

Village Baxter Organisational & Board 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
Chief Executive Officer
Email address: ceo@villagebaxter.com

Village Baxter : Organisational and Board Policy Manual

Policy Number: 011	
Title: 11 Policy Manual Amendment, Authorisation and Distribution	
Owner: Chief Executive Officer	
Date Reviewed: January 2022	Policy Risk Rating: Low

1. PURPOSE

This Policy Manual gives an overview of the policies developed by Baptist Village Baxter to achieve an effective quality system designed to ensure consistency in the quality of our services, as well as a culture of continuous improvement.

The procedure for amending the Village Policy manuals is controlled by this policy.

2. POLICY

The Village has policy manuals that contain staff practice directions as well as master copies and templates of working documents.

All staff should complete their orientation requirements in relation to reading the policy manuals and maintain up to date knowledge of amendments.

3. PROCEDURE

The Village Policy manual comprises the following chapters:

Policy Numbers	Chapter	Manager Responsible to update and review
000 – 099	Organisational and Board Policies	Chief Executive Officer
100 – 199	Residential Care	Director of Nursing
200 – 299	Infection Control	Director of Nursing
300 – 399	Administration	Chief Executive Officer
400 – 499	Human Resources	Human Resources Manager
500 – 599	Hospitality	Not in use
600 – 699	Community Care	Community Services Manager
700 – 799	Workplace Health & Safety	Human Resources Manager
800 – 899	Maintenance	Infrastructure Manager
900 – 999	Retirement Living	Retirement Living Manager

Each Chapter contains policies relevant to the subject title and should provide staff with guidance in their daily work. Staff are expected to adhere to the directions within the policy manual in the course of their employment and when representing the Village.

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Within each policy, there may be attachments that form part of the policy manual. These attachments may comprise:

- Flowcharts of specific procedures or processes
- Copies of relevant forms
- Templates
- Hyperlinks to web-based information, or
- Educational and informative material

The Chief Executive Office controls the master copy of the Policy Manuals

Suggestions for updates or amendments should be made through the Head of Department or via a service improvement form.

Each policy is listed on the document control register in the policy master folder on the H:/ drive.

Each policy is risk rated: High (annual review); Medium (2 year review); Low (3 year review).

A full copy of the manual is accessible via the internal computer network or from the Village's web site 'www.villagebaxter.com'.

4. RELATED POLICIES AND DOCUMENTS

- Nil

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Policy Number: 030	
Title: 30 Quality Program	
Owner: Chief Executive Officer	
Review Date: January 2022	Policy Risk Rating: High

1. Purpose

The Quality program is the system that the Village Baxter uses to improve the services and care we deliver.

The purpose of the Quality program is to provide continuous feedback about how specific key areas of the Village systems are operating.

2. Policy

The overall Quality Program is guided by our commitment to the 12 Principles of Business Excellence as adapted for our Village Bater environment.

- Principle 1: The Village's Mission, Vision, Values and Philosophy guide all of the things that we plan and do.
- Principle 2: The future plans for our Village will be developed using the ideas and suggestions of Residents, Clients, Staff, Families and the Community.
- Principle 3: Understanding the needs of our Residents, Clients, Staff, Families and the Community influences how the Village will grow and develop in the future.
- Principle 4: Our work is supported and improved by our policies and processes, we work within their guidelines because other people trust us to be reliable.
- Principle 5: Our Village's success is influenced by our own commitment to participation, involvement and teamwork and how well we encourage, recognise, nurture and value each other.
- Principle 6: We have a responsibility to keep our skills up to date by attending education, training and by sharing what we learn with other staff.
- Principle 7: In our Village community we depend upon each other's success, we improve in our work by changing the systems that support us.
- Principle 8: The decisions we make are based upon relevant facts, information, data and evidence.
- Principle 9: We set high standards for our work because we have evidence of what we can do and there are procedures in place to support us when we don't reach them.
- Principle 10: We share a responsibility to participate in our community to improve the lives of other people.

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- Principle 11: Our ongoing success depends upon our individual dedication to meeting the needs of our residents, clients, staff, families and the community, and by delivering a valued service to each of them.
- Principle 12: The loyalty and commitment of our senior staff, Supervisors, Coordinators and Team Leaders to our Village culture, values and principles sets the example for the rest of the staff.

Feedback is continuously sought through information is routinely gathered through internal and external audits, Resident and Staff satisfaction surveys, statistical data, Staff appraisals, Staff competency assessments, Committees, Programs, minutes of meetings, internal and external complaints' documentation, assessments, incident reports, internal and external benchmarking arrangements, hazard alert forms, financial reports, RCS reports, industry communications and system reviews.

3. Procedure

If the feedback received indicates that improvements or changes may be needed, a planned approach is taken to identify the specific issue or underlying cause of issues, then the issue is to be captured in the Departments Continuous Improvement Plan:

The plans are detailed on various "action work plans", these documents are used to monitor the progress of the quality plan and provide evidence of our achievements.

Responsibility for the overall conduct of the Department's continuous improvement program rests with the head of each department as designated in the village's organisation chart, through to the CEO. Heads of department will present monthly reports to the CEO containing information on the progress of the Department's Quality program.

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Policy Number: 041	
Title: 41 Management Responsibility	
Owner: Chief Executive Officer	
Review Date: January 2022	Policy Risk Rating: Low

1. ORGANISATION

The Village organisation chart is drawn below, including general areas of responsibility. Job descriptions exist for all personnel, and should be read in conjunction with the Policy manual.

2. RESPONSIBILITY AND AUTHORITY

Responsibility and authority – functional.

The responsibility and authority for all functions are defined as shown in the Organisation Chart.

People in charge of those functions have authority and responsibility to carry out any decisions and correspondence associated with those functions.

When personnel are absent then the next highest function takes over unless a deputy is defined in the job description, or the responsible person gives written authority.

3. MANAGEMENT REVIEW

An annual self-assessment of the current state of our Village systems is conducted as part of the business planning cycle. All staff may contribute to this review by submitting ideas and suggestions through either their Head of Department or by completing a service improvement form.

4. LEADERSHIP

Each person has the responsibility to participate in continuous improvement of the Village.

The departmental Manager is responsible for the following:

- Risk management – the identification, assessment and mitigation of risks arising within their department in accordance with the broader organisational risk management policies
- Quality Programs – compliance with all applicable Quality Standards and Programs including auditing programs and inspections.
- Incident Reporting – maintaining an incident reporting system including the response to and investigation of all incidents that is integrated with the overall organisational incident management system.

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- Feedback and Complaints - – maintaining a feedback and complaints system including the response to and investigation of all complaints that is integrated with the overall organisational feedback and complaints system.
- Workplace Safety - maintaining a safe workplace for all staff including use of the Village Hazard Alert and Incident reporting system. Managers are expected to lead the response, investigation and resolution of all incidents and ensure that the systems are integrated with the overall organisational Workplace Health and Safety systems managed by the Human Resources Manager.
- Staff performance – monitoring and assessing Staff performance against the Position Descriptions and applicable scope of practice upon commencement, annually and as required.

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Policy Number: 0901	
Title: 901 Board Terms of Reference	
Owner: Chief Executive Officer	
Review Date: November 2021	Policy Risk Rating: Low

1. BOARD AUTHORITY

The Board is the legal authority for the organisation. Board Members are trustees representing the interests of the Members both constitutional and moral.

2. BOARD GOVERNANCE

The role of the Board is to ensure that the Company is soundly managed and as such is one of corporate governance. The Chief Executive Officer shall be responsible for the management of the Company and will ensure that the Board's objectives and goals are achieved.

3. BOARD POLICIES

The Board will establish policies that are relevant to the conduct of the Company and provide clear and unambiguous guidelines for the management. All board policies must be approved by the Board at a formally constituted Board meeting.

4. MONITORING

The Board will regularly monitor:

- The progress towards the achievement of the organisation's Strategic Ends policies.
- Those Chief Executive Officer Delegation policies that address ongoing business success.
- All other board-level policies as appropriate.

5. TERM OF OFFICE

Board Members are elected in accordance with the Constitution and shall be elected for a period of three years.

6. DUTIES OF DIRECTORS

Directors shall:

- Act honestly and in good faith at all times and in the interests of the Company,
- Carry out their duties in a lawful manner and ensure that the Company acts in accordance with the law,
- Declare any potential conflict of interest

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- Observe the confidentiality of the Board, and not disclose to any other person information that is not in the public domain.

7. CONDUCT OF THE BOARD

The Board shall meet regularly to plan and monitor the performance of the Company and the management. To facilitate this process, the Board may develop appropriate reporting mechanisms to ensure that Board members are adequately informed.

8. SUB-COMMITTEES OF THE BOARD

The Board recognises that there may be times when a sub-committee of the Board can better review a specific issue on behalf of the Board. Any such sub-committees will have specific terms of reference approved by the Board defining the role, responsibility and limitation of authority. Unless specifically authorised to act, the role of any such sub-committee shall be to report back to the Board with recommendations for consideration by the complete Board.

9. BOARD EXECUTIVE

The Board executive shall consist of the Chairman and Deputy Chairman and other members as nominated from time to time.

Village Baxter : Organisational and Board Policy Manual

Policy Number: 0902			
Title: 902 Chief Executive Officer Responsibilities & Relationship to the Board			
Owner: Chief Executive Officer			
Review Date: November 2021	Policy Risk Rating:		Low

1. POLICY

1.1. The Chief Executive Officer of the Company shall:

1.1.1. Be responsible for the implementation of the policies of the Board.

1.1.2. Be responsible for the management of the Company and in such capacity shall be accountable to the Board.

1.1.3. Develop operational policies for the effective management of the organisation.

1.1.4. Prepare annual budgets of income and expenditure including capital expenditure for the

overall organisation and each separately identifiable profit centre. These budgets are to be presented to the Board by not later than May of each year and if and when approved by the Board they will become the constraints under which the Chief Executive Officer will operate.

1.2. The Chief Executive Officer he Chief Executive Officer will report to the Board at regular Board Meetings on the format agreed between the Board and the Chief Executive Officer. The Chief Executive Officer shall also advise the Board on matters, which he/she considers relevant.

1.3. The Chief Executive Officer may meet with the Chairman and or the Executive as required on an informal basis which meeting will facilitate the exchange of information and also the development of recommendations to the Board on subjects under review.

2. PERFORMANCE REVIEW

The Chairman and or Executive will meet with the Chief Executive Officer at least annually or as agreed to review the performance of the Chief Executive Officer.

The performance shall be assessed on the criteria of the annual results of the Company, meeting the Board's objectives and policies and the relationship with the Board but will not be limited to these subjects.

Village Baxter : Organisational and Board Policy Manual

Policy Number: 0903

Title: 903 Workplace Health and Safety

Owner: Chief Executive Officer

Review Date: November 2021

**Policy Risk
Rating:**

Medium

1. POLICY

The Board is committed to establishing, through a Workplace Health and Safety Program (WHS), a healthy and safe working and living environment.

2. PROCEDURE

Through the Chief Executive Officer the Board shall ensure:

- 2.1. That an OHS Program is established and maintained.
- 2.2. OHS Policies and Procedures are documented and Implemented through appropriately delegated responsibilities.
- 2.3. The OHS Program is adequately resourced and its effectiveness monitored and evaluated in a process of continuous improvement.

3. RELATED POLICIES AND DOCUMENTS

- See Workplace Health and Safety Chapter of Policies and Procedures. Policies contained within numbers 700-799.

Village Baxter : Organisational and Board Policy Manual

Policy Number: 0904	
Title: 904 Relationship between the Company, the Village Church and the Chaplains	
Owner: Chief Executive Officer	
Review Date: November 2021	Policy Risk Rating: Low

1. POLICY

- 1.1. The Village is established as a Christian community but accepts Residents and Staff without discrimination as to race, gender, language or religious beliefs.
- 1.2. The Village Church is a non-denominational Christian Church within the Village Baxter organisation, which has its own Constitution and functions under the leadership of the Village Chaplains and an elected Church Council.
- 1.3. The Chaplains are appointed by the Village Church subject to the approval of the Company.
- 1.4. The Chaplains are employees of the Village Church and are responsible for the leadership of worship and will provide pastoral care for all Residents and Staff as needed.
- 1.5. Close liaison and co-operation is expected between the Chaplains and Company Management to enhance the welfare of all in the Village community.
- 1.6. The Company will provide the Chaplains with basic administrative support at no charge, including office space, reception services, photocopiers and telephones.
- 1.7. The Chapel in Grant Centre and Clarke Centre hall will be available to the Village Church for regular worship services. Other communal areas will also be available for Church meetings and activities without charge.
- 1.8. The Chapel and Clarke Centre hall will be available for memorial services for deceased residents. Due to the proximity of kitchens and Residents' communal areas, coffins or caskets will not be permitted to the Chapel or hall.
- 1.9. The Chapel and Clarke Centre hall will also be made available for worship services conducted by external religious leaders, through arrangement with the Village Chaplains.

2. RELATED POLICIES AND DOCUMENTS

- 0905 – Complaints lodged against Chaplains.

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Policy Number: 0905			
Title: 905 Complaints Lodged Against Chaplains			
Owner: Chief Executive Officer			
Review Date: November 2021	Policy Risk Rating:		Low

1. POLICY

- 1.1. The Village Church is a non-denominational Christian Church within the Village Baxter organisation, which has its own Constitution and functions under the leadership of the Village Chaplains and an elected Church Council.
- 1.2. The Chaplains are appointed by the Village Church subject to the approval of the Company.
- 1.3. The Chaplains are employees of the Village Church and are responsible for the leadership of worship and will provide pastoral care for all Residents and Staff as needed.
- 1.4. The Church is responsible for securing all insurance cover necessary to protect both the Church and its employees
- 1.5. In recognising that circumstances may arise whereby a complaint is lodged against a Chaplain of the Village Church, The Board of Directors will, on behalf of the Company and the Church, request the assistance of the Baptist Union of Victoria to implement any procedures or protocols that apply to members of the denomination in an attempt to resolve the issues.

2. RELATED POLICIES AND DOCUMENTS

- 0904 Relationship between the Company, the Village Church and the Chaplains

Village Baxter : Organisational and Board Policy Manual

Policy Number:	0906		
Title:	906 Accommodation Bond Liquidity		
Owner:	Chief Executive Officer		
Review Date:	July 2021	Policy Risk	High

OVERVIEW

This policy has been approved by the Board of Baptist Village Baxter with effect from 1st September 2010. The policy will be reviewed annually at the end of the financial year and is designed to ensure compliance with the Commonwealth's statutory prudential requirements. These requirements are designed to ensure that residents receive repayment of bond balance entitlements on a timely basis and within legislated timeframes.

1. LIQUIDITY REQUIRED

The amount of liquidity determined for the 2021/22 financial year is to be 50% of the payout value of all bonds as at the end of the previous financial year. As at 30th June 2021 the accommodation bond liability was \$18.6 million.

2. FORMS OF LIQUIDITY

- 2.1. The amount of the liquidity will be held in deposit investment accounts providing funds at call.
- 2.2. Any excess funds above the approved liquidity amount will be held as determined by the Board.

3. FACTORS CONSIDERED IN LIQUIDITY CALCULATIONS

- 3.1. The total value and number of Accommodation Bonds held at financial year end,
- 3.2. The total amount refunded during the course of the year
- 3.3. The total amount of new accommodation bonds received during the year
- 3.4. The occupancy rate is also considered to ensure that no declining trend in occupancy is experienced which may impact upon the ability to repay accommodation bonds.
- 3.5. The amount of liquidity should be at least 20% of the total value of accommodation bonds held

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Policy Number: 0907	
Title: 907 Clinical Governance Policy	
Owner: Chief Executive Officer	
Review Date: November 2021	Policy Risk Rating: Medium

1. POLICY

The role of the Board in Clinical Governance is to monitor the framework and processes that are in place to

- 1.1. Monitor the safety of the environment by ensuring that Management monitor statistical indicators and sentinel events and to ensure that care is carried out by properly qualified and skilled staff,
- 1.2. Provide adequate resourcing for the Village Education Program and Staffing Mix Assessments
- 1.3. Use external reviews to ensure compliance with standards
- 1.4. Monitor our overall compliance with Accreditation Bodies and external authorities (including consumers) in the organisation's improvement process.
- 1.5. Ensure that there are processes to allow consumers to provide feedback

2. DEFINITIONS

2.1. Clinical Governance

Clinical Governance is defined, using the Australian Council on Healthcare Standards (ACHS) definition, as: *"the system by which the governing body, managers and clinicians share responsibility and are held accountable for patient care, minimising risks to consumers, and for continuously monitoring and improving the quality of clinical care"*.

2.2. Sentinel Events

2.2.1. A Sentinel Event for the Village Baxter Manor, Lodge and Home Care Packages Program shall consist of:

- Reportable infectious disease outbreaks involving more than 2 people in one service
- Medication error requiring medical treatment
- Falls related death
- Resident injury caused by other person, resident, staff or visitor
- Death referred to the coroner

2.3. Sentinel events should be reported to the Director of Nursing or Community Care Manager immediately for investigation. A report detailing the cause (if known), Staff response and Resident outcome of any sentinel event should be provided to the

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Chief Executive Officer within 24 hours and will be reported to the Board through the Clinical Governance Report.

3. REPORTING

3.1. The Board will receive Clinical Governance Reports at each Board Meeting.

3.2. The following groups of indicators are to be reported to the CEO monthly and are included in the Clinical Governance Board Reports:

3.2.1. Sentinel Events

3.2.2. Serious Incidents as defined by the Government

3.2.3. Service Risk Review Questions as defined by the Aged Care Quality and Safety Commission

3.2.4. Staff information including injuries, performance appraisals, ratios and roster vacancies

3.2.5. Occupational Health and Safety information

3.2.6. Feedback information including complaints and satisfaction levels

3.2.7. Service demand and occupancy information

3.2.8. Clinical indicator statistics including those to be graphed as outlined in 3.2

3.2.9. Quality Program Audit timetable and results

3.2.10. Staff compliance with training and education requirements

3.2.11. Other indicators as requested by the CEO or Board from time to time

3.3. The following statistics are to be graphed to aid in trend analysis

3.3.1. Use of Physical restraint

3.3.2. Unplanned hospital transfers

3.3.3. Infections

3.3.4. Staff medication errors

3.3.5. Falls

3.3.6. Number of Aggressive incidents involving residents / Clients

3.3.7. Pressure Wounds

3.3.8. Unexpected Weight Loss

3.3.9. Skin Tears

Village Baxter : Organisational and Board Policy Manual

Policy Number: 0908	
Title: 908 Code of Conduct for Directors and Senior Staff	
Owner: Chief Executive Officer	
Review Date: November 2021	Policy Risk Rating: Low

1. POLICY

At the Baptist Village Baxter, the Directors and senior staff, aim to maintain an environment and culture that embraces the Christian values of honesty, trust, fairness, integrity, respect, generosity, humility and professional excellence. All of these are important principles in the following code.

Each Director and Senior Staff Member of the Company:

- 1.1. Must act honestly, in good faith and in the best interests of the company as a whole.
- 1.2. Has a duty to use due care and diligence in fulfilling the functions of office and exercising the powers attached to the office.
- 1.3. Must use the powers of the office for a proper purpose, in the best interests of the company as a whole.
- 1.4. Must not make improper use of information acquired in the course of his or her duties with the company.
- 1.5. Must not take improper advantage of his or her position.
- 1.6. Must not allow personal interests, or the interest of any associated person, to conflict with the interest of the company.
- 1.7. Must recognize that confidential information received in the course of the exercise of his or her duties, remains the property of the company and it is improper to disclose it, or allow it to be disclosed, unless that disclosure has been authorized by the company.
- 1.8. Must not engage in conduct likely to bring discredit upon the company.
- 1.9. Has an obligation, at all times, to comply with the spirit, as well as the letter, of the law and with the principles of this code.

In addition, each Director of the company:

- 1.10. Must recognize that the primary responsibility is to the company as a whole, but should, where appropriate, have regard to the interest of all stakeholders of the company and
- 1.11. has an obligation to be independent in judgment and actions and take all reasonable steps to be satisfied as to the soundness of all decisions taken by the board of directors.

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Policy Number: 0909	
Title: 909 Governance of Accommodation Bonds	
Owner: Chief Executive Officer	
Review Date: November 2021	Policy Risk Rating: High

In accordance with changes to the management and control of accommodation bonds held on behalf of residents as developed by the Department of Health and Ageing, the following policy has been implemented with effect from 1st February 2012 and reviewed annually.

1. ALLOCATION OF RESPONSIBILITIES BY THE APPROVED PROVIDER (BOARD)

The Key Personnel of the Village who shall have responsibility for managing the accommodation bonds held shall be the Chief Executive Officer and Chairperson.

2. USE OF ACCOMODATION BONDS

Accommodation Bonds can be used only in accordance with the legislation and in accordance with the Village policy as follows:

- 2.1. Repayment of bond amounts to a departing resident
- 2.2. Capital expenditure as approved by the Board in accordance with Subdivision 57-EA, Aged Care Act 1997, Division 8A, User Rights Principles 1997.
- 2.3. Repayment of any debt on capital expenditure or debt accrued prior to 1 October 2011 as approved by the Board
- 2.4. Investments in financial products as approved by the Board.

3. INVESTMENT MANAGEMENT STRATEGY

- 3.1. To ensure that accommodation bonds can be refunded to residents in a timely manner, the Board has determined that 50% of the value of accommodation bonds as at 30th June in the previous financial year will be held in bank deposits.
- 3.2. Any balance of accommodation bonds above this liquidity ration may be invested in shares or other investment products as approved by the Board. Any such investments should be made in consideration of minimising risk whilst generating a return greater than returns available through bank deposits.
- 3.3. In assessing the level of 'risk' the Board shall consider the advice from experienced analyst's in financial services. The Board has engaged the services of J B Were and BOAG to provide this advice.
- 3.4. The daily consideration of any advice received from J B Were or BOAG will be considered by the Chairman, Chief Executive Officer and Chairperson

Village Baxter : Organisational and Board Policy Manual

Policy Number: 0910

Title: 910 Dignity Of Risk

Owner: Chief Executive Officer

Review Date: January 2022

Policy Risk Rating: Low

1. PURPOSE

The Village Baxter will ensure that through the operation and delivery of care and accommodation services, the Village has systems in place to maintain a duty of care to staff, volunteers, contractors and Service Users

2. POLICY

The Village Baxter is committed to the right of people to be safe and live without fear of threat or harm, in an environment free from all types of abuse, neglect or exploitation. The Village Baxter recognises a duty of care to all people who use the Village's services and other stakeholders.

The Village Baxter aims to protect people who use our services from harm or loss either physically, financially or psychologically due to any action or inaction by the Village Baxter, staff, contractors we engage or volunteers.

The Village Baxter's duty of care includes consideration of dignity of risk, that is, the right of informed individuals to take calculated risks. The Village Baxter supports the choices and independence of people who use our services using a risk management assessment framework.

3. PROCEDURE

Procedure is

- 3.1. Residents living independently are responsible for their own behaviours and risk management, however if the behaviours or choices impact the safety or wellbeing of others, then the Village will assess the impact and respond accordingly.
- 3.2. Residents or Clients in receipt of Community or Residential Care will have risks identified as appropriate to their care setting and managed within the Dignity of Risk

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assessments and subsequent actions.

- 3.3. Staff will not be asked to place themselves at risk or their Professional Registrations at risk through providing support to Residents or Clients who chose to take risks that place Staff or other Residents / Clients at risk of serious harm, are against medical advice or in conflict with a clear directive from a Health Care Practitioner. Clients and Residents will be supported to understand that those kinds of risk activities are not included in the suite of services the Village provides. Residents or Clients who then choose to continue those activities will be supported to transfer services to another provider if a mutually agreeable position cannot be found.

4. RELATED POLICIES AND DOCUMENTS

- Workplace safety Policy manual

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Policy Number: 920	
Title: 920 Commitment to the Aged Care Quality Standards	
Owner: Chief Executive Officer	
Review Date: January 2022	Policy Risk Rating: High

1. PURPOSE

In relation to the Manor, Lodge, Day Centre and Home Care Package Program, Village Baxter recognises our obligations under the Aged Care Act to protect and enhance the safety, health, well-being and quality of life of aged care consumers by holding our systems and processes to account for the quality and safety of the services our Staff provide, and the outcomes we achieve.

2. POLICY

We commit to:

- a culture of inclusion and respect for consumers;
- supporting consumers to exercise choice and independence
- respecting consumers' privacy and dignity
- undertaking initial and ongoing assessment and planning for care and services in partnership with the consumer with a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences
- delivering safe and effective personal care and or clinical care in accordance with the consumer's needs, goals and preferences to optimise health and well-being
- providing safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life
- providing a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment
- regularly seeking input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.
- engaging a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.
- holding our governing body accountable for the delivery of safe and quality care and services.

3. PROCEDURE

- 3.1. The Village will have systems and processes in place to monitor our performance against the Aged Care Quality Standards.

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- 3.1.1. Care and service delivery outcomes will be reviewed, monitored and audited
- 3.1.2. Staff performance will be reviewed, monitored and audited
- 3.1.3. Feedback will be sought and acted upon
- 3.1.4. The Board will receive regular reports on the Village's performance and compliance

4. RELATED POLICIES AND DOCUMENTS

- Nil