support and assistance

You should always have access to written documentation that is important for your job. Always make sure you take the time to read it.

If you feel a client is capable of performing a task but the support plan says they cannot or should not, discuss this with your supervisor. Your supervisor will know why the plan says what it does and may be able to assess the task and change the plan if needed.

In some cases, especially where the client can make decisions for themselves, the support plan must be flexible to fit with their needs at a specific time. Where the person is unable to make their own decisions, the plan must be followed closely. Even if the person says they are able to do a task, or it looks like they are able to, there may be a very good reason why the support plan indicates otherwise.
Practice task 5

Read the case study and write your answers to the questions.

Case study
Marjorie's support plan includes the following information.

Showering
Marjorie prefers to shower in the morning. She likes the bathroom to be heated before she undresses. She likes the water quite warm. She is able to wash her own body, but needs help to wash her feet and back. Marjorie is able to stand to wash her genital region.

Dressing
Marjorie gets cold quickly. The bedroom needs to be warm. She likes to wear a dressing gown from the bathroom to the bedroom. She prefers to choose her own clothing. She may need some prompting with this task. She may have trouble choosing clothing suitable for the weather. She is able to dress without help.

1. What questions might you ask Marjorie before you start her shower?
2. What would you need to remember to do before helping Marjorie undress?
3. Which tasks can Marjorie do without help?
Chapter 1: Understanding the client’s personal care needs

1.3 Considering the effect personal care support has on a client

Personal care tasks are usually some of the most private tasks of our day. Needing assistance with these tasks can be very confronting for a client. Providing assistance to perform these tasks can also be confronting for a worker.

Imagine that you are a person who requires assistance with showering yourself. A stranger from a local service is the person who will help you. Within 15 minutes of meeting this person you are required to take your clothes off in front of them, and have them help you wash and dry your body.

Some of the feelings you might experience are:

- embarrassment – for example, in being naked, in needing assistance
- fear – for example, of being vulnerable to injury or abuse
- disempowerment – for example, in not being able to choose the way in which support is provided, not being allowed to perform tasks that you are able to do or used to do
- humiliation – for example, in being watched and assisted while undressed and vulnerable
- discomfort – for example, in being assisted in the wrong way, in wanting the assistance to be quickly over.

It is important that you, as a support worker, take the time and make the effort to put clients at ease and to gain their trust before they will feel comfortable and safe being supported in their personal care tasks. You must take the time to build a rapport with your clients to ensure that they trust you and feel comfortable with you as much as is possible.

In order to do this, you must demonstrate to them that you are competent to provide the care and support that they require. Perhaps on your first meeting, tell the client (where appropriate) a little about your work experience, how long you have been in the job and so on. It is important to demonstrate you have read their personal care support plan and know what kind of assistance they require. It is important you ensure that the client knows that they can ask you to stop, slow down or explain what you are doing, if they do not feel comfortable. It is also important that you demonstrate interest in the client as a whole person, not just in terms of a set of ‘support needs’. Ask them a bit about themselves, what their interests are, what they have been doing. Tell them a little about yourself and your own interests.

Once you have developed this rapport, the client is more likely to feel at ease with you, and is more likely to be able to relax and trust that you will provide their care in a way that they are happy with and that is efficient and safe.

Maintaining a rapport with your clients is also important. When they have told you something personal about themselves, try to remember it (make a note of it if you can) so that you can ask about or acknowledge it the next time you see them.

The following is an example of a support worker who maintains a good rapport with her client.
Example

Rebecca is a support worker who helps Carmel, a young woman with an intellectual disability, to get ready to go to her work placement two days each week. For the last few weeks Carmel has been telling Rebecca about the plans for her 21st birthday party and has been very excited about it.

The party occurred over the weekend and this is the first time Rebecca has seen Carmel since then. When she arrives at the house, she greets Carmel with a big smile and says ‘So how was your party?’ She asks about the guests, the presents, the music and the food. Carmel is very excited to tell her all about the party and feels special because Rebecca remembered and seems really interested.

In the next example the worker has not done a good job of maintaining rapport.

Example

Peter is support worker in a low-care aged care facility. One of his clients is Mr Bruce Taylor. Last time he assisted Mr Taylor with his care, Mr Taylor thought he was a very friendly chap, who was quite interested in him. They talked about football, about Mr Taylor’s career as a real estate agent and about his sons and grandsons.

Today when Peter arrives to assist him, he says, ‘Hello, I’m Peter, I am not sure if we’ve met?’ Mr Taylor is quite upset that Peter doesn’t remember that they have met and had such a detailed and in depth conversation.

There are some tips or strategies you can use for building relationships with clients. You will need to change the strategies you use to suit the age, abilities, interests, culture and other features of each client. Remember that you may also work with clients in many different places. The way you build a relationship with a client in an activity program might be different to your approach with someone in a residential unit.

This table will give you some ideas about strategies you can use to build relationships.

<table>
<thead>
<tr>
<th>What it is</th>
<th>What it means</th>
<th>An example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Courtesy and respect</td>
<td>• Treating others well</td>
<td>A worker asks if an older person would like some help with the toilet paper.</td>
</tr>
<tr>
<td></td>
<td>• Thinking about needs</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Being polite</td>
<td></td>
</tr>
<tr>
<td>Empathy</td>
<td>• Thinking about how someone else is feeling in a certain situation</td>
<td>A worker understands that someone who has just lost their partner may be feeling an overwhelming sense of loss for a long period. The worker may spend more time listening and being close to the person in case they want to talk.</td>
</tr>
<tr>
<td></td>
<td>• Changing how you behave once you have thought about how someone might be feeling</td>
<td></td>
</tr>
<tr>
<td>Non-judgmental care</td>
<td>• Not letting your own values get in the way of the care you provide</td>
<td>A worker does not like the opinions of a client she supports. She thinks he lacks courtesy and is racist. But she never lets the client know how she feels. She cares for him in the same way as all her other clients.</td>
</tr>
<tr>
<td></td>
<td>• Keeping your opinions to yourself</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Providing equal and high-quality care to all clients</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1: Understanding the client's personal care needs

<table>
<thead>
<tr>
<th>What it is</th>
<th>What it means</th>
<th>An example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observing and listening</td>
<td>• Paying attention</td>
<td>You notice an older person pushes the bathroom door firmly shut behind them after you leave it slightly open. This tells you a little about their need for privacy and dignity.</td>
</tr>
<tr>
<td></td>
<td>• Looking for signs about how people feel</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Listening carefully to what older people tell you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Remembering details where you can</td>
<td></td>
</tr>
<tr>
<td>Respecting individual differences</td>
<td>• Knowing that all people are individuals and they are all different</td>
<td>A worker delivering meals to homes knows that James prefers meat and vegetable dishes while Lei Yu prefers noodles and soups.</td>
</tr>
</tbody>
</table>

There will be times when your client may disagree with the information in the personal care support plan, and ask that you provide the support in a way that is different to your documented instructions. Reasons for this may include:

› feeling embarrassed about receiving the help, so pretending they can do it themselves
› a change of plans for the day – for example, feeling tired, so wanting to stay in bed rather than get up and get dressed
› unrealistic belief in their own ability – for example, with intellectual disability or with dementia, clients can often tell you they are independent in all sorts of ways, but in reality they are not
› a change in the client’s abilities that results in them being able to perform tasks either more or less independently.

It is important you do not deviate from the instructions you have been provided with in the client’s support plan.

Do not argue with the client in cases where they disagree with the support plan. Talk to them calmly about the instructions you have, and explain that it is important for the safety of both of you that you follow the instructions. Take the time to discuss their request and find out why they want the care provided in a different way. Make sure you show them that you understand what they tell you, and that you will pass this information on to the person who can make a change to the support plan, where this is necessary.

If the client insists that they do not want the care provided in the way you have been instructed, you must contact your supervisor and discuss a plan of action. You must not provide support in any way different to that described in the support plan, without first discussing it and receiving new instructions from your supervisor.

In the next example Brydie, a community worker, consults her supervisor when she realises that circumstances require it.
Example

Brydie is a worker in a community residential unit for adult men with intellectual disability.

One of the men, Stephen, has an instruction on his care plan that staff are to apply cream to a rash on his legs twice a day. Brydie goes to Stephen’s room and asks him if he is ready to have the cream applied. He tells her he can do it himself and asks for the cream. She explains her instructions are that she is to do it. Stephen insists he can do it himself and refuses to let her apply the cream.

Brydie consults with the team leader, Peter, who tells her to allow Stephen to apply the cream, under her close supervision and instruction, and report back about whether she feels he may be able to do this task without support.

Remember, your role as a support worker is to provide care and support according to the instructions in the personal care support plan, and your workplace’s rules and guidelines. Your role includes reporting when the care and support no longer appears to meet the client’s needs. Any reassessment of the client’s needs and review of their support plan must be done by a supervisor or health professional as appropriate.

Practice task 6

Fill in the Impact column in the table to demonstrate the impact that worker approach can have on the relationship you have with a client.

<table>
<thead>
<tr>
<th>Client</th>
<th>Worker action</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client with memory problems</td>
<td>Greet the client by name and use information from previous visits to engage with the client.</td>
<td></td>
</tr>
<tr>
<td>Client who is nervous and embarrassed about being assisted in the shower</td>
<td>Worker is very matter of fact, ensures the client stays covered as long as possible, and talks about other things while assisting with the shower.</td>
<td></td>
</tr>
<tr>
<td>Client who needs only a little assistance and then supervision only with dressing and grooming themselves</td>
<td>Worker insists on dressing the person, brushing their hair and assisting them to shave.</td>
<td></td>
</tr>
<tr>
<td>Client who is very private and prefers her care is not discussed with anyone outside her small team of support workers</td>
<td>A neighbour comes to the door while the worker is assisting the client with her personal care. The worker tells the neighbour that the client is busy as she (the worker) is ‘helping her with her shower and to get dressed, because of the stroke she had.’</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1: Understanding the client’s personal care needs

1.4 Understanding the cultural needs of the client

There are many people who live in Australia who were born in other countries and who live according to the beliefs and traditions of the culture in which they were born and raised. As a support worker, an important part of your role is to provide support in a way that is appropriate and respectful of the client’s culture. You must also be observant and notice when clients’ cultural needs change.

You will need to think about the cultural background of each client you work with. Differences in culture can mean different expectations on you as a worker. For example, different cultures may have different expectations about courtesy and communication. In some cultures women are treated very differently from men. They may be seen as less important. They may not be asked their opinion often. This can have an effect on what is expected as courtesy and on how care and support needs are communicated.

Conditions that affect a client’s language; for example, dementia or some forms of acquired brain injury, can mean that a client who has spoken another language before they learnt English can revert back to that language as their condition progresses; it may be important to plan for this need. An interpreter may be needed or you may need to learn a few words of another language so you can communicate with the person or seek another alternative, as the following example demonstrates.

**Example**

Mrs Kieselbach is an 80-year-old woman who was born in Germany. She moved to Australia with her husband when she was 28 years old. Mrs Kieselbach has moderate dementia, which is slowly worsening.

Lin is the support worker who has visited Mrs Kieselbach twice a week for the past six months. Mrs Kieselbach has always enjoyed Lin’s visits as they have common interests and have a lot to chat about. Over the last few weeks, Lin has noticed Mrs Kieselbach sometimes starts to talk to her in German instead of English. Lin has to remind her to speak English. She has also noticed that Mrs Kieselbach sometimes seems not to understand Lin, and Lin must repeat what she has said.

When Lin reports this to her supervisor, her supervisor suggests it is possible that as her dementia progresses, Mrs Kieselbach is losing her ability to speak English and she will gradually revert to German. She arranges to begin introducing a German-speaking worker to Mrs Kieselbach.

Often, for people who are from different cultures, the source of their important social networks might be related to their culture. They may have always attended a social club, a church, a sporting club or other group that is related to their culture and country of origin. When a person is aged or has a disability, they may have difficulty accessing such social outlets due to difficulty in accessing transport, or needing care when they are away from home. For older people, their social network may be diminishing as their friends also age and pass away. It is important that they are assisted to maintain their social and cultural contacts. You may be asked to assist clients with preparing to attend social outings or arrange transport so they can access such events. If you find out from a client that they are having difficulty accessing their cultural networks, report this to your supervisor so they can be provided with additional support.
Case study

Mr Pukitas was born in Latvia and moved to Australia with his wife and three children when he was in his late 30s. He always insisted on maintaining a number of Latvian traditions in his family. He only spoke Latvian to his wife, and spoke Latvian to his children as often as possible. He has been a member of the Latvian Social Club ever since coming to Australia. Mr Pukitas is now 83. Since his wife died five years ago, he has lived on his own in a small apartment. His children all live interstate or in the country.

Mr Pukitas can no longer drive, and needs assistance with emptying his catheter bag, so he cannot attend the Latvian Social Club on his own any more. His Latvian friends that lived nearby have all either passed away or moved away. It is very important to him that he maintains contact with others from his country of birth and has a community he can participate in and celebrate Latvian traditions and culture.

When the local home and community care service provider assesses Mr Pukitas, they document this as one of his needs. The service provides assistance with transport and personal care to ensure that Mr Pukitas is able to attend the Latvian Social Club and remain involved in the Latvian community.

1. What type of cultural need did Mr Pukitas have?
2. How have his activities of daily living changed in relation to this need?
3. What did the home and community care service do to meet Mr Pukitas’s needs?

As a support worker, you must understand the needs of your clients. This helps ensure you are meeting their needs. You must monitor your client’s needs and the level of support you provide, and report if their needs have changed.
1.5 Identifying the risks associated with providing personal care

Your clients may be frail and vulnerable to injury or harm, so you must look out for risks. You need to think about the things you have noticed and make a decision about whether these things put your client at risk. You may also notice things that put you or the other people who provide support to the client, at risk. If the client is at immediate risk, report it as soon as possible. Even if the risk to the client is not immediate; for example, not likely to occur in the near future, it is still important to report the risk so it can be fixed.

Types of risks

Simple risks

Simple risks often have simple solutions, with problems easy to see and fix. For example, moving clothes left on the floor removes the risk of tripping on them. Another example is helping a person to wash their hands after using the toilet to remove the risk of illness or infection. If you see a simple risk, you should fix it immediately if possible. You need to record what you have done and report the risk and your actions to your supervisor.

Major risks

Some risks are much bigger. They can cause serious injury or make someone very sick. These risks involve potential injury to more than one person. An example is a back door of a house being blocked. This prevents the client from exiting the house in an emergency. Another example is a large tree that has fallen onto a roof or over a driveway. If you observe a major risk, you must report it to your supervisor as soon as possible. If the risk is likely to happen now, or in the near future, you should report it immediately. You should do what you can to make the situation safe, without putting yourself at risk.

Situations of risk or potential risk you might observe with a client include:

- evidence of self-neglect
- behaviours of concern
- impaired judgment and problem-solving abilities
- impaired cognitive functioning
- sudden or unexpected changes in health status
- home environmental hazards
- social-rights infringements.

It is important that, as a support worker, you are constantly assessing situations and tasks for potential risks and identifying them where they occur.

Dealing with risks is discussed further in Chapter 3.
1.6 Using equipment, processes and aids

You may have clients who have difficulty moving around. This may be the reason they need assistance. They may not be able to stand up from a chair or get themselves out of bed. They may not be able to lower themselves onto a toilet. They may require assistance to do these tasks.

It is important support workers pay close attention to their own and their clients’ safety. Back injuries are a common workplace injury in this profession, so try not to harm either yourself or the person you are helping.

Most workplaces have a ‘no-lift’ policy. This means workers must not lift clients when they are assisting them. Workers must use the correct techniques and equipment to assist clients to move from place to place without being lifted by a worker. You need to understand your workplace’s rules and guidelines about lifting and moving people. You should know the equipment that is available to assist you. You also need to know how to use this equipment properly and safely.

Moving and lifting people

As a support worker, your role often involves assisting people to move from one place to another. For example, you may be helping someone:

- out of bed
- to move from the bedroom to the bathroom
- in or out of the shower
- in or out of a wheelchair
- to sit in a lounge chair
- into a swimming pool
- who has fallen.

It is very important that you assist people to move around in a safe way that protects you and your clients from injury. If you do not assist in a way that is safe, your client may fall and injure themselves. If you try to prevent them falling, you too could be injured.

Some important things to remember when assisting people to move around are to:

- encourage clients to use rails, bars or the arms of furniture to support themselves as they move into a sitting or standing position, as this is much safer than them leaning or pulling on you
- encourage clients to take their time and to feel stable at each stage of the movement
- ensure clients are using the correct equipment in the right way to help them to get up and down and move around
- avoid trying to catch a client if they begin to fall, even though your instinct tells you otherwise (suddenly catching a heavy, moving weight is almost guaranteed to cause a back injury)
- keep as physically fit as possible
- ask for help if you cannot assist a person to move on your own.
There are techniques or instructions you can use to assist people to move around or get up and down safely on their own. Here are some ways to assist a client to get out of a chair. The client should:

› be sitting forward in the chair
› have their feet apart and placed just underneath the chair
› have their hands on the arms of the chair or, if the chair has no arms, on their knees
› bend forward at the hips and look up before standing
› have their ‘nose over their toes’.

You can see this technique in action in the next example.

Example

Mrs Wallis is sitting in her lounge chair. The support worker comes to get her for her shower. Mrs Wallis puts her hands up and asks the worker to pull her out of the chair. The worker explains that she cannot do this. She explains that it would be dangerous and could injure one or both of them. She instructs Mrs Wallis to make sure she is sitting forward in the chair and to place her hands firmly on the arms of the chair. She tells her to make sure her feet are tucked just underneath the chair. She then tells Mrs Wallis to lean forward in the chair, look up and use her arms and legs to push herself out of the chair. She is encouraging and reassures Mrs Wallis that there is no hurry.

In the example, the worker has explained the dangers of lifting and has assisted Mrs Wallis to get out of the chair without physical assistance. They are both safe from injury.

Using aids and equipment

There are many different types of equipment or aids your clients can use to assist them to remain independent. There is also equipment you may need to use in order to assist clients with their personal care tasks. Usually occupational therapists or physiotherapists assess the client’s need for equipment. They make sure the client gets the right piece of equipment to help them.

Some aids or equipment need to be fitted to suit the client’s needs by the therapist. The therapist may need to show the client how to use the equipment. Support workers must know how to use aids and equipment so they can assist their clients. If you are unsure about how to use any equipment, make sure you ask your supervisor. Do not use equipment you have not been trained to use.

There are many different types of equipment that assist older people and people with disabilities to perform everyday tasks that would otherwise be a struggle or impossible for them. The type of equipment they need depends on what tasks they are having difficulty with and why.

It is important that you are familiar with the types of equipment that are used by and to support people with disabilities and those who are aged. You will need to be shown how to use each piece of equipment before using it to provide support to a client. You will need to know how to check the equipment to make sure it is functioning correctly and how to clean and maintain equipment and aids to ensure they continue to function.
Equipment and aids a support worker may use include:

- wheelchairs and other transport devices
- mobility aids
- lifting and transfer aids
- beds
- breathing devices
- scales
- continence and toileting aids
- personal audiovisual aids
- modified feedings aids

Use of aids and equipment is discussed further in Chapter 3.
1.7 Seeking appropriate support

As a support worker there are many tasks you will learn to do. You will learn how to use many types of equipment and aids to assist the clients that you provide support to. When you are new at your job or take on a new role, you may not know how to do certain processes and tasks.

It is important you understand which tasks, processes, equipment and aids are part of your role as a support worker. You will learn this information as part of your introduction or orientation to your role, by reading your position description, by reading the procedures and guidelines in your workplace, and by undertaking formal and informal training and development.

The processes, aids and equipment you will use will depend on the type of service you work in and the type of clients you support. For example, the aids and equipment used in a residential aged care facility might include hi-lo hospital beds, hoists, shower chairs and walking frames. In contrast, the aids and equipment used for personal care in a special development school for children with intellectual and physical disabilities might include electric wheelchairs, desktop voice synthesisers, swimming-pool hoists and large computer monitors.

Regardless of the type of personal care work you do and the type of clients you provide support to, there will be limits on the types of processes, aids and equipment you are permitted to undertake or use. For example, for a client with a urinary catheter, you might be permitted to empty the catheter bag and ensure the entry area is kept clean and report any changes to your supervisor. However, you would not be permitted to remove the catheter or to replace it if it becomes dislodged.

The reason that there are limits to the types of processes, aids and equipment a support worker may use is to ensure the safety of both the client and the worker.

Using equipment or processes that you are not permitted, trained or qualified to use may cause harm or injury to the client or to the worker using the equipment. You may also be in breach of your duty of care as well as contravening legislation or workplace policy.

Consider the implications of the support worker’s actions in the following example.

**Example**

*Joy is a support worker providing respite care for Samuel, a 14-year-old boy with autism. Samuel is also a diabetic and must have insulin injections twice a day. When Samuel’s mother Rebecca is leaving, she asks Joy for a ‘big favour’. Rebecca has tickets to go the theatre but has been unable to arrange for a nurse to attend to give Samuel his insulin injection and pleads with Joy to do it. Rebecca has had the tickets for months and desperately wants to go. Joy agrees to give Samuel the insulin, even though she knows she is not supposed to use a needle and syringe or give medication. Rebecca shows a worried Joy how to give the injection. When the time comes for Samuel to have the injection, Joy is nervous and a little shaky. Sensing this Samuel moves suddenly when she injects him and the needle pulls back out. Some of the insulin squirts onto the floor and some is left on Samuel’s skin. Joy is unsure of how much insulin Samuel received and whether she should give him the injection again or not.*
In this example, Joy has placed Samuel’s health and wellbeing at risk. He has not received the correct dose of insulin, and by not being appropriately trained in using a needle and syringe Joy may have caused Samuel injury or infection. Joy has also put herself at risk of a needle-stick injury, of losing her job and possibly facing even more serious consequences should Samuel become unwell.

When working as a support worker, ensure that you are aware of and understand your workplace policies and procedures. You should read those that relate to your role, and ensure you ask your supervisor to explain any parts of these that you are unsure of. Your workplace policies and procedures are written to ensure that support is provided in the safest and best way possible.

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- ‘If you are at a client’s house to provide personal care and see that something else needs doing, such as hanging out the washing or doing the dishes, wouldn’t it make sense to just do it?’ Do you agree with this statement? Why/why not?

- How can you provide the right services to your clients as their physical wellbeing changes?

- ‘If a client has difficulty with things like buttons, zips, ties and make-up, it’s easier just to dress them more simply and tell them they shouldn’t wear a tie or make-up anymore. This is easier than having to help them all the time.’ How would you respond to a care worker who had this attitude?

- ‘If you have noticed a minor risk and done something to prevent it causing harm or injury, it’s not really necessary to report it.’ Discuss this statement.

- ‘You don’t need to learn about aids and equipment. Your supervisor will tell you about specific aids and equipment if and when you need to know about them.’ Discuss this statement.
Chapter 1: Understanding the client’s personal care needs

Chapter summary

› It is important support workers are aware of personal information about the client that is relevant to providing appropriate care.
› Care plans outline the type of care to be provided to clients.
› Care plans are regularly reviewed to ensure they reflect the client’s current needs.
› It is important to be observant and talk to clients to confirm their personal care support needs.
› Support workers should be aware of the effect that needing and receiving personal care support can have on a client, and work to minimise negative effects.
› A client’s cultural background can have a significant impact on the way in which personal care should be provided.
› Appropriate equipment, aids and processes should be used to maximise the quality of care provided to clients. Support workers should be trained before using these.

Checklist for Chapter 1

Tick the box when you can do the following.

☐ Review personal care support plan with the client
☐ Confirm personal support needs
☐ Consider the effect personal care support has on a client
☐ Understand the cultural needs of the client
☐ Identify the risks associated with providing personal care
☐ Use equipment, processes and aids
☐ Seek appropriate support
Chapter 2: Encouraging client participation

When working with clients who are aged or have disabilities and need support with personal care, it is important to do all you can to ensure that they are active participants in their own care. A good way to check whether the client is participating in their care is to ask yourself the following question about the support you are providing: ‘Am I doing this task to the client or with the client?’

When you do something to someone, this implies they are a passive participant – they are not helping, directing or choosing what is done.

When you do something with someone, this implies you both have an active role. There is discussion, choice and mutual activity in completing the task.

In this chapter you will learn about:

2.1 Confirming procedures with the client
2.2 Encouraging clients to participate in their personal care needs
2.3 Confirming the client's preferences
2.4 Providing clients with information to help them meet their own needs
2.1 **Confirming procedures with the client**

When providing personal care support to clients who are aged or have a disability, it is important to ensure that the client feels a sense of control over what will happen, when and how. There are a number of ways that this will happen.

### Assessment and care planning

When the client’s care and support needs are assessed and their personal care support plan is developed, the client will have had input into the ways in which the care will be delivered. The client and/or their carer should have received a copy of the care plan to ensure they are clear on and agree with the plan that has been developed and have it to refer to as often as they need to confirm the care planned.

### Discussion with the client

As a support worker, part of your role is to ensure that your client is aware of what support you will provide and how you will provide it. You should do this by first explaining in general terms what you plan to do while you are with the client. This should be planned in accordance with the client’s care plan.

The following example illustrates how a support worker approaches a new client.

**Example**

Brian is a 56-year-old man with multiple sclerosis. James is a support worker who visits him at home to assist him to wash, dress and have breakfast in the morning, so that he can go to his office for work each day.

When James arrives at the house, after greeting Brian he explains, ‘I'll help you to get out of bed first, then I’ll assist you to get into the shower. I will get your clothes ready while you wash. Once you are dry and dressed I will make your breakfast. We should be finished by 8.00 am, in time for you to go to work.’

In this example, Brian knows what to expect and in what order his support will be provided.

It is also important to check that the client is happy and comfortable with the plan. James could finish this conversation with, ‘Does that all sound okay with you, Brian?’ This gives James’s client an opportunity to confirm that he understands the plan and is comfortable with it.

Confirming procedures with the client is especially important when you are completing a task or part of a task that may cause discomfort or embarrassment to the client. For example, James may tell Brian, ‘The water is running at the right temperature in the shower now, so I will take the towel off you and help you in.’ This way Brian is aware of what is about to happen and comfortable that he will not be sitting long without being covered up.

Once a routine is established it may not be necessary to confirm every step of a procedure with a client who is familiar with you and with receiving support in a certain way. It may even make the client more uncomfortable if you are constantly describing what you are going to do. It is most important to confirm procedures with your client:
> when there is a choice for the client to make; for example, ‘Would you like to wear jeans or a skirt today?’, ‘Would you like toast or cereal for breakfast?’, ‘Do you want your hair washed?’

> when the procedure is likely to cause discomfort; for example, ‘I am going to stretch your leg out to get your trousers on. I know this is uncomfortable for you, please tell me if it hurts and I will stop.’

> when the client is likely to have forgotten what has been planned for their care; for example, ‘I am going to help you to brush your hair now like I did last week’, or ‘It’s cold outside, would you like to wear a jumper today.’

> when the procedure is a new one, following the development of a new or revised personal care support plan; for example, ‘Mary tells me you’ve had some difficulty tying your shoes lately, so from today I will help you with that’, or ‘Now that you have learnt to turn the shower on and check how hot the water is, I will just watch while you do that, instead of doing it for you.’

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#### Practice task 8

Read this care plan for Simone and answer the following questions.

<table>
<thead>
<tr>
<th>Care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td><strong>Age</strong></td>
</tr>
</tbody>
</table>
| **Diagnosis**     | Acquired brain injury  
|                   | Some lower limb weakness  
|                   | Memory loss           
|                   | Intellectual disabilities |
| **Personal care** | Assist with appropriate clothing choice  
|                   | Can shower independently; however, requires monitoring (from outside the bathroom) and prompting to wash hair and not stay in the shower too long (five minutes)  
|                   | Needs assistance to dry feet  
|                   | Assist to dry hair with hair dryer  
|                   | Can dress independently except for small buttons, hooks and eyes, and shoes and socks  
|                   | Requires supervision and prompting to make and eat breakfast especially if using electrical appliances  
|                   | Requires assistance with preparation of suitable lunch and snacks to take to the adult training support service (ATSS). |

You are the support worker assisting Simone:

1. Write down what you might say to Simone when you arrive to assist her, to make sure she understands what to expect.

2. Pick one task from the list and write a detailed description of the steps required, as you would describe them to Simone.
2.2 Encouraging clients to participate in their personal care needs

It is important clients are encouraged to take an active role in completing their personal care needs. As discussed in the introduction to this chapter, the support worker’s role is to do tasks with the client, not to the client.

Part of the role of a support worker is to ensure clients are able to maintain or improve their skills and independence. This means ensuring that where the client is able to do a task or part of a task, they are encouraged to do so. It means that where there is a choice to be made the client is encouraged to make it.

Consider the following example and the impact the support worker’s actions may have on the client.

Example

Sonja is a support worker. Today she is running late as her car wouldn’t start. She arrives at the low-care aged care facility where she works and begins her day’s work, already 45 minutes behind schedule.

Sonja goes to assist Mr Finch to get ready for the day. Mr Finch can walk slowly on a walking frame, but Sonja is in a hurry so she sits Mr Finch in a wheelchair and pushes him down the hallway for his shower. When he is washed, she dries him with the towel and says it will be quicker if she dries his back and legs rather than having him do it. Sonja wheels Mr Finch back to his room, pulls some clothes out of the cupboard and quickly dresses him, even assisting him with his shirt and buttons, which Sonja knows he can do himself.

How would you feel if you were Mr Finch? It is possible you would feel distressed, powerless and frustrated. If this happened frequently, you might lose interest in participating in your own care, become depressed or lose some of your independence and living skills.

When people are aged or have a disability and rely on others for support and assistance with their daily needs, it can become challenging for them to maintain their independence and control over their own lives. Choices are sometimes made on their behalf without adequate consideration of their personal interests, skills and preferences. This can have a number of negative consequences, including:

- delivery of care becoming more difficult or impossible, as the client has not been encouraged to participate
- reinforcing the idea that older people or those with disabilities are helpless by taking away their right to participate in their own care
- taking away their sense of control over their daily lives
- contributing to the decreasing skills and independence as the client is not encouraged to make an effort to participate in their own care in any way they are able.

The objective of the support you provide as a support worker is to assist your clients to maintain or improve their independence. This can enhance their ability to participate in the community. Most people, including older people and those with disabilities, perform best and are happier when they are participating and in control of their daily activities.
Chapter 2: Encouraging client participation

As a support worker you have a duty to support your clients in making decisions about and participating in their own care. Clients should be made aware of their fundamental rights, such as the right to dignity, privacy and choice.

Practice task 9

Read the case study and write your answers to the questions.

Case study

Ko Sai Yin is a 25-year-old man with an intellectual disability. He lives in a community residential unit with three other adult males with varying degrees of intellectual disability. Ko Sai is able to wash and dress independently but requires prompting to brush his teeth, complete grooming and select appropriate clothing. He also needs some assistance with budgeting and money handling. Ko Sai has learnt to prepare the vegetables for meals; this is his job each evening.

The clients in the house receive support from staff of a large organisation. Today, Wina is the staff member on duty. The clients are going to the shops to do their weekly shopping. As they will have dinner when they return, Wina quickly prepares the vegetables. At the shops, Wina explains to Ko Sai that he has enough money to buy either sweet biscuits and muesli bars or a block of chocolate. When she is sure he understands, she asks him which he has chosen and asks him to put his selection in the trolley. When they return to the house, they unpack the shopping and have dinner.

Ko Sai is going to a social night tonight so needs to shower and change. Wina enters the bathroom when he has finished and helps him to get dry. She hands him the toothbrush with toothpaste on it and brushes his hair while he brushes his teeth.

They return to the bedroom and Wina says that as it is a mild night Ko Sai will be quite warm at the social. She asks him which clothes he would like to wear. When he is ready, she explains that the social costs $7.00 and that he may need a bit of extra money for a drink. She gives him $10.00 to put in his wallet.

1. Describe the ways in which Wina has encouraged Ko Sai to participate in his own care.
2. In what ways has Wina prevented Ko Sai from participating in or controlling his care? What should she have done differently?
3. How do you think Ko Sai felt when Wina assisted him with drying and grooming? What effect could this have on him in the future?
2.3 Confirming the client’s preferences

Older people and people with disabilities are all different. Just like anyone else they have preferences about things such as how personal care activities are done. Their preferences may be influenced by their upbringing, their abilities, their level of comfort or their willingness to accept assistance.

As the following table shows, there are many examples of preferences that people who are aged or have a disability might have.

<table>
<thead>
<tr>
<th>Example</th>
<th>They may prefer to</th>
<th>They may prefer not to</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have a shower rather than a bath</td>
<td>Wash in cold water</td>
<td></td>
</tr>
<tr>
<td>Wear bright coloured clothing</td>
<td>Use an electric shaver</td>
<td></td>
</tr>
<tr>
<td>Have breakfast before getting dressed</td>
<td>Wear stockings</td>
<td></td>
</tr>
<tr>
<td>Have two sugars in their coffee</td>
<td>Be helped to wash their genital area</td>
<td></td>
</tr>
<tr>
<td>Have a beer before dinner</td>
<td>Get up early on the weekend</td>
<td></td>
</tr>
</tbody>
</table>

Some of the client’s preferences to do with personal care needs and support will be documented in their care plan. It is important to regularly check with the client that their preferences in these areas remain the same. If a client indicates that a documented preference has changed, report this to your supervisor before changing the way you deliver care. Care must still be delivered in accordance with the client’s personal care plan. Reporting the change in the client preferences to your supervisor will generate a review of the care plan to reflect these changes.

Some preferences may not be detailed in the care plan, as the plan may not capture every detail or because clients may change their preferences day to day.

Where client preference is not documented in the care plan, make sure you ask the client about their preference each time you work with them to ensure that they have the option to make a choice or detail their preference. The following example illustrates this.

Example

Maria is a support worker who provides support to Vicky three times a week. Vicky requires help to get ready for bed in the evening. The care plan gives Maria the following information:

- Assist Vicky with washing dinner dishes.
- Vicki requires full support to remove day clothes and put on sleepwear.
- Provide Vicky with a face washer with warm water to wash her hands and face.
- Assist Vicky to make a hot drink to have before bed.
- Prompt Vicky to brush her teeth.
- Assist Vicky to get into bed – prop up with extra pillows if she wishes to watch television before going to sleep.
Maria can check with Vicky each time she is there about her preferences by asking her:

- which sleepwear she would prefer to wear
- what kind of hot drink she would like
- whether she wants to watch television before going to sleep.

The answers to the questions could change from day to day, so it is important that Maria checks Vicky's preferences each time she provides support.
2.4 Providing clients with information to help them meet their own needs

When you provide care assistance to people who are aged or have disabilities, an important goal is to help them to be as independent as possible. As has been discussed, this means promoting their independence by encouraging them to do so as much as possible.

One of the ways support workers can help clients to remain independent is by ensuring clients are well informed. Having information means people are better able to understand things and can make appropriate choices, plan their lives and decide what best suits their needs.

Types of information

There is a range of different types of information that clients may need.

Information about aids and equipment

The clients you support may benefit from information about the types of aids and equipment available for use in their home, their residential facility or their school or day centre. This might include handrails, non-slip mats, special chairs, devices for helping to reach things and devices to help with reading or communication.

While you may have seen many of these items before and have learnt how to use them, it is possible that the clients you work with are not aware of what is available or what might be helpful to them. It is possible that they have an aid or piece of equipment that they are not sure how to use or have forgotten about. Providing clients with information about aids and equipment can help them to maintain or improve their independence.

Information about processes

Client awareness of the process for completing a task may be important for them being able to complete the task independently and safely. Breaking a task down into a series of steps can make it easier to achieve. Helping clients to remember the steps in a process may make it easier for you to work together to do the task or may help the client to achieve the task more independently.

Often small pieces of information can make a big difference. For example, explaining to a client how to get out of a chair (make sure their feet are directly below their knees, lean forward slightly, put their hands on the arm of the chair and then push themselves up to standing) can be of more assistance than just asking them to get up from the chair.

Information about other services

The clients you work with, their carers or their family may ask you about other types of services that are available. They may want to know about community activities, financial assistance or about joining a recreation program. You can help them to find out about their services and activities.
Knowing your job role

Providing information is part of your role as a support worker. Do not try to give information about things you do not know about or that are outside your job role. If a client requests information you do not have or is outside your role, let your supervisor know so the client can be directed to the right place to get the information they need.

Practice task 10

Read the case study and complete the following table.

<table>
<thead>
<tr>
<th>Information</th>
<th>Should the support worker provide this information?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone number for a hoist company</td>
<td></td>
</tr>
<tr>
<td>Discuss the steps that staff use to assist the client to transfer, as per the care plan</td>
<td></td>
</tr>
<tr>
<td>Offer to request that your supervisor talk to the parent to make appropriate referrals for assessment for equipment</td>
<td></td>
</tr>
<tr>
<td>Give parent the number of a personal care agency that has staff come to the home</td>
<td></td>
</tr>
</tbody>
</table>

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- It is often difficult to stand back and watch a client struggle with a task, when you know you could do it for them. Discuss the reasons why you should stand back and let them do it. Discuss ways in which you can manage both your own and your client’s comfort level in this situation.
Discuss the reasons why it is important to only provide information relevant to your job role.

Always telling the client what you are going to do next and confirming that they understand and agree can slow you down and can feel like you are patronising them. Discuss strategies for achieving this while getting your work done efficiently and putting the client at ease.

Chapter summary

It is important to make sure your client knows what to expect when you are providing support.

Clients must be encouraged and assisted to participate in their personal care in order to maintain and/or improve their independence and to keep their sense of control over their own care. Do the task with the client not to the client.

The preferences of your clients in relation to their personal care must be confirmed. Clients must be given choices where this is an option.

Having access to information gives clients choice and control.

Checklist for Chapter 2

Tick the box when you can do the following.

- Confirm procedures with the client
- Encourage clients to participate in their personal care needs
- Confirm the client’s preferences
- Provide clients with information to help them meet their own needs
Chapter 3: Addressing personal support needs

When providing personal care support to clients who are aged or have a disability, it is important to ensure that support is given in a way that responds to their identified needs.

In providing care that addresses an individual’s needs you may need to use specific processes, aids and equipment in a particular way. You will need to follow workplace policies and procedures and the directions in the client’s care plan. This ensures the support you provide responds to the client’s needs in a manner that is of a high standard, appropriate to the individual client and maintains their privacy and dignity.

It is also important that you are aware of and identify any actual or potential risks or difficulties associated with providing support to the client and that you respond to these appropriately.

In this chapter you will learn about:

3.1 Using processes, equipment, aids and appliances safely
3.2 Providing support according to care plan and workplace policies and procedures
3.3 Dealing with risks when providing support
3.4 Assisting clients as required
3.5 Providing support with technical care
3.6 Clarifying difficulties in meeting a client’s needs
3.7 Maintaining client confidentiality, privacy and dignity
3.8 Performing work to the required standard
3.1 Using processes, equipment, aids and appliances safely

There is a range of equipment, processes and aids that older people and people with disabilities may use to assist themselves to remain independent. Having the right equipment, processes and aids that support workers may need to use to assist the client with their personal care tasks means that clients can be properly and safely cared for.

Usually an occupational therapist or a physiotherapist will assess the client’s need for equipment, processes or aids and make sure that the person has what is required to help them. A support worker should know how to use equipment, processes and aids so that they can assist the client. If you are unsure, ask your supervisor. Do not use equipment you have not been trained to use.

There are many different types of equipment that have been designed to assist older people and people with disabilities to perform everyday tasks that would otherwise be difficult or impossible for them. The type of equipment they need depends on what tasks they are having difficulty with and why.

Wheelchairs and other transport devices

Wheelchairs come in many shapes and sizes. All wheelchairs have:

- a seat
- a backrest
- a footrest or foot support
- two large wheels at the back
- two smaller wheels at the front.

They may also have armrests, a seat belt and/or straps, brakes and handles for pushing. Electric wheelchairs are powered by a rechargeable battery and are not designed to be pushed. Because of the battery, electric wheelchairs are very heavy.

Wheelchairs are designed to suit the person using them. They should be the right size to give enough support to the body and be comfortable to sit in.

You will need to be shown how to help someone get in and out of a wheelchair. You may need to give them a small amount of support, help them stand or turn and perhaps even use a hoist or lifting device. When pushing a wheelchair, keep your body upright. Use your leg muscles and avoid straining your back muscles.

Other transport devices include electric scooters. These are similar to electric wheelchairs, but are designed for use outdoors or in larger spaces and are usually used by people who can walk short distances but need help for longer distances.
Chapter 3: Addressing personal support needs

Mobility aids
Mobility aids assist people who have difficulty with walking and balance. They give extra support when walking, help a person balance and may take some weight.

Walking frames aid mobility. Some walking frames have a small seat for use when the client needs a rest. A physiotherapist should make sure that the walking frame is the right height for the person. It should be in good condition and able to grip onto the floor well so it does not slide when the client puts weight on it.

Some clients use a walking stick or crutches. A stick helps them balance during walking making them more stable and helping prevent falls. Walking sticks need to be in good condition with a handle that is the right length and which is easy to hold. They should have a stopper or grip on the end so they do not slip. Crutches may be full length to fit under the person's armpits; or elbow crutches. Crutches must be the right size for the person, and in good condition with stoppers on the bottom to stop them slipping.

Practice task 11
Find three local services that provide walking frames, walking sticks and other mobility aids. Gather brochures, pictures or information about one particular type of mobility aid and make a poster explaining how it is used and what safety features it has.

Lifting and transfer aids
There are many pieces of equipment that are used to assist with transfers. You will be shown which pieces of equipment you need to use for individual clients.

Some clients may not be able to get in or out of bed or a chair unassisted. Support workers should not lift them and move them from one place to another alone; instead, they should always use equipment to lift and move clients.

Hoists are used to transfer people. A client may be transferred from a wheelchair to a bed, a bed to a chair, or from a chair to a swimming pool. Hoists can be portable, moving easily from place to place and operated by remote control. Using a hoist properly means the worker does not need to lift the client, they guide the client from one place to another.

Because there are different kinds of hoists that work in different ways, it is important that you are shown how to use them correctly and safely. You will need to know which sling to use and how to fit the sling to the client.

In the next example, we see how a small support worker can use equipment to lift a tall, heavy client safely.
Example
Sherie is a support worker. She is only 152 cm tall and has a thin build. She goes to Michael’s home twice a week to help him get out of bed, get dressed and settle in the lounge room. Michael cannot walk or transfer himself in or out of bed or chairs at all. He needs assistance with all transfers.

Michael is 183 cm tall and a heavy build. There is no way that Sherie would be able to lift him herself. There is a portable hoist at Michael’s home. After Sherie has helped Michael to dress, she brings the hoist into the bedroom. She places the slings carefully around Michael in the way she has been shown by a physiotherapist, hooks the slings to the hoist and uses the controls to lift Michael from the bed.

While he is in the sling, she wheels him on the hoist, to the lounge room. She turns the hoist so that Michael is positioned over his recliner, once again using the controls to carefully lower him into the recliner, checking his position as he lowers.

Many clients rely on handrails to assist them to stand up or sit down. These may be on the wall close to a bed, shower, bath or toilet. Handrails are usually made of rounded metal so they can be gripped easily. They should be at the right height and angle for the person. An occupational therapist usually assesses the best place and height for handrails in a client’s home.

Clients should be encouraged to use handrails where they are available. If you are assisting the client to stand up or sit down, show the handrails to them and help them plan the transfer. Remind them to use the handrail during the transfer. Using a handrail helps clients to be more independent and is safer for both clients and their support workers.

Practice task 12
Find out which service in your local area fits handrails for older people and people with disabilities in their own homes.

Beds
Adjustable beds are available for clients who have difficulty getting in and out of bed. Some beds can be raised or lowered depending on the client’s needs. Sometimes it is necessary to adjust the height of a bed or raise the head of the bed to assist the client to sit up or get out of it, or to assist in providing personal care such as dressing or bed bathing.

Clients who cannot get out of bed should have a bed on wheels that can be moved around. These wheels should lock when the bed does not need to move. Moving a person in a bed is heavy work. You will need to be shown how to move a bed in the right way, perhaps with a colleague’s assistance.
Scales

Scales are used to monitor a client's weight where the person has a disability or condition that affects their eating or digestion.

Clients who can stand independently may be able to be weighed using regular bathroom scales. For clients who are unable to easily stand there are scales that are attached to a chair, or hoist sling. The client is assisted to sit or lie comfortably in the chair or sling and, once still, their weight is recorded.

If you are concerned about a change in a client’s weight, record this in their care notes and inform your supervisor so that the client can be assessed.

Continence aids

Common continence aids include pads or special underwear that need to be changed regularly. You need to wear gloves when you do this.

Some clients may have a catheter in place to manage incontinence. Catheters may be inserted into the body via tubing that drains the urine into a bag. A client with a catheter does not have to try to control the flow of urine.

You may need to change sheets or bedding. Many beds have a plastic sheet under the regular one. This stops urine reaching the mattress.

A commode or toilet chair can assist clients unable to sit safely on a toilet. These are stable and secure, easy to get into and out of, and can be used in a bedroom or bathroom. The commode has a pan under the seat that must be emptied and cleaned safely after use. You must wear gloves when you do this task.

Personal audiovisual aids

There are many different types of audiovisual aids that are used to help clients in many areas of life. Some examples are:

- reading aids, such as page turners or magnifying screens or glasses
- hearing aids and teletypewriter (TTY) telephones
- communication devices, such as voice output machines, communication boards or text writing machines
- remote controls for the television or lights.

You will need to learn about the operation of personal audiovisual aids used by older people and people with disabilities. The client or their carer may show you how an aid works, or there may be details in the care plan. Ask your supervisor if you are not sure. You may need to change the way you communicate with clients to accommodate the aid or equipment that they use.
Modified feeding aids

Clients who are aged or have a disability may have difficulty eating or drinking without assistance. This may be due to:

- a physical disability preventing them from moving food or drink to their mouth
- a condition that has affected their ability to swallow
- behaviour that prevents the client from eating enough of the right food to stay healthy.

Feeding aids may include:

- cups with lids to prevent spills
- plates or bowls with raised edges to prevent food being pushed over the side
- feeding tubes that deliver food directly to the client’s stomach via a tube in their nose or directly into their stomach
- one handed kitchen or eating devices
- cutlery with specialised grips.

To ensure clients who require feeding aids are provided with the correct equipment they need to be assessed by an occupational therapist. You will be shown what equipment or aid to use for individual clients and, if necessary, how to use it. If a client has been assessed as requiring a feeding aid, it is important that it is used all the time. This assists the client to remain as independent as possible and to remain safe when eating or drinking.
3.2 Providing support according to care plan and workplace policies and procedures

As a support worker supporting people who are aged or have disabilities, you may work in a number of different settings. You may work with clients who:

- live in their own home or with other people
- attend a day program
- attend a special education school or training program
- live in a community residential unit or group home
- live in an aged care facility.

Because clients and their needs are different, the type and amount of support you give them will also be different. You need to know how to find out the details of the personal care support a client needs.

Every client will have a personal care support plan. This is a document that tells you what type of and how much support each client requires. Depending on where you work, other names for this might include:

- care plan
- individual program plan
- managed individual pathway plan
- person-centred care plan
- individual service plan.

Your workplace will also have rules and guidelines that will tell you what your roles and responsibilities are when providing personal care support.

Personal care support plan

The personal care support plan is a written document explaining the care a client needs. The plan is written with the help of the client, although there may also be details that have been given by the family and/or advocate of the person. Health professionals and other staff may also have input into the plan.

Plans are updated regularly. This may be because the needs of the client have changed, perhaps because they have learned to do more tasks independently or because they are now unable to do some tasks. A plan may also be reviewed at the request of the client, their family or at the suggestion of support workers.

If you have a role where you deliver support to clients in their own homes, the client files and original copies of personal care support plans will be stored in the office at your workplace. A copy of the plan will be kept at the client’s home so that workers can refer to it. It should be kept in an agreed place so workers know where to find it.

In workplaces such as day centres, schools or residential facilities, plans are kept securely either in a lockable cabinet or electronically on a computer. This ensures that only those people whose work roles demand the information have access to the plan.
When you start working in an aged or disability care service, you will be shown how the personal care support plans are written. They will be different for different services. Your supervisor or another staff member will explain the different sections in the plan and discuss what each of them means. Read the plan for each client in your care and ask questions if there are details you do not understand.

As a support worker you may often work alone in clients’ homes. This means you don’t have easy access to a supervisor or colleague to ask questions. The personal care support plan is a tool to tell you how to provide support to your clients. The plan will tell you if the client’s personal care needs have changed. It will tell you if there have been other changes that affect the support you provide. Reading your client’s personal care plans should be a regular part of your job.

The following example illustrates a care plan.

<table>
<thead>
<tr>
<th>Example</th>
<th>Camden Place Activity Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>Days</td>
<td>Tuesday and Thursday</td>
</tr>
<tr>
<td>Name</td>
<td>Mr Sebastian Rivers (Seb)</td>
</tr>
<tr>
<td>Sex</td>
<td>Male</td>
</tr>
<tr>
<td>Address</td>
<td>29 Caramarra Drive, South Ringdale</td>
</tr>
<tr>
<td>Phone</td>
<td>9999 1111</td>
</tr>
<tr>
<td>DOB</td>
<td>2/03/1944</td>
</tr>
<tr>
<td>Date of care plan</td>
<td>24/04/2012</td>
</tr>
<tr>
<td>Language and communication skills</td>
<td>Uses only basic language. Is able to communicate his needs and preferences with some prompting.</td>
</tr>
<tr>
<td>Mobility</td>
<td>Independent</td>
</tr>
<tr>
<td>Eating skills/dietary needs</td>
<td>Vegetarian. Has very bad teeth and needs food to be very soft with little chewing required. His favourite food is chocolate cake. He dislikes green leafy vegetables.</td>
</tr>
<tr>
<td>Continence and toiletry needs</td>
<td>Some urinary incontinence. Uses incontinence pads. Requires prompting and assistance to toilet and change pads.</td>
</tr>
<tr>
<td>Activity likes/dislikes</td>
<td>Enjoys card games; needs to use large print cards. Likes television, animals and being around people. Dislikes physical activities and music.</td>
</tr>
<tr>
<td>Behaviours/triggers/strategies</td>
<td>Can become distressed with loud noises or if touched by a stranger (for example; hand-shaking, hugging). Strategies to manage this include reassurance, move to a quiet space, warn if a loud noise is expected.</td>
</tr>
</tbody>
</table>
Chapter 3: Addressing personal support needs

### Other information

<table>
<thead>
<tr>
<th>Other information</th>
<th>Can become distracted in a crowd, especially in a public place and can wander off or be left behind the group. It is important to remind him to watch and interact with the group he is with, rather than spend too much time watching what others are doing. Always check that Seb has followed when the group moves on; remind him to stay with the group when moving from one place to another. Seb carries a card in his pocket at all times with his name on it and contact phone numbers for coordinator (mobile), the centre and his brother.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review undertaken by</td>
<td>Mary McNash</td>
</tr>
<tr>
<td>Carer/client involvement</td>
<td>Client’s brother, Neville, present at planning meeting</td>
</tr>
<tr>
<td>Date</td>
<td>24 April 2012</td>
</tr>
</tbody>
</table>

### Workplace policies and procedures

Most workplaces have rules and guidelines that explain how tasks happen in the workplace, including working in people's homes or in a community or residential setting. They contain details about what is accepted and what is not. They tell workers at all levels what they should be doing.

Support workers must read and understand the rules and guidelines that affect the work that they do. Your supervisor will show you which ones are important for your role.

The rules and guidelines for workplaces may have different names. They might be called policies, procedures, protocols or work instructions. There will be different sorts of information in different types of documents.

**Policies** and **protocols** have general details about issues and problems that often come up in workplaces. They might explain what the workplace rules are about things like applying for sick leave. They might cover expectations around client privacy and dignity. For example, a special development school may have a policy about workers not accepting gifts of value or payment from clients who attend the school, or their family members. It may outline what is considered a gift of value and how staff can refuse a gift without offending.

A **procedure** will explain step by step how to do a certain task. Procedures are written so they can be used by workers on a daily basis. They tell workers what they need to know in detail about a certain task or how to operate a piece of equipment.

The following example details the procedure for assisting a client with showering, giving step-by-step instructions to tell the staff member what needs to be done.
Example

1. Ensure you are wearing waterproof non-slip shoe covers and an apron.
2. Place a non-slip bath mat in front of the shower.
3. When the client is almost ready to get into the shower, turn the taps on.
4. Check water temperature with your hand to ensure water is not too hot or cold.
5. Inform the client that their shower is ready.
6. Assist the older person to step into the shower and to sit in the shower chair where required—follow instructions in care plan.
7. When assisting a client in the shower, ensure that only your hands and arms are inside the shower space.
8. Assist the client to maintain their dignity by using face washers, etc. to cover them when possible. If supervising only, keep busy and avert eyes from client.
9. Assist client to wash as per care plan.
10. Assist the client to step out of the shower and towel dry, as specified in the care plan.

Practice task 13

Think of a task that you perform regularly. It could be something you do at home or at work. It could be a task like putting on your shoes and socks or boiling an egg.

Write a procedure for this task. The procedure should be broken down into clearly explained steps.

Once you have done this try and follow your procedure exactly to act out your task. See if the procedure you have written explains clearly how the task should be performed.
3.3 Dealing with risks when providing support

The importance of assessing situations and tasks for potential or current risks is discussed in Chapter 1. The clients you work with when providing personal care are vulnerable to injury or harm and need to be protected from this. In identifying and dealing with risks you are preventing or reducing the likelihood that your clients, their family members, other staff and yourself will come to harm.

Situations of risk or potential risk

Risks may be simple risks or major risks, and the solutions to these will be different. Common categories include:

- Evidence of self-neglect
- Behaviours of concern
- Impaired judgment and problem-solving abilities
- Impaired cognitive functioning
- Sudden or unexpected changes in health status
- Home environment hazards
- Social rights infringements

Evidence of self-neglect

Self-neglect is when a client is not looking after themselves properly. You may, for example, notice that they are losing weight and that the food in their fridge or cupboards is not being eaten; they may not be washing themselves properly or often enough; and they may not be wearing clean clothes. While some of these signs on their own may not seem important, they may indicate the client requires additional support or is unwell. They can be signs that the client is neglecting themselves and is at risk of becoming weak or sick.

Self-neglect can be a major risk and you should report any signs of this to your supervisor as soon as possible.

Behaviours of concern

Behaviours of concern are behaviours that are unexpected for the client, or not normally considered to be socially acceptable behavior. These behaviours may put the client or others at risk of harm, injury or illness. Examples include being angry or aggressive; staying outdoors in cold or hot weather without protection; or acting in a physically or sexually inappropriate manner. All of these types of behaviours can be signs of a condition affecting thinking. Where behavior is new or changed, or is posing a risk to the client or others, it should be reported to your supervisor as soon as possible.
Impaired judgment and problem-solving abilities

A client may not judge situations properly or may not be able to solve problems easily. Signs include a client going out and not being able to find the way home, or the client being overly trusting of strangers. They may have difficulties with everyday things like working out how much money they need or how much change they should get. This can occur with various types of intellectual disabilities, brain injuries and conditions associated with ageing.

Where a client has impaired judgment or problem-solving abilities, there should be information in their support plan that provides workers with strategies for reducing risks associated with this, such as assisting them to pay for goods, and check their change, or accompanying them on outings in public. Where the behavior is new, or has changed, any immediate risk must be addressed and this must be reported to your supervisor.

Impaired cognitive functioning

A client’s thinking processes may be affected because of damage to the brain. This may be due to the onset or worsening of a condition such as Alzheimer’s disease or dementia, or it could be due to conditions such as stroke or brain damage caused by an accident. Signs might include memory problems such as forgetting how to do everyday tasks such as dressing or cooking. Report any new or changed behaviour immediately.

Sudden or unexpected changes in health status

Sudden and unexpected changes in a client’s medical or emotional health must be reported. There may be other changes to the client such as an inability to get out of bed; not wanting to do things they have always done; or physical changes such as not being able to see, hear or move as well as they could before.

Home environment hazards

Environmental hazards can create a risk of injury around the home or where support is being provided. They may include:

› slippery or uneven floors
› physical obstructions, such as furniture and equipment
› poor home maintenance
› poor or inappropriate lighting
› inadequate heating or cooling devices
› inadequate security.

These environmental hazards should be reported as soon as possible. It is especially important to do so when the hazard is in a client’s home, as this is an area that may not be regularly maintained or checked for things that are broken or dangerous. You should also point out the risk to your client or their carer or family to prevent them from injuring themselves.
Chapter 3: Addressing personal support needs

Practice task 14

Write down your response to the task.

Look closely at this picture of the kitchen.
List the hazards you have noticed and describe the associated risk for each.

Social rights infringements

Infringements to social rights mean not being able to do things that are your right to do. Rights include the freedom to come and go from your home; to see your friends when you want to; to spend your own money as you see fit; to be safe and secure; and to make decisions about your own care. If a client has cognitive impairment, such as an intellectual disability, dementia or brain damage, someone else may have to make decisions for them about their rights. If they are able to make their own decisions but you notice they are being prevented from doing this, you must report this as soon as possible.

Reporting risks

Where a risk, or potential risk has been identified, there will be information in the client's personal care support plan to alert workers to the risk, and to provide strategies for managing the risk to prevent injury or harm to the client, the worker or others. It is important that you follow such instructions carefully. Any risks or potential risks you observe, risks that have not previously been identified, and the actions you take to prevent them causing harm must be recorded. You will often need to fill out a hazard report or incident report.

Where the risk is immediate, it is important you take action to prevent it from occurring without putting yourself or others at any further risk. The risk must then be reported immediately.

If you have identified a risk that is not immediate but has the potential to cause harm or injury at a later time, you should report this to your supervisor so that appropriate preventative action can be taken.
Hazard or incident report form

A hazard report contains details of risks you have observed. The hazards may not have caused harm yet. You may have just noticed that there is a risk of harm occurring. An incident report, like the following example, describes an accident or event that has already happened, and may have caused harm. Completing the report ensures the risk is dealt with to prevent it causing harm in the future.

Example

<table>
<thead>
<tr>
<th>Hazard report form</th>
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<tbody>
<tr>
<td><strong>Date of report:</strong></td>
</tr>
<tr>
<td><strong>Person reporting hazard:</strong></td>
</tr>
<tr>
<td><strong>Names of people involved:</strong></td>
</tr>
<tr>
<td><strong>Location of hazard:</strong></td>
</tr>
<tr>
<td><strong>Description of hazard (include area and task involved and any equipment, tools, people involved):</strong></td>
</tr>
<tr>
<td><strong>Immediate or suggested actions (list any suggestions for reducing or eliminating the problem):</strong></td>
</tr>
<tr>
<td><strong>Person incident reported to:</strong></td>
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<tr>
<td><strong>Signature:</strong></td>
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It is important that you report hazards as soon as you notice them. In this example, if the hazard had not been reported, the tiles might have fallen when the client was in the shower and he or the worker may have been injured. You have a responsibility to provide support to people in the safest way possible. This means that if you have noticed a hazard and not reported it, you have not done your job properly. You have put a client at risk by not trying to prevent them from harm.

Completing a hazard or incident report ensures that the hazard has been documented and will be fixed or managed (not all hazards can be completely removed). It means that all those people who need to be told about the hazard are told. It is the best way to prevent harm from the hazard. In the example, the worker reports the hazard by making a note in the communication book.
Practice task 15

Read the case study and write your answers to the questions.

Case study
You are a support worker whose role is to assist clients with toileting and personal hygiene at the Blue Hills Dementia Day Centre. The centre also has overnight respite, where clients can stay for a couple of nights to give their family a break from caring for them. One of your jobs is to make toast and tea or coffee for the clients’ breakfast in the morning. Today you notice that the cord for the toaster is frayed and you can see the wires inside the covering.

Another of your roles is to assist the clients to shower. When you check on Mrs Lyne, she has not eaten her breakfast and refuses to take a shower or get dressed. This is unusual for her as she is usually a good eater and a very easygoing client.

1. Describe the hazards and associated risks that you have encountered, and why you have identified them.
2. Which of the hazards and associated risks should you report?
3. Complete a progress note or the hazard report below for each one of the risks you have identified.

### Progress note

<table>
<thead>
<tr>
<th>Client’s name:</th>
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### Hazard report form

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<th>Person reporting hazard:</th>
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<tr>
<th>Names of people involved:</th>
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<th>Location of hazard:</th>
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<th>Person incident reported to:</th>
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Removing or reducing risks

Some risks may be removed. The toaster at the Blue Hills Dementia Day Centre with the damaged cord should be removed, labelled as dangerous and placed in another room. The risk of the toaster causing harm has then been removed. Another example might be removing a rumpled or creased rug to prevent a client tripping on it.

Some risks cannot be removed. Where this is the case, it is important to control the risk. You need to plan to make sure the risk does not cause harm. An example might be placing a sign to warn people of the danger. The edges of a cracked or damaged path could be spray-painted in a bright colour to ensure they can be easily seen and avoided. These steps may help to reduce the risk and make the situation safer for everyone.

Practice task 16

Read the following descriptions of risks. Using the table, write down whether you could remove or reduce the risk and how you could do this.

<table>
<thead>
<tr>
<th>Risk</th>
<th>Remove or reduce?</th>
<th>How?</th>
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</thead>
<tbody>
<tr>
<td>The lid of the kettle is broken and falls off when pouring.</td>
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<tr>
<td>A client is likely to forget to wait for the support worker before getting into the shower, and is at risk of losing balance or slipping.</td>
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<tr>
<td>A client has left clothes on the floor after undressing.</td>
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<tr>
<td>Food in a client’s fridge is past its use-by date.</td>
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<td></td>
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<tr>
<td>A client shows signs of unusual behaviour and memory lapses.</td>
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3.4 Assisting clients as required

Many older people and people with disabilities need help to carry out personal care tasks. Chapter 1 examines what personal care is and the kind of tasks it involves. This section looks in more detail at some different types of personal care tasks and how support workers may assist their clients.

There are many different ways in which support workers assist clients with their daily activities. The assistance you provide will depend on:

- information in their care plan
- the layout of their house
- their abilities
- their preferences.

Showering

Some of the clients you support will need assistance with showering. Showering can be a dangerous task if; for example, a person is unsteady on their feet or has reduced movement in their joints.

There is no single procedure that will explain to you how to shower someone; however, there are some things you should remember:

- Check the water temperature before the client gets into the shower and do not run other taps in the house while the client is showering in case this affects the water temperature.
- Prevent slips and falls by ensuring there is a non-slip mat on the floor at the shower door for your use and for the client to step on when they get out of the shower. The client’s feet and the floor should be dry before they step off the mat.
- Maintain the client’s privacy and dignity by only uncovering them when you are ready for them to get into the shower. Avert your eyes as much as possible and have towels, dressing gown or clothes ready for when the client gets out of the shower.
- Keep the client warm. Older people and people with physical disabilities may get cold quickly, so help them to dry and dress as quickly as possible.
- Keep yourself safe. Do not put yourself at risk of injury by trying to lift the client or letting them lean heavily on you. Be cautious while working in wet or damp areas.

Bed bathing

Clients unable to get out of bed must be properly washed while still in their bed. This is not an easy job and may often require two workers. The client’s care plan will explain exactly how much help the person needs. Some things to remember when helping with a bed bath are:

- Keep the bed dry by placing towels underneath the person in the area you are washing and using a damp cloth.
- Monitor the water temperature and ensure it doesn’t get cold.
- Maintain privacy and dignity by keeping the client covered as much as possible.
› Keep client warm by working in stages and dry each part of the body after you have washed it.
› Keep yourself safe. Do not risk injury by trying to lift the client or roll them yourself. Get the client to roll themself as much as possible; use towels or specialised equipment to assist.

**Shaving**
If a male client needs assistance to shave, the type and amount of assistance you need to provide will be written in the care plan. In some instances an electric shaver may be used, while other clients may prefer to use shaving cream and a blade razor. Be careful, as razor blades are sharp and nicks or cuts to the client or yourself can easily occur.

**Dressing and grooming**
It is common for support workers to assist clients with dressing and grooming. The care plan will detail how much and what kind of assistance to provide.

Some things to remember when helping with dressing and grooming are:
› Respect the client’s right to choose their own clothing. Assist them with choices if they are unable to do this.
› Respect privacy and dignity by assisting the client to keep covered as much as possible until they are dressed.
› Be aware of the client’s preferences for certain types of attire, being mindful that clothing should be clean, in good condition and appropriate for the day ahead.
› Ensure that the person is appropriately groomed for the activities planned for the day. People feel better when their hair is brushed and appropriately arranged and they have accessories or make-up in place.

**Assisting with toileting and the use of continence aids**
Some clients may require assistance with getting to the toilet, or with using aids due to incontinence. Some may be physically unable to get to the toilet without help or they may need help with their clothing. Others may need a special raised chair or toilet seat if sitting down on the toilet is difficult. The client’s care plan will explain what kind and how much assistance the client will need. Some tips when assisting clients to get to or go to the toilet are:
› Close bathroom or toilet doors where practicable to provide the client with privacy.
› Remember hygiene – ensure that the client is able to or assisted to clean themselves properly. If assisting, wear gloves and follow appropriate hygiene guidelines.
› Ensure that any equipment, such as over toilet chair or raised toilet seats are clean and fitted properly and will not move when the client sits on them.
› Protect yourself. Do not to try to lift a client onto or off the toilet. Instruct them to hold rails or use frames to stand independently.

If a client you are working with requires assistance for incontinence, perhaps a pad inserted in their underwear or change of special underwear, you may need to help with this. This will be explained in the care plan. Some tips in assisting are:
Ensure the pad is correctly placed to prevent soiling of clothing.
Treat the person with respect, being careful not to make the person feel embarrassed about their incontinence.
Wear gloves and dispose of the pad or underwear appropriately.

Assisting with eating or drinking and use of feeding techniques
As discussed earlier in this chapter, some of the clients you work with may have difficulty with eating and drinking. The care plan will tell you what type and how much assistance is required. Sometimes food may need to be prepared in a special way for those who have difficulty chewing or swallowing. Other clients may not be able to manage cutlery or a cup at all and may need to be fed. When feeding a client, bear the following in mind:
- Do not rush the client while they are eating. Rushing can increase the risk of choking and decrease the client’s enjoyment of their food.
- Provide variety. If there are different types of food on the plate, place a mixture of different things on the spoon, or change the food type for each spoonful.
- Meals are often a social occasion so talk to the client while you are feeding them. Be aware not to require or oblige the client to speak while they have food in their mouth and wait until they finish speaking before offering the next mouthful of food.
- Be aware of the client’s dignity. Requiring assistance with eating can be embarrassing and make the person feel vulnerable. Try to behave as if feeding the client is incidental to the reason you are with them.

Some people may not be able to eat food in the normal way at all and may be fed through a tube that goes directly into their stomach. You may be required to pour the nutrient liquid into the tube or to assist with preparing the liquid. If you need to do any of these tasks, you will be shown how.

Assisting with oral health care
Some older or disabled people may require assistance to care for their teeth or mouth.
Where clients still have some or all of their own teeth you may be required to remind the client to brush their teeth, to assist with preparation of the brush and toothpaste, or assist with brushing. Oral hygiene requires not only brushing of the teeth and gum line, but also brushing the tongue to remove bacteria.

If a client has dentures, these must be removed and cleaned each day using a paste or soaking solution. Once again, people with dentures need to maintain oral hygiene and should use a mouthwash. Dentures should preferably be soaked in a soaking solution for around eight hours per day to remove food particles and bacteria.

Mobility and transfer
Clients with physical disabilities may require assistance or support with mobility and transfer, including in and out of vehicles. Support workers also need to learn about fall recovery techniques.
The client’s care plan will describe how much help the client needs. They may be independent or they may need reminding about the best way to assist with independent transfer or mobility. They may need assistance such as stabilising a walking frame or positioning their hands and feet. When a client is unable to walk at all, their transfers may need to be done with a hoist.

Mobility and transfers may be required for common daily living activities such as getting out of bed, going to the toilet or going to the kitchen for food and drink.

The following example illustrates how a client can maintain their independence with minimal support.

Example

Ralph is a travel agent, who works full time in his own agency. He had an accident when he was in his early 20’s and is now a paraplegic and requires a wheelchair to get around. Ralph lives alone, and requires assistance to get out of bed in the morning and get ready for work.

A support worker attends his home each morning to assist him to get out of bed, get washed and dressed and into his wheelchair. There is a hoist in Ralph’s home that the worker uses to lift him out of bed and move him around to get ready. Once Ralph is in his chair he is independent and can take care of the rest of his daily living activities, including catching a train to work.

Practice task 17

For this activity you will need a toothbrush and toothpaste, gloves, access to water, and cups for rinsing.

1. Work with a partner. Follow the instructions below to carefully clean the other person’s teeth. Wear gloves when you are brushing. Ensure you use clean water and cups for each turn.

   Instructions for cleaning another person’s teeth:
   • Put only a small amount of toothpaste on the brush. Brush should be soft bristled.
   • Use short, back-and-forth brushing motions to clean the outside and inside of the teeth as well as the chewing surfaces.
   • Follow this with up-and-down motions to clean the inside surfaces of the front teeth.
   • Brush along the gum line. This is very important as gum disease starts here. Brush gently to avoid damaging the gums.
   • Brush back molars.
   • Very gently brush the tongue to remove bacteria.
   • Ask the other person to spit out the toothpaste and provide them with water to rinse their mouth.

2. Write down three things that are difficult about brushing someone else’s teeth.
3. Record ways that you can deal with these difficulties when assisting a client to brush their teeth.

4. Now that you have experienced brushing someone else’s teeth, write down your own step-by-step instruction to tell another support worker how this task can be done. Make sure you include steps, detailed instructions and advice to avoid any difficulties you had with the task.

5. Present your instruction as a three-minute training session to a new employee.

6. Find a procedure in your workplace that relates to continence, catheters or assisting clients to use the toilet. Answer the following questions.
   a) What is the procedure specifically about?
   b) How does it relate to the role of a support worker?
   c) What does the procedure tell you to do about maintaining hygiene when helping with continence/toileting?
3.5 Providing support with technical care

Some of the tasks you will carry out while providing personal care support to clients may involve helping with or carrying out technical tasks. There is only a limited range of technical tasks that support workers are permitted to carry out. A health professional will usually show you how to carry out specific technical tasks.

For some technical tasks you may need to use items from a first aid kit. This is especially true if the task you are doing is part of managing an emergency for a client. All workplaces will have first aids kits, and if you work in clients’ homes you may be required to carry a first aid kit, or know where the kit is in the client’s home.

Checking or changing a dressing

A client you are providing support to may have a dressing over a wound. The wound might be a minor cut or abrasion (sore) or a larger wound. Dressings protect the wound from infection or knocks as it heals.

If you need to change a dressing, there are some things to remember:
- Wear gloves.
- Keep the area around the wound clean.
- Dispose of any old dressings in the appropriate way.
- Follow the instructions of healthcare professionals.
- Observe, record and report if there are any changes or signs that the wound looks different.
- Record what you have done and report any problems or concerns.

If you are worried about the wound or the client’s condition, you should discuss your concerns with your supervisor or healthcare professional.

Catheter care

Clients who are unable to control their bladder may require a catheter. Clients who require a catheter include men who have had prostate cancer, people with multiple sclerosis, and people who are paraplegic or quadriplegic.

Only a medical professional is able to insert or remove a catheter; you will not be asked to do this and you should never attempt to. You may, however, be required to care for a client’s catheter. This could involve:
- checking for any signs of problems, leaking or damage to the tube or bag
- observing if the catheter still appears to be in the right place
- ensuring the area around the catheter is clean and looks healthy
- emptying the catheter bag through a small tap on the bag
- replacing the bag with a new one
- helping a client change their clothes around a catheter.
You will need to be careful you do not damage the catheter. Do not pull or knock it. People with catheters may be very sensitive or embarrassed. Respect their privacy and know how you can best help them.

Sometimes males use a **urinary drainage system**. The only difference between this system and an internal catheter is that condom drainage is used outside the body.

For any personal care tasks involving body fluids such as urine, you should wear gloves to protect both you and the client from disease and infection.

**Prostheses**

If a person is missing a body part, they may have a **prosthesis** that they use instead. It may be for appearance or it might help them do all or some of the things they would usually do with that body part.

Since all prostheses are different, a client will often be best placed to tell you about their prosthesis. They may have several, which are used at different times. Generally there will be a sock or stocking that covers the **stump**. You should make sure the stocking is clean and dry, that there are no wrinkles and that it fits comfortably. The prosthesis will often go over the sock or stocking. The client or their carer can tell you how to fit it.

**Anti-thrombotic stockings**

Sometimes older people and people with disabilities may wear special stockings on their legs for medical reasons such as **deep vein thrombosis** (DVT). Anti-thrombotic stockings that fit tightly over the bare leg may need to be worn all the time, or might only be needed for a few weeks following an operation or injury.

The stockings are hard to put on as they are made of very firm elasticised material. They need to be in the right place, comfortable and without wrinkles or creases in them. In some instances you will need a special device to help put on the stocking.

**Breathing devices**

Older people or people with disabilities may require equipment to help them breathe. A person suffering from **emphysema** may need to use an oxygen supply all the time to increase oxygen intake. Someone with **sleep apnoea** might use a device that assists their breathing during sleep. **Asthma** sufferers may require a **nebuliser** to inhale medication to help them when they are having trouble breathing.

You will be shown how to use breathing equipment by a health professional. There will be details in the care plan also. Your role may just be to help the person fit a mask or plug in a machine to a power point.
Simple eye care

Eye care can mean many things. It may be wiping the eyes gently to remove ‘sleep’ in the morning or to clean away other matter. It may be helping someone to rinse their eye if they have dirt in it. It may be cleaning a pair of glasses or taking off eye make-up at night.

It is important to remember that eyes need to be treated with care and can be easily damaged. Anything that gets into the eye can cause damage. Often a wipe with a clean, damp cotton pad or rinsing with water and an eye bath will be sufficient to treat minor eye problems. Wipe eyes once only with a single cloth or cotton ball.

Larger foreign objects in the eye may need medical attention. If in doubt, do not try to get the object out on your own and seek the assistance of a healthcare professional.

Glasses should be checked often. Make sure they are clean, that they are not damaged and that they fit comfortably. Encourage clients to have their eyes checked regularly.

The following example illustrates the kinds of activities a support worker may be required to undertake.

Example

Dimita is a support worker in an aged care facility. She works a morning shift three times a week, assisting clients in the facility to wash, dress and get ready for the day.

Today she first assists Mrs Giatroudakis to get out of bed and to shower. Mrs Giatroudakis has had cancer in the past and has had a mastectomy. When Dimita assists her to dress, she places a prosthesis in one side of Mrs Giatroudakis’s bra. Mrs Giatroudakis also has an indwelling catheter. When Dimita assists her to wash and dress, she needs to check that the area around the catheter is clean and dry and that they are careful not to knock or pull the catheter during dressing. Dimita also empties the drainage bag and assists Mrs Giatroudakis to strap the bag to her leg, where it is out of site once she is dressed.

Next, Dimita moves on to help Mr Karl. Mr Karl has emphysema and needs to use a nebuliser before he gets up in the morning. Dimita helps him to place the mask on his face and plugs the machine in for him. Mr Karl also requires oxygen, so Dimita helps him to place the oxygen tubes in his nostrils and to get the oxygen bottle on a trolley ready to move around with him for the day.

Practice task 18

Prepare a series of ‘points to remember’ for the information of support workers. The information can be either written, in diagrams and should be presented as a poster. Choose one of the following technical tasks:

• putting on a prosthesis
• helping with a breathing device
• caring for a catheter
• assisting with simple eye care.
3.6 Clarifying difficulties in meeting a client’s needs

While it is important that workers provide assistance to clients as directed in the personal care support plan, there are occasions when it is difficult to meet a client’s needs for support. The difficulties you encounter might be due to:

- organisational limitations
- the personal care support plan
- your own skills and knowledge
- the client’s behaviour, preferences or abilities.

The organisation you work for may not have the capacity to cater to the needs of the client. If this is the case, inform your supervisor of the identified need that is unable to be met so the client can be referred to a service that can meet this need.

If the client’s care plan does not address a need that the client demonstrates and the need is something that you could meet, the client’s needs should be assessed and their care plan revised.

Where there is a need that you are unable to meet because you lack the skills or knowledge you may be able to seek support for training as part of your regular appraisal with your supervisor. If there is a need that is to be met immediately, inform your supervisor that you require training as soon as possible.

If the difficulty is related to the client’s behaviour, preferences or abilities, assess the situation and the reasons behind the difficulty. If you are able to deliver the required support to the client according to the care plan and still respond to the client’s behaviour or preference, then adapt the support to meet their need. If you are unable to meet their need, deal with their behaviour or deliver the care required, contact your supervisor to discuss the situation and receive advice about dealing with the situation.

When you encounter difficulties in providing personal care, consult with the client and try to involve them in determining their needs and planning their support. This can work well when the client is able to provide a true account of their difficulties. Conditions such as mental illness, intellectual disability or dementia can affect a client’s ability to clearly express their needs. In such situations, you may be able to discuss the difficulties with the client’s carer, or request that a health professional assess the client’s needs.
Consider the following example:

**Example**

Bob is a 45-year-old man with alcoholic dementia. Kate is the worker that goes to his home to assist him with personal care tasks and to prepare an evening meal. Today when Kate arrives, Bob is sitting with a glass of yellow liquid. He says it is apple juice, but Kate can see a wine cask hidden under a newspaper. Bob says he doesn’t want help today – he just wants someone to talk to. Kate explains that she is required to provide him with the support he has agreed to in his support plan. He again says he doesn’t want this today but asks her if she can change a light bulb for him. Kate explains that she is not permitted to climb a ladder and that she would like to provide him with the support he needs according to the agreed support plan.

Bob continues to sip from his glass and refuses to accept help with his personal care. Kate steps out of the house and phones her supervisor to request advice.

There are situations such as the one in this example where you should communicate difficulties immediately with your supervisor. In situations such as these your client may be at risk of harm, or you as a worker may be at risk due to the client's behaviour.

**Practice task 19**

Read the case study below and answer the questions.

**Case study**

Marlow works for a local council personal care service. She provides support to Max, an eight-year-old autistic boy. Often her role is to care for Max when his parents want to have a night out. Marlow helps him with his dinner, bathes him and readies him for bed, then reads him a story before he goes to sleep.

Tonight a number of things happen. Firstly, Max refuses to eat his dinner and misbehaves while Marlow is helping him with the bath, splashing water all over the bathroom. When his parents come home, they cannot give her any information or reason for his behaviour.

Max’s parents then ask Marlow if she would consider staying the night with Max occasionally so that they can go away for a weekend. The local council does not provide overnight care.

1. What were the difficulties that Marlow encountered? Describe each in a few words, including why it is a difficulty.
2. What strategy could Marlow use to address each of the difficulties?
3.7 Maintaining client confidentiality, privacy and dignity

As a support worker you are obliged to maintain the privacy and dignity of your clients. The right to privacy is protected by state and Commonwealth privacy laws, while ethical standards protect a client’s dignity. Confidentiality, privacy and dignity are also addressed in workplace standards and guidelines.

Confidentiality and privacy
Privacy and confidentiality in the community sector are rarely defined separately.

Privacy
Privacy refers to a person’s ability to control access of others to themselves, their space and their possessions, including information about the person. Privacy also means avoiding embarrassment and humiliation.

Confidentiality
Confidentiality is about data or information rather than people. It refers to managing access to private information. Confidentiality provisions restrict an individual or organisation from using or disclosing information about a person that is outside the scope for which the information was collected.

Confidentiality includes how information is:

- collected
- stored and for how long
- destroyed when it is no longer needed
- accessed and released to other parties.

Confidentiality refers to both written and verbal information.

Protecting a client’s confidentiality and privacy means making sure personal information about them is not given to or made accessible to those who do not need it. It also means ensuring that clients are not able to be observed when receiving personal care and support from anyone other than the workers that are providing the support.

Often you need to share a certain amount of information in order to provide care that best meets the client’s needs. Discussing the client’s needs and personal information with others who are directly involved in supporting the client and who you know have permission to access the client’s information is not breaking confidentiality.

Clients supported through a community or residential support service may sign a statement or agreement that acknowledges they have read information about their rights and responsibilities in relation to privacy and confidentiality. Often this will be agreement to have their personal information collected and shared with others directly involved in the planning and provision of their care. This is often referred to as ‘consumer consent’.
An example of a consumer consent statement is provided below.

### Example

<table>
<thead>
<tr>
<th>Consumer consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>To ensure the consumer is able to make an informed decision about consent to the disclosure of their information, the worker should: Initial when completed</td>
</tr>
<tr>
<td>1. Discuss with the client the intended use of the information collected.</td>
</tr>
<tr>
<td>2. Explain that the client’s information will only be released to those staff/services directly involved in the client’s care.</td>
</tr>
<tr>
<td>3. Provide the client with information about privacy.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Record of consumer consent</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Written consumer consent OR b) Verbal consumer consent</td>
</tr>
<tr>
<td>The worker has discussed with me how, when and why certain information about me may need to be passed on to other staff or agencies. I understand the recommendations and I give permission for the information to be shared as agreed.</td>
</tr>
<tr>
<td>Signed: (consumer or representative)</td>
</tr>
<tr>
<td>Date: ..........................</td>
</tr>
<tr>
<td>Consumer name:</td>
</tr>
<tr>
<td>Witnessed:</td>
</tr>
<tr>
<td>Practitioner name:</td>
</tr>
<tr>
<td>Role:</td>
</tr>
</tbody>
</table>

When you commence work as a support worker at any organisation or agency, you may also need to sign a confidentiality agreement (see following example) to show you understand and agree to comply with the workplace policies and guidelines about confidentiality and privacy.
Chapter 3: Addressing personal support needs

Example

Confidentiality statement

I understand that while working at Monday Disability and Aged Services, I may be given access to written or verbal information about a client, the family member of a client, staff members and the organisation.

I have read and understand the Monday Disability and Aged Services privacy policies and procedures.

I will not disclose information to anyone except as required in the course of my role as a support worker.

I am aware that inappropriate disclosure and use of a client’s information can lead to disciplinary action, which may include direct dismissal.

Furthermore, I am aware that failure to adhere to these policies and procedures may result in civil action.

I agree to the above conditions.

Employee:
Name: ................................................................. Phone: ..............................................

Signature: .......................................................... Date: ...............................................

Witnessed by:
Name: ................................................................. Phone: ..............................................

Signature: .......................................................... Date: ...............................................

There are a number of situations where the privacy of clients who are aged or have disabilities can be placed at risk. This can occur when:

› their information is gathered for assessment purposes
› you are consulting with other colleagues
› the client’s electronic or paper-based file is accessed
› they are receiving care or support.

Measures to protect client confidentiality and privacy requirements include:

› gathering only information that is required to provide a service to the client
› discussing client information with colleagues in private
› securing all client files and other documents containing personal information in a locked drawer or filing cabinet and using passwords on computer-based files
› following procedures when taking client information out of the workplace
› knocking before entering bedrooms or bathrooms of clients.
Dignity

Treating a client with dignity requires that you act in a way that is respectful and acknowledges the client as a person with rights, feelings and preferences.

One way to protect a client’s dignity is to ensure you do not take short cuts in your work. Take the time to treat each of your clients with respect, discuss the tasks you will do, ask how they feel and don’t rush clients when they are doing tasks. Think about the way you would like to be treated if you required help with personal care tasks and use this as a guide to the way you treat your clients.

Practice task 20

For each of the following scenarios, explain how the support worker has failed to meet the dignity, privacy or confidentiality requirements of their client. Provide each worker with advice on how they should have handled the situation.

Case study 1
Margot is a support worker. She is at the pub having a drink. She sees a support worker from another agency and says, ‘John, I’ve been meaning to ask you about Sam Morrison. He is giving me a great deal of trouble! How do you handle autistic people?’

1. Discuss, with other learners or colleagues, Margot’s actions. What has she done incorrectly?
2. What should she have done?

Case study 2
Mark is a support worker. He is showering José. Someone knocks at the door. Mark removes José from the shower and sits him on the bed. Mark opens the bedroom door and then the front door. José is visible from the front door.

Discuss, with other learners or colleagues, Mark’s actions and how he could have better handled the situation.

Case study 3
Tui is a support worker. Tui is assisting Lara with her personal care. Lara has to go to hospital for an operation and expects to be away from home for two weeks. She is worried about who will feed her cat and water her indoor plants.

Tui sees Lara’s neighbour as he is leaving and tells him about Lara’s operation and that she needs someone to help with the cat and the plants while she is away. The neighbour says he is happy to help. Tui runs back inside and tells Lara that he has told the neighbour about her trip to hospital and that the neighbour will help.

Lara turns white with rage. She says, ‘The neighbour is a nosy parker, always going through my mail and checking through the windows. I don’t want him knowing my business.’

1. What has Tui done incorrectly?
2. What should he have done?
3.8 Performing work to the required standard

Organisations that provide aged care, home and community care, disability or children’s services are governed by legislation, industry standards, codes of practice and regulations. Support workers must carry out work according to workplace policies and procedures.

Legislation and regulations

The following table details key Commonwealth, state and territory areas of law that regulate the way organisations and individuals operate in community services.

<table>
<thead>
<tr>
<th>Area of law</th>
<th>Impact on disability support workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Privacy</td>
<td>This covers the way information is gathered, stored and used.</td>
</tr>
<tr>
<td>Freedom of information</td>
<td>People have a right to access their personal information.</td>
</tr>
<tr>
<td></td>
<td>Disability support workers should ensure they do not record any information about a client that is offensive or incorrect.</td>
</tr>
<tr>
<td>Occupational health and safety</td>
<td>Disability support workers must act in a way that minimises risks and must report all hazards and incidents, including near misses.</td>
</tr>
<tr>
<td>Workplace hygiene</td>
<td>This covers personal hygiene and the preparation of food.</td>
</tr>
<tr>
<td>Harassment</td>
<td>People must not be subjected to bullying, taunts, threats or jokes in the workplace.</td>
</tr>
<tr>
<td>Racial vilification</td>
<td>People should not be harassed or discriminated against on the basis of their race.</td>
</tr>
<tr>
<td>Disability discrimination</td>
<td>People should not be discriminated against on the basis of past, current, possible future or perceived disability.</td>
</tr>
<tr>
<td>Medication administration</td>
<td>Covers who can administer medication. This will vary depending upon the type of medication, whether the medication is prescribed or taken ‘as needed’ and the route of medication.</td>
</tr>
<tr>
<td>Aged care</td>
<td>This covers the standard of care that must be provided and funding arrangements.</td>
</tr>
</tbody>
</table>

Industry standards and codes of practice

There are enforceable industry standards that relate to aged care, disability services and home and community care. Organisations must meet these standards in order to maintain their registration, accreditation and funding.

Advisory or voluntary codes of practice cover work tasks and issues such as manual handling, personal conduct and ethics. These codes help to establish an organisation’s standard of care.
Policies and procedures

Organisations use policies and procedures as a means of meeting the requirements of laws, standards and codes of conduct. Procedures provide support workers with detail on how to carry out the requirements of policies.

When you join a new workplace or take on a new role, you will generally participate in an induction process that familiarises you with the organisation, policies and procedures, and the requirements of your work role. You may also be asked to formally acknowledge that you have been informed, understand and will meet workplace policies and procedures.

A performance appraisal may be used to provide formal feedback about the way in which you are completing your work. Performance appraisals can be used to:

- determine training needs
- identify people with the skills, knowledge and experience for other positions within the organisation
- determine whether disciplinary measures need to be implemented.

As part of the performance appraisal you will be assessed on the basis of key results areas and key performance indicators.

Key results areas cover broad aspects of the job role such as:

- teamwork
- professional development
- professional appearance
- safe work practices
- communication skills.

Key performance indicators provide you with clear objectives that can be used to help you meet the requirements of key results areas.

The following example shows an extract from a performance appraisal.

<table>
<thead>
<tr>
<th>Key results area</th>
<th>Key performance indicator</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional appearance</td>
<td>Wears full uniform, including name badge.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>No earrings or jewellery are worn (with the exception of a ring and watch).</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You can learn more about the required standards in your workplace by referring to your job description. The following is an example of a job description.
### Example

<table>
<thead>
<tr>
<th>Title</th>
<th>Support worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports to:</td>
<td>Centre manager</td>
</tr>
<tr>
<td>Purpose:</td>
<td>To provide personal care support to clients of the day activity program</td>
</tr>
<tr>
<td>Essential attributes</td>
<td>• Certificate III qualification</td>
</tr>
<tr>
<td></td>
<td>• Knowledge of the requirements of the Home and Community Care (HACC) program</td>
</tr>
<tr>
<td></td>
<td>• Awareness of the issues facing older people, people with disabilities and their carers</td>
</tr>
<tr>
<td></td>
<td>• Ability to work autonomously and as part of a team</td>
</tr>
<tr>
<td></td>
<td>• Good written and oral communication skills</td>
</tr>
<tr>
<td></td>
<td>• Driver’s licence</td>
</tr>
<tr>
<td>Desirable attributes</td>
<td>• Experience working in a day centre setting or equivalent</td>
</tr>
<tr>
<td></td>
<td>• Experience working in a support role with people who are aged or have a disability</td>
</tr>
<tr>
<td>Major functions of the job</td>
<td>• Assist clients of the day program with personal care tasks as per individual care plans</td>
</tr>
<tr>
<td></td>
<td>• Work with centre staff team to plan and review programs</td>
</tr>
<tr>
<td></td>
<td>• Assist bus driver with client pick-up and drop-off at the start and end of each program</td>
</tr>
<tr>
<td>Outcomes/ performance measures</td>
<td>• Workplace procedures are followed, including:</td>
</tr>
<tr>
<td></td>
<td>- privacy and confidentiality</td>
</tr>
<tr>
<td></td>
<td>- freedom of information</td>
</tr>
<tr>
<td></td>
<td>- occupational health and safety</td>
</tr>
<tr>
<td></td>
<td>• All clients receive personal care support and assistance as per individual care plans</td>
</tr>
<tr>
<td></td>
<td>• Case notes are completed for each client assisted each day</td>
</tr>
<tr>
<td></td>
<td>• Feedback from colleagues and clients</td>
</tr>
<tr>
<td></td>
<td>• Participation in professional development activities</td>
</tr>
</tbody>
</table>

In the example, the support worker can gain a clear sense of their purpose from their job description. They can gain further information by referring to workplace procedures and policies. In addition, they should be monitoring their progress towards their goals and seeking informal and formal feedback about the service provided.

### Practice task 21

A friend of yours has just been employed as a support worker. She says ‘I am worried that I won’t perform well. How will I know what is expected of me?’

How would you help your friend find out about the standard of work she is required to achieve?
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Why is it important to use the right words for people’s body parts, rather than calling them by common names? What do you think? What do others think?
› If an older person needs specialised equipment or care, such as a catheter or a special toilet chair, wouldn’t it be better if they lived in an aged care facility where there is equipment and 24-hour care? What do you think? What do others think?

Chapter summary

› Having equipment available and used properly assists clients to maintain or improve their independence.
› Do not operate equipment before you have been instructed in its correct use.
› The client’s individual personal care support plan will tell you how much and what type of care each client requires.
› Workplace policies and procedures assist workers to deliver appropriate care in-line with workplace expectations and applicable laws and standards.
› Identifying potential risks early and dealing with them can prevent harm and injury to you and your clients.
› When assisting with personal care tasks, remember to respect clients’ preferences, assist them to maintain their dignity, and ensure they feel as comfortable and secure as possible.
› Training will be provided for technical tasks support workers are required to perform. Always ask your supervisor if you are unsure about how to perform a task.
› It is important to assess reasons for any difficulties you are having in providing care and to ask for advice from your supervisor if you cannot resolve these.
› Support workers have a duty to maintain a client’s right to dignity, privacy and confidentiality.
› There are laws, industry standards and codes of practice that govern the ways services are provided to people who access community services.
Checklist for Chapter 3

Tick the box when you can do the following.

☑️ Use processes, equipment, aids and appliances safely
☑️ Provide support according to care plan and workplace policies and procedures
☑️ Deal with risks when providing support
☑️ Assist clients as required
☑️ Provide support with technical care
☑️ Clarify difficulties in meeting a client’s needs
☑️ Maintain client confidentiality, privacy and dignity
☑️ Perform work to the required standard
Chapter 4: Reporting changes in a client’s health or needs

One of the responsibilities of a support worker is to be on the lookout for changes in the clients you support and to report these to your supervisor or to other workers supporting the client.

Some of the older people or people with disabilities you provide personal care to may not see many other people throughout the week. They may have trouble getting out of the house. They may not have many family members or friends who visit them regularly or often. Often the support worker may be the only person who sees the client performing daily living activities such as personal hygiene, dressing and undressing, and grooming. They may be the only person who sees parts of the client usually covered by clothing.

It is important that you report any changes in the client’s circumstances or care needs. Changes may be physical, medical, behavioural or situational. Any of these types of changes may mean the person needs additional support, assessment or treatment. All changes need to be reported. It is not part of your job to decide which changes are important and need attention and which are not. You must report any changes you observe.

There are different ways of reporting changes in clients’ needs and situations. The way you report the change will depend on how quickly support or assessment is needed and on your workplace guidelines. Reports may be made verbally or in writing and may be done immediately or as part of a regular process.

In this chapter you will learn about:

4.1 Identifying and reporting variations in personal care support needs
4.2 Identifying required changes to processes and aids
4.3 Clarifying concerns about a client’s health
4.4 Reporting concerns about a client’s health
4.1 Identifying and reporting variations in personal care support needs

Most people share some fundamental care needs that, if not met, may have adverse effects. A client's care needs may change in a number of different ways. It is important that a support worker is observant, and notices and reports any changes that indicate needs are not being met.

Health and personal support requirements

Older people and people with disabilities have many different care needs. These relate to different areas of their lives. Even small changes to a client's circumstances can be quite significant to them but may only require a minor change to the way personal care or other supports are provided. Regardless of what you think about the change, report it anyway.

Physical needs

A client's physical care needs may change due to a medical condition or condition of ageing. They may change slowly or suddenly and the change may be permanent or temporary. Generally you can recognise physical changes by observing how clients move. For example, a limp, sores, difficulty standing or bending, as in the next example, may indicate a physical change that may need a client’s care and support to be adjusted.

Example

Gretel is a support worker who works in an aged care facility. She visits Mr Goldman in his room to help him with showering and dressing. While she is helping him to dress, she notices he is having difficulty bending to get his socks and shoes on (a task he has always been able to do before). Gretel asks him if he is having trouble and he tells her that his hips are very stiff and sore.

Gretel informs her supervisor of this change.

In the example, reporting the change will ensure that Mr Goldman is seen by his doctor and also receives any additional help he needs.

Emotional needs

As a support worker you may observe behavioural clues that indicate a client’s emotional needs have changed. Maybe family or friends who provided emotional support have moved away and cannot visit as often. Perhaps the client’s husband, wife or parent has died and they need comforting or even counselling. It is important that you observe changes such as these and report them so that the client can get the emotional support they need.

The following example shows a case note that may be written about a change in emotional needs.
Example

<table>
<thead>
<tr>
<th>Client name:</th>
<th>Bea Reardon</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td>27/03/12</td>
</tr>
<tr>
<td>Worker name:</td>
<td>Kerrie Burns</td>
</tr>
<tr>
<td>Agency:</td>
<td>Link Chain Attendant Care</td>
</tr>
</tbody>
</table>

Notes:
Care provided today as per care plan.

Bea appeared very sad today. She also appeared uninterested in eating breakfast, or taking a shower and getting dressed. I asked her if anything was wrong and she told me her neighbour and close friend, Millie, had a serious stroke last week and is in hospital, and probably will not be able to return home.

Bea says she misses her as they have always had a sherry together in the evenings. She also says it makes her worry more about being alone and what might happen if she became unwell or had a stroke. She says she worries that she could be lying on the floor for days before someone found her. I made Bea a cup of tea and reassured her about safety.

I reported my concerns and our conversation to my supervisor, who will arrange visits from the GP and a social worker. She will also arrange for a personal alarm for Bea.

Signed: Kerrie Burns

Cultural needs

A person’s cultural and religious needs may vary considerably according to their country of birth and the extent to which they have chosen to maintain their language, customs, traditions and beliefs. In many instances cultural beliefs can be quite strong among older people and may relate to things such as observing festivals, clothing and dressing, eye contact or gestures or the role of women. As a support worker, an important part of your role is to provide support in a way that is appropriate and respectful of the client’s culture, and to be aware of different cultural needs.

Spiritual needs

Spiritual needs relate to the client’s religious or moral beliefs. Some people will have particular spiritual rituals that they regularly perform, and that are very important to them. These may be rituals such as attending a church service, praying at certain times of the day, not eating certain foods, or meditating. For some clients the need for support to maintain these rituals may change over time. They may no longer be able to drive or walk to church. They might need help to prepare acceptable foods or help preparing a space to pray or meditate. Support workers should be observant and notice and report changes in the support required to help meet a client’s spiritual needs.
Sexual needs
Sexual needs can range from a need to have sexual intercourse to a need for regular physical contact such as a hug or holding a hand. It is important that people are able to have these needs met where possible and that changes in these needs are observed and reported. Sometimes a client with a condition or disability that affects their thinking or behaviour may need support to behave in a way that is sexually appropriate. They may have difficulty knowing who they can touch and in what way. It is important to report when a person seems to be acting in a way that is sexually inappropriate, as shown in the following example.

Example
Sarah is a support worker in a day program for people with acquired brain injury. Part of her job is to assist Mr Newman to walk to and from the toilet. She has noticed that when they return to the table and he is sitting down he gives her a tap or a pinch on the bottom when he thanks her for her help.

Sarah reports this behaviour to her supervisor.

Safety and security
We all need to feel safe and secure from harm or injury in our daily lives. Older people and people with disabilities often feel more vulnerable and less safe and secure because of their particular circumstances. These clients need to receive support to feel safe and secure. The things you do can contribute measurably to providing that sense of security. A client’s safety and security needs may include protection from:

- intruders – by having adequate locks, lighting or alarms
- falling – by making sure floors and paths are even
- illness and injury – by regular contact and monitoring from health professionals and other care workers.

Observe and report any changes to the way the client feels about their safety and security or to the conditions of their safety and security.

Nutritional care
In order for clients to stay healthy and as well as they can, and to have energy to get through the day, it is important that they are well-nourished. A well-balanced diet includes food from each of the food groups every day and adequate water.

A client’s nutritional needs may change if they:

- are unable to prepare their own meals
- have a condition that means they forget to eat and drink the right type or amount of food and drink
- develop a condition such as diabetes, high cholesterol or coeliac disease, which means they must have a special diet.

If you observe these or other changes in a client that suggest the person may not be eating well, report it so that they can get the support required to maintain their nutritional care.
How to report changes

Changes must be reported to your supervisor and to others involved in the client’s care. Your supervisor can arrange for the client to be assessed if necessary, and to receive any additional support they require from others who are involved.

There are a number of different ways to report changes. How you report the change will depend on:

- the situation
- the type of change
- the urgency to report it
- your workplace policies and procedures.

By telephone

The telephone may be a quick and convenient way to report a change to your supervisor, particularly if you work in the client’s home. However, be sure to follow up with a written report.

Face to face

In some workplaces, you will see your supervisor every day you work. This is often the case in a day centre or a special school. You may be able to report the change to your supervisor face to face or you can ask your supervisor to observe the change with you. Alternatively, tell your supervisor about the change you have observed and discuss what should happen next.

Telephone and face-to-face reporting are best for reporting changes in a client’s needs that require urgent attention.

Written report

You must record any changes that you notice and the actions you have taken. This allows other people involved in the client’s care to be made aware of the change in their needs, and what has been done to support them.

Written reports may be in the form of progress notes or case notes, kept in the client’s file. Notes are usually in date order and may be handwritten or entered in a computer record. Written notes must be clear, provide detail and describe only what you have observed and been told by the client. You should not write about what you think may have happened or give your opinion when writing notes.

The next example shows a case note.
The case note describes only the changes and events that Lin observed. Lin does not write about what she thinks is happening or how she feels.

**Incident reports**

An incident report is a form that is filled out if there has been an incident or event (something that has happened to cause an accident or injury). A near miss (something that almost causes an injury or accident) should also be reported.

All workplaces have incident report forms. Your supervisor can tell you where they are kept in your workplace. Make sure you fill in all the relevant sections using clear, simple language. Record exact details, writing down only what you saw, did or were told.

The next example shows an incident report completed by a support worker who has witnessed a client falling at a day program.
Example

<table>
<thead>
<tr>
<th>Incident report form</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of incident:</td>
<td>04/04/12</td>
</tr>
<tr>
<td>Time of incident:</td>
<td>10.30 am</td>
</tr>
<tr>
<td>Names of people involved:</td>
<td>Matthew Stanley</td>
</tr>
<tr>
<td>Person reporting incident:</td>
<td>Sarah Yeates</td>
</tr>
<tr>
<td>Location of incident:</td>
<td>Kitchen</td>
</tr>
<tr>
<td>Brief description of incident:</td>
<td>When Matthew stood up from the table, he fell to the floor. I checked him for injuries. He said he didn’t feel sore anywhere. He got himself back up onto the chair. I asked him how he fell, and he said he felt dizzy when he stood up and then lost his balance.</td>
</tr>
<tr>
<td>Description of injuries/first aid provided:</td>
<td>Matthew had a small graze on his elbow, which I washed and covered with a dressing. No other injuries were apparent.</td>
</tr>
<tr>
<td>Who was incident reported to?</td>
<td>Program coordinator – Lyn Tilley</td>
</tr>
<tr>
<td>Follow-up action taken:</td>
<td>Lyn called Mr Stanley’s carer, who picked him up to take him to the doctor.</td>
</tr>
<tr>
<td>Signature:</td>
<td>Sarah Yeates</td>
</tr>
<tr>
<td>Date:</td>
<td>04/04/12</td>
</tr>
</tbody>
</table>

Practice task 22

Read the case study. Complete the following incident report.

Case study

Kellie is a support worker, who works for an agency that delivers home and community care services to people in their homes. One of the clients is Mrs McPherson.

When Kellie is at Mrs McPherson’s house helping her out of the shower, Mrs McPherson steps onto the bath mat. The mat moves, causing Mrs McPherson to slip and fall onto the bathroom floor. Kellie checks Mrs McPherson, who has a cut on her leg and says her hip is very sore. Kellie dries and covers Mrs McPherson as best as she can and phones her supervisor, Sylvia.

Sylvia instructs Kellie to call an ambulance. Kellie calls the ambulance and keeps Mrs McPherson calm and warm until it arrives.
| **Link Chain Attendant Care**  
| **Incident report form** |
|---|---|
| **Date of incident:** | **Time of incident:** |
| **Names of people involved:** | |
| **Person reporting incident:** | |
| **Location of incident:** | |
| **Brief description of incident:** | |
| **Description of injuries/first aid provided:** | |
| **Who was incident reported to?** | |
| **Follow-up action taken:** | |
| **Signature:** | |
| **Date:** | |
4.2 Identifying required changes to processes and aids

When a support worker notices a change in the client’s need for or ability to use a process, aid or equipment, this change should be reported to the supervisor as soon as possible so the client can be assessed and the appropriate process or aid provided.

As discussed in Chapter 3, there is a range of processes, aids and equipment that support workers or their clients in personal care and daily living tasks. The following table gives examples of required changes to the processes or aids used to support clients.

<table>
<thead>
<tr>
<th>Type of process or aid</th>
<th>Example of situation indicating requirement for change</th>
<th>Suggested change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wheelchairs or other transport devices</td>
<td>A child who uses a wheelchair is growing too tall for their chair.</td>
<td>The child requires assessment to identify a more appropriate chair for them.</td>
</tr>
<tr>
<td>Mobility aids</td>
<td>An elderly woman who uses a walking stick has had a number of falls or near-falls while using the stick.</td>
<td>The client should be assessed to see if a walking frame may assist her to maintain her balance better.</td>
</tr>
<tr>
<td>Lifting and transfer aids</td>
<td>A client with multiple sclerosis, who, in the past, has required only direction to use handrails to transfer from bed to chair and chair to chair, can no longer lift his own body weight.</td>
<td>The client may require lifting with a hoist to aid with transfers.</td>
</tr>
<tr>
<td>Beds</td>
<td>A child, who stays regularly in a children’s respite house, falls out of bed.</td>
<td>The specialised bed may need to have the sides put up or be kept as low to the ground as possible to prevent injuries from falls.</td>
</tr>
<tr>
<td>Breathing devices</td>
<td>A client who has independently used a nebuliser now has arthritis in her hands.</td>
<td>The client may now need assistance to plug in the nebuliser and adjust the mask on their face.</td>
</tr>
<tr>
<td>Scales</td>
<td>A client appears to be losing weight quite rapidly.</td>
<td>Weight checks for the client may need to be performed more regularly; for example, weekly instead of every three months.</td>
</tr>
<tr>
<td>Continence aids</td>
<td>A client with dementia removes the incontinence pad from their clothing and tries to flush it down the toilet.</td>
<td>The client may require specialised underwear with the padding built in so they cannot remove it.</td>
</tr>
<tr>
<td>Personal audiovisual aids</td>
<td>A client who has a progressive visual impairment can no longer read using their magnifier.</td>
<td>The client may require text-to-voice software so they can hear instead of see the information.</td>
</tr>
<tr>
<td>Modified feeding aids</td>
<td>A client who has a neurological disorder requiring them to be assisted with meals, is regularly coughing and spluttering when they drink fluids.</td>
<td>The client may need assessment to see if they require their fluids to be thickened to prevent choking.</td>
</tr>
</tbody>
</table>
When a client appears to have changed needs in regard to processes or aids used to support them, this must be acted on. It may be appropriate to discuss the situation with the client and talk about their needs and how these needs have changed. The client may be able to give you a valuable insight into what has happened or what needs to happen. From there, the situation should be discussed with your supervisor. This may be an informal discussion, that leads to a formal report.

Reporting should be done verbally (by phone or face to face) when the need is immediate, then recorded in notes or incident reports. Or written reports may be completed if the need is not urgent.

Support workers must not change the process or aid themselves. Changes to processes and aids should be assessed and prescribed by a health professional.

Consider the following example.

**Example**

Mitchell is a young man with an intellectual disability, who loves to go bowling. He has always walked the three kilometres to the local bowling alley to meet up with friends for bowling. However, Mitchell has a heart problem that is making walking difficult, tiring and dangerous. A support worker at the group home where Mitchell lives is concerned he is putting himself in danger by walking this distance but if he doesn’t attend she is worried he will lose this regular social contact and the opportunity to do something he loves. She speaks with her supervisor to ask whether a referral for a scooter is an option for him to help with mobility.

**Practice task 23**

Look at the following list of changes noticed in clients’ needs. Tick those that may require a change to processes or aids. Note whether you think the change should be reported verbally followed by a written report or in a written report only.

<table>
<thead>
<tr>
<th>Change</th>
<th>Change to processes or aids required?</th>
<th>Report be verbal and written or written only?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A client is pale and clammy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A client is having difficulty moving an oxygen tank with them when they walk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A client has seen a friend using a pick-up stick to reach items on the floor or on high shelves and asks you where to get one.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A client is demonstrating some challenging behaviours when you take him out shopping.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A client is having difficulty getting outside to the trampoline as the garden has become overgrown.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
4.3 Clarifying concerns about a client’s health

Reporting changes to a client’s physical or medical condition promptly means the client will be assessed by a health professional and receive any treatment or additional support they may need.

Changes to physical or medical health

Signs of changes in a client’s physical or medical health may include:

› being unable to bend well
› being unable to hold onto things with their hands
› having difficulty getting in or out of a chair or bed
› seeing or hearing less than usual
› experiencing frequent dizzy spells or falls
› being in pain
› having sores or skin rashes
› eating insufficient food or fluids
› having pale, flushed or clammy skin.

Changes need to be reported so the client receives appropriate treatment or support, as shown in the following example.

Example

Raymond Dench is a 75-year-old man who lives at home alone. Lindy is a support worker who comes in daily to help him with his personal care.

Lindy assists Raymond with his shower and prepares his breakfast while Raymond gets dressed. Today Lindy notices that Raymond is taking a long time to get dressed so she goes to check on him. She sees that Raymond cannot do up his buttons. Lindy helps him with this and continues with her daily duties.

At the end of her shift, she reports this change to her supervisor verbally.

Changes to an older person’s behaviour

Any changes to the client’s behaviour must be reported. A change in behaviour may indicate the client has a medical condition affecting their mental health. It may indicate they have an infection or are in pain.

Changes in a client’s behaviour may include:

› lacking motivation – the client is not interested in anything
› crying a lot or looking sad
› being excessively happy or full of energy
› doing risky or dangerous things
› being forgetful or vague
› being angry or violent.
Changes need to be reported so the client receives appropriate treatment or support, as shown in the following example.

**Example**

Rebecca is a support worker in a community residential unit where Bianca Anderson lives. Once a week after assisting Bianca with her personal care, Rebecca also takes Bianca shopping. Bianca loves to chat and usually chats the whole time Rebecca is helping her. She also loves to shop and looks forward to going shopping with Rebecca. Today, when Rebecca came to Bianca’s room, she is still in bed and does not want to get up. Rebecca can see she has been crying. She cannot convince Bianca to get out of bed and Bianca does not want to go shopping today. Rebecca knows this is very unusual and calls her supervisor, who rings Bianca’s doctor.

You may notice various signs that indicate a change in the client’s physical or medical condition. While it is important that you are observant and report any changes, you do not have to know or try to diagnose what is wrong. Do not try to treat a medical or physical change unless you have been trained for this.

Some changes to a client’s health may be sudden and may require action as soon as they are identified. As a support worker, you will almost certainly be required to have first-aid training. You must act quickly and use your first-aid training if a client:

- falls unconscious
- is bleeding profusely
- choking
- complaining of chest pain or sudden weakness
- demonstrating signs of a serious reaction to food, drink or other substances.

If the client’s life is at risk, seek medical help quickly. In a residential facility, this may mean pressing an emergency alarm. In a community venue or person’s home, you should call an ambulance.
Practice task 24

Imagine you are the support worker going into the home of Mrs Allison. Read the case study and complete the following tasks.

Case study

You arrive at Mrs Allison’s house and have to step over a fallen branch as you walk along the path to her front door. When you go into the house and greet Mrs Allison, you notice she is limping. She says she twisted her ankle when she was walking back from her weekly grocery shopping yesterday. When you help her to undress for a shower, she begins to cry, telling you she is very sad and lonely at the moment as three of her closest friends have recently died or moved away.

After she is showered and dressed, you both go to the kitchen. You make her a cup of tea. When she tries to pick up the sugar bowl to put sugar in her tea, she drops the bowl and it breaks. She tells you she thinks the arthritis in her hands is getting worse because she is having trouble lifting heavy things. She asks you if you think she should ask her new case manager about some help with her arthritis.

As you didn’t know she had a case manager, you ask her about this. She tells you the case manager visited her two days ago and will officially start providing assistance from next week.

List the changes you have noticed during your visit to Mrs Allison’s home in the following table. Next to each, note the type of change it is. The first one is done for you.

<table>
<thead>
<tr>
<th>The change you noticed</th>
<th>Type of change</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A branch has fallen over the path and may cause Mrs Allison to trip.</td>
<td>Care needs (safety and security)</td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>
4.4 Reporting concerns about a client’s health

As discussed earlier, you must report every change that affects a client’s care needs. Do not assume someone else will see the change or that it has already been reported. Dealing with health issues early may reduce their longer-term impact.

A change to the client’s health or a change that is likely to affect their health must be reported to your supervisor who will take appropriate action, perhaps after making their own assessment of the situation.

Where a change in the client’s health means they are at immediate risk of harm or permanent damage, you may need to act quickly to provide first aid and call for emergency assistance. Once the situation has been stabilised, you should make urgent contact with your supervisor to receive instructions about what actions to take next and to ensure the client receives the support they require.

Your organisation will have specific policies and procedures that you must follow when reporting to your supervisor on a client’s condition. Often the best course of action is to make a verbal report, but you should always put your observations in writing using the appropriate documentation, as in the next example.

Example

Jen is a support worker in a low-care aged facility. Today when she goes to assist Mr James get ready for bed, she finds him asleep in his chair. When she wakes him, he appears to have trouble focusing and is slurring his words. He is unable to get out of the chair and seems to have wet himself. None of these symptoms are usual for Mr James and Jen is concerned he has had a stroke or something similar. She knows it is important to act quickly to minimise any permanent effects on his health.

Jen presses the emergency call bell in Mr James’s room, then phones her supervisor’s office to request an immediate response from a health professional. After the incident, Jen writes her observations and actions in a case note.

Practice task 25

Look at the following list of health changes you may observe in a client. Next to each one write down if reporting this change would be urgent or non-urgent.

<table>
<thead>
<tr>
<th>Change</th>
<th>Urgent/non-urgent</th>
</tr>
</thead>
<tbody>
<tr>
<td>The client has a rash on their legs.</td>
<td></td>
</tr>
<tr>
<td>The client’s catheter has come out.</td>
<td></td>
</tr>
<tr>
<td>The client complains of chest pain.</td>
<td></td>
</tr>
<tr>
<td>The client has sore feet.</td>
<td></td>
</tr>
<tr>
<td>The client is unresponsive when spoken to.</td>
<td></td>
</tr>
<tr>
<td>The client develops a rash after eating nuts.</td>
<td></td>
</tr>
<tr>
<td>The client has a fall and complains of pain in their hip.</td>
<td></td>
</tr>
</tbody>
</table>

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› ‘Even older people and people with disabilities have a right to be individuals. If a client doesn’t want to eat or wash properly or chooses to behave in an unusual way, it is up to them. As a support worker, I can’t tell clients what to do.’ Discuss.

› If you are able to make a small change to the way you provide personal care and this meets the client’s changed needs, is it still necessary to report the change, have the client reassessed and the care plan revised? Discuss.

Chapter summary

› Support workers need to be observant and look for changes in clients’ support needs and health.

› All changes to a client’s circumstances, support needs and health must be reported to a supervisor.

› Needs for urgent support or assessment should be reported verbally and followed up with a written report.

› Incident reports are used to record accidents, hazards or near misses.

› In cases of sudden changes to clients’ health, support workers should apply their first-aid training and seek immediate medical assistance.

› Support workers should follow organisational procedures when reporting changes in a client’s physical or medical health to their supervisor.

Checklist for Chapter 4

Tick the box when you can do the following.

☑ Identify and report variations in personal care support needs
☑ Identify required changes to processes and aids
☑ Clarify concerns about a client’s health
☑ Report concerns about a client’s health
CHCICS301A Provide support to meet personal care needs
Chapter 5: Completing documentation

Accurate and up-to-date record-keeping underpins quality service provision that meets the individual needs of clients. Actions are documented in a way that increases accountability and duty of care. Completing documentation and reporting is an essential role of support workers and coordinators.

There are many different types of documentation and reports used in aged care, disability and home and community care settings. These documents may relate to clients, staff and to the organisation and its operations. Support workers need to be aware of and abide by legislative requirements, policy requirements and organisational protocols about how documentation and reports are completed, maintained and stored.

Documentation has a range of uses – from collecting information about a client’s health needs and showing how these needs will be addressed, to guiding actions taken and those yet to be taken. Documentation also records and communicates client progress and issues that may affect their ability to achieve optimal health.

Client records must be accurate and up to date. Most organisations have policies and procedures for ensuring the integrity of client information. This means documents must be current, accurate and reliable.

Documentation is completed so information can be easily shared between workers and others involved in the care of a client. This information must be complete, factual and accessible. There are organisational and sometimes legal requirements about who completes documentation; when it must be completed and how and where it is stored. Your workplace will have systems to manage information.

In this chapter you will learn about:

5.1 Complying with reporting requirements
5.2 Completing documentation
5.3 Maintaining documentation
5.4 Filing documentation
5.1 Complying with reporting requirements

Reporting and documentation requirements in aged care, disability and home and community care settings are extensive. There are two main purposes for accurate record-keeping based on communication and accountability.

The first is about maintaining accurate information to respond to client needs and to provide effective and quality services. Records and documentation may identify client needs; act as a guide for planned action and provides a reference point to ensure the client is receiving the required services, particularly if several workers support a client. Information lacking accuracy or currency about a client’s status or the issues affecting them may mean incorrect care or disjointed services are provided.

Written records provide evidence that actions have been performed and give an account of procedures that have been followed. Passing on documentation regarding changes in individuals, incident reports or hand-over records may also assist in meeting individual duty-of-care requirements. Documents provide evidence of the actions or lack of due care and compliance with industry standards in the event of an incident, accident or other adverse effect. A common expression in community services is, ‘If it is not written down, then it did not happen’.

Another compelling reason for complying with organisational reporting and recording requirements is to demonstrate accountability to service users, funding bodies, government and other stakeholders. Service providers receiving government funding must complete and maintain records that demonstrate compliance with department expectations and benchmarks. Inaccurate or ineffective reporting and documentation may impact an organisation’s professional reputation.

Organisational policies

Your current or future workplace will have policies that dictate:

- how information is gathered
- who receives information about a client’s progress
- how the information is stored
- who may access the information.

These policies are designed to help organisations meet their requirements under different legislation, regulations or industry standards, including:

- privacy laws
- freedom of information legislation
- regulations and codes of practice
- aged care or disability services standards and principles.
Chapter 5: Completing documentation

Collecting information

Examples of workplace reports and documentation that collect information relevant to aged care, disability services or home and community care needs include:

- personal information forms
- initial health assessments
- personal care plans
- case documentation
- incident and accident reports.

The following table provides some general examples of reports that workers may be required to complete.

<table>
<thead>
<tr>
<th>Report/documentation</th>
<th>Examples</th>
<th>When completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client details</td>
<td>Referral and assessment information</td>
<td>Ongoing and as required</td>
</tr>
<tr>
<td></td>
<td>Health, social, cultural information</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Client plans including goals, incident reports, medication information, case notes</td>
<td></td>
</tr>
<tr>
<td>Service data</td>
<td>Hours spent on each activity, with each client, in each program area – usually entered directly into an electronic database</td>
<td>As required by funding body/government department/organisation’s board – often collected daily and submitted quarterly</td>
</tr>
<tr>
<td>Organisational reports</td>
<td>Annual reports</td>
<td>Annually</td>
</tr>
<tr>
<td></td>
<td>Strategic plans</td>
<td></td>
</tr>
<tr>
<td>Project and program reports</td>
<td>Progress reports at intervals throughout project or program delivery</td>
<td>Ongoing and at conclusion of program or project if it is not ongoing</td>
</tr>
<tr>
<td></td>
<td>Evaluation reports</td>
<td></td>
</tr>
<tr>
<td>Human resources/staffing</td>
<td>Time sheets</td>
<td>Ongoing and as required</td>
</tr>
<tr>
<td>records</td>
<td>Performance appraisals</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Professional development</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Recruitment</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Induction and exit procedures</td>
<td></td>
</tr>
</tbody>
</table>
Personal information forms

A personal information form is completed the first time a client uses a service. The basic information about the client may include:

› first name, middle name and last name
› address
› telephone number
› date of birth
› Medicare number
› emergency contact details
› details of medical conditions, allergies, medication.

Health assessments

Initial health assessments are used to identify physical, psychological, emotional and cultural needs. Support workers may not be directly responsible for completing these forms with a client, but it is helpful to know something of their contents. Health assessments can include:

› health assessment questionnaires
› cognitive function questionnaires
› intake interviews.

The following example shows an extract from a health assessment questionnaire that gathers additional information to build on details in the client’s personal information.
### Health assessment questionnaire (extract)

**Chapter 5: Completing documentation**

#### Example

<table>
<thead>
<tr>
<th>Question</th>
<th>Response Options</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>14. Vision</strong>&lt;br&gt;Do you have problems with your eyesight?</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td><strong>c) How often do you go to the toilet at night?</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never ☐ Sometimes ☑ Often ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>d) Do you ever lose control of your bowels?</strong></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td><strong>e) Have your bowel habits changed recently?</strong></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td><strong>f) Do you have a family history of bowel cancer?</strong></td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td><strong>15. Hearing</strong>&lt;br&gt;Do you have problems with your hearing?</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
<tr>
<td><strong>16. Oral health</strong>&lt;br&gt;Do you have regular dental check-ups?</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Do you have dentures?</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>17. Feet</strong>&lt;br&gt;Do you have problems with your feet?</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>18. Continence</strong>&lt;br&gt;a) Do you ever wet yourself?</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Never ☐ Sometimes ☑</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Is this related to coughing or sneezing?</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td><strong>19. Physical examination</strong>&lt;br&gt;Patient’s weight: 80 kg</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient reports chronic obstruction pulmonary disease (COPD) has lead to a decrease in activity.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>19. Physical examination</strong>&lt;br&gt;Patient’s height: 155 cm</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BMI</strong> 33.3 – Clinically obese</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>BP/pulses</strong>&lt;br&gt;Blood pressure</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Systolic BP mm/Hg: 175</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diastolic BP mm/Hg: 75</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pulse rate</strong>&lt;br&gt;Regular ☑ Irregular ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consider check for postural hypotension</td>
<td>Yes ☐ No ☑</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

- Stress incontinence
- Consider check for postural hypotension
Personal care plans

Care plans outline roles and responsibilities for those involved in providing care and support. Care plans always include:

- the client’s goals
- actions
- personnel responsible
- resources required
- measurable outcomes.

Case documentation

Case documentation can include:

- medical records
- progress notes
- test results
- completed questionnaires
- completed assessment tools
- service delivery plans
- records of client feedback.

This information can be used to develop an understanding of the progress of the client’s general condition or provide an insight into changes in their health condition. This information can also be used to find out what has and has not worked for the client.

Medical reports often help assess a client’s needs, sometimes summarising the results of complex testing in plain language. This is an effective and efficient way of accessing a wide range of information about a person’s physical and mental health, the types of test used, the results of tests, diagnosis and prognosis.

This information may also be used to assess a client’s eligibility for income support, other services and Medicare rebates. The major benefit of this is that the doctor’s report can act as an enabler helping the client access relevant services.

Incident and accident reports

All support workers have occupational health and safety responsibilities. Communicating with others about risks is part of these responsibilities. If you witness a workplace accident involving a client or another person, you may be required to fill out an accident report form. Recording near misses or incidents also assists in making improvements to workplace safety to minimise hazards or risks.
The next example is of an accident/incident report form.

Example

Sara is an older person. One day her support worker, Lois, finds her on the bathroom floor. Sara said she tripped over. Lois helps Sara up and makes an appointment with her doctor. Then she completes the following form.

**Accident/incident report form**

**Section 1: Witness details**

<table>
<thead>
<tr>
<th>Last name</th>
<th>Johnson</th>
<th>Given name</th>
<th>Lois</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker</td>
<td>Visitor</td>
<td>Client</td>
<td>Contractor</td>
</tr>
<tr>
<td>Phone number</td>
<td>03 5411 1111</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2: Details of injured person**

<table>
<thead>
<tr>
<th>Last name</th>
<th>Apora</th>
<th>Given name</th>
<th>Sara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>M ☐</td>
<td>F ☑</td>
<td></td>
</tr>
<tr>
<td>Worker</td>
<td>Visitor</td>
<td>Client</td>
<td>Contractor</td>
</tr>
<tr>
<td>Was the person injured?</td>
<td>Yes ☐</td>
<td>No ☑</td>
<td>Go to section 3</td>
</tr>
</tbody>
</table>

**Section 3: Details of injury**

<table>
<thead>
<tr>
<th>Date</th>
<th>23/2/2012</th>
<th>Time: Approximately 8 am</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>Bathroom floor</td>
<td>Bruising – left hip</td>
</tr>
<tr>
<td>Where did the injury occur?</td>
<td>The client reported that she tripped over.</td>
<td>Was the witness present at the time of the accident?</td>
</tr>
<tr>
<td>How did the injury occur?</td>
<td>The client reported that she tripped over.</td>
<td>Was medical help sought?</td>
</tr>
<tr>
<td>If yes, provide details</td>
<td>Name: Jack Black, MD</td>
<td>Contact details: 25 Kalinga St, Bendigo 5555 2222</td>
</tr>
<tr>
<td>If no, explain why not</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Witness's name:**

| Lois Johnson |

**Witness's signature:**

| L. Johnson |

**Section 4: Details of near miss**

| Who was involved? | |
| What were they doing at the time of the near miss? | |
| What equipment was involved? | |
| Was PPE used? | |
| Where did the near miss occur? | |
| Who was the near miss reported to? | |

**Witness's name:**

| |

**Witness's signature:**

| |
**Section 5: Follow up action (To be completed by an occupational health officer.)**

What follow up action was taken?

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Role:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
</tbody>
</table>
5.2 Completing documentation

Many of the documents, reports and records completed by workers are considered a legal record of the support provided to clients and how the organisation manages matters such as occupational health and safety and infection control. Most government-funded organisations undergo regular audit evaluations where records are examined to ensure work is carried out to the appropriate standard.

Different types of information may need to be documented at different times and several people may enter information on a single record. There may be a weekly report on skills development of individuals; and a funding agency may require additional reports to be made monthly.

Protocols of recording information

The protocols of recording information may be inferred from or detailed in organisational policies and procedures, or even based on unwritten industry standards. Confidentiality and record management must meet legislative requirements. Seek advice from your manager regarding questions about the protocols surrounding recording information.

Objective and factual

Professional standards require that reports and documents use objective language based on fact and observation. Objective language describes what has been observed or heard, while subjective language may be based on feelings, emotions or opinions. Objectivity is important for accuracy and accountability and ensures individuals are described in ways unaffected by judgments, stereotypes, assumptions or opinion.

The next table compares subjective with objective or factual information.

<table>
<thead>
<tr>
<th>Subjective language</th>
<th>Objective or factual language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Smith seemed depressed.</td>
<td>Mrs Smith stated, 'I am feeling depressed'.</td>
</tr>
<tr>
<td>Alex acted aggressively.</td>
<td>Alex rose quickly, slammed the door and raised his voice saying, 'Get lost and leave me alone!'.</td>
</tr>
<tr>
<td>Tamara looked nervous when I mentioned her parents.</td>
<td>When I asked Tamara about her relationship with her parents she looked down and twisted her hands and did not answer.</td>
</tr>
<tr>
<td>Mark is a drug addict.</td>
<td>Mark uses heroin regularly.</td>
</tr>
<tr>
<td>Mr Thompson is unable to care for himself at home.</td>
<td>Mr Thompson requires full physical assistance with all aspects of personal care, grooming and meal preparation.</td>
</tr>
</tbody>
</table>

Timely

The nature of a report or document, along with the expectations of the organisation determine the time lines and protocols for completion of reports. Reports such as funding submissions or statistical reports to government, have externally set time frames. Internal documentation are dictated by urgency, organisational policy and the end use of the information. For example, client notes or case notes should be completed
regularly so the most current information is always available.

Confidentiality of other parties

Often case notes, programming and incident reports include interactions that involve events with other clients and people. Confidentiality of clients and others must be maintained when writing notes or reports recorded in another client’s file or records.

Language, jargon, acronyms

Each part of the community sector often has its own language and jargon. To ensure clarity and accuracy, use complete words rather than abbreviations or acronyms and plain English instead of jargon. Ensure language matches the needs of the intended audience.

Spelling

Spelling is another critical aspect of recording information. Spelling a person’s name incorrectly may have a number of unintended consequences. Their data may be confused with another person’s data leading to serious privacy breaches, confusion or duplication of records. Incorrect spelling of medical terms can cause confusion; for example, the treatments for and effects of hyperthyroidism and hypothyroidism are quite different.

Other considerations

When completing workplace documentation, there are other points to consider:

› Writing must be legible and comprehensible.
› Completed documents generally must not be changed. Errors or alterations should be identified in an additional note or new record, clearly explaining the reason for the change. Do not use correcting fluid to change a written note or record. Computer-based records may not allow changes to saved information.
› Use the appropriate form. This helps other workers identify the required information. Make sure you have completed all sections and entries make sense.
› Read information back to the client and/or their advocate to confirm its accuracy. While this may take extra time, clarifying information helps prevent mistakes that may take considerable time and effort to rectify.
› Records should be signed and dated by the person completing them. Computer-based records may require a log-in to access records that identify the author.

In the following example, Jason, a coordinator, confirms the information in an intake form with Travis, a new client.
Example

<table>
<thead>
<tr>
<th>Name:</th>
<th>Travis Harrington</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of birth:</td>
<td>23/7/1945</td>
</tr>
<tr>
<td>Address:</td>
<td>Unit 12/245 Main St GEELONG VIC 3220</td>
</tr>
<tr>
<td>Phone number:</td>
<td>5555 5555</td>
</tr>
<tr>
<td>Do you currently have any of the following health conditions? (Please tick)</td>
<td></td>
</tr>
<tr>
<td>□ Cardiovascular problems</td>
<td>□ Lung problems</td>
</tr>
<tr>
<td>□ Cancer</td>
<td>□ Endocrine problems</td>
</tr>
</tbody>
</table>

Have you experienced problems with any of the following health conditions in the past? (Please tick)

| □ Cardiovascular problems | □ Lung problems | □ Breathing conditions |
| □ Cancer | □ Endocrine problems | □ Depression |

Have you sought medical help in the last 12 months?

| □ Yes | □ No |

If yes, please give details

Name and contact number for your GP:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Jenny Brown</td>
<td>5212 3333</td>
</tr>
</tbody>
</table>

Emergency contact:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Telephone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nanette Harrington</td>
<td>5555 5555</td>
</tr>
</tbody>
</table>

Relationship: Spouse

When running through the details, Travis corrects Jason, saying that he lives at unit 22 not unit 12. Furthermore, he had a skin cancer scare in the past but it turned out to be a non-malignant mole. Jason amends this information.
Practice task 26

1. Rewrite the following extracts from reports using objective language. You may have to add some details to the scenario in order to rewrite the extract.

<table>
<thead>
<tr>
<th>Extract from report</th>
<th>Re-written objectively</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sofina was up all night screaming and creating havoc.</td>
<td></td>
</tr>
<tr>
<td>Peter cannot be trusted to stay in the car without a staff member, as he provokes the other clients.</td>
<td></td>
</tr>
<tr>
<td>Richard refuses to discuss moving into an aged care facility and becomes aggressive when the matter is raised. He is unrealistic about his understanding of his abilities to take care of himself and is at risk.</td>
<td></td>
</tr>
<tr>
<td>Mary appears distressed when the support worker arrives in her home and will not comply with any requests the support worker makes.</td>
<td></td>
</tr>
</tbody>
</table>

Here are some tips to assist in report writing.

**Tips**

- Use the correct format; check if there is a template.
- Use the organisation’s letterhead when appropriate.
- Follow protocols about using organisational stationery.
- Use terminology that is appropriate for the intended audience; for example, you may use different terminology in a report that is going to a funding body compared with a report that is for a client or their family.
- Ensure all reports are objective, accurate and easy to read.
- Make sure your reports are sending the message you want to deliver as a professional, using appropriate language, presentation, grammar and spelling.
- Show drafts to another authorised person for feedback; some organisations have a requirement that any outgoing reports are signed off by a manager.
5.3 Maintaining documentation

Recording and documenting work is an ongoing task. Documentation should not be allowed to get out of date. It must be completed as the work is done to prevent errors or omissions. It could be required at any time by other workers, by your supervisor, government agencies or for legal proceedings.

Generally, records of past work are stored and maintained even if they no longer appear relevant, or have been superseded by more recent information. These documents may be required to assess changes in a client’s needs over time, to demonstrate past support or to show a history of quality care.

In manual filing systems, the most recent information is usually towards the front of the file or section with older information stored behind it. Electronic or computer-based records show both current and past information.

Your workplace will have procedures and guidelines about how and when documentation is to be completed. The next example shows the procedure a support worker follows when completing records.

Example

Jen is a support worker for an in-home support service. When she visits a client in their home, she signs a sheet to indicate that care has been provided as per the care plan. If there is information that other workers or the client or their carer may need to know, this is noted in the communication book in the client’s home. Urgent information is reported by phone to her supervisor. Once a week, Jen is paid for an additional hour to go into the office and enter information about the care she has provided into each client’s computer record. It is expected that information about each client is never more than one week out of date.

Currency of client records

Client personal details can change as people move or change contact details. If you have not updated their records to ensure currency of the details, you risk not being able to contact the client or an appropriate person when you need to.

It is not only client personal details that can change. Client conditions can improve or worsen or their circumstances or preferences may change. Unless records are updated decisions may be made based on out-of-date data.

Maintaining internal documents

There are many internal records that need to be kept current and accurate.

Organisational and operational documents

Operational reports may include funding reports, reports regarding supplies and equipment, annual reports, business plans, staff performance appraisals and complaints, and financial forms. If you forget to complete paperwork, there may be
significant consequences later on in terms of accountability and reliability, particularly if financial documents are involved or there are external reporting requirements to be met.

The next example highlights a range of monitoring requirements that a worker may need to follow.

Example

Karen is a support worker in an adult training and support service for clients with intellectual disabilities.

When Karen arrives at work, she completes the staff register, noting the time she starts work. Before the clients arrive, she checks the personal care supply cupboard and completes a supplies request for items that need restocking or replacing.

When the clients arrive, Karen assists them as necessary with personal care tasks such as transfers, toileting and putting on and taking off coats, aprons and shoes. Each task she completes is recorded in the client’s progress notes in their file.

In the afternoon, Karen takes a work vehicle to the shops to buy supplies. She records the kilometres and reason for travel in the vehicle log book and on her return completes a petty cash form to record the money she has spent. Karen updates the supplies checklist to record her purchases. When she has finished work for the day, Karen records the time she finishes in the staff register.

Time sheets

A time sheet records the hours you have worked and, in some cases, the clients you have seen and details such as kilometres driven. An accurate time sheet determines your pay and may also be used for invoicing clients or funding bodies for hours of service provided.

Occupational health and safety checklists

Occupational health and safety checklists record when safety inspections have been carried out and any actions required to improve or maintain safety. Documentation may be used to record safety checks on a workplace, vehicles or clients’ homes. It may relate to physical safety, infection control, safety with chemicals, food safety or equipment. You may be required to complete and document safety checks as part of your role.

Performance appraisals

When staff performance is assessed, a record of the outcomes and plans for development or improvement are completed. Some organisations may ask you to complete a self-appraisal to say how you think you are performing and how you could develop and improve in your role.
Funding and grant submissions

Submissions for new or ongoing funding need to accurately reflect actual activities. They must include accurate information about the specific objectives of the project or program together with an explanation of how the funding will assist to meet these objectives. The objectives detailed on the funding submission may be referred to later as part of an evaluation or report on the success of the program.

Policies and procedures manual

A policies and procedures manual is a living document that guides the daily activities of staff members. Policies and procedure manuals must be up to date and reflect current practices within the organisation, as they are a critical reference for all employees of a service provider.
5.4 Filing documentation

In any organisation there will be policies, guidelines and procedures about where reports and documents are to be filed. Records must be stored in the correct place so they can be easily located and referred to when required.

Within client files, each type of record or document will be stored in the same place. For example, in a client file you might find that personal information is always at the front, progress notes next, assessments behind that and payment records at the back. In electronic files, particular information is recorded in a specific place such as a window or field for progress notes and a section for assessments. Many community agencies use electronic systems that allow users to input all client details, referrals, assessments and case notes directly to a client database. These systems may be password-protected, which limits access to authorised staff only.

Other types of documents such as incident reports, safety checklists and time sheets also have specific places where they are to be filed.

Storing documentation

Privacy laws demand that an agency has valid reasons for collecting, storing and disseminating information about clients. There are also various guidelines on file retention times. The following table gives examples of different types of information and storage protocols.

<table>
<thead>
<tr>
<th>Information to be stored</th>
<th>Why it is stored</th>
<th>How it is stored</th>
</tr>
</thead>
</table>
| Information about legislation and standards | • As a reference for obligations of the organisation and workers  
• To ensure currency and accessibility of information about legislation and standards | In some organisations this information is stored within policy documents. It may also be displayed visually (for example, summary posters) to increase accessibility. |
| Information about other agencies | • As a reference for the organisation and workers  
• To ensure currency and accessibility of information about other services so it can disseminated or accessed as required | This information may be filed or stored electronically. It is not confidential so does not have to be locked or password protected. |
| Organisational policies and procedures | • As a reference for obligations of the organisation and workers  
• To ensure information about policies and procedures is accessible and up to date | This information may be in hard copy and provided to staff. In some organisations policies and procedures are only available electronically to ensure the most recent records are used. |
Chapter 5: Completing documentation

### Information to be stored
<table>
<thead>
<tr>
<th>Information to be stored</th>
<th>Why it is stored</th>
<th>How it is stored</th>
</tr>
</thead>
</table>
| Client files and information | • So a plan can be developed and implemented to meet individual needs  
• To meet duty of care and other legal requirements | This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access. |
| Staff information | • So human-resource functions (recruitment, induction, professional development, performance appraisal) can be implemented  
• To meet duty-of-care and OHS obligations | This information may be stored in a locked filing cabinet or password-protected database or electronic files with limited access. |

The next example illustrates the importance of establishing and following proper procedures for document filing.

### Example

For the last 15 years, forms for staff to apply for recreation leave were filed under ‘P’ for photocopies. Everyone knew this, and laughed when they reached for a form. A new worker thought this was silly and re-filed the forms under ‘R’ for recreation leave. The worker was away one day when another worker wanted to apply for leave but no one could find the forms!

### Practice task 27

Read the case study and complete the task.

**Case study**

Susan has received information from a client’s carer that the client will be away for the next two weeks and will not need to be picked up by the day program bus. Workplace procedure says this information should be recorded in the client’s case notes and on the ‘bus pickup’ whiteboard in the coordinator’s office.

Susan records the information as per the procedure. The bus driver now knows not to go to the client’s house and the coordinator knows the client’s absence is expected and does not need to check up on them when they do not arrive for the day program.

Now, assume that Susan is in a hurry. Rather than recording the information in the file and on the white board, she writes a note and sticks it to the coordinator’s computer screen, assuming the coordinator will see it next time she is at her desk. The note falls to the floor as Susan leaves the office.

List three possible consequences of Susan’s actions in recording this information.
Documentation must also be complete. Your organisation will have standard operating procedures that must be followed:

- on intake
- when developing care plans
- when providing care
- when consulting with others
- when reporting incidents and accidents.

These standard operating procedures will also provide information on the types of forms that must be filled out. The forms you require may be stored electronically or available in hard copy. Regardless of whether your organisation uses paper-based or electronic forms, use the most current version. Using superseded forms may result in a failure to collect and record the information required for the client’s support.

**Example**

Polly works for a disability services provider. Every month she prints a number of copies of standard assessment forms from the intranet. Her supervisor called her two weeks later to let her know the forms had been updated.

As a result, Polly had to contact her clients again to gather additional information to ensure the new assessment forms were up to date.

**Updating information**

There may be times when additional information is required to meet new standards. For example, when privacy legislation was introduced, community service providers had to get both existing and new clients to sign ‘consent to disclose information’ forms. If they did not do this, it would be illegal for them to share this information with other agencies.

It is extremely important to regularly review and update all information to ensure it complies with all identified requirements.

**Storing the information**

Information should always be kept in safe and secure areas. It is common to store hard copy files in a lockable cabinet with files stored alphabetically by surname. Personal information should not be kept in an area accessible to clients and other members of the public.

Electronic filing systems are common. In most cases software allows information to be retrieved using one or many fields such as a client’s last name or file number. Electronic filing systems use a password instead of a key and a lock to protect the information. You should avoid logging on for another staff member and always log off when leaving the computer.

Finally, you must always follow organisational procedures for filing information to ensure it is not lost and can be readily retrieved by authorised personnel.
Chapter 5: Completing documentation

Ensure information is filed correctly in a secure area.

Practice task 28

Read the case study and write your responses to the tasks.

Case study

Mariah is a client of XYZ Care. She has recently been diagnosed with a serious health condition. Details of this health condition are forwarded to XYZ Care. The coordinator reads the information while standing at reception but is distracted by a phone call. The coordinator leaves the paperwork on the desk at reception and one of the administrative staff, thinking the information is rubbish, throws it out with the standard rubbish.

Later a new coordinator takes over Mariah’s case. She makes decisions without taking into account Mariah’s condition.

1. Identify what went wrong.
2. Outline the possible consequences for the workplace, Mariah and the care coordinators.

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› ‘Community support workers should focus on caring for people, not paperwork.’ Discuss.
› Discuss the role collection and use of information play in health care.
› Who should take responsibility for the management and filing of health-related information in the workplace? Why?
‘When professionals discuss a client, it’s acceptable to use language that is not objective as everyone understands the intent and it creates a clearer picture of the situation.’ Do you agree with this statement?

Chapter summary

- Documentation can be used to identify and keep a record of client needs and the steps taken to meet these needs.
- The integrity of client information is critical to client care.
- There is legislation that affects information collection, use, access and storage.
- Protocols require that client information contained in reports is objective and factual.
- When completing documentation, support workers must check the content, accuracy and currency of the information.
- Client information must also be complete. Your workplace will have policies and procedures to ensure all required information is collected.
- Information must be stored according to organisational procedures.

Checklist for Chapter 5

Tick the box when you can do the following.

- Comply with reporting requirements
- Complete documentation
- Maintain documentation
- File documentation
Glossary

**Asthma:** Asthma is a common condition that causes the person to have difficulty breathing.

**Carer:** A carer is an unpaid person who looks after an older or disabled person. This might be someone in the family, a friend or a neighbour.

**Care notes:** Care notes describe care incidents or any work that has been done with a client. Care notes may record information about a client’s health. They are usually kept with the care plan.

**Catheter:** A catheter is a small, flexible tube inserted into the body to inject or remove fluids.

**Coeliac disease:** Coeliac disease is a genetically based permanent intolerance to gluten. Gluten is a protein found in wheat, barley, oats, rye. The disease may present in either children or adults and has a variety of symptoms.

**Cognitive:** Cognitive function refers to how people think, learn and judge.

**Deep vein thrombosis:** Deep vein thrombosis (DVT) is a problem with the flow of blood through the veins, often in the leg. It can happen if a person does not move around much and sometimes it can happen after an operation.

**Dementia:** Dementia is a term used to describe a group of illnesses that cause progressive loss of memory and thinking skills. It is a term that describes loss of memory, intellect, reason, social skills and normal emotion. The illness gets worse over time.

**Dentures:** Dentures are false teeth a dentist fits to a person's mouth.

**Dysphagia:** Dysphagia means to have difficulty swallowing.

**Emphysema:** Emphysema is a breathing disorder that can happen mostly to people who smoke and less often to people who live in areas with high air pollution.

**Hoist:** A fixed or portable device for lifting and transferring a disabled person.

**Hydration:** Hydration means keeping the body’s water at a safe and healthy level.

**Incontinence:** Incontinence is when a person cannot control their bowels or bladder.

**Independence:** Independence means being able to do things without support or help.

**Interpreter:** Interpreters are people who are trained to understand and speak two or more languages. They listen to one person speaking a language and then translate the words into the other person's language so that both people understand each other.

**Mobile:** Mobile means the ability to move around.

**Nebuliser:** A nebuliser is a machine that delivers medicine mixed with air and/or oxygen. The person breathes the medicine through a mask.

**Nutrition:** Nutrition means keeping the right level of food types in a person’s body.
Personal care: Personal care is help given to an older or disabled person to look after their body.

Personal care support plan: A personal care support plan spells out the tasks a person needs help with, such as washing, dressing and undressing, grooming, hair and nail care, toileting, eating and drinking.

Person-centred care: A person-centred approach to service delivery ensures that the person accessing a service is central to service delivery; responds to the whole person and focuses on a social model of care rather than a medical model of care.

Policy: A policy is a line of action adopted from other considerations such as government legislation, to guide and determine present and future decisions. Policies provide an overall plan with general goals.

Preference: Preference means someone likes to do one thing more than another.

Procedure: A procedure prescribes actions that need to be executed as a sequence of activities, tasks, steps and processes that when undertaken produce the described the result or outcome.

Prosthesis: Prostheses are artificial body parts.

Protocols: Protocols are the set of rules and behaviour workers are to follow in an organisation.

Sleep apnoea: Sleep apnoea is a condition where the person stops breathing for short periods as they sleep. It can make it hard for them to get proper rest at night.

Stump: The stump is the part of the limb that is still there. It may have a scar on it. The skin on the stump might look different to normal skin but it should not be broken or raw looking.

Transfer: Transfers are when you move a person from one place to another.

Urinary drainage system: used for male incontinence, a special condom is placed over the penis. A tape holds the condom in place. The condom collects urine from the bladder. The urine passes along the condom and down a tube into a bag.