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Residential Care Policies		
Accidents / Incidents		
101	Accidents/Incidents	6/2018
103	Falls	6/2018
Admission / Discharge		
114	Residents Funds & Petty Cash	6/2018
Behaviour / Dementia		
118	Behaviour Management	6/2018
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125	Care Planning	6/2018
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172	Restraint	6/2018

Residential Care Policies and Procedures

Policy No.	101
Subject:	<u>Accidents / Incidents</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

To ensure that detailed investigation and documentation is carried out following onsite accidents/incidents so as to enable appropriate action to be taken to avoid a recurrence.

POLICY

All accidents/incidents are to be reported immediately to the staff member in charge. An accident/incident form is to be completed in full.

Where injury to an individual has occurred or may result, **medical assessments may be necessary.**

- a) **The resident:** Notify Nurse in Charge or Village Nurse
- b) **Visitors:** Doctor of choice
- c) **Staff:** HR Manager

PROCEDURE

There are two types of Accident/Incident Report forms:

1. For the Resident => Leecare General Incident Report
2. For Staff and Visitors => Accident/Incident/Near Miss Report (paper based).
(Further information refer to Occupational Health & Safety Policy and Procedures 751)

These forms are to be completed **in full** as soon as possible after the event and **before** leaving the premises on the day the incident/accident occurred.

Resident Incident form management is the responsibility of the Director of Nursing.

Staff and visitor Accident/Incident/Near Miss Report management is the responsibility of the Human Resources Manager.

Both the person becoming aware of the accident/incident and the Registered Nurse who investigates the cause and assesses the resident's/staff's condition are expected to complete the details.

If a person/staff/visitor/ is hospitalised following an accident/incident, the HR Manager must be informed as soon as this information is known, who will forward the appropriate documentation to the Division of Workplace Health and Safety if appropriate.

Residential Care Policies and Procedures

Policy No.	103
Subject:	<u>Falls</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

To ensure that falls are minimised and clear processes are in place to manage them

POLICY

To reduce the number of falls and fall-related complications and optimise the elderly person's confidence in their ability to move about as safely and as independently as possible:

PROCEDURE

Assessment and Prevention

On admission all residents who enter any facility are to be assessed for their potential to fall.

AIM:

To accurately assess the trauma sustained after a fall and provide the necessary medical, nursing and allied health professional services required

To identify any environmental or medical causes that contributed to the fall

To minimise the risk of further falls and associated trauma

To minimise the risk of undiagnosed head injuries causing further functional decline, increased morbidity or death.

To ensure the resident has been appropriately assessed for changes to function that may have led to a fall and ensure additional equipment can be provided if required.

NOTE: Residents who roll out of bed and who meet the 3 below requirements, do not need an incident report completed or observations as per the Falls Policy. If all 3 requirements are not met then an incident form is to be completed and treated as an unwitnessed fall.

1. Low / low / high bed in the lowest position
2. Fallout mat in situ.
3. Resident rolls out of bed onto the fallout mat and remains on the mat.

In the Event of A Fall

1. Notify Nurse In Charge
2. Nurse in Charge will assess for injury and monitor accordingly
3. If an unwitnessed or witnessed head strike, commence neuro obs as per protocol

3. a Neuro OBS Protocol

Neuro obs are to be conducted:

- ▶ half hourly for 2 hours;
 - ▶ hourly for 2 hours;
 - ▶ 4 hourly for 24 hours.
4. If clinically indicated, increase frequency of observations
 5. Hospitalisation is based on Nurse In Charge assessment or General Practitioner
 6. Refer to physiotherapist
 7. Review Falls Risk Assessment Tool

Residential Care Policies and Procedures

Policy No. 114

Subject: **Resident Funds and Petty Cash**



Effective Date: June 2018

Developed by Director of Nursing

PURPOSE

Residents are encouraged to maintain control over their financial affairs and may use the office's petty cash system to deposit and withdraw money.

POLICY

Resident Petty Cash accounts are to be managed by Office Staff. Payment of accounts and charges that the Village has not expressly been given written consent to pay could be considered theft by the Resident or Family and will result in disciplinary action

PROCEDURE

To encourage and assist residents to maintain control over their financial affairs:

- Village Baxter does not require residents to have their finances, pension, etc. administered by the facility. Management is not allowed to take over control of residents' money/ pension refunds, or financial activities generally.
- Residents are encouraged to maintain control of their own finances.
- If a resident does not wish to manage his/her own finances, we strongly suggest the resident creates an Enduring Power of Attorney in favour of an appropriate person of their choosing. This will allow continued administration of finances even if the resident is unable to do so through incapacity. Further information on how to do this can be obtained from: <http://www.publicadvocate.vic.gov.au>
- If a Resident wishes to keep cash or valuables in their suite, then a bedside cabinet with a lockable top drawer is provided.
- Management recognises and supports resident's independence and their desire to hold money in their room but discourages residents from keeping large amounts. Whilst all care is taken to ensure safety and security, and a thorough investigation will be undertaken should a theft occur or money is mislaid, no responsibility can be taken for money that has not been stored in the safe within the office of the facility in which they reside.
- The resident petty cash system is managed by Office Staff of each facility utilising the balancing documents
- Money kept for petty cash purposes is held in a locked safe

Residential Care Policies and Procedures

Policy No.	118
Subject:	<u>Behaviour Management</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

To ensure that staff have guidance in regards to the managing of challenging behaviours.

POLICY

The needs of residents with behaviours will be managed effectively utilising strategies identified in the care planning process.

PROCEDURE

Behaviour Management strategies are identified by the following methods:

- On admission, information relating to behaviours of concerns are identified. The behaviours identified, their triggers and management strategies are written on the Admission Assessment and Care Plan.
- Behaviour charting is commenced for new admissions, or when behaviours not previously known are identified. Staff are required to complete behaviour charting identifying the behaviour, possible triggers, and the interventions which were attempted to address the behaviour. The effect of the intervention is required to be documented.

RELATED POLICIES AND DOCUMENTS

- 124 – Unexplained Absence
- 125 – Care Planning
- 172 – Restraint

Residential Care Policies and Procedures

Policy No.	124
Subject:	<u>Unexplained Absence</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

1. To ensure staff notify the necessary people and/or agencies in the event of a resident identified as missing.
2. To ensure all residents at risk of absconding are identified and protected.

POLICY

Where a resident is identified as absent from the care facilities and the absence cannot be explained, then a thorough search / investigation is to take place to locate the resident. If the resident's whereabouts cannot be established within one hour, then the police are to be notified of a missing resident and the Department of Health is to be notified.

PROCEDURE

Notify & search:

1. Check diary and sign-out board/book
2. Inform Nurse in Charge
3. Nurse in Charge instigates and coordinates a search of the building
4. Nurse in Charge notifies NOK/POA and checks whether any knowledge of whereabouts or of places resident is likely to go.
5. Village Nurses to be contacted to search local area

Resident is located within the facility / or whereabouts established:

1. Refer to Behaviour Management policy-118

Resident is not located

1. Nurse in Charge to notify police
2. Follow Police instructions
3. Notify Director of Nursing On Call
4. Notify the Department of Health on **1800 081 549**
5. Add to the Continuous Improvement Plan for operational and strategic review to avoid future reoccurrences

Note: The department must also be notified if the police return a resident and the facility was unaware that the resident was missing.

The Mandatory Reporting Register is to be completed.

RELATED POLICIES AND DOCUMENTS

<https://agedcare.health.gov.au/ensuring-quality/aged-care-quality-and-compliance/compulsory-reporting-for-approved-providers/unexplained-absences-report>

Residential Care Policies and Procedures

Policy No. 125
Subject: Care Planning
Effective Date: June 2018
Reviewed by Director of Nursing



PURPOSE

To ensure all residents have their care needs thoroughly assessed upon entry and at regular intervals according to best practice.

POLICY

All residents will have a care plan developed in consultation with the resident and/or their representative.

PROCEDURE

The Care Planning process occurs as per the following procedure:

- The **Admission Assessment** must be completed within 24 hours of admission. The **Admission Assessment** guides the delivery of care until the long term care plan is completed.
- The **Detailed Care Plan** is completed within 8 weeks of admission using the information gathered from the assessments, charts and consultation with residents/representatives.
- When changes in residents care requirements occur, then the relevant assessment is reviewed and updated as required.

Residential Care Policies and Procedures

Policy No. 130
Subject: Diabetes
Effective Date: June 2018
Reviewed by Director of Nursing



PURPOSE

To provide staff with information to manage residents with diabetes and to limit any adverse effects and complications from this disease.

POLICY

All residents with a diagnosis of diabetes will receive the appropriate monitoring of their BGL's and receive the correct and timely administration of medications prescribed to treat this disease.

PROCEDURE

Diabetes Management occurs as per the following procedure:

- The GP provides Reportable levels to guide management of residents with diabetes. This includes frequency of BGL, reportable ranges and appropriate actions.

RELATED POLICIES AND DOCUMENTS

- Medication Chart
- GP Reportable limits

Residential Care Policies and Procedures

Policy No.	132
Subject:	<u>Medical Care</u>
Effective Date:	June 2018
Reviewed by	Director of Nursing



PURPOSE

To ensure that the directives of the resident's chosen health care professional are carried out by Staff.

POLICY

Residents are encouraged to select their own Medical Practitioner. Some Medical Practitioners do not provide visiting services and arrangements should be made for residents to access their preferred Practitioner in these circumstances, at their cost.

PROCEDURE

- Residents are to receive appropriate medical care by a Doctor of their choice when needed.
- A medical assessment of the resident is to be undertaken as soon as practicable following admission.
- Residents are also able to visit their Doctor of choice outside the Facility. Relatives/Representatives may be required to accompany the resident. Home Care Services may be purchased if there is no relative able to assist with transportation. Staff can assist residents with making such arrangements.
- A record of assessment, diagnosis and treatments is to be readily available to enable other medical practitioners are able to treat the resident appropriately in emergency situations. It is recommended that doctors and allied healthcare providers write their progress notes and directives on the day of review and avoid providing notes at later date.
- Medical care is to be reviewed as required for ongoing assessment / adjustment of the treatment program and / or referral to appropriate specialists in accordance with any change in the resident's care needs.
- The treatment and medication prescribed by the medical practitioner is to be correctly administered.
- After hours medical service is to be called if necessary if the resident's own doctor is unavailable.
- Ambulance transfer to hospital for assessment may also be appropriate at times. If this occurs the next of kin / POA should be notified.
- Residents are enabled and encouraged to make informed choices about their care.

RELATED POLICIES AND DOCUMENTS

- 101 – Accidents / Incidents
- 125 – Assessment of Care Needs

Residential Care Policies and Procedures

Policy No. 147

Subject: **Call System**

Effective Date: June 2018

Reviewed by Director of Nursing



PURPOSE

To ensure staff have knowledge regarding the nurse call system so all residents have access and information related to the nurse call system.

POLICY

To ensure all residents have a reliable and accessible means of requesting assistance from staff.

PROCEDURE

Staff are to answer call bells promptly. Failure to answer a call bell in a reasonable period without reasonable explanation may result in disciplinary action.

1. Call buttons

A nurse call system is operating throughout the Lodge and Manor.

One is provided at each bedside and in the toilets, showers and throughout communal areas.

The personal carers in the Lodge and Manor are to carry pagers on their person at all times when on duty. When a resident presses their call bell, the number of the room appears on the pager and enunciator in the corridors and nurses station.

Regular preventative maintenance program ensures the batteries in the pagers are changed on a regular basis.

Failure or breakdowns of the nurse call system is an emergency maintenance request and urgent attention should be sought 24 hours a day. Failure to report a problem with the nurse call system will result in disciplinary action.

Residential Care Policies and Procedures

Policy No. 150

Subject: **Committees – Residents and Friends**

Effective Date: June 2018

Reviewed by Director of Nursing



PURPOSE

The purpose of this policy is to encourage Residents and their relatives or representatives to be involved in the decision making processes affecting the operation of our facility.

POLICY

To provide an avenue through which residents, and their relatives or representatives, can be involved in the decision making processes affecting the operation of our facility. They are to be encouraged to make contributions to their lifestyle either informally (at any time) or formally, by way of meetings or discussion groups.

This contribution also includes being involved in the decision making processes of the facility, which will facilitate the development of a consensus in relation to any proposed changes or dealing with shared concerns.

This participation is important for the residents' self-esteem and self-worth.

PROCEDURE

Residents and Relatives or Representatives

A gathering of residents and their representatives is held regularly.

Matters of interest are discussed.

Concerns and suggestions may also be shared at this meeting.

If problems or special requests are identified, appropriate action is taken and the evaluation or outcome assessed prior to or at the next meeting.

Residents and/or representatives (depending upon the situation) will personally be informed of the proposed action and outcome. This provides an avenue for further discussion.

Residential Care Policies and Procedures

Policy No.	151
Subject:	<u>Consent</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

Consent should be obtained to ensure residents have freedom of choice in the care and services that they receive.

POLICY

To ensure that residents are given options, have freedom of choice, and participate in decision making regarding services.

PROCEDURE

Consent may be

- implied
- given verbally
- given in writing

Consent is valid only if

- given voluntarily
- informed
- the person giving the consent has the legal capacity to do so.

Evidence of consent is always to be documented in the Residents' progress notes

Consent is to be sought

- Prior to any procedure being carried out
- Prior to any care being performed
- Prior to displaying residents name or photographs

Informed consent

- explanation of proposed treatment including inherent risks, benefits and alternatives,
- adequate time given for questioning by resident,
- the option to withdraw at any time.

- If a resident has an intellectual impairment, and is not able to comprehend the nature and consequences of the proposed treatment, the Legal Guardian may be called for consultation and consent.
- All Residents should be offered the standard Village Baxter Consent form upon admission and it should be updated from time to time as necessary.

RELATED POLICIES AND DOCUMENTS

- 114 – Resident's funds and petty cash
- 165 – Privacy & Dignity
- Consent Form

Residential Care Policies and Procedures



Policy No. 157

Subject: **Continuous Improvement / Quality**

Effective Date: September 2018

Developed by Director of Nursing

PURPOSE

1. To ensure systems and processes are monitored for compliance and areas of improvement.
2. To promote a culture of continuous improvement in the RACF and to ensure that industry best practice is implemented.
3. To ensure a Comments and Complaints system exists, with all stakeholders having access.

POLICY

All staff, residents, relatives, visitors, and other stakeholders are able to contribute to our quality program, which includes having access to a compliment, complaint and improvement system.

PROCEDURE

Quality System:

A number of feedback systems exist throughout the aged care facilities to ensure quality of service is monitored and to identify areas for improvement. Feedback systems include but not limited to:

1. CQIF – Continuous/Quality Improvement Form.
2. A scheduled auditing program
3. Incident reporting – review / recommendations / actions
4. Clinical indicators
5. Minutes of meetings
6. Surveys – Residents & Staff
7. Direct feedback received from staff, residents and representatives
8. External reviews – e.g. Government departments
9. Data collected from Education Evaluations
10. Media formats – Journals etc.

Where areas for improvement are identified, they are listed on a central register known as the CQIP (Continuous Quality Improvement Plan). The CQIP outlines activity, actions, progress and evaluation. Constant monitoring and updating of the CQIP is the responsibility of the organisation and ensures all areas of care and service are monitored for their contribution to the continuous improvement process.

Organisational developments and improvements are captured and monitored on the Continuous/Quality Improvement plan.

Results from the feedback system are provided (where applicable) back to the originator and are discussed at Resident, Staff and Clinical Governance meetings

Continuous/Quality Improvement Form (CQIF)

The CQIF system enables stakeholders to raise concerns and/or suggestions for the Village Baxter Residential Aged Care Facility.

All details are managed in a confidential way and originators of the CQIF can choose to remain anonymous – however this option will limit Village Baxter management to provide a feedback response.

CQIF's can be completed by residents, relatives, clients, staff, volunteers, visitors or contractors and/or staff on behalf of residents (with their permission).

A response will be provided via email, in person or electronic documentation system (note: the outcome of the concern/suggestion may not be finalised in some circumstances).

If the originator is not satisfied with the outcome; the following external organisations are available to raise concerns.

AGED CARE

Aged Care Complaints Commissioner

Telephone: 1800 550 552

Web: agedcarecomplaints.gov.au

AGED & COMMUNITY CARE

Elder Rights Advocacy

Level 4, 140 Queen Street

Melbourne VIC 3000

PH: (03) 9602 3066

1800 700 600 - free call in Victoria except from mobile phones

Fax: (03) 9602 3102

Email: era@era.asn.au

COMMUNITY CARE

Department of Health

Southern Metro Region

Home & Community Care

Level 5

165-169 Thomas Street

Dandenong 3175

Telephone: 8765 5444

Email: enquiries@dhhs.vic.gov.au

Resident Care Policies and Procedures



Policy No. 158

Subject: **Compulsory Reporting of Suspected Elder Abuse**

Effective Date: April 2018

Developed by Director of Nursing

PURPOSE

Background:

Compulsory reporting of assaults (relating to residents) is the responsibility of an approved provider under the [Aged Care Act 1997](#) (the Act). Approved providers must:

- Report to the police and the department incidents of alleged or suspected reportable assaults on residents within 24 hours of the allegation, or when the approved provider starts to suspect a reportable assault
- Take reasonable measures to ensure staff members report any suspicions or allegations of reportable assaults to the approved provider (or other authorised person), to the police and the department
- Take reasonable measures to protect the identity of any staff member who makes a report and protect them from victimisation.

Five key elements to Compulsory Reporting

- The Act requires that, except in very specific and sensitive circumstances, all approved providers of residential aged care must report all allegations or suspicions of reportable assaults.
- Reports must be made to both the police and the department within 24 hours of the allegation being made or the approved provider starting to suspect on reasonable grounds, that a reportable assault may have occurred.
- If a staff member makes a disclosure that qualifies for protection under the Act, the approved provider must protect the identity of the staff member and ensure that the staff member is not victimised.
- If an approved provider fails to meet compulsory reporting requirements the department may take compliance action.
- Compliance with compulsory reporting requirements is monitored by the [Australian Aged Care Quality Agency](#) (the Quality Agency).

What is a reportable assault?

A reportable assault as defined in the Act (section [63-1AA](#)) means:

- unlawful sexual contact with a resident of an aged care home, or
- unreasonable use of force on a resident of an aged care home.

This definition captures assaults ranging from deliberate and violent physical attacks to the use of physical force on a resident.

POLICY

Compulsory Reporting requirements will be reported as per Aged Care Act 1997 with the appropriate evidence surrounding each suspected or actual case maintained in central register onsite at Village Baxter.

PROCEDURE

1. Volunteers, contractors and Village staff

If a volunteer or any staff suspects or identifies that abuse is occurring they are responsible for:

- Providing for the immediate safety of the Resident / Client;
- Informing the Resident / Client of the need to talk to their supervisor;;
- Informing their supervisor immediately;
- Maintaining the confidentiality of the investigation and not discussing the allegations with other colleagues;
- Completing an incident report form.

2. Supervisors / Managers / Team Leaders

When a Supervisor/Manager/Contractor Site Manager receives reports from staff/volunteers they are responsible for:

- Immediate investigation of the circumstances of the alleged abuse;
- Completion of documentation and collection of other evidence to ensure that an accurate written record of the circumstances exists;
- Liaising with the Resident / Client to support their long term safety from abuse;
- Immediately informing the Director of Nursing or another senior staff member.

3. Director of Nursing / Senior staff member

- Ensuring that the reporting responsibilities are met;
- Liaison with Resident / Client / reporting staff member / volunteer / contractor;
- Within 24 hours of becoming aware that abuse or suspected abuse has occurred, reporting the incident to the police on 9784 5555 or 000 and to the Department of Health on **1800 081 549** or via electronic submission as per the Department Website. Note: Discretionary reporting may be applicable if the perpetrator is a co-resident with Cognitive or mental impairment or the circumstances are similar or previously reported incidents. Refer to Appendix 1
- In the absence of the Director of Nursing these responsibilities are delegated to another Senior Staff Member.
- All abuse or suspected abuse claims are to be documented on the central register held the Manor and Lodge

What if staff are involved in the abuse or suspected abuse?

Any circumstance where a staff member or volunteer is alleged to have committed an abusive act shall be investigated.

Staff suspected of abuse will be contacted and advised of the following:

- They will not have contact with residents/clients until a thorough investigation has occurred;
- They must not discuss the allegation with other Staff, Residents, Clients and maintain strict confidentiality;
- The allegation has been reported to police on 9784 5555 or 000 and the Department of Health and Ageing;
- They may be suspended from all duty during the investigation period;
- They will be informed of the details of the allegation made against them without disclosing the identity of the person making the complaint;
- They have the right of reply to the allegation; and
- They have the right to representation

The above actions are reflective of the Village Baxter's compliance with Commonwealth Laws in relation to Mandatory Reporting of abuse, a decision as to the allegation and whether abuse occurred will be made by the Village following the completion of the above process. The Village Baxter investigation and subsequent actions (if any) are independent of any police action that may occur as a result of the report. Further action may be taken by the Village Baxter at a later date if the Police investigation reveals additional details of the incident.

Managing staff reporting abuse

Any Staff Member / Volunteer or Contractor who suspects on reasonable grounds that a reportable assault has occurred must report the suspicion as soon as reasonably practicable prior to leaving the Village, to one or more of the following people, as chosen by the staff member:

- Director of Nursing / Manager / Supervisor;
- The General Manager, Executive Manager
- Human Resources Manager;

The Village will discourage vexatious or false reports;

The reporting of actual and suspected abuse by staff / volunteers and contractors is a very serious matter that may result in the Police taking action against person or persons involved and the termination of the alleged abusers employment.

Reports that are found to be vexatious (made just to cause trouble for someone) or false (deliberately untrue) will be investigated by the Village and may result in disciplinary action and termination of employment. The person who made the vexatious or false report may also be investigated by the Police.

False and vexatious reports are not made in good faith and the reporter in these instances is not protected under the Commonwealth Laws

The Village will protect staff who report allegations.

In summary, the staff member who makes a protected disclosure is:

- protected from any civil or criminal liability for making the disclosure (unless the staff member is reporting themselves).
- protected from breaching confidentiality and privacy obligations if the report is made to one of the persons or organisations outlined above.
- protected from victimisation. Staff who cause detriment (by act or omission) to another Staff member because the other staff member reports (or may report) abuse or suspected abuse shall be investigated and disciplinary action or termination of employment may result.

Types of disclosures that are protected are, in summary:

- The reporter is an approved provider of residential care, or a staff member / volunteer or contractor of the approved provider.
- The disclosure is made to:
 - a Police Officer;
 - The Department of Health and Ageing
 - Persons identified in the Village Baxter policy above; and
- The reporter informs the person to whom the disclosure is made of the discloser's name before making the disclosure; and
- The reporter has reasonable grounds to suspect that the information indicates that a reportable assault has occurred; and
- The reporter makes the disclosure in good faith.

Appendix 1:

When is an approved provider not required to report alleged or suspected assaults

In [limited circumstances](#) approved providers are not required to report alleged or suspected assaults. Approved providers so not need to report when:

- Alleged assault is perpetrated by a resident with an assessed cognitive or mental impairment, and
- Subsequent reports of the same or similar incident have been made.

These limited circumstances do not prevent an approved provider from reporting an assault to the police or the department.

- Cognitive impairment refers to declining ability in judgement, memory, learning, comprehension, reasoning and/or problem solving and can result from a number of conditions, including dementia, delirium and/or depression.
- Mental impairment includes senility, intellectual disability, mental illness, brain damage, and severe personality disorder.

Assaults perpetrated by a resident with cognitive or mental impairment

For the requirement to report alleged or suspected assaults to not apply, the approved provider is required to meet the following conditions that are detailed in the [Accountability Principles 2014](#):

- within 24 hours of receiving an allegation or the start of the suspicion, the approved provider forms an opinion that the assault was committed by a resident, and
- prior to the receipt of the allegation, the resident has been assessed by an appropriate health professional as suffering from a cognitive or mental impairment, and
- the approved provider puts in place, within 24 hours of receiving the allegation of an assault, or of suspecting an assault has occurred, arrangements for management of the resident's behaviour, and
- the approved provider has:
 - a copy of the assessment (or other documents) regarding the resident's cognitive or mental impairment, and
 - a record of the behaviour management strategies that have been put in place under paragraph (c) above.

The Accreditation Standards require providers to effectively manage the needs of care recipients with challenging behaviours.

Appropriate assessment of cognitive and mental impairment

- To meet the requirements of the Act, an assessment of a resident's cognitive or mental impairment could be undertaken by one of more of the following:
 - a resident's medical practitioner
 - geriatrician
 - a registered nurse (RN)
 - another medical practitioner with the appropriate clinical expertise.

It is important to note also that an assessment may have been undertaken in a community or hospital setting.

Appendix 2:

Compulsory Reporting Flow Chart

<https://agedcare.health.gov.au/reportable-assault-flowchart-for-residential-aged-care>

Residential Care Policies and Procedures

Policy No.	162
Subject:	<u>Homelike Environment</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

The Village is the home of the Residents that reside within it. Staff are invited guests and must respect the residents right to live in warm, homely environment.

POLICY

To provide for continuity of care for residents and to ensure maximum health for residents and staff Residents are encouraged to furnish their units with their own belongings but are encouraged not to overcrowd their unit for safety reasons

PROCEDURE

- All clothing items should be labelled to guard against loss.
- Accommodation is offered to Residents on a permanent basis (see Accommodation).
- Animals are welcome to visit. Animals must be on a leash when in communal areas and are not permitted in the Kitchen and dining room.
- Staff are to be mindful of noise levels in the residents' common rooms (e.g. from sound systems / TV) and to keep these at an acceptable level.
- Seating arrangements which reflect each resident's preferences are to be provided wherever possible to enable residents to undertake individual and social activities.
- No responsibility is taken by the Company for routine maintenance of resident's property.
- Residents and their visitors are welcome to use indoor and outdoor areas freely. A barbecue is available for "family' gatherings.
- 'Family' meals may also be arranged. To assist with catering, advance notice is required and payment required.
- Visitors are free to help themselves to tea and coffee making facilities / request staff's assistance.

Residential Care Policies and Procedures

Policy No.	163
Subject:	<u>Diversity</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

To ensure that provision is made for residents with differing cultural customs:

POLICY

The Village recognises and respects the cultural preferences and needs of all of our residents.

PROCEDURE

- Following admission, the diverse needs of our residents are identified and documented on the Lifestyle Assessment and Care Plans. Care is directed towards meeting these needs and preferences.
- Our resident's personal customs in relation to health care are always respected. This includes respect for their values and differing beliefs.
- Support and assistance to practice their life choices and customs, is always given to our residents.
- Ministers of religion visit regularly and are contacted as requested.
- Care of the dying is also provided according to life choices and customs. Residents are encouraged to bring familiar objects with them to the Facility, and are encouraged to decorate their surroundings according to their traditional style.
- Encouragement is given and provision made for residents to socialise with members of their community both in and outside the Facility.
- Care is also designed to meet the life choices and customs of all residents.
- In-service education is provided (as required) to staff to create an increased awareness of resident diversity.

RELATED POLICIES AND DOCUMENTS

<https://agedcare.health.gov.au/support-services/my-aged-care/lgbti-ageing-and-aged-care-resources>

<http://www.culturaldiversity.com.au/service-providers/multilingual-resources/communication-cards>

<https://agedcare.health.gov.au/older-people-their-families-and-carers/people-from-diverse-backgrounds>

Residential Care Policies and Procedures

Policy No.	165
Subject:	<u>Privacy and Dignity</u>
Effective Date:	June 2018
Developed by	Director of Nursing



PURPOSE

To ensure privacy and dignity for all residents is maintained and they have control over their environment

POLICY

The Village is home for the Residents who live within the Village Community, Staff are guests. At all times staff must show respect for Residents and never treat a Resident's home as a clinical institution.

PROCEDURE

- The residents personal property is their own and staff and other residents are **not** free to use it unless invited to do so.
- Privacy **must** be given to each resident when undertaking personal activities eg. bathing, toileting and dressing.
- Residents are to be allowed privacy when speaking with visitors and during phone conversations. Mail is not to be opened or read by staff unless the resident requests or requires assistance.
- All information relating to residents is to be treated confidentially.
- The environment within the Facility is to be free from undue noise. Residents may be asked to use earphones if their sound equipment is too loud.
- Residents are to be well groomed and dressed appropriately for the time of day and privacy and dignity maintained.
- Where a resident has chosen to return to their unit and close their door, this choice must be respected.
- Residents have the right to request not to be cared for by a particular staff member.
- Assessment and medical procedures should always be undertaken in private and never in an area in view of other residents and visitors.
- Staff and contract staff must always knock and wait to be invited into a resident's room (unless an emergency situation exists).
- Staff and contract staff are not to discuss the health and wellbeing of residents in front of other residents or in communal areas.
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- Staff and contract staff must always address a resident by their preferred name and never use terms such as 'darling', 'love', 'sweetie', 'buddy' etc..
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- Staff should ensure that items such as medical equipment, health information posters, trolleys, linen skips etc. are all placed or kept discreetly and not as features in main living and dining areas.
- Resident's medical history, progress notes and other documents identifying residents and/or medical concerns are to be stored in the Nurses Station and area locked if not supervised.

Residential Care Policies and Procedures

Policy No. 167

Subject: **Resident Alcohol Consumption**

Effective Date: June 2018

Developed by Director of Nursing



PURPOSE

To ensure residents living in the Aged Care facilities have freedom of choice to consume alcohol in their own unit / suite or common areas of the facility and to protect the safety of other residents, staff and volunteers.

POLICY

Residents have the right to consume alcohol, however they are asked to discuss possible interaction with medications with their doctor.

Residents are able to keep alcohol in their own refrigerator or cupboard.

It is expected that alcohol consumption will not compromise the consumer's safety or the safety of others. Excessive consumption that presents a danger to others or to property may be in breach of the lease agreement. In these circumstances steps will be taken to liaise with the Resident and family to reduce the risks to others.

Residents are expected to conduct themselves in a manner in keeping with the values and standards of the Village community.

PROCEDURE

Residents who consume socially disruptive amounts of alcohol will be counselled by the Supervisor / Manager / LMO / Chaplain.

Residents who book a common area of the Grant Centre, Manor or Lodge for a function may consume alcohol within these areas.

Staff are not to supply alcohol to residents.

Staff may as part of their duties purchase grocery items (including alcohol) on behalf of residents using resident funding as requested at the time by the resident unless an issue has occurred (refer above and to Charter of Care Recipients' Rights and Responsibilities)

RELATED POLICIES AND DOCUMENTS

- Charter of Care Recipients' Rights and Responsibilities
- 125 – Care Planning
- 151 – Consent
- 132 – Medical Care
- 118 – Behaviour Management

Residential Care Policies and Procedures

Policy No. 172

Subject: **Restraint**

Effective Date: June 2018

Developed by Director of Nursing



PURPOSE

To ensure all care is person centred and the facility has a restraint free approach

POLICY

To ensure that restraint is used in exceptional circumstances only, once all other interventions and strategies have been reviewed

PROCEDURE

When a restraint free approach is unable to be achieved, refer to the following link

<https://agedcare.health.gov.au/ensuring-quality/quality-indicators/residential-aged-care-quality-indicators>