

Village Baxter

Community Care Program Policies

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To submit suggestions for change, amendments or inclusions to this policy manual, please provide your feedback directly to the Manager Responsible for reviewing and updating the policy manual.

**For this Manual the responsible manager is
Community Services Manager
Email address: kimmale@villagebaxter.com**

Village Baxter : Community Care Program Policy Manual

Policy Number: 610

Title: 610 Consumer Dignity and Choice

Owner: Community Services Manager

Review Date: January 2022

**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](#)

Village Baxter : Community Care Program Policy Manual

Policy Number: 611

Title: 611 Client Information Access and Correction

Owner: Community Services Manager

Review Date: January 2022

**Policy Risk
Rating:**

Medium

1. PURPOSE

We recognise that consumers or their authorised representatives have the right to access to their own information and the right to seek correction.

2. POLICY

Consumers and Authorised Representatives will have access to their own information and the right to seek correction. Consumers will be informed of this right:

- When we seek consumer consent to collect information
- During orientation

3. PROCEDURE

Access

If the consumer, or their authorised representatives, wants to access their personal information they will have to complete a 'Consumer Access to Information form.

Where an authorised representative is nominated proof of this authority must be sighted and copied. Also proof of identification must be provided.

Where possible, access will be provided in the form requested by the consumer. This could be to view documents, receive copies or to have information explained verbally. If a consumer specifically requests a copy of the original record, this will be provided.

We will provide a summary of the information if it is practicable to do so and we believe this may be helpful to the consumer, and the consumer wants the information in this format.

When access is sought we will provide the individual with the opportunity to discuss their health information.

In some circumstances a request for access to information may be denied. These circumstances include when:

- Granting access would pose a serious threat to the life or health of the individual.
- The information was given in confidence by another person, unless that other person consents.
- Denying access is required or authorised by law or where legal privilege applies. Granting access would prejudice law enforcement.

Access would only be denied to those parts of the health record that concern the above circumstances. In circumstances where access is denied a written decision to the consumer, outlining the grounds for any refusal of access will be provided to the consumer.

Correction

Individuals seeking access to their information will be advised that they have a right to correct it. If a correction is made that incorrect information will not be deleted from the file.

The correct information should be attached to the existing file. A correction may be refused where there is lack of supporting evidence for the correction. If this is the case, the person has the right to request an attachment to their record, stating their correction request and the refusal.

When a correction has been made, the organisation will take all reasonable steps to inform all other organisations or individuals to whom the information has been disclosed. A consumer who is not satisfied with the decision may complain to the Aged Care Complaints Commissioner.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 612

Title: 612 Client Contribution

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

Village Baxter Home Care Packages and Daycentre will ensure that it operates in accordance with the Quality of Care Principles which reinforce fairness, transparency and consistency in the collection of fees.

Village Baxter Home Care Packages and Daycentre intend to improve the sustainability of the organisation and have the resources to expand and continually improve our service.

2. POLICY

General Principles

- All clients will be asked to contribute to the cost of their service (unless they indicate they are undergoing hardship) and will be charged fees in accordance with those advised by the Department including any means tested fees.
- The full cost of service will be charged if clients are receiving or have received compensation payments intended to cover the cost of community services
- Those who are not eligible for a subsidised service (for example, those under the age of 65 years) will be charged at a higher rate determined by the individual service
- A record of client contributions will be maintained and reported to the Australian Government as per funding contract requirements.

Hardship Provision

- Clients who are undergoing hardship may request a meeting in person with the Coordinator to negotiate the client contribution
- Where a client is considered to be undergoing hardship they may be asked to pay a minimum contribution or have their contribution waived
- Any variation or reduction in fees will be noted on the Client Management System or data collection system
- The client will be referred to relevant agencies for assistance with financial management/counselling (with consent)
- A meeting will be held with the client after a two month period to review the client contribution and the client's hardship status
- If able, the client will continue to contribute to the cost of a service from this meeting onwards.

3. PROCEDURE

- Fees will be charged monthly and payment via direct debit is preferred.
- Clients have the option of paying by account, this will be provided on a monthly basis, and are payable to Village Baxter.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 612

Title: 612 Community Care Individual Advocacy Policy Statement

Owner: Community Care Manager

Review Date: January 2022

Risk Rating: Low

1. PURPOSE

Village Baxter recognises and supports a consumer's right to use an advocate when dealing with our organisation or with other organisations. Whenever possible, we will facilitate consumer access to an advocate should a consumer wish us to do so. This policy outlines how we advocate for Community Care Clients

Advocate –a Definition: An advocate is a person who supports a consumer to protect and promote their rights and interests. An advocate can, with the consumer's permission, negotiate on a consumer's behalf or support the consumer to negotiate for themselves. An advocate's role is not to mediate or arbitrate between organisation and consumer. An advocate is an important resource for a consumer in situations where a consumer feels confused, overwhelmed, intimidated or under- confident. An advocate can be a family member, friend or an outside organisation

2. POLICY

We will ensure consumers understand the role of an advocate as well as their right to use an advocate in relation to our organisation. The consumer will be informed, both verbally and in writing (*Consumer Advocacy Information*), about their right to use an advocate and the role of an advocate when the consumer is:

- Assessed and reassessed for services
- Orientated to the program
- Refused service

Or if:

- They wish to make a complaint about the service
- A staff member believes an Advocate may be beneficial to the consumer

Staff members within our organisation will not become a consumer's advocate in relation to our own organisation.

3. PROCEDURE

If a consumer wishes to use an advocate, the advocates name and contact details will be documented in the consumers *Care Plan Information*. If a consumer wishes to change their advocate or no longer use their advocate the advocate's details will be amended on the Client Care Plan. We will check that advocate details are still current when we conduct a reassessment.

We will not disclose any information about the consumer to an advocate, when the consumer is not present, unless we have the consumers express permission to do so. If a consumer wishes us to disclose information to an advocate they will be required to complete an Advocate Information Disclosure / Consent form.

If an authorised representative is acting on behalf of the consumer, we will require proof of representative authority.

Authorised representatives include:

- Guardians
- Attorneys under enduring powers of attorney
- Agents under the *Medical Treatment Act 1998*
- Administrators under the *Guardianship and Administration Act 1986*
- A person otherwise empowered by the consumer to act or make a decision in the best interest of the person

Proof of the representative authority will be sighted and a copy of that document placed in the consumers file. Proof of authority includes Guardianship or Administration Order or Enduring/Medical Power of Attorney.

Advocates for Consumers with Dementia.

Where it is identified that a consumer with dementia (early signs or advanced) requires the services of someone in the role of advocate, we will discuss the matter with the consumer, where appropriate, or with the carer. Information will be provided to the consumer/carer about the role of advocate, the differences between known person and professional organisation acting as advocate and legal options available through the office of the Public Advocate. The Consumer/carer will be provided with assistance to access these services if required and will be encouraged to seek further information about the implications of taking on this responsibility.

Where it is identified that a consumer with dementia is in conflict with the carer or appointed/nominated advocate, we will make a referral to the Office of Public Advocate to address the issue and encourage the involvement of an advocate from an appropriate advocacy service to help resolve the issue.

4. RELATED POLICIES AND DOCUMENTS

- List here

Policy Number: 613

Title: 613 Client and Carer Conflict Resolution

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

There may be times when conflict may occur between Clients and their carers in regard to the services provided by the Village Baxter. This policy is designed to clarify the role of the in assisting in resolving the conflict.

2. POLICY

Where conflict exists between a Client and his / her carer in relation to the services provided by the Village Baxter, staff will attempt to assist in the amicable resolution of the issue, always seeking to ensure the best interests of the client and carer are the focus of any outcome.

3. PROCEDURE

Where Village Baxter staff become aware of conflict between client and carer, they:

- 1) Will contact both the client and carer and offer the assistance of the Staff in resolving the conflict.
- 2) Where the offer of assistance is accepted the client and carer will be invited to a meeting with a Staff member to discuss the issue and attempt resolution.
- 3) If the issue is resolved the staff will record the date of the meeting and the agreed resolution in the clients file.
- 4) If the issue is not resolved, staff may suggest another meeting be held to discuss the issue.
- 5) Should resolution still not be achieved, the Staff will recommend that the matter be referred to an appropriate third party, such as the Office of the Public Advocate.
- 6) The agreed resolution of the issue will be accepted by the Village Baxter provided that the agreed resolution poses no risk to the health and wellbeing of staff and clients, nor breach any duty of care to any party.

Note: The Village Baxter respects the right of both the client and the carer to refuse the offer of assistance in resolving the issue.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 620

Title: 620 Assessment, Care, and Service Planning

Owner: Community Services Manager

Review Date: January 2022

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

Policy Statement

Once consumers have been screened against the eligibility criteria, they are then assessed and prioritised for services. Assessments will happen within 2 weeks of Initial contact for Social Support and as soon as possible for a Homecare Package. Assessments undertaken are limited and restricted to the data collected with the M.A.C Support Plan, the Social Support Specific Assessment tool or the CDC Homecare Assessment tool.

Consumers and carers are informed about the assessment process, and its purpose and outcomes. Assessments will be conducted in the consumers preferred language wherever possible. All assessments will be consumer centred, where a consumer's preferences and perspectives are valued and respected. All consumers undergoing assessment will be informed about other relevant services, both within and outside our organisation, and referred to these services if the consumer wishes.

Before seeking a consumer's consent to collect the information required for assessment we will inform the consumer about:

- What kind of information we wish to collect and our purposes for collecting such information
- Their rights to privacy and confidentiality
- Their right to refuse to give personal information and the consequences of such a refusal
- Their right to access their personal information
- Their right to complain if they think their health information has been collected used or stored inappropriately.

Consumers Assessed as Eligible for Homecare Package

Day Centre Coordinator or Case Manager will proceed in consultation with consumer to create a Care Plan, Budget, Initial Service Plan and Homecare Agreement.

Ensure consumers have been provided with all relevant program information including rights and responsibilities.

Consumer to be notified of all information regarding commencement of service provision in a timely manner.

Consumers Assessed as Eligible for Daycentre

If, after assessment, a consumer still meets the eligibility criteria and wishes to participate in the program they will be, depending on places available, either offered a place in the program or they will be offered a place on the waiting list where they will be prioritised for service.

Consumers offered a place in the program will be sent/ given an offer letter and information about the program. Once the consumer has been deemed eligible and their needs have been assessed, the consumer will be matched to the appropriate group. In the first instance this will be determined by whether the consumer has low or high level support needs, and matching them to the appropriate group. Secondary considerations involve balancing the needs of the new consumer and the needs of the consumers of the established group. If there is no vacancy in a suitable group, either the consumer is referred to another service or is placed on the waiting list.

Duration of Service

The duration of these services being provided will be available as long as the consumer meets our Eligibility Criteria

All new consumers will be orientated to the service through an orientation session.

Consumers offered a place on the Social Support waiting list will be offered this place both verbally and in writing and will be given information on the waiting list.

Eligible consumers who chose not to take up either a place on the Social Support waiting list or a place in the program will be sent a letter acknowledging their choice and explaining how they can gain access to services in the future.

Consumers Assessed as Ineligible

If after assessment, the organisation decides a consumer is assessed as ineligible for service they will be notified of their ineligibility, both verbally and in writing, given information on how to appeal the organisation's decision if they choose to do so. and given information on how and under what conditions they can apply for services in the future.

Review of Services

As consumer's needs may change over time, assessments should be regularly reviewed and updated, with appropriate changes incorporated in the client care and activity plans. Twelve monthly reviews will be conducted, however assessments and plans reviewed and updated when required as consumer's needs change and therefore eligibility will need to be reviewed as well.

All consumers will be informed as to when their reviews are due.

At reassessment all information previously collected with the Social Support Specific Assessment tool or the CDC Homecare Assessment tool will be reviewed and the relevant Re-assessment form will be completed.

Reassessment will also be used as an opportunity to remind about:

- Their rights and responsibilities
- How to make a complaint/use an advocate
- Rights in relation to privacy and confidentiality
- Eligibility criteria
- The need for assessment/ reviews

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, Day Centre Coordinator and where required, 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 Village Baxter
 - 3.2.2. How consumer needs will be met by 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 Day Centre Coordinator or Case Manager meets with the consumer:
 - 3.3.1. Discuss care needs identified by the Day Centre Coordinator or Case Manager and if appropriate. 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 Village Baxter 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: 621	
Title: 621 Client Care Plans	
Owner: Community Services Manager	
Review Date: January 2022	Policy Risk Rating: Medium

1. PURPOSE

To ensure that service expectations are made clear to all parties and Care plans and goals / objectives are developed in consultation with the consumer, and if appropriate the carer and family.

2. POLICY

A care plan is developed for all consumers when they commence the service. The care plan will include vital information about the consumer and specify the objectives we are trying to achieve for the consumer through the service.

The care plan will be:

- Care plans will be developed in consultation with consumer/carers
- Monitored to see that the right steps are being taken to achieve the objectives
- Reviewed to assess whether the objectives are still relevant and achievable
- Evaluated, every 12 months, to assess whether objectives have been achieved and/or should be modified

3. PROCEDURE

Care Plans should include the following information:

- - Consumer Name
- - Date care plan started
- - Review date
- - Personal Care requirements

Care Plans specify:

- Objectives to be achieved through the care plan (e.g. maintenance of independent living skills; commencement of gentle exercise) and
- The process for monitoring the care plan

Care plan objectives are developed in consultation with the consumer, and if appropriate the carer and family.

Care plans are 'living documents' and should be regularly reviewed and updated.

They should reflect the consumers' current health status and circumstances.

Relationships with the consumer are developed over time, and successful (and unsuccessful) strategies for working with the consumer should be recorded as the relationship and your knowledge of the consumer builds. This is particularly the case for example, for consumers with dementia, however it will also apply to other consumers.

Case Managers and Day Centre Coordinators have responsibility to to:

- Prepare and update care plans in collaboration with the Client
- Brief all staff and volunteers on any changes to plan
- Maintain consumer confidentiality
- Manage consumer records
- Review and evaluate the care plans
- Copy of plan to be given to client/carers within 2 weeks unless deemed inappropriate. If plan not given, the rationale for this decision must be documented in the consumers file.
- If consumer declines offer of plan, document in consumer file.

Direct Care Workers have responsibility to:

- Implement strategies in the care plans
- Plan activities for consumers which are consistent with the aim of the plan
- Monitor care plan implementation
- Inform all staff of any changes in care plans
- Document any relevant matters e.g. change in health status, family circumstances

When relevant, contact is maintained with other service providers providing care or services to individual consumers.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 630

Title: 630 Personal and Clinical Care

Owner: Community Services Manager

Review Date: January 2022

**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: 631

Title: 631 Wound Care

Owner: Community Services Manager

Review Date: January 2022

**Policy Risk
Rating:**

Medium

1. PURPOSE

To ensure that Clients receive safe and appropriate Wound Care Management, Care and treatment that includes assessment, planning and ongoing review where required.

2. POLICY

Wound management must be appropriate to the type of wound and follow contemporary practice.

Aseptic technique is to be performed by a Staff Member deemed competent by the RN and instructions on the Wound Management Care Plan, must be followed.

The initial Wound Management Care Plan is to be completed by the RN or other Staff member who is deemed competent to be delegated this task by the RN

3. PROCEDURE

Where a wound is identified, an RN should be consulted to assess if it is appropriate to be managed by competent Village Baxter Community Care staff or if an external wound care service provider should be recommended to the Client

The initial Assessment should be completed by the RN or a competent Staff member to whom the RN delegates the Assessment task
Wounds should be recorded on the *Wound Management Care Plan: Community Care* using one chart per wound

Photographs of wounds should be uploaded to the Leecare system via the Document uploads tab and a progress note made to reflect the commencement of Wound Care

Completed Wound Management Care Plans should be scanned and uploaded to the Leecare system

Contemporary wound care and dressing choice should be provided consistent with the Australian Department of Veterans Affairs Wound Care Module Guidelines and Wound Identification and Dressing Selection Chart

Soiled dressings and bandages should be disposed of appropriately in the Clients home.

4. RELATED POLICIES AND DOCUMENTS

<https://www.dva.gov.au/providers/training-and-research/training-providers/wound-care-module>

Wound Management Care Plan: Community Care

Policy Number: 632

Title: 632 Client not home

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

There will inevitably be situations where Staff will attend client's premises at an agreed time, and the client will not respond to the doorbell / knocking.

This may be for a number of reasons, but the most likely are:

- 1) Client has not heard the door.
- 2) Client is not home.
- 3) Client is ill and needs assistance.

2. POLICY

Where a client does not respond to the doorbell or knocking staff will not leave the premises until they have received instructions from the Home Care Office Staff

3. PROCEDURE

In the event that a client does not respond to the door staff should be aware that any of the above scenarios may have occurred and the following procedures performed.

- 1) Knock loudly, call the client. If no response:
- 2) Notify Homecare Co-ordinators by phone
- 3) Ask neighbours if they are aware of any issue or if client has gone out.
- 4) Follow Co-ordinators advice.
- 5) Homecare Coordinators will attempt to contact next of kin for information / advice.
- 6) Wait half hour from the time you are rostered to start - and leave a note.

If a client has a fall or becomes ill whilst staff are in attendance –

- RING 000 and follow instructions
- RING HOMECARE OFFICE – Co-Ordinators will then follow the appropriate procedure.

In addition the following should also be performed:

- 1) **Case Managed clients** – In all cases Homecare Coordinators to contact Case Manager for information / advice.
- 2) **Day Centre clients** – Contact the Day Centre Coordinator or in their absence, the Community Services Manager
- 3) **Peninsula Post-acute Care clients** – In all cases Homecare Coordinators to contact Pen pac for information / advice.
- 4) **Transport Accident Commission clients-** In all cases Homecare Coordinators to contact TAC for information / advise

Where it is not possible to obtain advice from the relevant party, eg NOK, Case Manager etc, the Homecare Coordinators in conjunction with the staff member will determine the appropriate course of action.

Due consideration should be given to the clients' known behaviours to determine whether it is appropriate to leave a note advising the client of the missed service, or whether emergency services should be called.

In no circumstances should staff leave the premises without first receiving instruction from the Homecare Coordinators.

Note: Department Veteran Affairs clients: where it is established there is no health concern for the client (eg client has simply gone out), client file is noted and 1 hour of service can be claimed. Where there are health concerns for the client, DVA to be contacted for information / advice.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 633

Title: 633 Medication – Day Centre

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

To clarify Village Baxter Daycentre policy and procedures in regard to the medication requirements of Village Baxter Daycentre members.

2. POLICY

The Village Baxter Daycentre is committed to the principles of supporting the independence of all members. Medications that are required to be taken by Clients during Centre hours will be kept in a safe location and returned to the Client for self-administering at the appropriate time.

3. PROCEDURE

Medication is to be given to Daycentre staff on arrival to centre and kept in a locked medicine cabinet.

Daycentre staff will prompt members at appropriate times and the members will proceed to manage their medication requirements.

Medication will then be again stored in a locked cabinet and given back to member at the end of the day.

However, should an emergency situation arise where it is believed a member requires assistance with medication, Daycentre staff will either:

- 1) Contact the Village Nurses who will attend and provide assessment of the situation and administer medication if appropriate:

OR

- 2) Ring the Ambulance Service for emergency assistance.

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 640

Title: 640 Services and Supports for Daily Living

Owner: Community Services Manager

Review Date: January 2022

**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.

MEAL PROVISION

- 2.4. Consumers who wish to receive a meal delivery service have a variety of service providers to choose from.
 - 2.4.1. 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.
 - 2.4.2. 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.
 - 2.4.3. 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.
 - 2.4.4. 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.
 - 2.4.5. Consumers living in The Village Baxter are not obligated to use the Baxter Village Meal Delivery Service and may choose an alternate provider.
- 2.5. 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.

EQUIPMENT PROVISION

- 2.6. 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.
- 2.7. 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.

- 2.8. The equipment supplier is consulted if the equipment is found to be faulty or damaged.
- 2.9. 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.

3. RELATED POLICIES AND DOCUMENTS

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

Policy Number: 650

Title: 650 Organisation Service Environment

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Low

1. PURPOSE

The physical environment impacts the quality of care and services that are delivered. Village Baxter will ensure the service environment is safe and comfortable.

2. POLICY

Village Baxter provides a safe and comfortable service environment that promotes that Client's independence, function and enjoyment. The private homes of Home Care Package Clients are not part of the "Organisation's" Service Environment.

3. PROCEDURE

3.1. The service environment will be

- Regularly inspected as part of the Village's Essential Services Inspection Program
- Regularly cleaned
- Well maintained with a reactive and preventive maintenance program
- Safe and enable Clients to move freely within the environment
- Be furnished with furniture, fittings and equipment that is clean, well maintained and suitable for purpose

4. RELATED POLICIES AND DOCUMENTS

- ESIS Records held by Village Baxter Maintenance Department

Policy Number: 651 Title: 651 Incidents Accidents and Dangers Owner: Community Services Manager Review Date: January 2022 Policy Risk Rating: Medium

1. PURPOSE

To ensure Clients receive safe and appropriate care and service in accordance with the program guidelines.

2. POLICY

When there has been an incident, accident, dangerous occurrence, reportable assault or suspected elder abuse involving the a Client, Village Baxter will notify the appropriate authority and support persons.

3. PROCEDURE

If a Staff member suspects or witnesses and incident, accident, assault, abuse or dangerous occurrence, they should

- Never place themselves in physical danger
- If safe to do so, provide first aid and assistance
- Contact 000 if required for police, fire or ambulance
- Contact Village Baxter Office who will notify the nominated next of kin and the relevant Organisation, Assessment body or Regulatory Agency
- Complete an incident report and include it in the Client file

When the immediate danger has been resolved, seek to review the incident with the Client and put procedures in place to minimise the recurrence of the danger – this may include referrals to advocacy agencies or for additional support services.

4. RELATED POLICIES AND DOCUMENTS

6501 : Veterans Home Care Manual – part B

Policy Number: 652

Title: 652 Elder abuse / Incident Management

Owner: Community Services Manager

Review Date: January 2022

Risk Rating: High

1. PURPOSE

Our approach to managing incidents must focus on the safety, health, wellbeing, and quality of life of Clients and meet the requirements of the aged care legislation and best practice guidance.

The scope of our Incident Management System includes reportable incidents under the SIRS. This policy related to Client Incidents only - Staff / Visitor incidents are covered under Policy 101 – Accidents and Incidents

2. POLICY

Incident Management System Definition:

Incident management system requirements relate to any acts, omissions, events or circumstances that occur in connection with the provision of care and services to a Client that have, or could reasonably be expected to have, caused harm to a Client or another person. Incident management system requirements also relate to any acts, omissions, events or circumstances that the Village Staff become aware of in connection with the provision of care that have caused harm to the consumer.

Reportable Incidents

The SIRS scheme does not yet apply to Home and Community Care Services, however this is expected to change later in 2022. Staff are expected to recognise and notify the Community Services Manager (CSM) of such incidents to ensure the safety and wellbeing of the Client. A “reportable Incident” that should be reported to the CSM is any of the following incidents that have occurred, are alleged to have occurred, or are suspected of having occurred to a Client, in connection with the provision of care:

- unreasonable use of force against a consumer
- unlawful sexual contact or inappropriate sexual conduct inflicted on a consumer
- psychological or emotional abuse of a consumer
- unexpected death of a consumer
- stealing from, or financial coercion of, a consumer by a staff member of the provider
- neglect of a consumer
- use of physical or chemical restraint of a consumer (other than in the circumstances set out in the Quality of Care Principles)
- unexplained absence of a consumer from the service

3. PROCEDURE

3.1 The Village Baxter Incident Management System includes the following key components: Policy / Procedures:

Policy 101: Incidents / Accidents

Policy 158a Incidents including the Serious Incident Reporting Scheme

(SIRS) Policy 320: Open Disclosure

Incident Recording Tools

Village Baxter Incident Form

Staff Training

- Induction includes reading and acknowledging the policy. 1:1 tool box training if required

- Annual Staff Training Includes reading and acknowledging the policy. 1:1 tool box as required
- Periodic reminders include – tool box training. Updates through the electronic Leecare messaging system
- Staff Meeting Agenda item and discussion

Client and Representative information sharing

- New Clients are provided with information on our Incident Management System in their welcome kits – This needs to be added to the information book
- Communication and Open Disclosure occurs with Clients and Representatives about their individual incident experiences

Governance & Accountability

Direct care Level

- Take action to secure the immediate safety and wellbeing of the Client
- All Staff are required to report any incidents to the CSM who is responsible for creating the initial incident report that is recorded in the Clients electronic care planning system and notifying the next of kin, GP or emergency services as required.

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Management Level

- The CSM must contact the CEO if any incident requires the involvement of the Coroner, Police or the Emergency Services
- The CSM reviews all incidents and when satisfied with the investigation and response can close out the incident.
- Incident statistics, and trends are included on the monthly clinical governance report provided to the CEO and included in the bi-monthly Board reports
- Any Coroner or Victorian Institute of Forensic Medicine request for information about deceased Client must be discussed with the Client's Doctor and the CEO to assist in the response
- Audits :
 - CSM will conduct regular review of all incidents to assess if any incidents on the Incident Management Register
 - Staff Training compliance is audited Annually & on commencement of employment.

Governance Level

- Clinical Governance is a standing item on the Board Meeting Agenda where all Directors are provided with a comprehensive Clinical Governance Report.
- The Board composition includes a former Registered Nurse with aged care experience
- The CEO is an RN and has access to all Leecare files and records and can review incidents and responses as required
- Policies and Procedures are reviewed at least bi-annually or as legislation, guidelines and best practices changes
- The content of the Clinical Governance Report is reviewed each month and new items added if deemed relevant by the CSM and CEO or at the request of Board Members.

4. RELATED POLICIES AND DOCUMENTS

- Aged Care Act http://www8.austlii.edu.au/cgi-bin/viewdoc/au/legis/cth/consol_act/aca199757/s54.3.html
- Quality of Care Principles <https://www.legislation.gov.au/Details/F2021C00685>
- SIRS Page on the Aged Care Quality website <https://www.agedcarequality.gov.au/sirs>
- Policy 101: Incidents / Accidents
- Policy 158a Incidents including the Serious Incident Reporting Scheme (SIRS)
- Policy 320: Open Disclosure

Policy Number: 653

Title: 653 Daycentre Bushfire Policy

Owner: Community Services Manager

Review Date: January 2022

Policy Risk

Low

Rating:

**Irrespective of any guidelines contained in this document,
Always follow the directions of Emergency Services such as Fire,
Police, SES or Ambulance Services.**

1. PURPOSE

To identify the procedures to be taken by the Village Baxter Daycare Centre in the event of bushfire threat in the local area.

2. PREAMBLE

- 2.1. The Village Baxter Daycare Centre is part of the Village Baxter site. The Village Baxter is an aged care retirement village comprising ILU and RACF on 75 acres in Frankston South.
- 2.2. Discussions with CFA indicate that bushfire threat is likely to be limited to the “900” series units on the southern side of the Village some 200 meters from the Day Centre. The Day Centre is surrounded by ILUs and RACF to the east, north and west and Frankston South residential areas (Bartlett St) to the south. As such the Day Centre is at very little risk of direct bushfire attack.
- 2.3. Nonetheless, the Day Centre is part of the overall Village and will respond in accordance with the Village Baxter Bushfire Plan. This policy serves as an addition to that plan.

3. POLICY

- 3.1. In the event of Bushfire threat, or the declaration of Central District “Code Red”, the Day Centre will cease operations until the emergency has passed. Should the Village become aware that a “Code Red” is to be declared the following day, or that bushfire threat is likely, clients will be contacted and advised that the service will be closed on the day/s in question.
- 3.2. Should the Village come under bushfire threat whilst in operation, the Day Centre will be immediately closed and clients returned to their homes if safe to do so. If not safe, clients will be cared for within the Village in accordance with the Village Bushfire Plan.

4. PROCEDURE

- 4.1. Village under immediate Bushfire threat:
 - a. Staff shall assess if it is safe to return clients to their homes. Staff shall contact the bushfire advice line (see below) to determine the location of the fire / Check driving conditions / Check air quality - to determine if it is safe to drive bus.
 - b. Clients which are able to be safely taken to their homes will be taken home.
 - c. Remaining clients shall be taken to a safe refuge in the Village Chapel.
 - d. Next of Kin will be contacted to pick up clients if safe to do so.
 - e. If unsafe, clients will be given accommodation within the Village until the danger has passed, or evacuated with other Village residents.
 - f. The client listing shall be maintained by staff and a head count shall be performed prior to, and after relocation / evacuation.
- 4.2. Central region "Code red" declared for following day, or bushfire threat likely:
 - a. All clients will be contacted and advised that the Day Centre service is closed until further notice.
 - b. Next of kin / Case Managers shall also be notified.
 - c. The client listings will be checked to identify "at risk" clients. (E.g. isolated clients with no NOK who may be exposed to bushfire danger).
 - d. The relevant authority will be notified of all "at risk" clients.

5. FURTHER INFORMATION

Further information can be obtained from the **Victorian Bushfire Information Line: 1800 240 667** or the **ABC Radio 774** on the AM frequency.

6. RELATED POLICIES AND DOCUMENTS

- Policy 774.1 - Village Baxter Bushfire Policy
- Policy 654 - CACPs Heat / Code Red / Bushfire Policy
- Heatwave Information for Clients
- Bushfire response Planning tool
- Heatwave Client Checklist

Policy Number: 654

Title: 654 Community Care Clients – Heat / Code Red / Bushfire Policy

Owner: Community Services Manager

Review Date: January 2022

Policy Risk

Low

Rating:

1. PURPOSE

To provide guidelines for the support of Village Baxter Case Managed Home Care Package clients during extreme heat / Code Red / Bushfire events.

2. POLICY

Village Baxter Case Manager will work with at risk clients to ensure they have a Bushfire Plan, and support during extreme heat events.

3. PROCEDURE

- 3.1. The Village Baxter Case Manager or nominee will liaise with clients to determine their level of risk during a bushfire event.
- 3.2. Where the client is assessed as being at risk during a bushfire the Case Manager will provide assistance to the client in developing a bushfire / emergency plan.
- 3.3. All clients will be provided with information on extreme heat events.
- 3.4. During extreme heat events the Case Manager or nominee will make telephone contact with clients to check on health status.
- 3.5. Should the Case Manager or nominee become concerned as to the health of the client they will advise the appropriate support person who is in a position to provide assistance. This may be the next of kin, nominated emergency contact person or emergency services at the Case Managers discretion.

4. RELATED POLICIES AND DOCUMENTS

- Policy 774.1 - Village Baxter Bushfire Policy
- Policy 653 - Daycentre Bushfire Policy
- Heatwave Information for Clients
- Bushfire Response Planning Tool
- Heatwave Client Checklist

Policy Number: 660

Title: 660 Consumer Complaints

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

Village Baxter actively supports a consumer's right to complain about our services including the option of lodging complaints anonymously.

2. POLICY

Village Baxter considers a complaint to have occurred when:

- A consumer, or their advocate, tells us that they are unhappy or dissatisfied with;
 - a decision we have made
 - the service we provide
 - the environment we provide services in
 - the way we provide services
 - the staff/volunteers who work in our organisation

and

- the consumer wishes the organisation to acknowledge and respond to their complaint

Complaints about the service, or access to our service, will be dealt with promptly, fairly, confidentially and without retribution.

Our complaints procedure will give consumers access to a fair and equitable process for dealing with complaints and disputes.

Complaints are an important source of consumer feedback and play a valuable role in the ongoing improvement of our services. Therefore, complaints will be welcomed and organisation policy, procedure and practices will be adjusted to respond to complaints where appropriate.

The complaints procedure and a consumer's right to use an advocate will be explained to the consumer, both verbally and in writing, as part of their orientation when they commence services. During a consumers orientation they will be given a copy of Consumer Complaint Information and Consumer Advocacy Information. Consumers will be reminded of the complaints procedure if they are refused service at any time. Consumers will be reminded of the complaints procedure when they are reassessed.

3. PROCEDURE

When making a complaint all the consumers have a right to use an advocate of their choice. This may be a family member or friend, or an outside organisation.

On receiving a complaint, the staff member will reassure the consumer that they will receive no retribution for making a complaint. The staff member will also reaffirm how seriously complaints and their resolution are taken by our service.

When a complaint is received, the consumer making the complaint will be offered another copy of Consumer Complaint Information and Consumer Advocacy Information.

When a complaint is received, the staff member who first receives the complaint will determine whether the complaint is serious or routine using the following criteria:

Serious complaints involve matters that, from the consumer's perspective, concern:

- Staff or volunteer conduct
- An alleged breach of
 - a consumer's right or responsibility
 - duty of care
 - consumer/staff safety
 - consumer privacy and confidentiality
- An alleged incident of harassment

Routine complaints include matters that involve operational issues such as:

- Food
- Activities
- Transport arrangements

If a volunteer receives a complaint they should refer the matter to a staff member. The staff member should determine the level of complaint and document the complaint.

Serious Complaints

The Manager of the Department will be informed of all serious complaints within 24hrs. The Manager will contact the consumer verbally within 24hrs of being notified of a serious complaint. The manager will also acknowledge the complaint in writing within 5 working days of being notified of the complaint. The Manager will investigate the complaint which has been filled out on the Village Baxter Service Improvement/Complaints Form. After attempting to resolve the complaint with the consumer, the Manager will write to the consumer outlining any decisions reached and/or any actions the organisation has taken, or will take, in response to the complaint. This written notification will occur within 10 working days of the complaint acknowledgement letter being sent. If the consumer is dissatisfied with the way the organisation has responded they will be reminded that they are entitled to take the matter further, as per the complaints procedure.

Minor Complaints

The staff member receiving the complaint will acknowledge the complaint verbally and attempt to resolve the complaint to the satisfaction of the consumer. If any policy or operational changes are required the staff member will discuss the matter with the Manager. The staff member receiving the complaint will respond verbally to the consumer within 5 working days of the complaint being received outlining any actions or decisions that have been taken. If the consumer is dissatisfied with the way the organisation has responded they will be reminded that they are entitled to take the matter further, as per the complaints procedure.

The complaints register will be reviewed every 3 months to ensure that complaints have been responded to promptly, fairly and appropriately and that the appropriate policy and procedural changes have been made.

All staff orientation and training programs will include

- How to document complaints
- How to follow complaints procedure
- The value of complaints to the organisation
- How to support a consumer to make complaints

4. RELATED POLICIES AND DOCUMENTS

Policy Number: 670

Title: 670 Professional Boundaries

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

All formal working relationships need rapport and trust to function well. This is particularly relevant to the relationship between a client and their care worker. The relationship between an individual and their care worker should never come at the expense of maintaining clear professional boundaries.

2. POLICY

Professional boundaries are limits which protect the space between a worker's professional power and their client's vulnerability.

In relation to professional boundaries, staff are not permitted to:

- Lend / borrow money from clients
- Meet or socialize with clients outside of work apart from work related functions
- Have physical contact with residents apart from providing personal care services
- Carry out personal favors
- Disclose intimate personal information about themselves to clients
- Give advice outside of their expertise / job description, e.g. financial or medical
- Influence clients with their own beliefs and personal values.
- use the client confidential information given as part of role with Village Baxter to further private business.

If Clients make requests of Staff that would breach a professional boundary, the staff member should politely decline and must advise the Community Services Manager of the incident to ensure that the request and subsequent decline is properly recorded should accusations arise at a later date. The Human Resources Manual contains details of the steps and disciplinary action that may result if Staff breach professional boundaries

3. PROCEDURE

What is a professional boundary?

Professional boundaries are limits which protect the space between a worker's professional power and their client's vulnerability. Problems for care workers that can arise if these boundaries aren't maintained are:

- Becoming overly involved or attached to a client
- Showing exceptional behaviour towards a client
- Being emotionally entangled or showing unclear work/home boundaries
- Disclosure of personal information of the client by the worker, including excessive self-disclosure
- Considering the client to be a 'friend' or allowing the client to have that view

Professional boundaries are complex and often contentious subject because they relate to our personal values. They are experientially, culturally and historically influenced – and they change over time. Although we may talk about what's 'right' and 'wrong' and that we should use 'common sense', it's not always clear cut. For example, a care worker might feel it's rude *not* to accept a gift, even though it is the policy that gifts should not be accepted.

Appropriate relationships with vulnerable clients are those which recognise that we provide personal services and as such we have enormous power over their lives.

In all our relationships we set limits. One of the key issues for workers is to be able to recognise when we may be crossing the invisible line which separates a client from a worker and which defines our relationship as professional and therefore workable.

Providing care to clients with disabilities (physical, intellectual, mental health, or neurological) raises many challenges for care workers. The role of the care worker can mean that you are in many intimate situations with clients and their friends and families. You may have access to private or confidential information. You may also encounter situations where you are confronted with needs, requests or demands for services or support that are not your role as care worker.

The information provided in this article is aimed to provide practical information on some of the key ethical and boundary issues in providing support in the community.

Qualities of a Good Support Worker

The qualities of a good worker are many and varied. Everyone brings different strengths to their role, different values, beliefs and practical knowledge and skills. But there are some key skills areas that make workers more effective, for example:

- Ability to listen and understand
- Good communication skills
- Interest in helping people
- Willingness to collaborate and consult with others
- Ability to accept and respect the choices of other people
- Respect for different needs, values, beliefs, culture
- Commitment to increasing independence and capability in others
- Ability to share knowledge and skills but not to take over
- Having a positive attitude
- Being aware of realistic goals and limitations – making sure you understand each person and their strengths, needs, goals and support needs
- Consistency and ability to follow through
- Professional – human, friendly, but not needy or dependent

Why do we Need Ethical Standards?

Ethics are the beliefs that we hold about what constitutes the right conduct in a particular situation or job. We need to have a sound ethical framework to provide good quality care and to protect the rights of individuals who are aged or with a disability, especially those who may be more vulnerable.

Some people will have limited ability to evaluate the quality of care provided to them by workers, to communicate their concerns or complaints. Individuals themselves may also lack awareness that their behaviour and expectations places demands on workers to do things that are not appropriate or in their role.

Ethical guidelines are important in providing a safe and clear working environment for workers in assisting them to provide effective and goal-directed services and support. Simply, they tell everyone what is expected of them in the performance of their work. They also ensure that individuals providing services have adequate training, skills, knowledge or expertise to provide the services that they are offering in the community.

Privacy

All clients have a right to privacy in their personal information, and workers should not seek information that is not relevant or necessary to the performance of their duties. Care workers also have a right to privacy, and these boundaries will often need to be set with clients and families who may seek personal information about you, or want to have a relationship with a worker.

All information about Clients has been provided to Staff for use and application in the delivery of care and services. Staff must not use this Client information or make contact with

Clients outside of their employment. Staff must never “friend” clients or client representatives on social media.

Confidentiality

Confidentiality means that any information obtained or received by workers must be kept absolutely confidential, except with the written or verbal consent of the individual with a disability or their legal guardian. Workers must not discuss or disclose confidential information with anyone without this permission. It is expected that workers will sometimes need to discuss matters with co-workers, peers or supervisors but this should always be in an appropriate and respectful way.

Duty of Care

Care workers have a duty of care to anyone who might reasonably be affected by their activities, requiring them to act in a way that does not expose others to an unreasonable risk of harm – physical, psychological or financial. As a worker you are required to protect an individual from risks of injury or harm that you can foresee or anticipate. This means you are required to act with a knowledge of the individual (particularly about their disability and their living situation), and of your own abilities, knowledge and limitations. You should not give assistance or advice outside your role or expertise (e.g. financial advice, family counselling or relationship advice).

Friendships

The role of a care worker is to build, support and strengthen the existing social, family and community network of a person with a disability or who is aged. The role of a friend is different from the role of worker and constitutes a conflict of interest in doing your job. Care workers may find this difficult as clients are often isolated, lonely and in need of friends, but it is the role of a care worker to build friendships, not to be the friendship. Similarly, relationships with client family members are also not appropriate and risks blurring the boundaries of your professional relationship. Be careful not to include clients in your social or family life and activities. Connecting with Client and Client Representatives on Staff personal social media platforms is inappropriate and would be considered a breach of professional boundaries

An inappropriate relationship with a client or family member has risks for workers including:

- Increasing/or unreasonable demands and expectations from the client or family
- High worker stress and burnout
- Inability to provide professional and objective support
- Difficulty setting limits and dealing with behaviour
- Distress when relationships break down
- Grief and loss for clients when workers leave

Information sourced from: Village Baxter, QCOSS Community Door eTraining, Royal Children’s Hospital, Melbourne, Australian Government Department of Health

4. RELATED POLICIES AND DOCUMENTS

Human Resources Policy Manual

Policy Number: 680

Title: 680 Quality Assurance

Owner: Community Services Manager

Review Date: January 2022

Policy Risk Rating: Medium

1. PURPOSE

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3. PROCEDURE

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- How to follow complaints procedure
- The value of complaints to the organisation
- How to support a consumer to make complaints

4. RELATED POLICIES AND DOCUMENTS