

P329	WELLBEING CALL WORK INSTRUCTIONS
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Your allocation of Wellbeing Calls for the day will be assigned to you by the Senior Service Delivery Officer or General Manager of Accommodation and Services.

Before you call:

1. Open the customers CIMS profile so that the information is readily available for when you need to reference it
2. Have a blank paper copy of QF139 – Customer Wellbeing Checklist on hand OR use the paperless version if available/preferred
3. Read through QF139 and these work instructions completely to understand the conversation and questions you will be asking

You should attempt to convince the customer to cooperate with answering each question by explaining the context for asking the question, do not coerce the customer. The customer does have a right to not disclose information with us, and you should make a note of when this occurs and which question it is in relation to.

Background (use or paraphrase in introducing the purpose of the call)

The purpose of this call and these questions is firstly to seek direct feedback for our customers about their services, how we can improve their supports and other areas of improvement. These questions will help us in identifying issues that may be affecting you specifically and in making decisions about our strategic priorities and projects to improve our service.

Secondly, the NDIS Quality and Safeguarding Commission has instructed all disability service providers to ask specific questions about what supports our customers have with Enhanced Lifestyles, other service providers and informally from family, friends and loved ones.

Section 1 – Update Details:

In this section you will verify that the personal information that appears on the Customer Summary. Verbally confirm the information with the customer, if confirmed to be correct then place a tick on the form in the left column, otherwise write in the correct or updated information on the right.

Section 1 – Update Details

Can I just check your information is correct?		
(mark the box on the left if information is correct, write in updated information on the right if applicable)		
<input checked="" type="checkbox"/>	DOB	
<input type="checkbox"/>	Address	55 someplace drive, hills
<input type="checkbox"/>	Email address	

For key safe, you are confirming if the customer has a key safe and if they do that the key safe code we have is correct.

If we have a response procedure recorded for if the customer is not answering the door please confirm with the customer. If no procedure is recorded, ask the customer if there is a particular procedure they would like us to follow, eg. Calling them, calling a contact, accessing the door with an emergency key, etc.

Section 2 - Satisfaction:

In this section we are beginning with an open question about their general satisfaction with Enhanced Lifestyles services.

“How would you rate your satisfaction with Enhanced Lifestyles on a scale of one to five, where one equals dissatisfied and five equals excellent?”

Follow with asking them what we could do to improve our services, look for general areas that need improving with service. If the Customer rated us poorly and has detailed suggestions, you should return to this section afterwards a fill in a feedback form to submit along with the checklist.

Section 3 - Communication:

This section gauges how happy the customer is with our communication in various aspects.

Once the form is completed, please email the Marketing Officer the details of the customers preferred correspondence method in this section.

Section 4 – Customer Needs:

The information on this section may need to be shared with other parties depending on the customers responses. The questions on training should be shared with the Learning and Development Officer in order to plan for the provision of training.

Run the customer through their current roster, the days and times of their weekly shifts, and ask them to confirm if the information is correct. If the customer indicates the roster is incorrect, write down the required changes to update their roster with once completed.

Section 5 – Complex Health:

These complex health questions are important, and you should attempt to get an answer. We especially need an answer for the medications questions and require these to be answered. You can tell the customer that it is important for us to know this information to ensure our staff have the correct training to deliver the customers medications safely.

Section 6 - Feedback:

You should expand on the questions in this section and assess the customers knowledge of our complaints management and incident management systems and judge if their knowledge of the systems is sufficient.

Can they answer:

- How do I report?
- Who do I report to?
- When will I hear back from EL?
- How will I be involved in the resolution?

Section 7 – Support !IMPORTANT!:

This section is the most important and we MUST have an answer for each of these questions if the customer has a single support worker. You may tell the customer that the NDIS Quality and Safeguarding commission has specifically asked us to verify what supports the customer has outside of those that we provide.

In this section regularly means at least weekly or fortnightly with someone who is familiar to them.

Some customers may not wish to discuss any other service providers they have on the grounds of personal privacy. At this time all we wish is for the customer to confirm that if they have another service provider that they are receiving regular face to face services from this provider.

Section 8 – Restrictive Practices:

Note: This section may be very confronting with customers, it is advised that you ease into these questions gently and preface with an explanation

Some customers may be unaware of what is considered restrictive practice and just consider it to broadly be a type of abuse. If they are uncertain what the definition of a restrictive practice is feel free to inform them with the following information.

A Restrictive Practice can be any practice or intervention that has the effect of restricting the rights or freedom of movement of a person with disability. These include Seclusion, chemical restraint, mechanical restraint, physical restraint and environmental restraint. Restrictive Practice should ideally only be used as a harm prevention tool but may be misused or unthinkingly applied. The goal of the NDIS is to eliminate the usage of restrictive practices which is why we wanted to discuss this with you.

Ask the customer if they have a Positive Behaviour Support Plan, if they answer yes, please ask them if they would share a copy of their plan with Enhanced Lifestyles so we can better support their needs.

If the customer indicates that they believe they have been subject to a restrictive practice please try to capture information on date, time, location and details of the event and type of restrictive practice applied, and who applied it. (This needs to be reported as an possible Reportable Incident to the GM Accommodation and Services and Quality and Engagement Officer)

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At the conclusion of these questions let the customer know that if they ever think that they may have had a restrictive practice used on them that we would like them to call and notify us. This is so that we can help ensure that their rights are being respected.

Section 9 - Goals:

Check that the customers NDIS goals are recorded on their Customer Dashboard in CIMS. Confirm these goals are correct and up to date with the customer.

My Noticeboard	My Profile/Bio	My Goals
		Health and Wellbeing : i would like to be supported to ensure my assistive technology is suited to me and my specific needs. Daily living : i would like to continue to receive the right supports so i can stay at home with my family.
My Important Information		

You can skip the second question if we have the customer goals recorded already.

Ask the customer if they would describe some activity they have undertaken in the past couple of months in pursuit of one or more of their goals. Record a descriptive summary of the details, and then after the call make a progress note against the customers goals.

Section 10 – Completed by the SDO:

This section should be completed by the person completing the checklist.

Check that the customer folder has:

Folder	File	Expires
Budget	Customer Budget or SIL Quote	12 months
Client Details	Individual Support Plan	12 months
Contract	Service Agreement, media consent, collect and share information consent, Teleclock consent, code of conduct (all of the above may be contained in a home visit pack)	12 months for Service Agreement, NA all others
NDIS	Current NDIS plan	12 months
Risk Profile	My Safety Plan	12 months
Support Coordination	Support Coordination service agreement (if a SC customer)	12 months
WHS	WHS assessment	12 months

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Scroll down their customer profile, is the My Safety Plan section filled out?

Customers

Customer
Progress Notes
Plans & Risk Profiles

CIMS ID	Last Name	First Name	Res. Address
1860	Freeborn	Christian	

	Region	Commencement Date	Template
n		11/06/2020	My Safety Plan Template

Go to the customers risk profile and check the date that the My Safety Plan was updated, if over 12 months ago then indicate that the plan is NOT current in section 9.

If the customer indicated they had a Positive Behaviour Support Plan section 8, did they agree to provide us a copy of their plan?

Customer Review Dates

+ New
- Delete
Add/View Reminder

Type	All Regions	Staff	Review Date	Reminder Exists
NDIS Plan End Date - Actual	✓		17/12/2020	✓
NDIS Plan End Date - 8 Weeks Remind	✓		17/10/2020	✓

Checklist:

1. Update customers CIMS profile if any new information was provided in Section 1. Press the update NAV button.

TEST, Peppa Pig - Summary

Progress Notes
Customer Details
Add/Remove Favourite
Create/Update in NAV and Send Email

First Name DOB Est

2. Send on any information required in previous sections.
3. Check off each item under the office checklist as completed.
4. Check the customers dashboard to confirm if we have their goals recorded.

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5. Check customer progress notes for last month, look for “Goal Outcome Related” note type or any progress notes that relate to pursuing customer goals.
6. Complete a progress note for the call of “Wellbeing call” note type.
7. Scan or save the form into the customers “audit” folder.
8. At the end of your shift all completed forms should be submitted to GM Accommodation & Services
9. Write your name to indicate form is complete.