

Purpose

Partnering with people we support in their personal care is an important pillar of providing person-centred care at Life Without Barriers (LWB). Our role is to deliver high quality personal care supports that are dignified, value the person's right to self-determination, independence and choice, and ensure their personal care experience safeguards them from any potential risks to their health and wellbeing.

This procedure provides staff with a clear understanding of how to develop a Personal Care Plan with the people we support. It will help LWB to achieve our goal to partner with people and change lives for the better. This procedure will be reflected in our practice in supporting adults with Disability within Shared and Supported Living, Short Term Accommodation (STA) and Lifestyle Supports.

Our Approach to Safe and Respectful Personal Care

Personal care refers to a range of activities of daily life that are highly personal in nature. Personal care can include, but is not limited to, bathing and showering; dressing/undressing; personal grooming; bladder, bowel and menstrual care; applying creams and ointments; and supporting with mobility and transferring.

Most people would prefer to manage these activities privately. Providing such care places staff in a position of great trust and responsibility. LWB staff will be respectful of each person's privacy, comfort, safety, and dignity at all times. As much as possible, the provision of personal care should offer the opportunity for choice, skill development and communication.

LWB staff will follow the [NDIS LWB 5533 Delivering Personal Care – Procedure](#) when supporting a person with their personal care needs.

The Personal Care Plan

The [NDIS LWB 5531 Personal Care Plan](#) allows the person we support to indicate their preferences about how, when and by whom their personal care is delivered by LWB. It gathers important information about their personal care needs, required support, daily routine and preferences, ensuring the person is at the centre of all decisions relating to their personal care support.

The Personal Care Plan is made up of two sections - Part A and Part B - both of which are completed by the Disability Support Leader (DSL)¹ in consultation with the person.

- **Part A** captures the person's preferences regarding the Disability Support Workers (DSWs) who will be supporting them. It identifies preferences for gender, age and important supports relevant to their personal care.

¹ All references to a DSL includes other Frontline Leadership roles, such as House Supervisors.

- **Part B** details the person's individual personal care support needs, what they can do themselves, how they would like to be supported and when. It also records details such as relevant skills and/or training, privacy and/or cultural needs. This section should be as detailed as possible, to ensure that the personal care support is tailored to the person's specific requirements.

Note: A DSL can delegate the development of the Personal Care Plan to a suitable DSW, however it remains the responsibility of the DSL to ensure that the task is completed within the allocated timeframe and to the required standard.

The Personal Care Plan must be reviewed at least annually or more often if the individual's support needs or circumstances change.

Who needs to have a Personal Care Plan completed?

Any person who requires support from LWB with their personal care is required to complete Part A of the Personal Care Plan.

If a person can self-direct staff to support them as required, they can choose to do so instead of completing Part B.

We understand that needs and preferences change and can revisit these decisions when the person needs or wants to.

LWB staff will work with the person to maintain the balance of what is important to and for them regarding their personal care. Frequent declining of support, poor attention to personal hygiene tasks, or health and well-being concerns may impact this balance and result in more focus being required on the aspects of care that are important for the person. If this happens, the DSL will meet with the person to discuss and help them build capacity to understand the consequences of their decisions and explore alternatives.

It may also involve following the [NDIS LWB 931 Independence and Informed Choice – Procedure](#) and supporting the person to access and understand the [NDIS LWB 936 Statement of Informed Choice](#). This conversation must also be recorded in a progress note in CIRTIS with the subject category Case Discussion and the subject "Personal Care Plan".

Developing a Personal Care Plan

Plan
Development
Meeting




The Disability Support Leader will:

- Arrange a meeting with the individual and anyone they would like there to support them, to gather the information needed for the Personal Care Plan. (Refer to the person's Individual Support Plan (ISP) for the people they have identified to help with personal and sensitive decisions.)
- Ensure that all people attending the meeting have prior knowledge of what the meeting is about, so they are prepared for the intimate nature of the questions you will be asking.
- Hold the meeting in a private area that is comfortable for the person we support.
- Complete both Parts A and B of the [NDIS LWB 5531 Personal Care Plan](#)
- The plan should be written in first person (i.e. "I like..."), as this promotes the participation of the person we support in the design and development of their Personal Care Plan, and best captures their voice. We understand that this can be difficult if primary input for the development of the plan is from their support network and not the person, in which case it would be more appropriate to write on their behalf (i.e. "Mary likes...").
- Communicate in a way to allow the person to make informed choices and provide consent about what, when, and how they would like to receive personal care support, and from whom. This includes supporting the person to have conversations with their decision-making support network or authorised decision-maker.
- Ensure the person's dignity, privacy and rights are always considered during the meeting, especially during discussions about intimate personal care needs.
- Talk to the person we support and include them in all aspects of the conversation, even if they have limited communication. Avoid talking about the person to their support network.
- Look for non-verbal communication that might indicate the person we support is feeling embarrassed or uncomfortable with the conversation; offer to have a short break or come back to that section later if required.
- Be sensitive and respectful in phrasing questions, responses and statements
- Ask open-ended questions so that the information gathered is in the person's words, not simply a yes/no response to a question
- Record any additional discussions about personal care support needs and preferences in a Progress Note with the subject category Case Discussion and the subject "Personal Care Plan."


<p>Personal Care Plan - Part A</p> <p>A</p>	<p>The Disability Support Leader will:</p> <ul style="list-style-type: none"> • Ensure the person’s name, CIRTS ID, address and plan dates are completed. • Ensure that ‘Yes’ or ‘N/A’ has been selected for any important supports relevant to the person’s personal care • Ensure the person has indicated if they have age range and gender preferences for the DSWs supporting them. • If they don’t have any preferences regarding the DSWs who will support them, this can be indicated in the tick box next to ‘No Preferences’. • Ensure the person has entered detailed information regarding their preferences in the free text box if they do require support. • Use the prompts as a guide for asking questions to ensure accurate information is gathered. • Ensure the person has included details regarding any flexibility within their preferences (e.g. my preference is males aged over 40, however younger male staff would be fine, but I never want a female DSW helping with my personal care) • Explain that this process is designed to get the best possible match between the person’s preferences and staff, however there may be times when LWB is unable to meet their needs and preferences due to staff absentees/illness, workforce shortages or unforeseeable circumstances. When this occurs, the DSL (or on-call during after-hours) will contact them to discuss alternate options.
<p>Personal Care Plan - Part B</p> <p>B</p>	<p>The Disability Support Leader will:</p> <ul style="list-style-type: none"> • If the person can self-direct staff to support them as required and would prefer not to complete Part B, they should tick the ‘Yes’ box to indicate this. No further information is required to be gathered. • Ask the person to record information regarding their general preferences and/or needs regarding their overall personal care support. <ul style="list-style-type: none"> ○ This may include culturally sensitive preferences such as a particular gender to provide specific supports, or not making direct eye contact, or maintaining a quiet environment. ○ Other examples to include in this section may include: I need my communication book with me so I can answer your questions and direct your support; To provide dignity while bathing, I like to have a cloth placed over my private parts; I need to have my personal care before prayer time; I have a vision impairment and can’t see what you are doing, so I need you to tell me what you are going to do before

you do it, so I don't get surprised; I need my hijab removed when in the bathroom and placed on my head again after my shower before leaving the bathroom.

- List any associated support plans/protocols and explain the link between the plan and their personal care support - for example Epilepsy Management Plan; Allergy Response Plan; Positive Behaviour Management Plan; Transferring, Repositioning and Mobility (TRAM) Plan; High Intensity Daily Personal Activities (HIDPA) Protocols such as wound care or complex bowel management.
- For each task, the person should indicate whether they require LWB staff to assist with the task by ticking 'Yes' or 'No'.
- If assistance is required, the person should indicate the type of support they need – more than one option can be ticked (for example, they may require physical assistance to wash parts of their body and a verbal prompt to turn the water off).
- Support ratio refers to the number of DSWs required to assist with the task – this should also be included in any reports or assessments completed by an appropriately qualified health professional (AQHP).
- The specific detail of how to deliver personal care support to the person is then captured by asking two questions:
 - What's Important To Me – refers to the aspects of care that the person values and wants to be included in their care.
For example: I like to listen to music in the shower using my iPod and speaker; my hair is washed every second day and combed before rinsing the conditioner out; I like to hold the shower hose myself and be told where to point it to rinse; don't talk about my incontinence in front of my housemates; culturally safe support
 - What's Important For Me – refers to the aspects of care that ensures the person's health, well-being and safety.
For example: all hoist transfers are completed with a 2:1 staff ratio following my Transferring, Repositioning and Mobility (TRAM) plan; my folds of skin are dried thoroughly and Sudocrem is applied to my inner thighs after every shower to prevent chafe; I have Epilepsy and need direct supervision during showering in case I have a seizure.
- Ask the person to be specific about their preferences by detailing – preferred brands of toiletries, the order in which they prefer tasks to be completed and the use of any equipment or aids.

	<ul style="list-style-type: none"> • Capture details of the person’s preferred daily routine and timing of the tasks, the components of each task that they do independently, and any areas in which they would like to build their capacity.
<p>Completing the Personal Care Plan</p> 	<p>The Disability Support Leader will:</p> <ul style="list-style-type: none"> • Ensure the person we support and, if relevant, their formal and informal decision maker, are provided with a copy of the plan to ensure that it reflects what was discussed at the meeting. Allow an opportunity for feedback from the person. • Gain verbal consent from the person we support and/or their formal and informal decision maker for the Personal Care Plan to be implemented (refer to NDIS LWB 904 Evidencing Consent – Procedure) • Ensure that all staff rostered to support the person have signed the Staff Declaration section of the Personal Care Plan. Once all relevant DSWs have signed the plan, it can be saved to CIRTS. • The Personal Care Plan must be saved in CIRTS via this pathway: CIRTS Profile > Support > Personal Care > Add New Personal Care Record > Other Personal Care > [Enter fields of New Personal Care Record then select Add New Attachment] > Personal Care Plan • Work with the person and their support network to ensure that this plan, and their other person-centred support plans, provides them with the best way to allow their choice and preferences. This may include designing and creating an alternate format of this plan or utilising specific communication supports to help them self-direct their supports and communicate their preferences.

Implementing a Personal Care Plan

<p>Implementing Part A</p> 	<p>The Disability Support Leader will:</p> <ul style="list-style-type: none"> • Share information gathered in Part A of the Personal Care Plan with the team responsible for rostering the person’s service, so that the Preferred Workers List can be updated. Note: to maintain the person’s privacy and dignity, do not provide a copy of the plan to the Rostering Team. • Record that this information was shared with the rostering team in a Progress Note on CIRTS, with the subject category ‘Case Discussion’ and the subject “Preferred Workers List/Rostering Team”. • Communicate with the person we support and/or their support network when there is no suitable worker available to meet their preferences and discuss alternate options. Options may include negotiating a different time for the shift to occur, offering an alternate DSW or adjusting their usual
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support for that day. This discussion and the agreed outcome must be recorded in a CIRTS progress note.

- Record any discussions in a CIRTS progress note if the person refuses personal care support from a DSW that does or does not meet their personal care preferences.

The Rostering Team will:

- Update the Preferred Workers List spreadsheet based on information provided to them by the DSL.
- Ensure they match and allocate DSWs according to the Preferred Workers List spreadsheet
- Communicate with the person we support and/or their support network, if an unscheduled change is made to a shift, and the shift is filled using a DSW who meets the person’s preferences. This conversation is a courtesy and does not need to be recorded in CIRTS.
- Communicate with the DSL (or on-call if after hours) as soon as possible if they are unable to fill a shift with a DSW that meets the individual’s personal care preferences

The Disability Support Leader will:

- Ensure that all suitable DSWs selected to support the individual will be shown and have ongoing access to the Personal Care Plan and any associated support plans
- Ensure that all suitable DSWs are provided with training required to support the person safely, such as the use of specialised equipment or aids
- Assist the person we support to participate in all aspects of training and education regarding their personal care support needs
- Record all relevant information relating to HIDPA supports in the person’s specific HIPDA protocol and Complex Health Care Plan.
- Assist as needed with arrangements for an AQHP to recommend equipment, develop a support plan and provide training to staff, when specialised equipment, aids or techniques are required
- Ensure any reports of unexplained bruising, suspicious marks or an injury from an unknown source observed during personal care are completed as Reportable Incidents – refer to [NDIS LWB 5554 Responding to Unexplained Bruising – Procedure.](#)
- Record any discussions with the person about choice, control and consent as a progress note on their CIRTS file. This will include a description of the person's facial expressions, body language, words and vocalisations regarding choice and consent.

Implementing
Part B



- Have a conversation with the person we support if they decline personal care support or an aspect of their personal care support on two consecutive occasions. Identify any barriers that may be impacting them undertaking their personal care. Seek medical advice and develop a risk matrix to consider the consequences to the person's health and safety.
- This is also an opportunity for the DSL to have a conversation with the person and their support network to consider reasons for declining support (such as mental health, an incident with a staff member that hasn't been reported, underlying pain or health issue etc).
- It can also provide opportunity for capacity building, as the person may choose to learn to complete the task by themselves or with less assistance