This form is for participants who choose to receive personal support from only one individual support worker, and no other (office use).

|  |  |
| --- | --- |
| Participant Name: | DOB: |
| Team Leader (TL) Name: | Date: |

**Communication Plan –** how the Team Leader will communicate with the participant in regards to worker performance.

Based on the risk assessment outcome in Section 7 p.8: Summary of Risk Factors / Communication (CCF-19 Home Risk Assessment Form) are there any communication support needs or difficulties that need addressing?

* No  Yes If yes, give details:

|  |  |  |  |
| --- | --- | --- | --- |
| **Communication method** | **Risk outcome** CCF-19 p.8eg.low risk outcome, TL checks in monthly/6 monthly | **Who is responsible** | **Notes** *e.g. preferred time of day, worker performance to be discussed* |
| When the participant is isolated from community, family, and friends, the preferred method of contact by the team leader is face to face in the participant’s home. |
| * Face-to-face contact in the home
 | *MODERATE: weekly, fortnightly* *LOW: monthly, 6 monthly* | *Team Leader* |  |
| * Face-to-face online/vitual

(if requested by participant) | *MODERATE: weekly, fortnightly* *LOW: monthly, 6 monthly* | *Team Leader* |  |
| If the participant is **not** isolated from community, family, and friends, team leaders can use non face to face methods below |
| * Telephone/text
 |  | *Team Leader* |  |
| * Survey
 |  | *Team Leader* |  |
| * Other
 |  | *Team Leader* |  |

**Monitoring and Supervision Plan –** how the team leader will check the quality of the supports Kyeema provides and how satisfied the participant is with these supports.

Develop the Monitoring and Supervision Plan based on the risk factors identified in Section 7 p.8: Summary of Risk Factors - CCF-19 Home Risk Assessment eg. a low risk outcome may result in 6 monthly check-in visits.

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| --- | --- | --- | --- |
| **Monitoring method** | **Frequency** | **Who is responsible?** | **Purpose/notes**write participant response if relevant |
| * Participant check-in visits

Participant safety and wellbeing check | weekly, fortnightly, monthly, 6 monthly | *Team Leader* | Check participant satisfaction with the type, quality and frequency of personal supports being provided. |
| * Onsite monitoring

Supervision of worker | weekly, fortnightly, monthly, 6 monthly | *Team Leader* | Scheduled/unscheduled visits to observe supports being delivered and the environment |
| * Online/virtual observation of worker(s) in participant’s home

(if requested by participant) | weekly, fortnightly, monthly, 6 monthly | *Team Leader* | Supervision of worker to ensure performance consistent with agreement |
| * Reports to manager
 | weekly, fortnightly, monthly, 6 monthly | *Team Leader* | Any identified risks or issues with care providedEmail supports manager |
| * Review of Carelink shift notes and other records
 | weekly, fortnightly, monthly, 6 monthly | *Team Leader* | Check notes and records are current and monitor for issues of concern |
| * Other
 |  | *Team Leader* |  |

**Worker selection**

If there are any qualifications, training or skills that workers need, list these in the table below

|  |
| --- |
| **Qualifications/training/skills that workers should have?** K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png No K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Yes *If yes, complete table below* *e.g. high intensity supports training* |
| **Qualifications:** K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png n/aK:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Yes *Specify:* | **Participant preferences for worker:**Gender:Other preferences: |
| **Experience or training: K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png** n/aK:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Yes *Specify:* | **Risk factors for lone workers:**K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Manual handlingK:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Behaviours of concernK:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Phone reception/internet (no/limited coverage)K:\Items for QMS Add Edits\In Progress - Anna\TEMPLATES\tickbox2.png Other: |

|  |  |
| --- | --- |
| Team Leader: | Date: |
| Signature: |