H&H Care SA Pty Ltd	**Form02.** Client Rights Choice Dignity and Supported Decision Making **Australian Government Support at Home Program**	
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Policy and procedure 2
H&H Care SA Pty Ltd | Support at Home services

This policy explains how H&H Care SA respects each client's rights, protects dignity and supports the person to make and communicate their own decisions. It provides practical steps for consent, communication, choice, risk and concerns about decision-making.

Document control	Details
Policy number	HH SAH RIGHTS 002
Version and status	1.0 — Draft for Director approval
Prepared	24 October 2026
Policy owner	Director, H&H Care SA Pty Ltd
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Directors, managers, nurses, workers and approved contractors delivering Support at Home services

1 Purpose and scope

H&H Care will support older people to receive safe, respectful care that reflects their identity, values, culture, relationships, goals and preferences. This policy applies to services delivered on behalf of The Fig Trees Support at Home and any other separately approved registered provider arrangement.

The registered provider retains its statutory responsibilities for funded aged care delivered on its behalf. H&H Care is responsible for implementing this policy within its service role and escalating rights concerns. Joint responsibilities must be confirmed in the agreed service arrangements; this policy does not change the brokerage contract.

2 Policy commitments

- Address the client directly and presume they can make their own decisions unless a lawful, decision-specific basis establishes otherwise.
- Provide information and practical support before considering substitute decision-making.
- Seek voluntary, informed and ongoing consent; respect a person's right to refuse or change their mind.
- Protect privacy and dignity, provide culturally safe care and respond to discrimination, abuse or coercion.
- Support complaints, advocacy and lawful provider choice without retaliation.

These commitments summarise H&H Care's approach. Give clients access to the official Statement of Rights; this policy is not a replacement for that statement.

Rights and everyday dignity

3 Rights in practice

Workers must respect the rights relevant to the client's aged care, including independence, autonomy, equitable access, safe and quality care, identity, privacy, communication, connection, advocacy and the ability to raise concerns. Do not make access to care conditional on a person signing away rights or agreeing never to complain.

Area	Required practice
Choice and control	Ask what matters to the client; offer genuine options within approved services; explain limits and refer requests for changes to the Coordinator.
Personal dignity	Knock and seek permission to enter; explain each care task; protect the body from unnecessary exposure; respect grooming, clothing and personal routines.
Identity and inclusion	Respect name, pronouns, language, faith, culture, gender, sexuality, disability and family structure. Ask about preferences rather than making assumptions.
Privacy	Offer private conversations and discreet personal care. Do not discuss clients in public or share images or information without a lawful basis.
Relationships and community	Support chosen relationships, cultural activities and community connections within the plan. Do not isolate a person for staff convenience.
Information and concerns	Explain services and complaint options clearly; support questions about care and charges through the appropriate authorised pathway.

4 Communication and cultural safety

Record the person's preferred language, communication method, literacy needs, hearing or vision aids, and any communication assistance. For Vietnamese-speaking clients, offer Vietnamese information or an appropriately competent bilingual worker, while checking the client's own preferences. Offer qualified interpreters for complex, sensitive, clinical or legal discussions when needed; do not rely on children or a person with a conflict of interest.

Allow time, reduce background noise, use plain words, pictures or communication aids, and ask the person to explain their understanding in their own way. Do not treat limited English, aphasia, hearing loss or slow responses as evidence that a person cannot decide. Offer culturally appropriate support, including Aboriginal and Torres Strait Islander cultural support where requested.

5 Responsibilities

The Director approves resources, training and corrective action. The Coordinator records preferences, provides accessible rights information and checks supporter arrangements. The Clinical Lead RN advises on clinical consent, deterioration and referral for appropriate assessment. Every worker seeks consent, respects choices, records relevant decisions and escalates concerns. The registered provider is involved in service changes, care management, complaints and regulatory matters according to the agreed responsibility schedule.

Supporting decisions and verifying authority

6 Supported decision making procedure

Use the following process whenever a client needs help with a decision. Match the support to the decision and review it as needs change.

- Identify the specific decision. Ask what the client wants and why it matters. Separate everyday choices from financial, service agreement and clinical decisions.
- Ask how the person wants to be supported and who, if anyone, they want involved. Offer a private conversation to check that involvement is voluntary and free from pressure.
- Explain realistic options, benefits, important risks, costs where relevant, alternatives and the option of declining. Disclose service limits and conflicts of interest.
- Provide communication aids, an interpreter, additional time, a quieter setting or another appointment. Where safe, choose a time when pain, fatigue or distress is reduced.
- Check understanding and invite questions. Ask the client to communicate a preference in their own way; communication need not be verbal or written.
- Confirm the decision and consent for the proposed action. Record the support used, person's wishes, relevant risks, agreed actions and review triggers.
- Carry out the authorised decision within worker competence and service scope. Share relevant changes securely with the Coordinator and registered provider. Revisit consent if the person changes their mind or circumstances change.

7 Supporters and appointed decision makers

A trusted family member, friend or advocate may help with the client's agreement. A registered supporter helps a person make and communicate their own decisions; registration alone does not authorise that supporter to decide for the person. Someone may also hold a separate legal appointment, which must be checked independently.

Before relying on a substitute decision, the Coordinator obtains and checks the relevant document or order, identity, current status, activation conditions, decision type, limits and any joint appointment requirements. Record what was verified and when. A next of kin, emergency contact, financial attorney or family member does not automatically have authority for personal care or health decisions.

Use South Australian legal and clinical advice where authority is unclear, including relevant advance care directive, guardianship and consent arrangements. An appointment for one type of decision must not be treated as authority over all decisions. Continue to involve the client and seek their will and preferences as far as possible.

Consent refusal and dignity of risk

8 Consent at each visit

Before providing care, identify yourself, explain the task and ask permission. Check the person understands the material information and is choosing freely. Consent may be verbal, written or clearly communicated by another reliable method, depending on the decision and applicable requirements. A general service agreement or signed intake form is not blanket consent to every future intervention.

For intimate care, explain what will happen, ask about preferred workers and assistance, close doors or curtains and expose only the area necessary. Seek consent before involving another person. Stop if consent is withdrawn or the person shows distress or resistance; assess immediate safety and seek guidance. Never assume silence, dementia or lack of resistance means consent.

Obtain specific consent where required for treatment, information disclosure, photographs or recording. Separate optional publicity or marketing consent from care consent. Document limits and withdrawals. Do not use a client's image on personal devices or accounts.

9 Refusal of care

If the client refuses, pause and ask respectfully about the reason. Check for pain, fear, misunderstanding, language barriers, privacy concerns or a preferred alternative. Offer another time, method or worker where feasible, without pressure. Explain material consequences in a balanced way. Record what was offered, the client's response and any agreed alternative.

Notify the Coordinator of refusal affecting planned care. Escalate medication refusal, clinical deterioration or significant risk promptly to the RN and registered provider under the relevant plan. Call 000 for an emergency. Do not force care, hide medicines or punish refusal. Emergency treatment and substitute consent must follow applicable law and authorised clinical advice; this policy does not itself authorise treatment without consent.

10 Dignity of risk

A choice involving risk does not by itself establish inability to decide. Discuss the client's goals, the actual likelihood and severity of harm, benefits and less restrictive ways to support the choice. Agree controls, responsibilities, review triggers and an emergency response; document the discussion in the care plan or risk record.

For example, a person who wants to continue walking outdoors may choose a familiar route, suitable walking aid and agreed check-in rather than being prevented from going out. Seek clinical input when needed and respect informed choices within lawful service delivery.

A risk acknowledgement is not a waiver of client rights or H&H Care's duty of care. Clients cannot require workers to perform unlawful tasks, work outside competence or accept uncontrolled workplace risks. Where a request cannot safely be delivered, explain why, escalate for alternatives and maintain essential care continuity.

Concerns advocacy and service changes

11 Concerns about decision making

Do not infer inability to decide from age, diagnosis, disability, an unusual choice or disagreement with staff. Decision-making ability may vary with the decision and over time. Workers observe and report; they must not make a blanket legal determination of incapacity.

If the person appears unable to understand or communicate a particular decision after support, pause a non-urgent decision and contact the Coordinator and Clinical Lead RN. Consider reversible causes such as delirium, pain, illness, medication effects, fatigue or distress and arrange appropriate clinical assessment. Sudden confusion or deterioration requires urgent escalation. Obtain qualified assessment and legal clarification where necessary before relying on another person's consent.

Where a supporter pressures the person, answers every question, withholds information or seeks a decision benefiting themselves, offer safe private contact, record objective observations and escalate possible coercion or abuse. Do not confront a suspected abuser where this may increase danger. Use safeguarding and emergency pathways as appropriate.

12 Advocacy and complaints

At intake and when concerns arise, explain the registered provider's and H&H Care's complaint pathways and access to independent aged care advocacy, including OPAN. Help the person access the Aged Care Quality and Safety Commission if requested. Use current verified contact details in the client information pack. A client may complain directly without first obtaining H&H Care or family permission.

Provide accessible assistance to make a complaint, including an interpreter or chosen advocate. Protect confidentiality, explain any limits, document actions and follow up. Do not reduce services, threaten withdrawal, label the client as difficult or disadvantage workers because they raise concerns in good faith.

13 Provider choice and disagreements

If a person asks about changing providers, acknowledge their right to explore options and offer independent information or advocacy. Refer transfer, funding and scheduling arrangements to the registered provider and Coordinator for a lawful transition. Do not obstruct advocacy or conceal care or billing concerns.

Workers must not solicit clients contrary to the brokerage agreement or make unauthorised promises about direct services. Where a contractual restriction appears to conflict with client rights or reporting duties, the Director seeks prompt clarification and advice. Protect the client and continue authorised care during resolution; this policy does not amend the contract.

If the client, supporter and staff disagree, clarify the decision, check authority, hear the client directly, offer independent advocacy and arrange a documented review. Record unresolved concerns and escalate through the manager and registered provider. Do not use restraint, sedation, seclusion or restriction of movement as a convenient solution. Any restrictive practice requires its own lawful authority, safeguards and applicable clinical processes; family permission alone is insufficient.

Records implementation and review

14 Documentation and supporting forms

Maintain clear, factual records in approved systems with access limited to authorised users. Record the client's own words where helpful; distinguish their wishes from the views of others. Share only information needed for authorised care, oversight or lawful disclosure.

Record	Minimum information
Rights and preferences record	Rights information explained; accessible format and language; communication, cultural, privacy and care preferences; questions and follow-up.
Supporter and authority record	Chosen support persons; consent to involvement; registered supporter status if relevant; separate legal authority, scope, verification and review triggers.
Decision and consent record	Specific decision; options and risks explained; support provided; client's will and preferences; decision, consent or refusal; action and review date.
Risk and review record	Client goal; benefits and risks; agreed controls; responsible people; unresolved issues; escalation and review triggers.
Concern or complaint record	Objective concern; immediate safety response; persons notified and times; referral, client communication and outcome.

A client's refusal to sign an acknowledgement must be recorded respectfully and does not itself remove rights or justify withholding care. Follow the records policy, contractual retention requirements and applicable law; do not destroy records subject to an unresolved complaint, investigation or legal hold.

15 Training and quality assurance

Induct all workers before unsupervised client care. Training covers rights, supported decisions, consent, cultural safety, privacy, refusal, abuse, complaints and authority checks. Use scenarios involving dementia, limited English and family disagreement. Record worker acknowledgement and assess application through supervision.

As H&H Care internal controls, the manager reviews rights concerns and consent issues monthly and audits a risk-based sample of client files at least quarterly. Check that preferences are reflected in visits, supporters are correctly identified, refusals are escalated and clients can access complaints. Seek feedback privately and in the client's preferred language. Assign corrective actions, owners and due dates and verify effectiveness.

16 Approval and review

Before implementation, the Director confirms current rights information, interpreter and advocacy arrangements, role appointments, related procedures and required agreement with the registered provider. Review annually and after legal changes, significant incidents, complaints or audit findings.

Approved by: _____ Effective date: _____

Next review: _____ Staff induction completed: _____

References and client information

17 Related policies

Governance and associated provider management; intake and assessment; care planning; consent and privacy; safeguarding; incident management and SIRS; complaints and open disclosure; clinical governance and medication; restrictive practices where applicable; records management; staff conduct and training.

18 Legal and practice references

Use current versions and apply requirements relevant to the service, decision and legal authority. The applicability of strengthened Quality Standards depends on the registered provider's categories and services; this policy supports its obligations, particularly Standard 1 The individual.

- Aged Care Act 2024 and Aged Care Rules 2025, including the Statement of Rights and Aged Care Code of Conduct.
- Aged Care Quality and Safety Commission — Statement of Rights. https://www.agedcarequality.gov.au/workers/statement-rights
- My Aged Care — Know your rights. https://www.myagedcare.gov.au/know-your-rights
- My Aged Care — Appointed decision-makers. https://www.myagedcare.gov.au/registering-supporter/appointed-decision-makers
- Department of Health, Disability and Ageing — Registered supporters in aged care. https://www.health.gov.au/our-work/aged-care-act/about/registered-supporters
- Aged Care Quality and Safety Commission — Supporters. https://www.agedcarequality.gov.au/contact-us/complaints-feedback/make-complaint/supporters
- South Australian legislation relevant to the decision: Advance Care Directives Act 2013; Guardianship and Administration Act 1993; Consent to Medical Treatment and Palliative Care Act 1995; Powers of Attorney and Agency Act 1984.
- Privacy Act 1988 and Australian Privacy Principles where applicable; relevant professional consent standards; H&H Care and The Fig Trees brokerage agreement and current agreed procedures.

Official guidance checked on 24 October 2026. Confirm legal authority and current requirements when a complex decision arises.

19 Plain language message for clients

You have the right to be treated with respect and to have a say in your care. We will explain your options in a way you understand, listen to what matters to you and ask your permission before care. You can ask questions, say no or change your mind. Tell us if you want an interpreter, a trusted person or an independent advocate to help you decide. You can raise concerns without being punished or treated differently. We will discuss any service limits and work with you and your registered provider to find appropriate options.

This message is a summary. Provide the official Statement of Rights and current complaints and advocacy information with the client welcome pack.

20 Version history

Version 1.0 — Initial draft prepared 24 October 2026. Approval, effective date and completed implementation are not implied by preparation of this document.