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Policy Number: 300	
Title: Business Planning Process	
Owner: CEO	
Review Date: July 2022	Policy Risk Rating: Low

1. PURPOSE

The Village's Annual Business Plan provides a broad analysis of the Village's strengths, weaknesses, threats and opportunities for a financial year. This document establishes common goals for the Village and contains information about our financial situation and budgets.

2. POLICY

The Annual Business Plan and Budget is approved by the Board in April each year for the following financial year. Heads of Department are asked for contributions and requests from their Department which are then balanced against the overall and competing interests of the Village by the Executive and CEO. This document contains the organisational goals for the coming years and the budget for each department. Heads of Department are expected to work with their staff to manage their areas within the agreed budget and meet the agreed goals.

3. PROCEDURE

- 3.1. Each Department head should liaise with the Supervisors / Managers and staff within their Department and identify the following for their areas of responsibility:
 - 3.1.1. Strengths of the Department (what we are doing really well)
 - 3.1.2. Weaknesses of the Department (what we need to focus upon improving)
 - 3.1.3. Threats to the department (things or other organisations that may impact our ability to continue as we are)
 - 3.1.4. Opportunities (things that we could do in the future to enhance our services)
 - 3.1.5. Major purchase requests (items over \$1000) that wish to be considered in the capital expenditure budget for the coming year)
 - 3.1.6. Major maintenance issues that will require budgetary allowances
 - 3.1.7. Key goals for the Department and strategies for achieving the goals
 - 3.1.8. Comments about general income and expenditure levels for the coming financial year including staffing costs. It is suggested that the Department Head use the 'year to date' and 'forecast' data from the monthly financial statements to assist in this process.
- 3.2. Departmental Business Plans should be submitted to the CEO by 10th March each year.

4. RELATED POLICIES AND DOCUMENTS

- Nil.

Policy Number: 301	
Title: Regulatory Compliance	
Owner: CEO	
Review Date: September 2022	Policy Risk Rating: Low

1. PURPOSE

The systems and processes used within the Village are established within the relevant legislation, regulation and practice guidelines. Staff must adhere to Village policies and procedures to ensure that our practices are within the law.

2. POLICY

The CEO will produce a “Regulatory Compliance Register” and provide it to Department Heads for the implementation of changes as required. Ongoing legislative compliance is the responsibility of each Department Head. Changes to existing laws, rules regulations etc. are monitored through the use of ANSTAT updates and industry newsletters and legal advice. These changes are reported at each Senior Staff Meeting and it is then the responsibility of each Department Head to implement the changes using the appropriate committee or meeting as part of this process.

3. PROCEDURE

- 3.1. Copies of relevant legislation shall be held by Administration where specified as a requirement in the schedule of legislation.
- 3.2. Access to all current relevant legislation and regulations shall be available to all staff through the internal computer network using the “ANSTAT” database.
- 3.3. If the ANSTAT data base does not provide answers or guidance for staff, questions should be referred to the CEO who will seek more detailed information.
- 3.4. Professional codes and summary of relevant documents shall be accessible through the policy manuals for each department. Nursing Staff must maintain a working knowledge of the relevant professional codes for guidance.
- 3.5. The CEO will access the Company’s solicitor for legal advice when necessary.
- 3.6. Legislative and other relevant updates are provided to Staff when the changes impact on the operation of the facility and will be communicated through the Staff Newsletter.
- 3.7. Education of Staff will be undertaken where necessary to maintain knowledge and awareness of current regulatory requirements and standards.

- 3.8. All Staff must comply with regulatory requirements in the conduct of their work. If a staff member believes that a policy is not consistent with regulatory requirements, this must be immediately referred to the Supervisor or Manager who will make recommendations to the CEO

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 302	
Title: Village Organisation Chart	
Owner: CEO	
Review Date: July 2022	Policy Risk Rating: High

1. PURPOSE

The Village Organisation chart provides a simple pictorial view of the lines of accountability and support that exist within the Village. Ultimately we are all accountable to our residents who occupy the highest place in our organizational chart.

2. POLICY

- 2.1. Staff are responsible for supporting the staff above them and are accountable to the staff member below them on the chart. Everyone is ultimately accountable to the Residents and collectively responsible for the level of service provided to them. The Village Management philosophy is one of support and guidance rather than authority and instruction, however all staff must comply with Village policy and procedures.
- 2.2. The primary role of a Manager / Supervisor is to provide whatever support is necessary for the staff who work directly with residents to enable care and service goals to be met at an appropriate standard. Managers and Supervisors are accountable for the actions of staff within their departments.
- 2.3. Residents and their family / representatives are placed at the very top of our organisation chart because it is the fulfilment of their individual service and care needs that is the goal for all staff regardless of role.

3. RELATED POLICIES AND DOCUMENTS

- 302C – BVB Organisational Chart

Policy Number: 303	
Title: Senior Staff Meetings	
Owner: CEO	
Review Date: June 2022	Policy Risk Rating: Low

1. PURPOSE

Senior staff meetings are held monthly and attended by Heads of Department with the Executive and CEO. Each Head of Department provides an update of changes and issues from within their own Department. Comments and complaints, legislative compliance issues, important dates and other 'Village wide' issues are discussed and actioned at this forum.

2. POLICY

The Senior Staff Meeting provides an opportunity for Heads of Department to meet to discuss and share major improvements, changes, issues and challenges occurring in their Departments. Heads of Department consider trends in Client and Resident feedback from a systemic view.

3. PROCEDURE

- 3.1. Membership consists of the CEO, Manor DON, Human Resources Manager, Community Services Manager, Sales Manager, Infrastructure Manager, Finance Manager, Rosebud Village Manager, IT Manager, and Village Manager.
- 3.2. Quorum: Meetings may be deferred in the absence of both the CEO and DON.
- 3.3. Frequency: Meetings are held monthly.
- 3.4. Agenda:
 - 3.4.1. Welcome, attendees and apologies
 - 3.4.2. Continuous Improvements
 - 3.4.3. Action Items (what has been done, what has been finished)
 - 3.4.4. Department Reports (reports to be sent out by each department before the meeting, this is simply a chance to ask questions and discuss issues)
 - 3.4.5. Client and Resident feedback (number received and topic. Opportunity to discuss any issues)
 - 3.4.6. Letters of appreciation
 - 3.4.7. Service improvement forms
 - 3.4.8. Complaints
 - 3.4.9. Important dates – consideration and implementation issues

3.4.10. Planning

3.4.11. Other business / discussion items

3.4.12. Next Meeting Date:

3.5. Reporting: Major issues arising from this meeting are taken to Board Meetings through the Operations report.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 304	
Title: Entering A Residents Independent Living Unit	
Owner: CEO	
Review Date: July 2022	Policy Risk Rating: High

1. PURPOSE

This document broadly outlines the procedures for entering a residents' unit for staff responding to emergencies and routine requests.

2. POLICY

Village Baxter staff may enter residents' units using master keys only in the event of an emergency or suspected emergency or when a resident has given express permission every time.

3. PROCEDURE

- 3.1. All staff should check outside the front and rear of the unit for the resident before attempting to enter the unit.
- 3.2. Maintenance staff may enter residents' units using master keys to perform maintenance tasks only if the resident has specifically asked them to do so and it is documented on the maintenance 'chit' (request form) by the hostess for every occasion they allow maintenance staff to attend and they may not be present. Entering the unit without the resident present should be a last resort and only in urgent maintenance situations.
- 3.3. Staff should always knock or phone and wait to be invited in. Staff should not use master keys to enter units simply because a resident is taking extra time to answer the door. If staff do enter the unit using master keys, the staff member should call out LOUDLY upon entering and proceeding through the unit to make every attempt to alert the resident to their presence.
- 3.4. Staff suspecting a medical emergency is occurring should telephone and knock loudly first and call out to the resident upon entering, being aware that the resident may be deaf or in the bathroom, to try and minimise the risk of startling the resident by the staff members presence.
- 3.5. Staff who are called to perform an urgent welfare check on a resident, for example when a resident has not been seen or has not opened their curtains, should ideally be accompanied by another person wherever possible. This may be another staff member or could be another resident or family member. Should no other person be readily available then all caution should be exercised when entering the unit.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 305	
Title: Australian Privacy Principles Privacy Policy	
Owner: CEO	
Review Date: July 2022	Policy Risk Rating: Medium

1. PURPOSE

The Village is required to comply with the Privacy Act (Cth.) 1988 by having a public statement on the way personal information will be treated.

2. POLICY

Under the Privacy Act 1988 (Cth), we are required to have an Australian Privacy Principles Privacy Policy dealing with the ways we manage your personal information.

2.1. Why we collect personal information

2.1.1. As an organisation providing aged care services and retirement living, we collect and hold a range of personal information about our clients/residents, our employees and the service providers we engage.

2.1.2. We collect this personal information so that we can deliver the best possible care, services and accommodation to our clients/residents in accordance with their needs and preferences and for the purposes of complying with our legal obligations.

2.2. The kinds of personal information we collect and hold:

2.2.1. Clients

To deliver care and services to our clients/residents and provide accommodation, we collect and hold the following types of information (where relevant):

- a. clients' names, addresses and contact details and names and contact details of our client's next of kin and legal representatives
- b. clients' dates of birth
- c. photographs of clients
- d. information about our clients' health and care needs and medical histories as they relate to the care and services we provide
- e. details about clients' health insurance providers
- f. information about our clients' cultural, religious, linguistic and social needs and preferences
- g. information about our clients' interests, hobbies and community activities
- h. information about any potential medical, social or workplace risks involved in providing care and services to our clients

- i. records of our interactions with clients, their representatives and service providers
- j. clients' preferences for particular care and services including activities and events
- k. information about our clients' income, assets and pension status
- l. information about clients' fees and charges and payment history
- m. records of entry, discharge and leave arrangements
- n. billing details

2.2.2. Employees and service providers

We also collect and hold certain information about our employees and service providers which includes:

- a. resumes
- b. names and contact details
- c. employment histories
- d. qualifications
- e. medical histories directly related to the individual's ability to perform the inherent requirements of the position
- f. training records and competency assessments
- g. police certificates

3. COLLECTING PERSONAL INFORMATION

How we collect personal information.

3.1. Clients

3.1.1. In most cases, we collect personal information directly from our clients and/or their representatives. However, we also collect information from other sources, such as health care providers and other persons/organisations who provide care and services to our clients as well as the Aged Care Assessment Team and other aged care providers.

3.1.2. We also receive information from government bodies such as the Department of Social Services and Centrelink regarding our clients' eligibility to pay certain fees and charges.

3.2. Employees and Service Providers

3.2.1. We collect information about our employees directly from our employees where possible. We also collect information:

- a. through background checks and police checks
- b. from referees and employment agencies

3.2.2. Information about service providers and their employees is collected directly from our service providers.

4. STORAGE OF PERSONAL INFORMATION

4.1. Clients

4.1.1. We use clients' personal information for the primary purposes of providing them with accommodation, care and services. However we also use clients' personal information for other purposes including (but not limited to):

- a. complying with our obligations under laws such as the Aged Care Act 1997 (Cth) and the Retirement Villages Act 1986 (Vic)
- b. quality assurance and risk management
- c. continuous quality improvement activities

4.1.2. From time to time, we use clients' personal information for the purposes of direct marketing. Clients who do not wish to have their personal information used for this purpose should contact us and tell us.

4.2. Employees and Service Providers

4.2.1. We use personal information about our employees and services providers for the following purposes:

- a. to assess their suitability to perform the duties required and to deliver care and services to our clients where required
- b. to meet our obligations under relevant laws including the Aged Care Act and workplace laws
- c. to improve the care and services we offer through quality improvement activities such as training

5. DISCLOSURE OF PERSONAL INFORMATION

5.1. Clients

5.1.1. With our clients' consent, we disclose relevant personal information about our clients to other persons/organisations involved in providing the client with care and services. This can include, for example, a client's doctor and allied health service providers. For home care clients, it can also include persons such as cleaners, gardeners and maintenance personnel contracted to provide services to the client within their home.

5.1.2. From time to time, we may also disclose clients' personal information to third parties including:

- a. government agencies where this is necessary for us to receive funding and/or comply with our legal obligations to notify the government and police of certain matters
- b. our professional advisers

5.2. Employees and Service Providers

5.2.1. We generally only disclose certain personal information about our employees and service providers with their consent. However, from time to time we may have to disclose certain personal information about our employees and service providers to relevant authorities and our professional advisers.

6. ACCESSING AND CORRECTING YOUR PERSONAL INFORMATION

6.1. Except in certain situations, you have the right to access your personal information and ask us to correct it. We will take reasonable steps to update or correct, as soon as possible, any information in our possession that is inaccurate, incomplete, out-of-date, irrelevant or misleading.

6.2. We may refuse to grant you access where this is permitted or required by law, for example, where this would have a detrimental impact on the privacy of another person. If we do refuse to grant access, we will give you written reasons.

6.3. If you would like to access your personal information, please contact:

Ms Kim Jackson
Chief Executive Officer
Baptist Village Baxter
8 Robinsons Road
Frankston South
Victoria 3199
Phone: (03) 5971 1349
Email: ceo@villagebaxter.com

7. COMPLAINING ABOUT A BREACH OF PRIVACY

7.1. You have the right to complain if you believe we have breached this policy or your rights under the Australian Privacy Principles.

7.2. To lodge a complaint, please write to our Complaints Officer at the following address:

Ms Kim Jackson
Chief Executive Officer
Baptist Village Baxter
8 Robinsons Road
Frankston South
Victoria 3199
Phone: (03) 5971 1349
Email: ceo@villagebaxter.com

7.3. You can also make a complaint by:

- 7.3.1. Lodging a complaint online using the link on our website
- 7.3.2. Using a service improvement form or feedback form available from any reception areas of the Village.
- 7.3.3. Telephone one of our Managers 03 5971 1349
- 7.3.4. Email one of our Managers (email addresses are on www.villagebaxter.com)
- 7.3.5. Make an appointment to see a Manager in person

8. OUR COMPLAINTS SYSTEM

- 8.1. We will consider your complaint and respond within a reasonable time.
- 8.2. If you are not satisfied with our response, you can contact the Office of the Australian Information Commissioner:

8.3. Further information can be found at <http://www.oaic.gov.au/privacy/making-a-privacy-complaint>.

8.4. You can also contact the Aged Care Complaints Scheme in relation to any concerns you have about the care and services we provide:

8.4.1. Online: <http://agedcarecomplaints.govspace.gov.au/>

8.4.2. Phone: 1800 550 552

9. ONLINE PRIVACY

9.1. We use “cookies” on our website which collect user information and data for statistical and analytic purposes. Cookies are a small file that is placed on your computer by a web server when you access a website; they do not identify the individual user, just the computer.

9.2. Cookies are often used on websites. Most internet browsers accept cookies by default. You can control the use of cookies by configuring the preferences and settings in your browser and/or firewall.

10. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 306

Title: Suggestions, Comments and Complaints

Owner: CEO

Review Date: July 2022

Policy Risk Rating: Medium

1. PURPOSE

- 1.1. The Village encourages all stakeholders (staff, residents, families and community) to participate in our service improvement system by providing comments and suggestions on any aspect of or service delivery.
- 1.2. The Village has a number of feedback and complaints mechanisms available for staff, residents, family and other stakeholders to utilise.

2. POLICY

The Village provides a variety of informal and formal feedback mechanisms. Internal and External Complaints avenues are available and promoted in all areas of the Village.

3. INFORMAL FEEDBACK OPPORTUNITIES

- 3.1. Informal Feedback Opportunities Informal feedback opportunities are not appropriate for issues involving risks to staff, resident, or visitor welfare, these matters should be reported through a formal feedback mechanism.
- 3.2. These types of feedback opportunities are handled within the individual department by the supervising Staff and Residents. Details of issues are not routinely conveyed to management, although they may be raised at senior staff meetings by the Head of Department.
 - 3.2.1. Resident meetings are held in all areas. Family members and resident representatives are welcome but should be certain not to raise personal Resident issues in the open forum that may breach the privacy of a particular resident. These kinds of personal matters should be raised directly with staff through the other feedback options detailed in this policy
 - 3.2.2. Staff Meetings are held in all areas
 - 3.2.3. The Village Baxter Residents Committee may provide some assistance in relation to disputes between residents or assist to resolve a resident's complaint or concern

- 3.2.4. Suggestion boxes are available in all areas
- 3.2.5. Feedback received through resident meetings, suggestion boxes and Resident Committee's is discussed and minuted at the resident meetings.
- 3.2.6. Feedback received through staff meetings is discussed and minuted at the particular staff meeting
- 3.2.7. Feedback from our online carepage feedback system available on our website

4. FORMAL FEEDBACK OPPORTUNITIES

- 4.1. Feedback received through service improvement forms and quality improvement forms (aged care facilities only), letters emails and other external sources is discussed and followed up at Senior Staff meetings. Details of the numbers of complaints, service improvement and quality improvement forms will be published quarterly in staff newsletters and reported quarterly at Village resident meetings effective 1st July 2007.
 - 4.1.1. Service Improvement Forms are available from all reception areas in the Village and can be used to document comments, suggestions, complaints and other feedback for the Village.
 - 4.1.2. Feedback forms can be used for any complaints, service improvements, comments and suggestions
 - 4.1.3. Letters containing feedback, suggestions, comments and complaints can be sent to the CEO.
 - 4.1.4. Feedback may be given verbally, directly to staff who can refer the matter to the appropriate person if necessary
 - 4.1.5. An email can be sent to the CEO: ceo@villagebaxter.com

5. TIMEFRAMES

- 5.1. The goal of our formal feedback mechanisms is to provide written or personal feedback within 14 days or sooner wherever possible. Where issues relate to risks to staff, resident or visitor welfare personal contact should be made by a staff member within 24 hours of being advised of the issue to obtain additional details.
- 5.2. Feedback that relates to a specific department or service provided by a contractor or external contractor will be referred to the appropriate person for comment. Depending on

the nature of the comment, complaint, suggestion or feedback it may be up to 3 weeks before a final written or personal response can be provided because investigations that require formal staff interview must comply with workplace laws and regulations. An interim response will be given in these circumstances.

- 5.3. Privacy laws protect the content of staff interviews and subsequent disciplinary procedures from being made available to residents, family and representatives and other staff. Details of our standard processes will be provided in these circumstances.

6. BUSINESS PARTNERS

- 6.1. Feedback relating to our business partners or sub-contractors will be referred to the Manager of the area concerned in the first instance as they are in the best position to respond to any concerns that are raised in relation to their services. A written or personal response may be provided by them, a copy of which will be provided to the Village. If a response provided by them is unsatisfactory this should be referred to the CEO to assist in a suitable resolution to the issue.

7. EXTERNAL COMPLAINTS MECHANISMS

- 7.1. Details of how to lodge an external complaint are provided in your Lease or Resident Agreement Brochures and are also available from reception. Residents living in the Manor may also seek assistance from the Office of the Public Advocate or the Department of Health and Ageing. Details on how to contact these agencies are on the information sheet located next to the CCIF's and/or available from the reception areas within these facilities.
- 7.2. A specific complaint regarding disability services can be directed to Disability Services Commissioner (DSC) at www.odsc.vic.gov.au The DSC was established to work with people with a disability and disability service providers to resolve complaints.

8. RELATED POLICIES AND DOCUMENTS

- 300 – Quality Improvement

Policy Number: 307	
Title: Complaints Made Under the Retirement Village Act	
Owner: CEO	
Review Date: September 2022	Policy Risk Rating: Medium

1. PURPOSE

Under the Retirement Villages Act, official complaints by Village Residents (as opposed to comments, requests, suggestions, wishes, etc.) must be reported to the Annual General Meeting of Residents. Residents are given the option of choosing to have their particular issue treated as a formal complaint for the purposes of the Retirement Villages Act, or to have the matter dealt with informally.

2. POLICY

- 2.1. Formal Complaints and advice of Resident Disputes may be made
 - 2.1.1. Directly to the CEO during normal business hours, or
 - 2.1.2. In writing, or
 - 2.1.3. By completing a service improvement form or
 - 2.1.4. Verbally, clearly identifying that the issue is a formal complaint or notification of resident dispute
- 2.2. Disputes between residents may also be referred directly to the Village Baxter Residents Committee.
- 2.3. Residents may seek advice from the Director Consumer Affairs Victoria, GPO Box 123, Melbourne 3001, 1300 55 81 81

3. PROCEDURE

- 3.1. The procedure for dealing with complaints is outlined on the “COMPLAINT/DISPUTE RESOLUTION POLICY” available on the Village website or from any reception area

Policy Number: 308	
Title: Document Control	
Owner: CEO	
Review Date: September 2022	Policy Risk Rating: Low

1. PURPOSE

The Village has a large volume of documents that are used to support and assist our work. The control of these documents to ensure that privacy requirements, legal requirements and other record keeping requirements is outlined in this policy, Company documents should only be destroyed in accordance with this policy.

2. POLICY

2.1. The following documents are subject to control under this policy:

- 2.1.1. All care related documents including care plans and supporting documentation, including medical notes, assessments, nursing notes etc.,
- 2.1.2. All payroll records, including timesheets
- 2.1.3. All incident or accident report forms, including subsequent reports on outcomes or investigations of the incident,
- 2.1.4. Certain correspondence that has been identified by the originator as being of long term importance to the Company,
- 2.1.5. Any OH&S or insurance claims and subsequent reports

3. PROCEDURE

- 3.1. The accuracy of personal and contact information held by the Village is the responsibility of Residents/Relatives.
- 3.2. Specific information regarding Medicare cards, Pension, Health Cards, and Private Health Insurance is located at the Manor and Administration. The details are accurate as provided by the resident or family.
- 3.3. All Residents' information is to be treated as confidential and must not be divulged to unauthorised persons, this includes family members unless the resident has nominated them as next of kin.
- 3.4. A comprehensive Resident database is maintained by the Administration. The information on this database is updated upon advice from Residents
- 3.5. These documents are to be stored safely in the area concerned, usually under lock and key, with access restricted to those persons authorised by the Head of Department.

- 3.6. Documents are to be stored for at least seven years, or such longer period as may be identified by specific legislation.
- 3.7. Prior to the disposal of a paper record, each record should be scanned into the M Drive archive system.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 309	
Title: Research Projects	
Owner: CEO	
Review Date: September 2022	Policy Risk Rating: Low

1. PURPOSE

The Village is sometimes approached by Staff, Students or other Health Professionals to participate in research projects. This policy provides guidance for Supervisors when this occurs.

2. POLICY

The Village will participate in research projects where a benefit to Aged Care can be obtained and the project promotes the Village and Aged Care in a positive light.

3. PROCEDURE

- 3.1. Students or Health Professionals undertaking an appropriate course or study must seek approval from Head of Department for undertaking research projects that involve information gained within the Village.
- 3.2. The topic must be determined as relevant and the contents of the assignment etc. are appropriate and not offensive.
- 3.3. Whenever possible the Resident(s) concerned should be consulted as to their willingness to participate in research.
- 3.4. Student etc. must be advised of the correct procedure and any relevant information.
- 3.5. A copy of the project outcome to be forwarded to Administration to ensure that the data has been appropriately used.
- 3.6. The student or health professional must demonstrate how the requirements of the Privacy legislation will be satisfied.
- 3.7. Individual residents files may not be accessed by the student, researcher or staff member for research purposes without the express written consent of the resident or representative.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 310

Title: Business Excellence and Eden

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Low

1. PURPOSE

- 1.1. The Village Baxter is committed to the mission, vision and values of our organization.
- 1.2. The Eden principles and the Village Baxter's 12 principles of business excellence are aligned with our organisational Mission, Vision and Values and assist us to provide direction for the growth our organization.

2. POLICY

- 2.1. As a reflection of our organisational values, Animals and Birds live with our Residents in our Manor and Hostel, we care for them as cherished members of our community.
- 2.2. Throughout all areas of the Village, our gardens, external and internal, are a source of pride for our Village, we encourage Residents, staff and volunteers, to tend to them and benefit from their beauty.

3. VILLAGE BAXTER 12 PRINCIPLES OF BUSINESS EXCELLENCE

- 3.1. Principle 1: The Village's Mission, Vision, Values and Philosophy guide all of the things that we plan and do.
- 3.2. Principle 2: The future plans for our Village will be developed using the ideas and suggestions of Residents, Clients, Staff, Families and the Community.
- 3.3. 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.
- 3.4. 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.
- 3.5. 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.
- 3.6. 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.

- 3.7. 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.
- 3.8. Principle 8: The decisions we make are based upon relevant facts, information, data and evidence.
- 3.9. 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.
- 3.10. Principle 10: We share a responsibility to participate in our community to improve the lives of other people.
- 3.11. 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.
- 3.12. 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.

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. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 311

Title: Security

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Medium

1. PURPOSE

- 1.1. Staff have the right to ask for identification from any person unknown to them who claim authority to be on the premises.

2. POLICY

- 2.1. Security of staff and residents within the Village confines is continually being enhanced as differing situations arise and alternate aids and resources become available. We constantly re-appraise the adequacy of staff procedures to minimize risks.
- 2.2. Video cameras and other electronic devices are placed at strategic locations to enhance security of residents, Staff and property. They are not used to infringe on Staff or Resident privacy.

3. PROCEDURE

- 3.1. If working outside 'office hours' and it is believed that an intruder is on the premises, you should:
 - 3.1.1. Contact Police on 000 and advise of location to meet.
 - 3.1.2. Advise another member of staff on duty of the situation
 - 3.1.3. Advise the Maintenance Department on the 'after hours' pager
 - 3.1.4. Complete 'Incident form' after the incident has been concluded.
- 3.2. All personal belongings must be kept in lockers provided for Staff use. Staff are discouraged from carrying large sums of cash or valuables on to the premises. If this cannot be avoided Staff should request that these valuables or cash be stored in the Office safe.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 312

Title: Witnessing Documents

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Low

1. PURPOSE

- 1.1. There are laws that regulate who may witness a Power of Attorney Document and also what personal details a witness to a Will needs to provide the Will maker. Staff who witness a Power of Attorney Document may cause that document to be invalid. Staff who witness a Will risk being contacted at their personal address by relatives of the Will maker.
- 1.2. Some Village staff may be in a category of people able to witness Statutory Declarations, however they should avoid witnessing Statutory Declarations in relation to Residents, Clients and Staff.

2. POLICY

- 2.1. Village Baxter Staff are not permitted to witness a Will or Power of Attorney Document for a Resident or Client.
- 2.2. Village Baxter Staff should not witness Statutory Declarations for Residents, Clients and Staff.

3. PROCEDURE

- 3.1. Residents or Clients asking for someone to witness a document should be directed to the Chaplains, their Doctor, Pharmacist or the Local Police Station.
- 3.2. Residents, Clients and Staff seeking someone to witness a Statutory Declaration should be referred to the CEO who may be able to assist.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 313

Title: Computers and Electronic Storage

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Low

1. PURPOSE

The Village has implemented a number of computerised management applications to support our clinical and administrative processes. These applications are generally accessible in each of our buildings through the many desktop / laptop computers and generally available to all of our staff (although certain computers and software are managed through passwords to restrict access according to privacy legislation. The Village operates a fibre optic network linking all the computers to our main servers and this policy has been designed to ensure that the integrity of our computers and records is not compromised through mismanagement of the computer network system and protected from malicious computer viruses. As such staff must use computers and electronic storage facilities in accordance with this policy.

2. POLICY

All electronic files and data shall be managed according to the procedures outlined below. Personal email and the storage of personal data is prohibited, all email and data remains the property of the Village Baxter and is accessible by Senior Management at any time and without notice.

3. PROCEDURE

3.1. Storage of files and data

3.1.1. All files electronically stored on Village computers or in Village's electronic storage capacity are considered to be company property.

3.1.2. The Village's computers and electronic storage capacity should not be used to by staff to store their personal information or private non-work related documents. Personal and non-work related files found on the Village's computer system will be deleted from the server immediately.

3.1.3. No software or files are to be installed on any computer without the express written permission of the CEO or It Manager. This is a requirement to eliminate a source of potential hidden viruses.

- 3.1.4. Personal USB drivers, CDs, DVD's and floppy disks may contain files with hidden viruses that could compromise the Village Network. These storage devices should not be used on Village computers without the permission of the CEO or IT Manager.
- 3.2. Access to folders and programs within the Village's network
 - 3.2.1. Staff members should not access work folders stored on the server other than their own. To access the storage folder of another staff member may result in disciplinary action. However, be advised that Senior Management has access to all folders and electronically stored information and do not require permission of individual staff to access files and folders within their department.
- 3.3. Internet access
 - 3.3.1. A number of computers have been granted permission to access the internet. At no time should Village computers be used to access illegal, inappropriate or illicit websites, to do so shall constitute serious misconduct and likely result in the termination of the staff member's employment. Additionally, any access to the internet should only be for business purposes of the Village and not private use. Through the data management system of our internet service provider, usage reports are available for each day by time of day and inappropriate usage can be tracked through these reports.
 - 3.3.2. Internet facilities are provided for work related access only, abuse or inappropriate use of internet access may result in disciplinary action. Permission may be granted by the Head of Department if a staff member requires internet access while at work for an urgent personal reason Should this permission be granted the use of the Village's internet facilities in these circumstances is at the Staff member's own risk and no responsibility for personal loss or fraud will be provided by the Company.
- 3.4. Screen Savers
 - 3.4.1. Screen savers are to be used on each computer to preserve the computer monitors.
 - 3.4.2. Approval may be granted to a staff member using a computer dedicated to their role to install a personalised screen savers. Any person seeking to have a personalised screen saver must submit the file to the IT Manger or CEO for virus scan and content scanning. The screen saver content should not be offensive, should be reflective of the Village's values and convey a good impression to visitors

and guests who may observe the screen saver during meetings and professional consultations.

3.5. External Email

3.5.1. External email facilities have been provided to a number of staff in each area due to their liaison with persons outside of the Village. This facility is for business use only and should not be used for the receipt or storage of data files or pictures from family or friends as the capacity of the mail server is limited. Approval may be granted for emergency use of external email but files are to be deleted within 24 hours to ensure our mail server is not at capacity.

3.6. Internal Email

3.6.1. The Village provides an internal email facility linking every area of the Village as a means of simplifying communications throughout our site. This service provides a quick and simple opportunity to discuss issues, provide information or express opinions on many issues. The problem with email is that it is immediate and often a response prepared in haste may not be as the writer intended. Please consider this aspect if communicating with other people.

3.7. Theft

3.7.1. The removal, transfer or copying of electronically stored data from the Village's computer network may breach privacy legislation and could be interpreted as theft of company property, to do so shall constitute serious misconduct and likely result in the termination of the staff member's employment. Data may only be removed, transferred or copied for removal from our premises with the express permission of the It Manager or CEO.

3.8. Security System Access

3.8.1. The computers used to manage the Village's emergency call system and video surveillance are considered critical to the safety of staff and residents. Access to these computers is restricted to the IT Manager, CEO, General Services Manager or persons who have been given express written permission. Unauthorised access and tampering with these computers presents an unacceptable risk to safety and shall constitute serious misconduct and likely result in the termination of the staff member's employment.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 314

Title: Maintenance System

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Low

1. PURPOSE

This document broadly outlines the maintenance system that is in place for the Village and provides guidance for staff in responding to maintenance emergencies and routine maintenance requests.

2. POLICY

- 2.1. Maintenance requests refer to requests for the repair or replacement of existing fixtures or fittings.
- 2.2. Requests for the purchase or installation of new items are not maintenance requests and should be correctly treated as purchase requests made by Supervisors / Managers to the Head of Department.
- 2.3. Resident requests to repair or maintain personal items such as furniture should be referred back to the Resident's family or suggest that the Resident contact Home Care Services for repairs to be made at their own cost.
- 2.4. All maintenance requests must be processed through the proper channels and documented in the maintenance books. Requests should never be made directly by staff to a subcontractor.

3. EMERGENCY MAINTENANCE REQUESTS

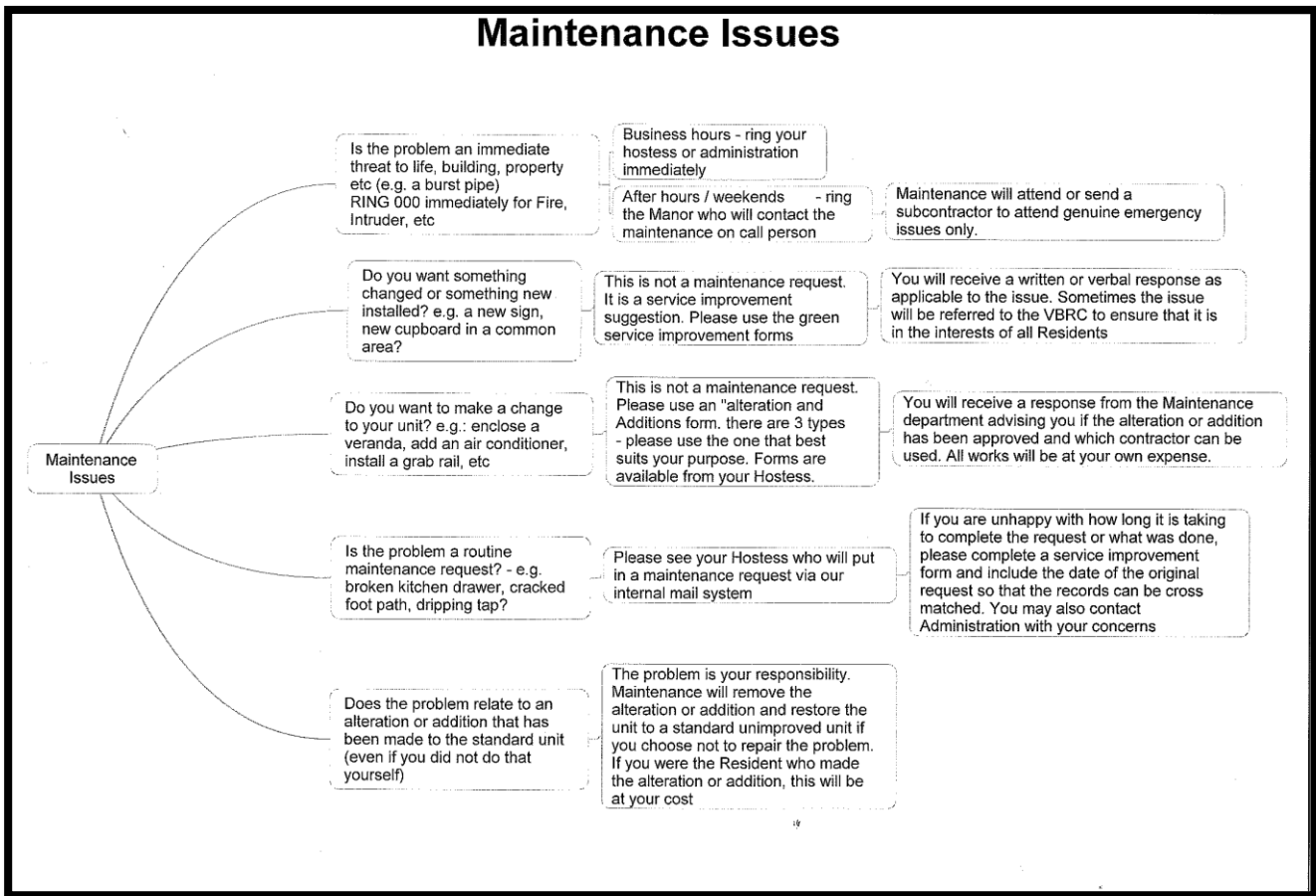
- 3.1. Emergency maintenance requests consist of those items that present a serious risk to Residents or Village property. Examples of such issues are failure of the Nurse Call System, activation of the Fire and Emergency Alarm system, no electricity supply to a unit, burst water main or storm damage to a building.
- 3.2. During business hours, these requests should be made through Reception who can contact the General Services Manager urgently for a response. Staff should not call the General Services Manager mobile phone directly.
- 3.3. After business hours, (outside 9am and 4:30pm weekdays excluding public holidays) emergency maintenance issues should be referred to the after-hours emergency number. If the phone is not answered immediately, please be understanding as the "on call person"

may be asleep and waking up, in the bathroom or on the phone. The phone number for this service is only available Village Nurses mobile phone and the call should be placed by Village Nurse staff. The Village has numerous phone lines coming in and going out so it is not possible to identify where a call has originated from if it is missed. This is why all calls to the maintenance on call phone must go through the Village Nurses as this is the only direct phone number that the “maintenance on call person” will call.

- 3.4. If the phone is in use and voicemail is activated, Village Nurse staff should leave a clear message detailing:
 - 3.4.1. The name of the staff member who is calling
 - 3.4.2. The building that the staff member is calling from
 - 3.4.3. The phone number the staff member can be reached on
 - 3.4.4. What the maintenance emergency is
- 3.5. Staff should clearly note details of the call in the area diary so a clear record of the call being placed exists.
- 3.6. Calls to the “maintenance on call person” are restricted to emergencies only. Calls that are not responded to should be attempted again in 5 minutes, if no response is obtained after a further 10 minutes, the Director of Nursing should be contacted. Calls that are not responded to should be clearly documented on a hazard alert form including the times of the calls, who made the call, what the emergency was so that a proper investigation can occur.

4. ROUTINE MAINTENANCE REQUESTS

- 4.1. Routine maintenance requests consist of those items that can safely be attended during standard working hours. Examples of such issues are light globe replacements or dripping taps.
- 4.2. These requests should be made through the maintenance request books located in each building’s office or reception area. Maintenance staff check these books each weekday.
- 4.3. Routine maintenance calls should not be referred to the emergency on call phone.
- 4.4. See next page for Maintenance Issues Workflow



Policy Number: 316
Title: Out of Office Hours IT Infrastructure Issues
Owner: CEO
Review Date: September 2022
Policy Risk Rating: Low

1. PURPOSE

To provide staff with clear guidelines for responding to an issue with the Village IT infrastructure.

2. POLICY

Certain aspects of the Village’s IT infrastructure are critical to the smooth operations of individual departments. Problems with the IT infrastructure in these areas warrants an out of business hours response.

3. PROCEDURE

1. Resident Phone System	
a. Cannot dial out	Advise the Resident/ staff member to unplug all phones in the unit and then reconnect one by one checking each in turn.
b. Cannot dial in	
c. Phone dead – no tone at all	If the above does not work, call Village Nurses and report issue to Maintenance on call number.
d. Message bank not working	Residents to ring their hostess.
e. Certain phone numbers not working, E.g. 13XXXX numbers or 1800XXXX numbers	
2. Resident Internet	
a. Cannot access	Residents to ring their hostess on the next business day.
b. Slow connection	
c. Email not sending / receiving	

3. Intranet (BVB staff only)	
a. Cannot access H drive files	Advise the staff member to try the following first (as relevant to the issues) Shutdown computer and restart Shutdown printer / copier and restart If the above does not work, call Village Nurses and report issue to Maintenance on call number If “Wecare” / “Leecare” issue – Care Manager must also be notified
b. Cannot access “Wecare” or “Leecare”	
c. Cannot get internal email	Ring reception and leave voicemail message for attention the next business day
d. Cannot get external email	
e. Cannot log onto the internet	
f. Cannot print to photocopiers / printers	
4. Staff Phone System	
a. Cannot dial out	Call Village Nurses on the mobile phone (all areas have one) and report issue to Maintenance on call number
b. Cannot dial in	
c. Message bank not working	Ring reception and leave voicemail message for attention the next business day
d. Phone dead – no tone at all	Call Village Nurses on the mobile phone (all areas have one) and report issue to Maintenance on call number
e. Certain phone numbers not working, E.g. 13XXXX numbers or 1800XXXX numbers	Ring reception and leave voicemail message for attention the next business day

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 317

Title: Risk Management

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Medium

1. PURPOSE

To provide overarching guidelines as to the risk management process undertaken within Village Baxter.

2. POLICY

- 2.1. Risk is defined as - Any event or action that may harm an organisations ability to achieve objectives, execute strategies or meet obligations
- 2.2. Therefore effective risk management assists the Village to achieve objectives, execute strategies and meet regulatory obligations.
- 2.3. Risk Management will be managed by the CEO in conjunction with the Senior Staff group.

3. PROCEDURE

- 3.1. The Village Risk Management Process will be undertaken by following steps:
 - Step 1 – Risk Identification
 - Step 2 – Risk Analysis and evaluation
 - Step 3 – Risk Treatment
- 3.2. In addition to these steps followed for Risk Management – simultaneously Communication and consultation with stakeholders and ongoing monitoring and review is to occur to manage risk in the most comprehensive manner.
- 3.3. A Risk Profile is established for the Village as a whole; this profile is reviewed regularly and updated as required.
- 3.4. A Risk Treatment Plan is a secondary document supporting the minimisation of the risks identified in the Risk profile. The treatment plan is also reviewed regularly and updated as required.

4. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 318

Title: Diversity

Owner: CEO

Review Date: June 2022

Policy Risk Rating: Medium

1. PURPOSE

To provide overarching guidelines for inclusiveness in regard to clients, staff, business partners and residents from diverse backgrounds.

2. POLICY

- 2.1. Village Baxter recognises that there are distinct demographic groups that have been disadvantaged and recognises that access to care, lifestyle and accommodation services and employment can be difficult for some groups.
- 2.2. Village Baxter is committed to embracing a culture that believes that diversity of thought, background and experience strengthens relationships and delivers meaningful benefits to staff, residents, clients and business partners.
- 2.3. The Village Baxter's inclusive culture that promotes the skills and insights of our people irrespective of gender, ethnicity, generation, flexible work status, sexual orientation or disability . Diversity and inclusion is an important strategic objective because it enhances our ability to deliver value to our residents and clients and execute our mission - "every person cared for, every person valued".
- 2.4. The Village Baxter's Diversity plan was created in conjunction with Peninsula Social Support Network Group and identifies specific groups that are at risk of not self-including in Village Baxter services and include:
 - 2.4.1. the Local GLBTIQ community,
 - 2.4.2. people living in the community with Dementia,
 - 2.4.3. people from culturally and linguistically diverse backgrounds,
 - 2.4.4. people from socially disadvantaged back grounds and
 - 2.4.5. the ATSI community.

3. PROCEDURE

The Village Baxter regularly reviews diversity practices and service provision via the following mechanisms:

- 3.1. Baptist Village Baxter Diversity Action Plan, and
- 3.2. Baptist Village Baxter Aged Care Diversity Framework

4. RELATED POLICIES AND DOCUMENTS

- <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework>
- 318 Appendix 1 - Baptist Village Baxter Diversity Action Plan
- 318 Appendix 2 - Baptist Village Baxter Aged Care Diversity Framework

Policy Number: 318A-1
Title: Appendix 1 - Baptist Village Baxter Diversity Action Plan [*Format altered for policy document]
Owner: CEO
Review Date: June 2022
Policy Risk Rating: Medium

Outcome for consumers	Objective to deliver against the outcome identified	What are the actions/strategies for achieving the objective	Focus Area	Age cohort action will impact	How will you measure the success of this strategy?	Time frame in months	Who is responsible for this action?	Review Date	Was your objective achieved? Yes/No/Partial	Comments Achievements, Challenges
Respectful and inclusive services	Increase awareness and education for staff and the community. Ensure clients with dementia have access to inclusive and respectful service delivery.	Promote the Dementia Friend program to staff, residents of Village Baxter and the local community. Community Services Manager has completed the program. Online link has been sent to all Community Care staff. Partner with Village Residents Committee, Network groups and include link in communication with all Community Care clients.	people living with dementia	Older People (CHSP only)	All Daycentre staff will be Dementia Friends and there is an increased awareness in our local community about living with dementia. Staff and residents throughout our village and organisation become Dementia Friends and are promoting awareness and understanding in the community.	4-6 months	Community Services Manager and Daycentre Co-Ordinators.	7th March 2022	Partial	We have achieved a level of 50% of Community Care staff that have become Dementia Friends. Our clients and family members can see that we are committed to increasing our knowledge of Dementia and how we can best assist them to live a full and happy life. The education on Dementia and behaviours enables our staff to provide services with awareness and understanding of our clients. We are

										still in the process of getting the message out to the residents of our Village and the wider community. We assist promoting the program through newsletters and network meetings. The challenges are to be able to assist members of the community who don't have access to computers and going online.
Respectful and inclusive services	Increase awareness and education for staff and the community. Ensure clients with dementia have access to inclusive and respectful service delivery.	Daycentre staff to complete the Dementia Training Australia course "Community Care and Dementia - Responsive Behaviours. Community Services Manager and Daycentre Co-Ordinators to ensure staff have access to a computer to complete course.	people living with dementia	Older People (CHSP only)	All Daycentre staff will have certificates of completion of the course and are better equipped to manage behaviours of our members. Progress notes and daily diary will show positive outcomes. Client and carer feedback will show good results.	< 3 months	Daycentre Co-Ordinators.	7th March 2022	Partial	We have achieved a level of 50% of our Daycentre staff who have completed the Community Care and Dementia - Responsive Behaviours program. We have had a number of changes in staff at the Daycentre and this has impacted on getting this program fully operational. We have been able to provide our clients with Dementia, a safe and socially stimulating environment with

										an increase in the number of clients engaging in activities in a positive way. Our client satisfaction survey completed in February came back with a 100% positive response to the questions - "Do you feel the Daycentre staff have the appropriate skills to deliver your services?" and "Do you feel the Daycentre staff treat you with respect and listen and value your opinion at all times?"
Adopting systemic approaches to planning and implementation	Increase client's physical activity, concentration and brain healthy. "If it's good for the heart, it's good for the brain"	Implement daily morning stretch exercises for each group before activity to improve concentration, communication and participation. Set a routine to music to maximise enjoyment and provide consumers with a print out that can be used at home. Partner with current physiotherapist,	people living with dementia	Older People (CHSP only)	Clients interaction, concentration and physical wellbeing will increase. Success will be measured on improvement forms that will be developed. Clients and carers will provide positive feedback and clients will be enthusiastic to implement	4-6 months	Daycentre Co-Ordinators and PCA staff	3rd May 2022	Partial	We have had a positive response to the implementation of a stretching program. We have had a number of changes in staff at the Daycentre and this has impacted getting this program fully operational. Along with improvements we have made around Wellness including updating

		contact local exercise physiologist, discuss at PSSN meetings to obtain contacts and information from other groups.			exercises at home to further their wellbeing and independence.					care plans and activity rosters, we have seen an increase in client interaction and concentration. We are continuing to work on producing improvement forms that best measure client outcomes and engaging with physiotherapist and physiologist. The Community Services Manager has attended network meetings and forums to ensure current and informative information is available and utilised.
Adopting systemic approaches to planning and implementation	Provide a calming environment to stimulate social interaction and improved mood.	Investigate and implement a Pet Therapy program. Daycentre Co-Ordinator to ascertain the guidelines and safety requirements regarding having animals in the centre.	people living with dementia	Older People (CHSP only)	Clients social interactions will increase in the group setting. Clients mood and behaviours will be positive. Feedback from clients, carers and family members show a change and improvement in the client due to being involved in the Social Support Group.	7+ months	Daycentre Co-Ordinators, HR and Community Services Manager.	3rd May 2022	Partial	Community Services Manager has investigated the requirements for having a Pet Therapy animal in the centre. Training is required to ensure the animal is taught how to respond in certain situations, be well socialised, have basic obedience skills and know how to interact with

										<p>people using mobility aids. We have current staff members with pets who would like to do the training with their animal and have them at the centre on specific activity days. This is ongoing, the animal has to be at least 12 months old to do the training. As part of our program for a few years now, we have had a chicken hatching program in the centre. This year we had a mother rabbit with her babies for a month. The clients enjoyed seeing the rapid growth in the rabbits culminating in being able to handle them, pat them and interact with them and the mother. All of the clients were engaged, smiling, laughing and had a positive outcome for the group.</p>
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Respectful and inclusive services	Provide a calming environment to stimulate social interaction and improved mood.	Purchase an interactive real cat. Clients will have the opportunity to feel companionship while at the centre and have something familiar they can share with other members each time they attend.	people living with dementia	Older People (CHSP only)	Clients social interactions will increase in the group setting. Clients mood and behaviours will be positive. Feedback from clients, carers and family members show a change and improvement in the client due to being involved in the Social Support Group.	< 3 months	Daycentre Co-Ordinators	3rd May 2022	Yes	The purchase of the interactive cat has been very successful. It has a calming effect on some of our clients with Dementia, some in particular have become very attached. It has become something familiar for them each time they attend the centre and has had a positive impact on their social interaction within the group.
Making informed choices	Ensure clients have access to information that they understand to make informed choices about service delivery and care needs.	Update the content and frequency of the consumer newsletter to include information around consumer rights and responsibilities, advocacy, complaints, My Aged Care and services available in the local area. This information will also be provided in different languages pertinent to our current clients. Partner with PSSN and PCPG to ensure staff have current information on	people from culturally and linguistically diverse (CALD) backgrounds	Older People (CHSP only)	Clients and carers will be well informed and have information to make choices which will ensure client wellbeing and independence. Carers will feel well supported. Clients and carers will feel confident to navigate through the aged care process.	4-6 months	Community Services Manager and Daycentre Co-Ordinators.	3rd May 2022	Yes	Community Services Manager continues to attend network meetings and disseminate current information around changes to the aged care system. Updates on My Aged Care, requirements to be provided with services under the different programs, information workshops and referrals to other agencies as required. Our Community Services Manager is the

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		legislative requirements.						chairperson of the Peninsula Social Support Group which is continuing to grow with new members attending. This ensures that all of our social support clients have access to a continuously improving service. Our Daycentre staff have access to technology to ensure information can be provided in different languages as required, including translating technology on an Ipad and access to online programs to print documents. Clients newsletters are sent out monthly with relevant and current information for clients and families.
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Respectful and inclusive services	Utilise technology - Ipad - to assist clients with staying up to date with the latest news and what is happening around the world.	Investigate and purchase translating Apps for the Ipad. These apps will enable staff to translate information about service delivery and activities that clients may not fully understand.	people from culturally and linguistically diverse (CALD) backgrounds	Older People (CHSP only)	Daycentre staff and clients will have a greater understanding of each other and around service delivery. Clients will have a greater understanding of the activities, their participation and enjoyment will increase. Feedback from clients and carers about their experience will be positive and show a greater understanding.	4-6 months	Daycentre Co-Ordinators and PCA staff	3rd May 2022	Yes	Client and staff use and understanding of technology is continuing to grow and has had a positive impact on the group. Our clients feel valued and listened to and have enjoyed experiences with other members in the group when using the translating app. We are continuing to ensure that we keep our activity roster varied, introducing new activities regularly and getting client feedback about what they would like to do. Ensuring our clients have a better understanding of the activities and our programs has been successful and positive. In our Client Satisfaction Survey completed in February we had a 80% positive response to the question "Do you feel you are included in the
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										planning of daily activities?".
Meeting the needs of the most vulnerable	Ensure clients and members of the community are not disadvantaged and have access to suitable services and resources to maintain independence.	Review Financial Hardship Policy to ensure it remains current and compliant with legislation. Ensure staff have access to current information through team meetings, emails and department updates.	people who are financially or socially disadvantaged	Older People (CHSP only)	Social Support Group will assist more clients from the local community, ensure they stay connected to the community and receive the services and care required to remain independent.	< 3 months	Community Services Manager	7th March 2022	Yes	Community Services Manager updated our Hardship Policy to remain compliant with current legislation. We currently have 3 clients on reduced fees which has enabled them to stay connected to the community and enjoy social interaction. Our staff attend team meetings to ensure sharing of information and that they are aware of changes in legislation. Our staff have access to a list of supports available in the community including welfare agencies, neighbourhood houses and access

										and support workers.
Meeting the needs of the most vulnerable	Ensure clients and members of the community are not disadvantaged and have access to suitable services and resources to maintain independence.	Investigate and partner with charitable organisations to ensure clients have access to services and resources as needed. Utilise subsidised activities in the community to ensure clients have access to a range of activities and experiences. To ensure clients remain connected to the community and have a purpose. Partner with network groups, Frankston Community Health, Local Councils and Neighbourhood Houses.	people who are financially or socially disadvantaged	Older People (CHSP only)	Social Support Group will assist more clients from the local community, ensure they stay connected to the community and receive the services and care required to remain independent. Increase in variety of activities that can be offered to members. Strengthen partnerships with local networks and non government organisations in our community.	7+ months	Daycentre Co-Ordinators	3rd May 2022	Yes	Community Services Manager is the chairperson of the Peninsula Social Support Network and is a member of the Peninsula Care Planning Group. Attending meetings, forums and workshops ensures current information can be shared with staff and clients. Information shared at these meetings includes different activities and outings that other groups have been doing, information on community groups in the local area that are relevant and connections with local services and networks. This ensures our clients can be referred to local groups and services as required. Recently the PSSN submitted

										<p>an application for additional funding to have an event "Together We Age Well" bringing together all the social support groups in our local area. The funding was to be used to have a wider variety of activities, guest speakers and education for the diverse range of clients and carers in our groups, to enable them to enhance their wellbeing and independence. This action is ongoing and we will continue to be in contact with our local community organisations to ensure our clients have access to services and care that they require.</p>
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<p>Policy Number: 318A-1</p> <p>Title: Appendix 1 - Baptist Village Baxter Aged Care Diversity Framework</p> <p>Owner: CEO</p> <p>Review Date: June 2022</p>	<p>Policy Risk Rating: Medium</p>
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Outcome for Consumers	Action Required by Aged Care Providers	Village Baxter Response
<p>1. <u>Making informed choices</u></p> <p>Older people have easily accessible information about the aged care system and services that they understand, and find the information helpful to exercise choice and control over the care they receive.</p>	<p>Provide information in an appropriate format, through different forms (online/hardcopy/newsletter/verbal) and in a language the consumer understands.</p>	<ul style="list-style-type: none"> • Village Baxter and Rosebud Village Website maintained • Hard copy information available from site or can be posted • Village Voice and Chronicle Newsletters produced monthly • Social Media on Facebook, Instagram and Twitter • In person meetings offered always • All Documents can be translated if required
<p>2. <u>Adopting systemic approaches to planning and implementation</u></p> <p>Older people are active partners in the planning and implementation of the aged care system.</p>	<p>Engage consumers in a culturally safe, supportive environment that enables them to participate as active partners, as well as articulate their individual needs.</p>	<ul style="list-style-type: none"> • Residents living in Retirement Living approve their service fee expenditure budget annually • Residents in Residential Aged Care participate in Resident meetings and forums • Resident Services Coordinators in Residential Aged Care work individually with Residents to ensure needs are understood and communicated
<p>3. <u>Accessible care and support</u></p> <p>Older people in rural, remote, regional and metropolitan Australia have access to aged care services and supports appropriate to their diverse characteristics and life experiences.</p>	<p>Collaborate with stakeholders to identify and overcome barriers in accessing the aged care system.</p>	<ul style="list-style-type: none"> • Dedicated staff are available to support Residents to in accessing MyAgedCare • Community Care Staff support consumers to access MyAgedCare • Finance staff are available to support access to the costs of care information and to complete forms

<p>4. <u>Supporting a proactive and flexible system</u></p> <p>A proactive and flexible aged care system that responds to the needs of existing and emerging diverse groups, including an increasingly diverse aged care workforce.</p>	<p>Engage with the local community and stakeholders to identify emerging needs and how service delivery models can be adapted to embrace those needs, including how the organisation’s workforce demonstrates an inclusive approach to care.</p>	<ul style="list-style-type: none"> • Information sessions and forums are held in a variety of onsite and community locations • Student placements are encouraged in partnership with local training providers • Industry networking and training forums are held regularly with key stakeholder presenters
<p>5. <u>Respectful and inclusive services</u></p> <p>Services effectively meet the specific needs of older people with diverse characteristics and life experiences, their families, carers and representatives in a respectful and inclusive way.</p>	<p>Seek out, develop and use tools, training and information that support delivery of care that is inclusive of diverse characteristics and life experiences.</p>	<ul style="list-style-type: none"> • Residents in Manor have an assessment process that includes a “Life story” to ensure that staff are aware of individual needs and preferences • Independent Residents can make use of common facilities to celebrate family and personal events • Electronic care planning begins in Retirement Living and carries through to Residential Care
<p>6. <u>Meeting the needs of the most vulnerable</u></p> <p>Older people can access high quality and culturally safe aged care services and supports that meet their needs irrespective of their personal, social or economic vulnerabilities.</p>	<p>Provide inclusive service models to address the needs of the most vulnerable, and work with other stakeholders to ensure the full spectrum of needs are met.</p>	<ul style="list-style-type: none"> • Charitable lease options available for Retirement Living • Supported and Assisted Residents given preference for entry into Residential Care • Dedicated Memory Support area for Residents who are especially vulnerable because of their cognitive impairment • Community Care Services outreach to vulnerable people in the surrounding areas

Ref

Aged Care Diversity Framework
Aged Care Sector Committee Diversity Sub-group
December 2022

<https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework>

Policy Number: 319

Title: Health Data Security

Owner: CEO

Review Date: September 2022

Policy Risk Rating: Low

1. PURPOSE

To provide guidance for maintaining the security of Health Data.

2. STAFF

- 2.1. All Staff have Police Criminal History Back ground checks undertaken as well as providing Statutory Declarations
- 2.2. Management monitor health data security regulatory advisements but also rely on Software Providers to provide information
- 2.3. All company Servers are located in secure areas
- 2.4. Internal software systems have password complexity enforced

3. CONNECTION DETAILS

- 3.1. Permission based locked drive on secure servers / VPN only access + regular reporting re access

4. SOFTWARE

- 4.1. SSL system ensures 'Encrypted in Transit'
- 4.2. Passwords in Databases are encrypted – each database has separate password
- 4.3. Leecare data is subject to Annual Penetration Testing with Hardware & Network document contents follows recommendations
- 4.4. Firewalls are in place to support Provider clients
- 4.5. Java, Tomcat, MySQL security patches are updated when necessary

5. IMPLEMENTATION / INSTALLATION

- 5.1. Offsite storage Clouds used by Leecare are within Australia and are security approved, with firewall protection of data and as well as standard system security requirements

6. INCIDENTS

- 6.1. Any suspected or confirmed breaches of any size are required to be reported to the General or CEO immediately by mobile phone for immediate escalation and response including shutting down of servers

7. INFORMATION SECURITY

- 7.1. As part of caring for our Residents, Staff are privy to large amounts of personal information about our residents and sometimes about our staff when they call in unwell for a shift. It is important to realise that access to this information is highly regulated and staff must never discuss Resident information outside of the workplace. Information about the health status of staff must also be treated with the same respect for privacy and only shared with senior members of the team in the proper context of updating the roster, providing support or controlling an infectious disease outbreak.
- 7.2. Under the ***Privacy Amendment (Notifiable Data Breaches) Act 2022*** the Village has an ongoing obligation to handle personal information in accordance with the Australian Privacy Principles which includes protecting personal information from unauthorised access or disclosure. If personal information has been misused, interfered with, accessed by unauthorised person, modified or disclosed to an unauthorised person a formal data breach assessment will be undertaken which may include notification to the Commonwealth Government Information Commissioner, the Australian Health Practitioner Regulation Agency, police or law enforcement or other relevant authorities. Information about the breach is also provided to the person whose personal information was the subject of the breach and may be required to be published on the Village Baxter website.
- 7.3. Some examples of disclosing personal information to unauthorised people may include (but are not limited to) the following:
- a. giving an ex-staff member an 'update' on a favourite resident
 - b. sharing information about a resident who is deteriorating with a staff member who is away on leave
 - c. sharing information about a resident with another resident's family.
 - d. removing documents from the workplace
 - e. revealing the personal health information of another staff member that has called in sick to other staff in social chatter in the lunchroom or on social media

All of the above examples can be investigated under the ***Privacy Amendment (Notifiable Data Breaches) Act 2022***.

7.4. It is important to understand the very serious consequences of disclosing personal information to people who are not authorised to have that information. All staff are expected to maintain the highest professional standards in handling personal information and be familiar with the privacy and social media policies. Village Baxter considers a data breach to be a very serious issue that will likely result in disciplinary action for serious misconduct being taken and a referral to the relevant law enforcement authorities.

7.5. If you have any questions about the information above or how to handle personal information, please see the Directors of Nursing or the CEO who can assist you.

8. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number: 320	
Title: Open Disclosure	
Owner: CEO	
Review Date: August 2022	Policy Risk Rating: Low

1. POLICY

- 1.1. Open discussions with consumers, their family, carers and other support people of incidents that have caused harm, or had the potential to cause harm to the consumer. It involves an expression of regret and a factual explanation of what happened, the potential consequences and what steps are being taken to manage this and prevent it happening again
- 1.2. The Aged Care Quality and Safety Commission describes open disclosure as ‘the open discussion that an aged care provider has with people receiving aged care services when something goes wrong that has harmed or had the potential to cause harm to a consumer’.
- 1.3. At Village Baxter Open disclosure is managed in the following way:
 - Recognise
 - Acknowledge
 - Regret
 - Explain

2. RECOGNISE

- 2.1. Events for which open disclosure principles may apply will be largely identified through best practice complaints and incident reporting systems.
- 2.2. The events are not confined to clinical or technical errors, but should include clear breaches of policy, incidents, breaches of agreed care plans, quality breaches, missed and incorrect medications, unmet consumer expectations.
- 2.3. Near miss events that could have caused harm should be assessed from the perspective of the Resident / Consumer. For example an uneventful interaction between two Residents with one accidentally pick up the wrong tea cup, not drinking it and apologising to each other is not considered a near miss, however a resident given the incorrect thickness of fluids according to their care plan but not suffering any ill effect or harm should be considered a *near miss* and the Open Disclosure process used to help prevent future harm.

3. ACKNOWLEDGE

Acknowledgement should be attended to quickly and promptly without speculation or blame.

Acknowledgement does not require all of the facts to be established and should be kept to known facts with a reassurance that the matter will be investigated to establish more information. This process should consider if:

- 3.1. The incident breached quality standards, aged care act, Charter of rights.
- 3.2. If there was actual harm?
- 3.3. If the Resident was treated with dignity and respect around the incident
- 3.4. An adverse event that goes beyond technical and clinical errors was involved – from consumer perspective this can include unmet expectations.
- 3.5. Near miss – events which could have caused harm from a consumers perspective
- 3.6. Recognition of clear breaches of policy, procedure, incidents and care plans, quality breaches, missed and incorrect medications.

Acknowledgement should disclose properly and explain what has happened simply.

4. REGRET

- 4.1. Apology recognises the Residents humanity and dignity, it is not an admission of guilt or assignment of blame. An initial apology before the facts are established should be approached in the same manner as initial reaction to offer condolences to a friend.
- 4.2. Some examples of conversations could begin with:
 - 4.2.1. I'm really sorry this happened, I'm really sorry you experienced (issue) this is why it happened (explain), this is how we prevent this from happening again
 - 4.2.2. I don't know all the facts but this should not have happened. We will find out why this happened.

5. EXPLAIN

- 5.1. Before an explanation is give the following should be considered:
 - 5.1.1. Prepare first and ensure that the information is in clear, easy to understand language.
 - 5.1.2. Be aware of protecting both Consumer rights and staff workplace rights
 - 5.1.3. Do a root cause analysis – note that this is not a root cause analysis about systems it is about this single incident. (QA activities are generally protected from open disclosure)
 - 5.1.4. Are care plans, incident reports up to date?
 - 5.1.5. Stick to known facts

- 5.1.6. OD is about an individual's information and the information's and actions around the individual's incident. OD is not about systems and system analysis information, this can be addressed later as a QA activity. It is confined to individual residents and their own personal experience.
- 5.1.7. Any disclosure about third parties and facility staff should be protected and consent is needed before it is disclosed as part of OD
- 5.1.8. Be conscious about defamation and slander – be careful about how the event is explained to ensure that others are not defamed.
- 5.2. Clearly document the explanation and close this out with a written communication to the Consumer / Representative for all serious issues and where else as required.

6. RELATED POLICIES AND DOCUMENTS

- Nil

Policy Number:	321		
Title:	Whistleblower Policy		
Owner:	CEO		
Review Date:	September 2022	Policy Risk Rating:	Low

1. PURPOSE

The Board of Baptist Village Baxter Ltd. t/as The Village Baxter is committed to operating legally (in accordance with applicable legislation and regulation), properly (in accordance with organisational policy and procedures), and ethically (in accordance with recognised ethical principles). Employees are expected to cooperate with the organisation in maintaining legal, proper, and ethical operations, if necessary by reporting non-compliant actions by other people. Correspondingly, employees who do assist in maintaining legal, proper, and ethical operations should not be penalised in any way.

The purpose of this policy is to:

- 1.1. encourage the reporting of matters that may cause harm to individuals or financial or non-financial loss to Baptist Village Baxter Ltd or damage to its reputation;
- 1.2. enable Baptist Village Baxter Ltd. to deal with reports from whistleblowers in a way that will protect the identity of the whistleblower and provide for the secure storage of the information provided;
- 1.3. establish the policies for protecting whistleblowers against reprisal by any person internal or external to the entity;
- 1.4. provide for the appropriate infrastructure;
- 1.5. help to ensure Baptist Village Baxter Ltd maintains the highest standards of ethical behaviour and integrity

2. POLICY

- 2.1. Concerns regarding improper, unethical, illegal or corrupt behaviour

Where an employee of Baptist Village Baxter Ltd believes in good faith on reasonable grounds that any other employee, volunteer, or contractor has breached any provision of the general law that employee must report their concern to:

- their supervisor: or, if they feel that their supervisor may be complicit in the breach
- the CEO or CEO: or, if they feel that the CEO or CEO may be complicit in the breach
- the organisation’s nominated Whistleblower Protection Officer (HR Manager); or, if they feel this to be necessary,
- a person or office independent of the organisation nominated by the organisation to receive such information, or

- the duly constituted authorities responsible for the enforcement of the law in the relevant area
- 2.2. The person making their concern known shall not suffer any sanctions from the organisation on account of their actions in this regard provided that their actions:
- are in good faith, and
 - are based on reasonable grounds, and
 - conform to the designated procedures
- 2.3. Any person within the organisation to whom such a disclosure is made shall:
- if they believe the behaviour complained of to be unquestionably trivial or fanciful, dismiss the allegation and notify the person making the allegation of their decision;
 - if they believe the behaviour complained of to be neither trivial nor fanciful, ensure that the allegation is investigated, a finding is made, and the person making the allegation is informed of the finding
- 2.4. Any such investigation shall observe the rules of natural justice and the provisions of procedural fairness.
- 2.5. Disclosures may be made anonymously, and this anonymity shall as far as possible be preserved by the organisation.

3. PROCEDURE

- 3.1. A whistleblower is a person (being a director, manager, employee or contractor of Baptist Village Baxter Ltd.) who, whether anonymously or not, makes, attempts to make or wishes to make a report in connection with reportable conduct and wishes to avail themselves of protection against reprisal for having made the report.
- 3.2. Breaches of general law, organisational policy, or generally recognised principles of ethics include:
- corrupt conduct
 - fraud or theft
 - official misconduct
 - maladministration
 - harassment or unlawful discrimination
 - serious and substantial waste of public resources
 - practices endangering the health or safety of the staff, volunteers, or the general public
 - practices endangering the environment

Complaints regarding occupational health and safety should where possible be made through the organisation's occupational health and safety procedures.

3.3. External Reporting Entities

The Board may nominate external persons to whom or agencies to which disclosures may be made under the protections offered under this policy. Where such a nomination is made, staff and volunteers should be informed by any appropriate method.

3.4. Reporting

3.4.1. Where an employee of Baptist Village Baxter Ltd believes in good faith on reasonable grounds that any other employee, volunteer, or contractor has breached general law, organisational policy, or generally recognised principles of ethics, that employee must report their concern to

- their supervisor: or, if they feel that their supervisor may be complicit in the breach,
- the CEO or CEO: or, if they feel that the CEO or CEO may be complicit in the breach,
- the organisation's nominated Whistleblower Protection Officer, or
- a person or office independent of the organisation nominated by the organisation to receive such information, that person or office being Baptist Village Baxter Ltd; or (where a breach of general law is alleged)
- the duly constituted legal authorities responsible for the enforcement of the law in the relevant area.

3.4.2. These procedures do not authorise any employee to inform commercial media or social media of their concern, and do not offer protection to any employee who does so, unless

- it is not feasible for employees to report internally, or
- existing reporting channels have failed to deal with issues effectively

3.4.3. Any person reporting such a breach should be informed that

- as far as lies in the organisation's power, the employee will not be disadvantaged for the act of making such a report; and
- if the complainant wishes to make their complaint anonymously, their wish shall be honoured except insofar as it may be overridden by due process of law; however,
- reporting such a breach does not necessarily absolve the complainant from the consequences of any involvement on their own part in the misconduct complained of

3.4.4. Any such report should where possible be in writing and should contain, as appropriate, details of

- the nature of the alleged breach;
- the person or persons responsible for the breach;

- the facts on which the complainants' belief that a breach has occurred, and has been committed by the person named, are founded;
- the nature and whereabouts of any further evidence that would substantiate the complainant's allegations, if known

3.4.5. Evidence to support such concerns should be brought forward at this time if it exists. The absence of such evidence will be taken into account in subsequent consideration of whether to open an investigation into the matter. However, absence of such evidence is not an absolute bar to the activation of the organisation's investigative procedures. The existence of such a concern is sufficient to trigger reporting responsibilities.

3.4.6. In contemplating the use of this policy a person should consider whether the matter of concern may be more appropriately raised under either the organisation's constitutional grievance procedures or its disputes resolution policy.

3.5. Anonymity

3.5.1. If the complainant wishes to make their complaint anonymously, their wish shall be honoured except insofar as it may be overridden by due process of law.

The complainant should, however, be informed that the maintenance of such anonymity may make it less likely that the alleged breach can be substantiated in any subsequent investigation.

3.5.2. Where anonymity has been requested the complainant is required to maintain confidentiality regarding the issue on their own account and to refrain from discussing the matter with any unauthorized persons.

3.6. Investigation

3.6.1. On receiving a report of a breach, the person to whom the disclosure is made shall

- if they believe the behaviour complained of to be unquestionably trivial or fanciful, dismiss the allegation and notify the person making the allegation of their decision
- if they believe the behaviour complained of to be neither trivial nor fanciful, put in motion the investigation process described below.

3.6.2. The person to whom the disclosure was made shall notify the CEO, who shall be responsible for ensuring that an investigation of the charges is established and adequately resourced.

3.6.3. Terms of reference for the investigation will be drawn up, in consultation with the CEO, to clarify the key issues to be investigated.

- 3.6.4. An investigation plan will be developed to ensure all relevant questions are addressed, the scale of the investigation is in proportion to the seriousness of the allegation(s) and sufficient resources are allocated.
 - 3.6.5. Strict security will be maintained during the investigative process.
 - 3.6.6. All information obtained will be properly secured to prevent unauthorised access.
 - 3.6.7. All relevant witnesses will be interviewed and documents examined.
 - 3.6.8. Contemporaneous notes of all discussions, phone calls and interviews will be made.
 - 3.6.9. Where possible, interviews will be taped.
 - 3.6.10. The principles of procedural fairness (natural justice) will be observed¹. In particular, where adverse comment about a person is likely to be included in a report, the person affected will be given an opportunity to comment beforehand and any comments will be considered before the report is finalised.
 - 3.6.11. The person or persons conducting the investigation shall be as far as possible unbiased.
- 3.7. Findings
- 3.7.1. A report will be prepared when an investigation is complete. This report will include
 - the allegations
 - a statement of all relevant findings of fact and the evidence relied upon in reaching any conclusions
 - the conclusions reached (including the damage caused, if any, and the impact on the organisation and other affected parties) and their basis
 - recommendations based on those conclusions to address any wrongdoing identified and any other matters arising during the investigation.
 - 3.7.2. The report will be provided to the person making the allegation (with, if necessary, any applicable confidentiality stipulations).
- 3.8. Protection of Informant
- Where the investigation has found that the person making the allegation made it in good faith on reasonable grounds, the CEO or CEO shall designate an officer to be responsible for ensuring that the person suffers no employment-related disadvantage on account of their actions in this matter and to provide additional support for the person where necessary.
- 4. Related Policies and Documents**
- [Public Interest Disclosure Act 2013](#) (Australia)
 - [Protected Disclosure Act 2012](#) (Victoria)
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ADMINISTRATION