H&H Care SA Pty Ltd	**Form07.** Scheduling Attendance Missed Visits and Service Continuity **Australian Government Support at Home Program**	
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Policy and procedure 7
H&H Care SA Pty Ltd | Support at Home services

This policy sets out how H&H Care SA schedules authorised services, verifies attendance and responds when care is delayed, cancelled or missed. It establishes client-specific no-answer and continuity arrangements so essential care needs are actively followed up.

Document control	Details
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Prepared	24 October 2026
Policy owner	Director and Service Coordinator
Approved by	Huy Le, Director — signature: _____
Effective date	24 October 2026
Next review	12 months after approval, or earlier following relevant change
Applies to	Managers, roster coordinators, nurses, workers, administration and approved contractors delivering scheduled services

1 Purpose and scope

H&H Care will provide reliable, safe services within the written authorisation and agreed care plan. It will identify gaps early, notify affected people, arrange appropriate alternatives and verify the outcome. A cancellation in a roster does not itself resolve an unmet care need.

This policy applies to Support at Home delivery on behalf of The Fig Trees and other separately approved registered providers. It supports their oversight and care management arrangements without assuming their statutory functions. Joint escalation, coverage, billing and after-hours responsibilities must be agreed in writing. This policy does not amend the brokerage agreement or guarantee services beyond approved capacity.

2 Definitions

An essential or time-sensitive visit is one where delay or omission could create significant harm, as identified in the individual plan. A late visit starts outside the agreed arrival time or window. A missed visit is an agreed service that was not delivered as planned and not safely replaced. A no-answer event means the client cannot be contacted at the scheduled visit; it is not automatically a cancellation or evidence that the person is missing.

A client cancellation, worker absence, refused task and provider cancellation are recorded separately. A shortened visit or uncompleted task also requires assessment of unmet needs, even where the worker attended.

Responsibilities and scheduling controls

3 Responsibilities

Role	Required actions
Director	Approve resources, delegations and continuity arrangements; maintain management cover during services; oversee serious gaps and recurring failures.
Coordinator or roster delegate	Maintain current rosters, risk priorities and contacts; verify coverage and competence; manage exceptions, replacements and communication; close each event with a verified outcome.
Clinical Lead RN	Identify clinical timing and escalation requirements; advise on consequences of missed clinical care, safe alternatives and nursing delegation or supervision.
Workers and nurses	Accept only workable assignments; check current instructions; report likely delay or absence immediately; record actual times and tasks; follow no-answer and safety procedures.
Registered provider	Give agreed service authorisation and care management direction; receive significant service gap alerts; coordinate funding or alternate delivery and regulatory reporting through agreed arrangements.
Administration and finance	Reconcile actual attendance with invoices and payroll records; maintain the audit trail; escalate unverified entries and disputed charges.

4 Prepare a safe roster

- Schedule only authorised tasks, hours and staffing under the current care plan. Identify client-specific arrival windows, time-critical tasks, allowable flexibility and backup arrangements.
- Allocate workers with current screening, qualifications, task competency and required clinical supervision. Respect cultural, communication and intimate care preferences where reasonably practicable.
- Allow realistic travel, handover, breaks and sufficient task time. Check fatigue, overlapping shifts and employment requirements; do not roster impossible travel or rely on unpaid work.
- Confirm two-worker or equipment-dependent tasks have all required resources. Never substitute a lone worker or unsafe manual lift for a missing team member.
- Tell the client the agreed visit arrangements and how changes will be communicated. Confirm workforce acceptance and give secure access to current plans and essential contacts.

The Coordinator checks forthcoming coverage each working day, including the next day and weekends or public holidays. Assign a named person to monitor exceptions whenever services operate, including evenings and weekends. If reliable after-hours cover is unavailable, do not offer services that depend on it.

Attendance delays and cancellations

5 Attendance and service evidence

Use the approved attendance system, such as ShiftCare. Workers record actual start and finish times, services delivered, relevant observations, refusals, incomplete tasks and escalation. A clock-in alone does not prove completion. Do not enter the scheduled duration when less time was delivered, share logins or record another worker's attendance.

If the app or network fails, use the approved secure downtime record, note the actual times and notify the Coordinator. Enter the information later with its original service time and a traceable correction; do not fabricate a contemporaneous electronic entry. Follow privacy controls for any device or location information.

Monitor expected arrivals and completions against individual risk and agreed windows. An electronic alert must have an assigned responder and action; do not rely on software without active monitoring. Late, absent or unexplained records require contact and follow-up, not automatic deletion or assumption that care occurred.

6 Worker delay or inability to attend

A worker who expects to be late or unable to attend immediately phones the Coordinator or designated on-call contact. Report the affected visit, expected arrival or absence, and known essential tasks. Do not leave only a message in the roster app or make a private swap with another worker.

The Coordinator assesses client risk immediately, obtains RN advice for clinical or time-sensitive tasks, contacts the client through the agreed channel and arranges an appropriately competent replacement or safe alternative. Communicate a realistic revised time and who will attend. Obtain consent and relevant provider approval for changes; do not silently shorten later visits to recover lost travel time.

For routine visits, the Coordinator should act as soon as delay beyond the agreed window becomes likely. Essential visits require escalation before the safe timing limit is exceeded. These limits must be specified individually; there is no universal safe waiting period. If the usual manager is unreachable, use the backup contact, with 000 for an emergency.

7 Client cancellations and refusals

Record who cancelled, when, why if offered, and whether the client is safe and understands any consequences. Ask about essential unmet needs without coercion and escalate material risks. Confirm any rescheduling with the client and provider. Repeated cancellations or refusals trigger review of needs, preferences, access or safeguarding concerns, rather than punitive withdrawal.

No worker may independently promise or impose a cancellation fee. Under the supplied Fig Trees documents, cancellation wording needs clarification. Apply only a valid, agreed and lawful charging arrangement, including applicable program requirements. An actual non-delivery must never be billed as a completed visit; record any lawful cancellation charge distinctly with supporting approval.

Client no answer and welfare concerns

8 Before the visit

Each client's plan must record normal access arrangements, communication needs, authorised key or key-safe use, usual contacts, significant vulnerabilities and a no-answer response. Confirm privacy and consent for contacting others. Account for impaired hearing, language, mobility and usual routines; do not assume the person deliberately declined care.

9 No answer response procedure

- Check the correct address, date, arrival time and any recorded cancellation or hospital admission. Knock or ring and allow a reasonable opportunity to answer appropriate to the person's needs. Try the approved client phone or contact method.
- Look and listen only from safe, lawful positions for signs of distress or immediate danger. If there is a reasonable concern of an emergency, call 000 immediately and advise the Coordinator. Do not wait to complete every routine contact step.
- Contact the Coordinator or on-call delegate immediately if the client remains unreachable. Report observations, contact attempts, essential tasks due and known risks. Do not mark the visit cancelled or simply leave without reporting and an agreed follow-up.
- The Coordinator applies the individual plan, checks authorised contacts and relevant known information and seeks RN advice where clinical risk is present. Disclose only information necessary to establish safety. A neighbour may not have authority to receive health details.
- Use an authorised key or key-safe only within the agreed consent, access and safety arrangements. Never force entry, climb through windows or enter an unsafe setting. Emergency entry or welfare intervention is for the appropriate emergency authorities.
- Agree who remains available, what further action is needed and when the client's safety will be confirmed. Where safety cannot be established, escalate promptly to appropriate emergency or police welfare assistance according to risk; there is no arbitrary waiting period.
- Record the outcome, advice and unmet care needs. Arrange replacement care or clinical follow-up where needed, notify the registered provider and close the event only when an accountable person has verified the outcome or formally accepted handover.

10 Distinguish absence from a reportable incident

A client being out at a scheduled home visit is not automatically a SIRS unexplained absence. Conversely, a person disappearing while in the provider's physical care or a serious omission of essential care may raise different reportability concerns. Record facts and escalate to management and the registered provider for assessment against current SIRS criteria. Do not delay emergency assistance while deciding reportability.

Where the client is located safely, establish their wishes and arrange future visits appropriately. If suspected abuse, neglect or coercion affects access or communication, follow the safeguarding procedure and protect the person's privacy and safety.

Missed visits and continuity arrangements

11 Respond to a missed or shortened visit

As soon as a gap is identified, the Coordinator establishes what care was not delivered, when it was due and the client's current condition and supports. Seek RN review for medication, nursing, nutrition, transfer or other clinical risks. Do not assume a family member has provided care or can safely take over.

Contact the client, explain the problem honestly, check immediate needs and agree a competent replacement or safe alternative. Notify the registered provider promptly where there is actual or likely harm, essential care disruption, funding changes or unresolved coverage. Record notification times and response. Do not wait for an invoice cycle or routine meeting.

For a missed medication-related task, follow the individual medication plan and seek authorised clinical or pharmacist advice. Workers must not double doses, change timing or retrospectively sign administration. A missed meal or personal care task may also require urgent intervention based on the person's circumstances.

Record a service exception and report an incident or near miss under the incident policy where relevant. Management and the registered provider assess possible neglect or other reportable incidents; not every missed visit is automatically SIRS-reportable. Apply open disclosure, complaints and corrective action processes proportionately and verify that remedial care occurred.

12 Individual continuity plan

Identify essential tasks and their safe timing, clinical contacts, preferred backups and any limitations before a disruption occurs. State who can help and verify their availability, competence and agreement. Client or family assistance must be voluntary and safe, not assumed. A phone check cannot replace a physical task that remains necessary.

Maintain an appropriate backup worker pool and a current competency list. Approved alternate providers or further subcontracting require the registered provider's consent and other necessary approvals under the agreement. Before handover, confirm consent or another lawful information basis, clinical instructions, who accepts responsibility and when the next care will occur.

13 Emergencies disasters and systems failure

The Director or delegate activates business continuity arrangements for severe weather, heat, fire, flood, infectious outbreaks, transport failure, power loss or system outages. Identify affected clients and workers, prioritise clinical urgency and essential needs, arrange welfare checks and coordinate with the registered provider and emergency authorities. Do not expose workers to unsafe travel or entry.

Maintain a current, securely accessible downtime list of essential clients, authorised tasks and emergency contacts. Use controlled manual attendance records during outages. Ensure any client relying on powered equipment has an appropriate professional contingency plan; do not promise electrical backup H&H Care cannot supply. Document delayed services, alternatives and recovery checks.

When the disruption resolves, confirm each affected client's status, outstanding care and next visit. Check records and invoices for accuracy and review the response with workers and the registered provider. Test contact and downtime arrangements at least annually as an internal control.

Visit exception and follow up record

SCHED F01 | Complete for late, missed, shortened, refused, no-answer or cancelled services. An incident report may also be required. Expand fields where needed.

Client and identifier: _____
Visit date and planned time or window: _____
Authorised tasks and essential timing: _____
Allocated worker: _____ Actual arrival/departure: _____
Exception type and time identified: _____

Immediate assessment and response

What did not occur and why: _____
_____
Client condition and immediate risk: _____
_____
Actions taken and emergency response if any: _____
_____
Coordinator notified and time: _____
RN advice and time where needed: _____

Contact and welfare checks

Time and person contacted	Outcome and next action
_____	_____ _____
_____	_____ _____
_____	_____ _____

Remedial care and closure

Replacement or alternative agreed with client: _____
Responsible worker or provider and confirmed time: _____
Registered provider notified and approval reference: _____
Client outcome and remaining needs: _____
_____
Incident reference and reportability review owner: _____
Attendance correction or invoice action: _____
Follow-up owner and due time: _____
Outcome verified by and date/time: _____
Closed or formally handed over to: _____

A roster change or attempted phone call alone does not verify the client is safe or the care gap is resolved. Record the actual outcome or the named person accepting ongoing follow-up.

Individual service continuity plan

SCHED F02 | Prepare with the client, Coordinator, RN where relevant and registered provider. Review when needs, contacts or services change.

Client and identifier: _____
Plan date and version: _____ Review date: _____
Client communication and consent preferences: _____

Essential task	Safe timing and escalation limit	Backup and responsible contact
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____
_____ _____	_____ _____	_____ _____

No answer and safe access arrangements

Approved phone and communication methods: _____
Normal access and any authorised key use: _____
Client-specific vulnerabilities and immediate emergency signs: _____
_____
Contact order and actions if safety is unconfirmed: _____
_____

Contacts and availability

H&H Coordinator: _____
On-call delegate and hours actually covered: _____
Backup manager: _____
RN or clinical contact and coverage: _____
Registered provider and after-hours contact: _____
Client-chosen emergency contact and agreed role: _____
Alternate delivery arrangements and required approvals: _____

Disruption arrangements

Power equipment or environmental dependencies: _____
Professional backup plan reference if applicable: _____
Safe welfare check method and limitations: _____
Unmet needs and funding approvals required: _____
How the current plan is available during system outage: _____

Client involvement and agreement: _____
Coordinator approval and date: _____
RN review where required: _____
Registered provider confirmation: _____
Workers briefed and date: _____

Call 000 for an emergency. This plan does not replace emergency services or authorise unapproved clinical tasks, forced entry or unsafe worker exposure.

Monitoring implementation and references

14 Records and quality monitoring

Keep authorised rosters, actual attendance, client communications, exception records, incident reports, continuity plans and replacement approvals in controlled systems. Restrict access to relevant people, keep key-safe codes secure and preserve correction history. Separate client service evidence, employee pay entitlements and any lawful cancellation charge; they are not interchangeable records.

As internal controls, the Coordinator reviews attendance exceptions daily when services operate and maintains a live handover of unresolved essential care needs. Management reviews missed and late visits, cause, harm, repeat cancellations, replacement timeliness and client feedback monthly. Audit a risk-based sample of attendance against notes and invoices quarterly. Assign actions, due dates and outcome checks.

15 Implementation checklist

- Confirm monitoring and on-call coverage for all actual service hours and verify backup contacts.
- Agree The Fig Trees' notification, emergency escalation, alternate delivery and billing arrangements.
- Identify each client's essential tasks, safe timing, no-answer response and continuity plan.
- Check roster feasibility, worker competence, two-worker visits and clinical supervision.
- Configure meaningful attendance alerts with accountable responders and test downtime access.
- Train staff with missed nursing visit, no-answer, worker absence and severe weather scenarios.

16 Related policies and references

Related documents: Policies 1 to 6; incident management and SIRS; medication and clinical procedures; complaints and open disclosure; safeguarding; lone work; emergency response; staffing and fatigue; privacy and records; invoicing.

- Aged Care Act 2024 and Aged Care Rules 2025, including the Statement of Rights and Aged Care Code of Conduct; applicable strengthened Quality Standards.
- Aged Care Quality and Safety Commission — Outcome 2.10 Emergency and disaster management. https://www.agedcarequality.gov.au/strengthened-quality-standards/organisation/emergency-and-disaster-management
- Department of Health, Disability and Ageing — Service continuity and emergency events in aged care. https://www.health.gov.au/topics/aged-care/providing-aged-care-services/training-and-guidance/service-continuity-and-emergency-events-in-aged-care
- Aged Care Quality and Safety Commission — Current SIRS guidance on unexplained absence from care and missing consumers. https://www.agedcarequality.gov.au/providers/serious-incident-response-scheme/reportable-incidents/unexplained-absence-care
- Work Health and Safety Act 2012 (SA), applicable employment and professional requirements, and The Fig Trees agreement dated 10 March 2026 with current approved variations.

Official guidance checked on 24 October 2026. Apply current reportability criteria and program rules. Internal monitoring frequencies do not replace shorter individual, contractual or legal requirements.

Director approval: _____ Effective date: _____
Next review: _____

Version 1.0 — Initial draft prepared 24 October 2026. Approval and implementation remain to be completed.