

Table of Contents

Consumer Dignity and Choice	2
Assessment, Care, and Service Planning.....	4
Personal and Clinical Care.....	6
Services and Supports for Daily Living	9

Policy Number: 610	
Title: Consumer Dignity and Choice	
Owner: Community Services Manager	
Review Date: July 2019	Policy Risk Rating: Low

1. PURPOSE

To ensure consumers:

- Are treated with dignity and respect
- Maintain their identity, culture and diversity
- Experience cultural safety
- Make informed choices about care and services
- Are supported to live the life they choose

2. POLICY

2.1. No two consumers' lived experiences are the same. Village Baxter provides care and services that value the social, cultural, language, religious, spiritual and psychological diversity of our consumers.

3. PROCEDURE

3.1. All consumers are provided with a copy of the Aged Care Quality and Safety Commission Charter of Rights (available in a number of languages).

3.1.1. Consumers are encouraged to sign the charter thereby acknowledging that they have received information about their rights in relation to the service and their rights under the charter.

3.1.2. If the consumer declines to sign, the date on which they were encouraged to sign is recorded.

3.1.3. A copy is retained in the consumer file, and the original provided to the consumer.

3.2. The Village Baxter maintains a diversity action plan (318A-1) which is regularly reviewed by the Community Care Manager and addresses the following outcomes:

3.2.1. Respectful and Inclusive Services

3.2.2. Adopting systemic approaches to planning and implementation

3.2.3. Making Informed Choices

3.2.4. Meeting the Needs of the Most Vulnerable

- 3.3. Consumers are provided with a mechanism by which to report disrespectful care or discrimination. (306 – Suggestions, Comments and Complaints).
- 3.4. All assessment, care and service planning/provision is conducted in partnership with consumers (and their appointed delegate/s). Consumers have the right to choose services in accordance with their individual needs, goals and preferences.

4. RELATED POLICIES AND DOCUMENTS

- 318 Diversity Policy
- 318A-1 Diversity Action Plan
- 306 Suggestions, Comments and Complaints
- 473 Employee Conduct
- Link: [Aged Care Diversity Framework](#)
- Link: [Aged Care Quality and Safety Commission Charter of Rights](#)

Policy Number: 620	
Title: Assessment, Care, and Service Planning	
Owner: Community Services Manager	
Review Date: July 2019	Policy Risk Rating: Low

1. PURPOSE

To ensure initial and ongoing assessment and planning for care and services in completed in partnership with the consumer in accordance with their needs, goals and preferences.

2. POLICY

- 2.1. The Assessment and Planning Process will identify the following:
 - 2.1.1. Risks to health and well-being
 - 2.1.2. Current needs, goals and preferences
 - 2.1.3. Advanced care planning and end of life planning (if desired by the consumer)
- 2.2. Assessment and Planning is undertaken collaboratively:
 - 2.2.1. In partnership with the consumer
 - 2.2.2. Any parties that the consumer wishes to have involved
 - 2.2.3. Other service and care providers
- 2.3. Outcomes of assessment and planning are:
 - 2.3.1. Documented in a care and services plan that is available to the consumer
 - 2.3.2. Communicated to the consumer in a way that the consumer is able to understand
- 2.4. All care and services are reviewed regularly to ensure they are still appropriate to meet the needs of the consumer. Care and Service reviews will occur:
 - 2.4.1. At least six monthly
 - 2.4.2. When the needs, goals and preferences of the consumer change, or,
 - 2.4.3. A frequency otherwise negotiated with the consumer

3. PROCEDURE

- 3.1. Support plan and other documentation is reviewed by the case manager and a registered nurse to identify needs and risks.
- 3.2. The case manager is to identify:
 - 3.2.1. How consumer needs are being met before commencement of service provision by BVB
 - 3.2.2. How consumer needs will be met by BVB Staff
 - 3.2.3. Which needs will be referred to other services
 - 3.2.4. If advanced care planning and end of life wishes have been established.

3.3. The case manager meets with the consumer:

- 3.3.1. Discuss care needs identified by the case manager and registered nurse.
- 3.3.2. Ask the consumer about other needs that may not have been identified in the support plan.
- 3.3.3. If advanced care planning and end of life wishes have not been established, ask the consumer if they wish to establish them. If the consumer declines this must be documented by the case manager.

3.4. Complete an assessment of each need and document same.

3.5. Complete the Care / Service Plan

3.6. Ascertain agreement to plan, including how BVB ensures safe and effective care for the areas of need that are being met by others.

3.7. Set a review date.

4. AUDIT OF ASSESSMENT CARE AND SERVICE PLANNING

- 4.1. To evidence adherence to assessment, care and service planning for consumers, an internal audit will be conducted at least annually.
- 4.2. Additional audits may be conducted if the need is indicated.

5. RELATED POLICIES AND DOCUMENTS

- 621 – Assessment, Care and Service Planning Audit Tool

Policy Number: 630	
Title: Personal and Clinical Care	
Owner: Community Services Manager	
Review Date: July 2019	Policy Risk Rating: Low

1. PURPOSE

To ensure the provision of personal and clinical care that is safe and right for the consumer.

2. POLICY

Village Baxter delivers personal and/or clinical care that is in accordance with the consumer's needs, goals and preferences. Care is:

- 2.1. In alignment with evidence-based best practice
- 2.2. Optimises health and well-being – recognising that holistic care provision includes physical, mental, spiritual, emotional, social and cultural aspects.
- 2.3. Tailored to the needs of the consumer
 - 2.3.1. End of life needs are addressed where necessary, and comfort and dignity preserved.
 - 2.3.2. Mental health, cognition and physical changes are recognised and responded to.
- 2.4. Information about the condition, needs and preferences of the consumer is documented and accessible for those who care for the consumer. Information is provided to other organisations where care responsibilities are shared.
- 2.5. Referrals to other individuals or providers are timely and appropriate.
- 2.6. Risk of infection is minimised through utilisation of standard precautions and implementation of evidence-based infection control practices.

3. PROCEDURE

- 3.1. Best practice guidance and information is obtained from a number of robust sources. The Village Baxter consistently utilises the [Victorian Department of Health](#) and the [Better Health Channel](#) websites to ensure currency of practice and information.
- 3.2. Care is developed in partnership with the consumer in accordance with their needs, goals and preferences, as outlined in policy 620 – Assessment, Care and Service Planning.
- 3.3. The Village Baxter provides care that optimises health and wellbeing by aligning with the Eden Alternative Principles and the Essential Principles of a Wellness Approach. (See items 4 and 5. See also policy 610 – Consumer Dignity and Choice.)
- 3.4. Information management is handled in accordance with policy 319 – Health Data Security and policy 305 – Australian Privacy Principles Privacy Policy.

- 3.5. Referrals are made after consideration of the consumer needs, goals and preferences at the commencement of service provision, and are reconsidered at care plan review. Timely referrals are also prompted as consumer needs and circumstances change.
- 3.6. The Village Baxter manages risk of infection and infection control as documented in the Infection Control Policy Suite (Policies 200-299).

4. THE EDEN ALTERNATIVE PRINCIPLES

- 4.1. The three plagues of loneliness, helplessness and boredom account for the bulk of suffering among our Elders.
- 4.2. An Elder-centered community commits to creating a Human Habitat where life revolves around close and continuing contact with plants, animals and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.
- 4.3. Loving companionship is the antidote to loneliness. Elders deserve easy access to human and animal companionship.
- 4.4. An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.
- 4.5. An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place.
- 4.6. This is the antidote to boredom.
- 4.7. Meaningless activity corrodes the human spirit. The opportunity to do things that we find meaningful is essential to human health.
- 4.8. Medical treatment should be the servant of genuine human caring, never its master.
- 4.9. An Elder-centered community honours its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.
- 4.10. Creating an Elder-centered community is a never-ending process. Human growth must never be separated from human life.
- 4.11. Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.

5. THE ESSENTIAL PRINCIPLES OF A WELLNESS APPROACH

- 5.1. Independence is highly valued by people and its loss can have a devastating effect

- 5.2. Maintaining a person's independence should be more than providing a service to help them remain at home. It needs to go beyond maintaining clients at their current capacity but actively work with the client to achieve improved outcomes.
- 5.3. Independence is not limited to physical functioning but extends to social and psychological functioning.
- 5.4. People want to retain their autonomy and build capacity, which in turn has a positive impact on their self-esteem and ability to manage day to day life. Being an active citizen, more than a recipient of services, is an important part of being healthy.
- 5.5. Assessment cannot be defined by a one-off assessment but requires monitoring over a period of time.
- 5.6. Includes outcome focused / set goals.
- 5.7. Assesses the appropriateness of ongoing services.
- 5.8. Identifies a person's abilities up front, and doesn't focus only on their difficulties
- 5.9. Service seen as regaining/retaining skills, not creating dependencies
- 5.10. Involves working in a manner that assists but doesn't take over tasks that a person can do for themselves i.e. helps people 'to do', rather than 'doing to or for' people
- 5.11. Ensures success by supporting an individual to start with what they can do and then gradually extend themselves
- 5.12. Challenges service users to reach their potential
- 5.13. Recognises that independence will be promoted by the way staff behave towards a person and the attributes they portray;
- 5.14. Involves a mindset change
- 5.15. Ensures that every opportunity to promote a person's highest level of involvement in daily activities is sustained

6. RELATED POLICIES AND DOCUMENTS

- Link: [Victorian Department of Health](#)
- Link: [Better Health Channel](#)
- 610 – Consumer Dignity and Choice
- 620 – Assessment, Care and Service Planning
- 319 – Health Data Security and policy
- 305 – Australian Privacy Principles Privacy Policy
- 200-299 - Infection Control Policy Suite

Policy Number: 640	
Title: Services and Supports for Daily Living	
Owner: Community Services Manager	
Review Date: August 2019	Policy Risk Rating: Low

1. POLICY

- 1.1. Village Baxter provides services and supports for daily living that are safe and effective; determined by the consumer's goals, needs and preferences; and optimise independence, health, wellbeing and quality of life.
- 1.2. Consumers are assisted to participate in their community, have social and personal relationships and do things of interest to them.

2. PROCEDURE

All consumers are assessed by their care manager who will:

- 2.1. Establish and document the goals, needs and preferences of the consumer in the care / service plan.
- 2.2. Identify and deploy services and supports for daily living to assist each consumer to:
 - 2.2.1. Participate in their community
 - 2.2.2. Have social and personal relationships
 - 2.2.3. Do things of interest to them
- 2.3. Provide timely and appropriate onward referrals for consumers where Village Baxter is not able to be the direct provider of a support or service. All consumer referral information is communicated in alignment with the Australian Privacy Principles and the associated Village Baxter Policies.

3. MEAL PROVISION

- 3.1. Consumers who wish to receive a meal delivery service have a variety of service providers to choose from.
 - 3.1.1. Consumers residing in the Village Baxter Independent Living Units may receive meals prepared in a commercial kitchen onsite by a third party provider with whom a service agreement is in place.
 - 3.1.2. The provider ensures variety in meal offerings, and the menu is adjusted seasonally. New menus are distributed to the Community Care Manager, and Consumers upon release.
 - 3.1.3. Feedback on meal presentation, quality and quantity is welcomed via our feedback channels in alignment with the Village Baxter Policy 306. Service improvement

forms for written feedback are provided with the Village Baxter Community Care Information Pack.

3.1.4. To ensure delivered meals are fresh and remain at a safe temperature they must be received by a resident upon delivery. Meals not able to be accepted personally by a resident will be returned to the kitchen.

3.1.5. Consumers living in The Village Baxter are not obligated to use the Baxter Village Meal Delivery Service and may choose an alternate provider.

3.2. For people receiving a meal delivery service who do not reside in the Village Baxter Retirement Village, meal delivery is outsourced to an alternate provider chosen by the consumer.

4. EQUIPMENT PROVISION

4.1. Consumers with an identified need for aids and / or equipment are referred to local suppliers who can assist them to find the appropriate product to meet their need.

4.2. Where necessary, the supplier provides training to the consumer, carers and other interested parties to ensure that it is operated, cleaned and maintained in alignment with manufacturers' instructions.

4.3. The equipment supplier is consulted if the equipment is found to be faulty or damaged.

4.4. Where further assessments or more complex interventions are required, the consumer is referred to an appropriately qualified allied health professional to ensure equipment is fit for purpose.

5. RELATED POLICIES AND DOCUMENTS

- Policy 319 – Health Data Security
- Policy 305 – Australian Privacy Principles Privacy Policy
- Policy 306 – Suggestions, Comments and Complaints