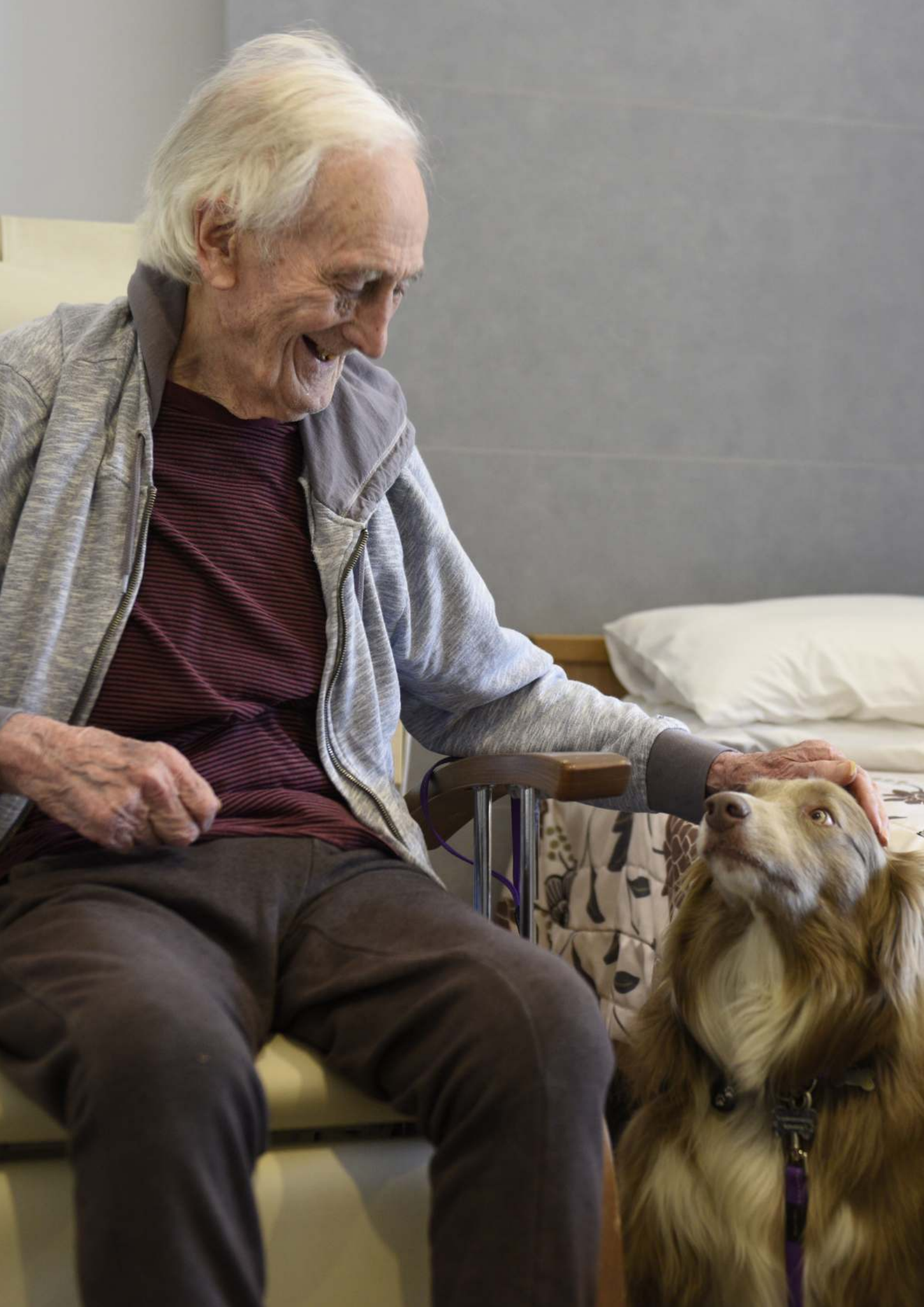
harbison
Heart & Home

HANDBOOK

2021

You are our reason for being.



Welcome from Katie Constantinou on behalf of the Board

On behalf of the Board of Directors, welcome to Harbison!

Whether you have joined as a staff member, manager, volunteer, or contractor, we are delighted that you have chosen to share your skills, experience, and expertise with us as, together, we create the best place to grow old in the Southern Highlands. Or perhaps you are a new resident or family member of a resident – thank you for entrusting us with your care and joining our Harbison community.

As with any community, it is important that we have a shared set of values, understand how and why we contribute to our community, and feel a sense of purpose and belonging. In our Harbison community, this means we all have a role to play to ensure that we are always delivering safe and quality care for each of our unique residents.

As the Chair of our Board of Directors, I thought I would take a moment then to let you know about the role the Board plays in the Harbison community, our responsibilities and expectations as the governing body of Harbison, and where we fit into the broader organisation.

Harbison is a company limited by guarantee

As with other Boards, each Director has responsibilities and obligations under the *Corporations Act 2001* in relation to the financial performance and governance of the organisation.

Harbison is also a registered charity

As such, the Board has additional legal and financial responsibilities under the *Australian Charities and Not-for-Profit Commission Act 2012* to maintain Harbison's objectives, realised through Harbison's strategic plan, and status as a charitable organisation.

Harbison is an organisation delivering care and services

Perhaps most importantly, Harbison is an organisation delivering aged care services, and the Board has further responsibilities to ensure Harbison's services are delivered in accordance with the aged care legislation, including the Aged Care Quality Standards, and to uphold the *Charter of Aged Care Rights* in relation to each and every resident of Harbison.

Our commitment and expectation

The Board takes an active role in working with the CEO (to whom the day-to-day operations of Harbison are delegated) and is committed to ensuring that all these responsibilities translate into a culture of safe, inclusive, and quality care for every resident; and that our residents, their representatives, and the Harbison workforce are involved in the development, delivery and evaluation of the care and services Harbison provides.

We do this by monitoring that Harbison's systems, processes and policies support transparent, accountable, and consistent service delivery. This includes through Harbison's IT systems, human resources, risk and incident management (including abuse and neglect), Harbison's clinical governance framework (including our role in antimicrobial stewardship), and feedback and complaints.

We recognise that issues arise sometimes which must be addressed and learnt from and, from the Board down, we strongly encourage a culture of open disclosure and continuous improvement. If you see something that concerns you – whether it be related to resident care, a workplace hazard, or something else that just does not seem right – and whether you are a staff member, volunteer, resident, or family member, please step forward and say something.

There is no doubt that we have high expectations of both the Board's performance and that of our entire workforce to ensure the delivery of the safe and quality care and support that Harbison residents deserve. We also expect residents and their representatives to partner with us to build a relationship of mutual respect and understanding.

You are our reason for being

We thank our workforce – staff, contractors, and volunteers – for your commitment to meeting those high standards each time you come to work. We thank our residents and their families for entrusting us with your care – you are our reason for being.

I would like to close my message with a final request – if you should see me or another Board Director of Harbison during one of our on-site visits, please say hello and introduce yourself. We would be pleased to talk with you about *your* role in the Harbison community, to hear about *your* experiences and to receive your ideas and feedback.

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OPTIMISM

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Introduction

This handbook is designed to help you understand our residential aged care and services. It outlines key policies which govern our organisation and describes our model of care.

Harbison is a community-owned not-for-profit approved aged care provider which is committed to safe and quality care and services. We receive Commonwealth Government funding for the care and services we provide and can reinvest any surplus in accordance with the objects set out in our Constitution because we do not pay dividends to shareholders. In addition to providing aged care, we are a registered NDIS provider and can provide disability support to residents who are NDIS participants.

We have two locations on the traditional lands of the Gundungurra people, at Moss Vale and Burradoo (Bowral), in the Southern Highlands of NSW. We employ more than 300 people and provide residential care to almost as many. We have registered nurses on site 24-hours a day. More than half our residents live with dementia, so we place high importance on dementia awareness and education for staff, residents, and families. We also focus on providing the best available palliative care which goes beyond end-of-life care to ensure that every resident can optimise their quality of life regardless of any life-limiting condition.

Our model of care is based on philosophies of human rights, person-centred care, reablement, and ageing-in-place. We focus on understanding the needs, preferences, and goals of each resident and individualising care and services to best meet those requirements. The goal of aged care is not to cure, but to (1) optimise quality of life (i.e., maximum cognitive, psychological, physical, and social function), (2) to avoid secondary conditions, and (3) to minimise distressing symptoms. This is how we do it.

The Aged Care Act

Unlike hospitals, which are controlled by state and territory governments, residential aged care is regulated by the Commonwealth Government. Residential aged care is more home-like than hospital-like, even though nursing occurs in the home.

The Aged Care Act 1997 (Act) sets out who can provide government-funded aged care and what care and services must be provided in return for funding. In addition to the normal responsibilities of any business, the Act sets out our responsibilities about the quality of care we provide, the rights of people receiving our care, and accountability for the care and services we provide.

Aged Care Quality Standards

The Aged Care Quality Standards (Quality Standards) set out minimum standards for *how* we provide care and services. Staff are provided with training and support to understand and meet the Quality Standards. Compliance with the Quality Standards is a condition of employment at Harbison.

There are eight Quality Standards which include 42 requirements in relation to dignity and choice, ongoing care assessment and planning, personal and clinical care, services and supports for daily living, the service environment, feedback and complaints, human resources, and organisational governance.

The Charter of Aged Care Rights

In Australia, a person's rights do not diminish when they enter care. Under the Charter of Aged Care Rights (Charter) every resident has the right to:

1. safe and high-quality care and services
2. be treated with dignity and respect
3. have their identity, culture and diversity valued and supported
4. live without abuse and neglect
5. be informed about their care and services in a way they understand
6. access all information about themself, including information about their rights, care, and services
7. have control over and make choices about their care, and personal and social life, including where the choices involve personal risk
8. have control over, and make decisions about, the personal aspects of their daily life, financial affairs, and possessions
9. their independence
10. be listened to and understood
11. have a person of their choice, including an aged care advocate, support them or speak on their behalf
12. complain free from reprisal, and to have their complaints dealt with fairly and promptly
13. personal privacy and to have their personal information protected
14. exercise their rights without it adversely affecting the way they are treated

We provide a copy of the Charter to each resident and our staff are expected to assist them to understand their rights and how they apply at Harbison. Residents have the option to sign a copy of the Charter to acknowledge receipt of their copy and that they understand their rights and how they apply at Harbison.

In addition to these rights, our residential care agreements set out the contractual rights and responsibilities of each resident in accordance with the Act. These rights include security of tenure.

The Aged Care Quality and Safety Commission

As an approved provider we are accountable to The Aged Care Quality and Safety Commission (Commission) for meeting our responsibilities under the Act, Quality Standards, and Charter. We are also accountable to the NDIS Quality and Safeguards Commission (NDIS Commission) for the care we provide to NDIS participants.

The Commission regularly assesses our performance against the Quality Standards and may revoke our approval for government-subsidised aged care (accreditation) if we do not meet the requirements of the Quality Standards. Assessors from the Commission may visit Harbison any time to audit our records and speak with residents and their representatives and our staff. What they hear about our care and services is at least as important as what they observe or read.

An ethical basis for good care

In addition to the regulatory basis for providing safe and quality care and services, we believe there is also an ethical basis for providing good care. It is simply what our residents deserve and should expect.

We are all strangers when we arrive at Harbison. We recognise that we all have different backgrounds, histories, and education which means we each understand problems, and therefore solutions, differently. We value these differences and use them to our advantage in collaborative practice (refer to the *Interprofessional Practice and Education* section below).

To unite us, we promote our purpose (we exist to help our residents, and the people who care for them, with help which is meaningful to them), guiding principles (contained in legislation, standards, and policies), and a set of core values (goals) which together create an ethical framework to support good decision making, a positive workplace culture, and teamwork.

As a member of the Harbison team, we expect you to behave consistently with our values, to respect and apply our principles, and to always keep our purpose firmly in sight.

HARBISON VALUES

We expect all staff to continuously demonstrate our core values and use them to help make good choices about the way they work.

Respect

We believe each person is unique and worthy of respect, dignity, and inclusion. We respect this individuality by being sensitive to each other's feelings, and treat each other with consideration, kindness, and compassion. We listen and are patient. When we share respect, we enhance well-being and transform lives.

Optimism

We choose a positive outlook and take a hopeful view of the world. We find positivity in tough times. We see the good things first and anticipate a better future. We believe in the ability of people to strive for better lives. We look at challenges from all angles and look for the opportunities. Optimism is what allows us to persist, be resilient and to inspire those around us.

Authenticity

We are true to our cause and are genuine in everything we do. We courageously do the right thing. Our heartfelt approach is sincere, honest, and trustworthy. We genuinely care. We are open, down-to-earth and say what we mean. We reliably honour our commitments.

Dedication

We are whole-heartedly devoted to making a difference in the lives of older people. Our dedication spurs us to go the extra mile. We are committed, engaged, hard-working and reliable. With dynamic enthusiasm, we are responsive, look for opportunities and make things happen. We are full of energy and love what we do.

An easy way to remember our values is to remember that the first letter of each value spells ROAD.

OUR COMMITMENT TO EXCELLENCE IN THE WAY OUR CARE AND SERVICES ARE EXPERIENCED

We have set six goals to support our staff to provide the best possible experience for everyone at Harbison. We always expect behaviour that is intended to achieve these goals.

Personalisation

Using individual attention to establish an emotional connection.

Integrity

Being trustworthy and engendering trust.

Expectations

Managing, meeting, and exceeding expectations.

Resolution

Turning a poor experience into a great one.

Time and effort

Minimising effort and creating frictionless processes.

Empathy

Achieving an understanding of another person's circumstances to drive deep rapport.

Dignity, respect, independence, choice, and diversity

Everyone at Harbison must always be treated with dignity and respect, with their identity and cultural diversity valued. We are an inclusive organisation and strive to ensure our workplace, care and services are always culturally safe. Our Dignity & Choice Policy supports these objectives.

Except in an emergency, we expect staff to knock and ask for permission before they enter a resident's room and to ask whether there is anything else they can do before they leave the room. We expect staff to spend time with residents to learn and understand their needs, goals, and preferences, and we expect staff to document, share, and use that knowledge so we can meet those needs, goals, and preferences to the best of our ability.

SPECIAL NEEDS GROUPS

We are all special, but there are ten recognised groups of people with special needs:

1. Aboriginal and Torres Strait Islander (ATSI) people
2. People from culturally and linguistically diverse backgrounds (CALD)
3. People who live in rural or remote areas
4. People who are financially or socially disadvantaged
5. Veterans, including their spouse, widow, or widower
6. People who are homeless or at risk of becoming homeless
7. Care leavers e.g., Forgotten Australians, Stolen Generations, Former Child Migrants
8. People separated from their children by forced adoption or removal
9. People who identify as lesbian, gay, bisexual, transgender, or intersex (LGBTI)
10. People of a kind (if any) specified in the Allocation Principles

If you identify with these or any other communities with special needs, please know that you are in a safe place at Harbison and your individuality and diversity is valued. We will not disclose your special needs status without your consent and are committed to meeting your individual needs to the best of our ability.

We provide staff with training about how to respect and support people with special needs and will refer people with special needs to external organisations for additional support when necessary and appropriate. Our Culturally Safe Care & Services Policy supports these objectives.

CHOICE AND INDEPENDENCE

Our staff must help residents exercise choice and independence. This help includes help to make decisions about their own care and the way we deliver their care and services, help to make decisions about when family, friends, carers, or others should be involved in their care, help to communicate their decisions, and help to make connections with others and maintain the relationships (including intimate relationships) they choose.

If a resident cannot make their own decisions (or chooses not to), then a substitute decision-maker will be identified e.g., an enduring guardian or responsible person for health and lifestyle decisions or an enduring power of attorney for financial decisions.

We require substitute decision-makers to be confirmed in writing during the admissions process regardless of a resident's decision-making capacity at admission. When we refer to resident choice in this handbook we include their substitute decision-maker, if appropriate.

Our Choice & Independence Policy, Care & Service Delivery Policy, Partnering with Carers & Other Representatives Policy, Supporting Consumer Decision Making Policy, and Supporting Consumer Relationships Policy support these objectives.

Dignity of risk

Our staff are trained to support residents to take risks to enable them to live their best life, provided the choice to accept the risk is informed and the risk does not unreasonably threaten safety or security, breach our duty of care, or unreasonably burden other people or the organisation. Our Managing Consumer Risks Policy supports this objective.

Informed choice

Before we request consent from a resident, our staff always provide information which is current, accurate, timely, and in a form which they can understand and use to make their choice. We recognise that consent is at a point in time and may change, so we will sometimes ask for consent more than once and allow residents to withdraw their consent anytime. Our Consumer Information Management Policy supports this objective and includes the consent form we generally use to document informed choice.

RESIDENT PRIVACY AND CONFIDENTIALITY

Staff are always required to respect and maintain the privacy and confidentiality of each resident as a condition of their employment by Harbison. *The Privacy Act 1988* protects personal information and makes Harbison accountable for privacy breaches. We keep information about residents in secure data systems which permit access to authorised staff for the purpose of providing care and services and other authorised uses. Concerns about privacy can be addressed to the Privacy Officer. Our Privacy & Confidentiality Policy and Customer Service Policy support this objective.

Surveillance

As part of our workplace health and safety and incident management systems Harbison conducts continuous surveillance in public and common areas in accordance with the *Workplace Surveillance Act 2005* (NSW) (Workplace Surveillance Act) and our Surveillance Policy.

Recordings are protected by the *Listening Devices Act 1984* (NSW). They may be accessed by authorised managers and be disclosed in accordance with the Workplace Surveillance Act. Any personal information collected is handled in accordance with our Privacy & Confidentiality Policy. Information gathered by surveillance may not be used for personal gain or advantage but may be used to confirm or deny incidents or allegations to ensure we respond appropriately.

Our nurse call systems form part of our surveillance system, and may be used to e.g., detect falls, summon emergency assistance, or confirm the presence or location of people and equipment.

The mode of surveillance includes multiple audio-visual cameras which are clearly visible on walls and ceilings. We hope our cameras act as a deterrent to unlawful activity and reduce safety and

security risks. We do not permit or use cameras in resident bedrooms or bathrooms.

Applications to install surveillance devices in resident rooms

In limited circumstances we recognise that a resident or their representative may wish to use a surveillance device in their room for the purpose of care. We do not permit this, but the CEO may grant an exception.

Our Surveillance Policy sets out the process for making a Surveillance Request. If consent is granted then the costs of installing, operating, and maintaining the approved surveillance device will be paid by the resident or their representative, and signage will be installed to notify others of the surveillance. Any information recorded by an approved surveillance device remains the property of Harbison and may only be accessed by third parties for approved purposes.

Care assessment and planning

UNDERSTANDING AND ADDRESSING RISKS TO HEALTH AND WELLBEING

The safety and effectiveness of our care and services depends on ongoing assessment and planning, including assessment of risks to resident health and wellbeing. Our Assessment & Planning - Safe Delivery Policy supports this objective.

Pre-admission assessment

Assessment of needs, goals, and preferences usually begins before admission. Our Admissions team works with new residents and the people they choose to involve in their care to ensure our Care Planning team has a good understanding of needs, goals, and preferences when care commences.

Pre-admission assessment is comprehensive and may include preferred name, date-of-birth, health insurance details, contact information, reasons for admission, expectations for care, general practitioner details, dentist details, medical history, medical diagnoses, allergies, mental health history, cognitive difficulties or diagnosis, advocacy arrangements, permissions to share information with others, communication and decision making preferences, restrictive practices, substitute decision making arrangements, functional abilities and supports e.g., spectacles and hearing aids, respiratory issues, eating/drinking/nutritional requirements and preferences, denture status, height and weight, malnutrition (if any), toilet needs and issues, personal hygiene preferences, mobility issues, falls risk and history, wandering history, skin integrity, social history and preferences, sleeping information, sexuality information, footcare, ongoing healthcare, emergency preferences, current medication and compliance history, advance care preferences, and arrangements in the event of death.

Day-1 assessments

On the day which care commences, Registered Nurses on our Care Planning team, with support from e.g., our Allied Health team, are responsible for overseeing completion of a range of high priority assessments including:

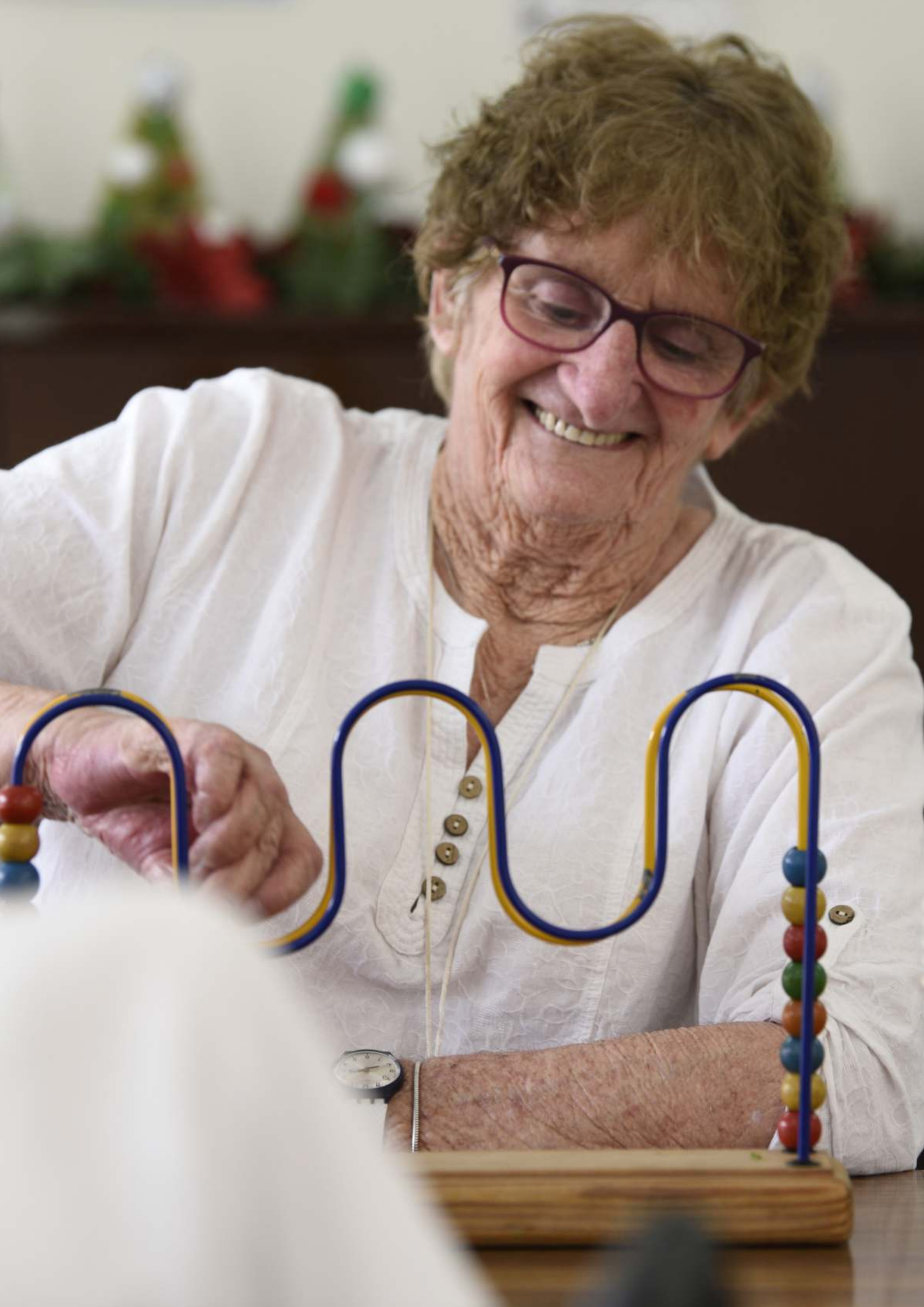
1. Edit Details which provides care staff with a summary of salient information about the resident, including a photo of the resident
2. Contact Details to ensure we have current details for e.g., GP, next-of-kin
3. Dependency which covers a wide range of needs
4. Nutrition to ensure our Catering team can meet special needs e.g. diabetes, texture modification, fluid thickening, and likes and dislikes
5. MUST score to screen for malnutrition
6. PEEP (personal emergency evacuation plan) form to record emergency evacuation needs
7. Pain
8. Waterlow to assess pressure area risk
9. Falls Risk
10. Choking Risk
11. General Risk for risks not covered by specific assessments
12. Mobility and Function
13. Physical Mobility Scale
14. Quick Care Plan to create an interim care plan pending completion of the full range of appropriate assessments
15. Planned Care Day which provides staff with a roadmap to provide the care which is right for the resident and congruent with their assessed care needs and preferences

Other assessments

A range of other assessments are used to ensure each resident's care plan and planned care day meets their initial and ongoing needs, goals, and preferences. These assessments may include:

- ACFI used to assess eligibility for Government care subsidy
- Barthel Index which measures functional ability in a range of activities for daily living
- Behaviour Support Plan
- Berg Balance used by Allied Health to assess balance
- Braden Scale to screen for pressure injury risk

- Continence to identify causes of and interventions for incontinence
- Cornell to screen for depression
- Crichton Royal Behavioural Rating Scale to screen for confusion
- Eton Constipation to screen for constipation risk
- Eating and Drinking for residents who develop swallowing problems
- Oral Health
- Personal Hygiene and Toileting which documents the level of assistance required for these activities
- Podiatry used by Podiatrists to document treatment plans and assessments
- Safe Smoking (noting that we are a non-smoking home)
- Self-Medication where a resident wants to self-medicate



The Care Plan

We aim to complete initial assessment within 28-days of care commencing so we can generate a care plan for review and acceptance by the resident or their representative. Once the care plan is agreed it forms the basis for Planned Daily Care, which can be thought of as a schedule, roadmap, or menu to help our care teams provide the right care and services for each resident, every day.

Below is an outline of a typical care plan, to illustrate how we could use the information we collect from assessments:

CARE PLAN DOMAIN	SAMPLE CONTENTS
Behaviour	Cornell score, verbal behaviours, physical behaviours, interventions to support behaviour, Behaviour Support Plan, specialists managing my care
Communication	Sight & visual aids, hearing & hearing aids, language & communication, speech & comprehension, reading & writing, sensory (navigation, touch), interventions to support communication with me, specialists managing my care (hearing, vision), my personal strategies
Continence	Level of assistance, toilet schedule, continence aids, bladder management (including UTI management), bowel management, continence care, equipment
Daily Life & Lifestyle	Psychological activities, spiritual activities, social activities, environment activities, physical activities, 1:1 activity
Death & Dying	Palliative care, advance care plan, advance care directives, pain management, end-of-life preferences
Emotional Support	Family, friends, staff, community, COVID-19 management, visual checks
Medical	E.g., congestive heart failure, diabetes
Maintaining a Safe Environment	Visual checks, call bell, environment, sensors, risk management, evacuation, smoking

CARE PLAN DOMAIN	SAMPLE CONTENTS
Medical	Medical summary, medical conditions (specialised), infection risks, specialist reviews, allergies, alerts, administration of medication, special instructions, monitoring medication, anticoagulant therapy
Mental Capacity	Cognition, PAS score, cognition supports
Mobility	FRAT score, falls history, falls prevention, mobility & dexterity, mobility assistance, transfer, locomotion, bed mobility, equipment, my personal strategies
Food & Fluid	Allergies, diet type, meal preferences, fluid type, eating assistance, drinking assistance, weight monitoring and management, sensory (smell, taste), dining room preferences, equipment, supplements, specialist review
Oral Health	Teeth, mouth, dentures & denture care, oral care, dental review
Pain	Interventions, non-pharmacological e.g., massage, heat, medication, my personal strategies
Personal Care	Preferences, washing and drying, dressing & undressing, hair care & grooming, nail care, foot care, equipment
Podiatry	Review frequency, recommendations, foot care monitoring
Sexuality	Special needs
Skin Integrity	Skin care, skin monitoring, pressure care & repositioning, oedema management, skin integrity risk management, incontinence care, foot care, equipment e.g., air mattress, tubular compression bandage, sheepskin etc, wound care, skin care product preferences, my personal strategies
Sleeping	Rising preference, settling preference, sleep routine, sleep attire, bedding and environment, sleep disruption & resettling preference, overnight incontinence care, morning/ evening routine, continuous positive airway pressure (CPAP) therapy, equipment, my personal strategies
Substitute Decision Making	Enduring Power of Attorney, Enduring Guardian

Care plans may also have sections for specialised care e.g., psychotropic care, diabetic care, oxygen therapy, peg tube feeding, catheter care, tracheotomy, COVID-19 nursing, infectious diseases management, nebuliser care, stoma care, colostomy care, ileostomy care, etc.

The plan should be written in a form that the resident and/or their representative can understand and must use the first person wherever possible. Our Registered Nurses will help people to understand and review their care plan.

Complex care

As the care plan indicates, aged care is complex. Each resident has more than one clinical condition, or comorbidity, and routinely also has behavioural or social needs. Some of these conditions are chronic, and others are acute. Comorbidity reduces independence, safety, and comfort. In managing complex life-limiting conditions we strive to maximise:

- health and wellbeing
- good care experiences
- value and efficiency
- workforce engagement

At Harbison we combine interprofessional education and practice (IPEP) and a person-centred approach to achieve these goals.

Interprofessional Education and Practice

Interprofessional practice (IPP) is a fancy way of saying teamwork. It occurs when two or more professionals learn about, from and with each other and results in collaborative and comprehensive care which our residents can value and should expect. IPP requires collaboration, which is a higher level of engagement than communication or coordination.

Collaboration: "an active and ongoing partnership, often between people from diverse backgrounds, who work together to solve problems or provide services – usually to improve care."[1]

Key roles at Harbison require professional registration e.g., with AHPRA, but Harbison promotes professionalism regardless of role or responsibility. If you have the knowledge and skills to contribute to the physical, mental, and social wellbeing of our residents, then you are a professional.

1. Reeves S et al., 2010, "Teamwork, collaboration, coordination, and networking: Why we need do distinguish between different types of interprofessional practice", Journal of Interprofessional Care, vol.32, no.1.

Interprofessional education (IPE), or interprofessional learning, promotes the knowledge, skills, and attitudes required for IPP. It equips people to be valued members of teams which are focused on safe and high-quality care.

At Harbison it is not enough to be a great nurse, physiotherapist, speech pathologist, dietician, psychologist, podiatrist, dentist, optometrist, audiologist, gerontologist, doctor, geriatrician, personal care provider, chef, kitchen hand, cleaner, handyman, launderer, accountant, or CEO. In addition to the knowledge required by a role, we expect everyone to know how to work as a team and for the team to collaborate with residents and their representatives to plan for great care outcomes.

Harbison provides staff with IPE and promotes guidelines to support effective IPP culture, including:

- Assume positive intent because we all share the same goal
- Be willing to change yourself to achieve change
- Cultivate equality by raising or lowering your ego
- "Can" not "cannot"
- Embrace challenge and face difficulty
- Own your strengths and weaknesses, and how they impact your team, even if it is uncomfortable
- Recognise that we all teach and learn, always
- Speak up and engage because there is nothing wrong with having a different opinion
- We are better together

Person-centred care

Person-centred care can mean many things to many people. This is a summary of how we begin to think about it at Harbison.

The goal of person-centred care is a meaningful life, not just a functional life. It therefore requires a higher level of engagement than patient-centred care. To deliver person-centred care it is essential to know the needs, goals, and preferences of the person so you can keep these things at the centre of everything we do to help that person.

We expect staff to "be present" and provide care and services according to each resident's needs, personality, and abilities in order to maintain and enhance "personhood".

Personhood can be defined as *"a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect, and trust."*[2]

In addition to enhancing personhood in their key relationship with residents, we expect staff to enhance personhood in two other key relationships: their relationship with families and their relationship with other staff. These three key relationships define the context in which we provide care and services.

A starting point for how to do this is to focus on the types of personal interactions which strengthen, nurture, or heal. We expect staff to always model positive care while avoiding negative or neutral care, based on principles originally outlined by Kitwood (1997).

The following examples include positive personal interactions:

1. **Recognition** – making eye contact and/or acknowledging by name and affirming each person as a unique individual
2. **Negotiation** – meaningful consulting about needs, goals, and preferences, even in relation to simple everyday matters, to maximise autonomy and control over care and services
3. **Collaboration** – working together to achieve a goal by involving a person's initiative and ability
4. **Play** – nurturing simple spontaneity and self-expression for its own sake
5. **Timalation** – reassuring contact which makes few demands on the other person
6. **Celebration** – intrinsically joyful moments triggered by a shared mood and freedom from assigned care roles
7. **Relaxation** – slow paced and low intensity interaction when the other person is not able to relax alone
8. **Validation** – empathetically accepting and acknowledging a vulnerable person's subjective reality
9. **Holding** – providing psychological safety and security during psychological distress, even when it is directed at the holder (to help understand the meaning of holding, think about the opposite, withholding)
10. **Facilitation** – enabling another person by providing help, but only the necessary help which may be as little as an encouraging word or gesture, to do what they would otherwise not be able to do

2. Kitwood, T (1997), Dementia Reconsidered: The Person Comes First, Open University Press

These simple examples include types of interactions which staff must always avoid:

1. **Treachery** – deceiving to distract, manipulate, or gain compliance
2. **Disempowerment** – preventing use of an ability or completion of an action
3. **Infantilisation** – patronising elderspeak or actions
4. **Intimidation** – inducing fear by threats or physical abuse
5. **Labelling** – explaining behaviour or basing an interaction on e.g., dementia
6. **Stigmatisation** – treating a person as an outcast
7. **Outpacing** – pressuring by adopting a pace which exceeds capability
8. **Invalidation** – failing to accept or acknowledge subjective reality
9. **Banishment** – physical or psychological exclusion
10. **Objectification** – treating a person as an object
11. **Ignoring** – acting in the presence of a person as if they are not there
12. **Imposition** – forcing, overriding, or denying choice
13. **Withholding** – refusing attention or to meet an evident need
14. **Accusation** – blaming for inability or misunderstanding
15. **Disruption** – sudden intrusion or disruption of action or thought
16. **Mockery** – humiliating, teasing, or joking about a vulnerable person's behaviour
17. **Disparagement** – undermining self-esteem, autonomy, or value

Meaningful moments

The goal of person-centred care is a meaningful life, not just a functional life. We use qualitative audits to measure the amount of meaningful care we achieve. All staff are expected to learn, do, and teach these audits. Our goal is to make every moment count.

UNDERSTANDING AND ADDRESSING NEEDS, GOALS, AND PREFERENCES

The basis for effective ongoing care assessment and planning, including advance care and end-of-life planning if desired, is identifying and addressing the current needs, preferences, and goals of each resident. Our Assessment & Planning - Needs, Goals & Preferences Policy supports this objective.

PARTNERING WITH RESIDENTS, THEIR REPRESENTATIVES, AND OTHER CARE PROVIDERS

To achieve this, we approach care assessment and planning as an ongoing partnership with the resident and any other people they wish to involve, including any other care or service providers the resident has outside Harbison. Our Assessment & Planning: Partnerships Policy, Care & Service Delivery Policy, and Partnering with Carers & Other Representatives Policy support this objective.

If a resident chooses to involve others in their care, those people may participate in many aspects of the resident's care. This includes being informed about upcoming assessments, being present at initial and ongoing assessments, contributing information to assessments, being informed about the aspects of assessments that affect the resident, participating in care where appropriate e.g., assisting with meals, being informed about changes in care needs, advocating on behalf of the resident for evidence-based best-practice care, assisting in care planning including future planning, making complaints on behalf of the resident or assisting the resident to make a complaint, and making complaints about the way we treat them in their role of supporting the resident.

Doctors

Your doctor has a key role in your ongoing care assessment and planning. Residents are responsible for arranging their own general practitioner (GP), who must be prepared to attend Harbison whenever reasonably necessary. Doctors are not employed by Harbison. We require each resident to provide contact information for their GP prior to admission. Our Registered Nurses routinely consult with and take direction from each resident's GP and will support residents to make medical appointments.

An afterhours GP service is available, and our Registered Nurses work with the Rapid Aged Care Engagement & Preparedness

Response (RACER) Team in our Local Health District (LHD). Our Registered Nurses can refer residents to a geriatrician as required.

Bowral & District Hospital

Harbison is part of the South Western Sydney Local Health District (SWSLHD). Our closest public hospital is Bowral & District Hospital (BDH), which is a modern rural hospital providing general medical, surgical, orthopaedics, ophthalmology, geriatric, and emergency services. BDH has links with Sydney hospitals including Liverpool, Fairfield, Bankstown, and Campbelltown hospitals and residents may be referred or transferred to a Sydney hospital if BDH cannot provide the required care.

Our goal is always to minimise the number of unplanned transfers to hospital, subject to advance care directives. Residents should consider their preferences for hospital treatment and ensure their wishes are documented as part of advance care planning.

COMMUNICATING AND DOCUMENTING CARE ASSESSMENT AND PLANNING

Following consultation with a resident, the agreed plan for care and services to address risks to health and wellbeing and meet needs, goals, and preferences must be clearly documented and shared in a form which the resident can understand. The plan must be readily accessible to the resident and the people they choose to include in their ongoing assessment and planning. The plan should anticipate and address clinical deterioration (refer to the *Managing deterioration or change* section in this handbook). Our Assessment & Planning - Communication Policy supports this objective.

Point-of-care record keeping

Where reasonable, we expect staff to practice point-of-care record keeping and explain to residents and their representatives what they are recording and why, and to provide frequent and regular opportunities for residents (and other people they wish to involve) to review and have their say about their care planning and assessment.

REGULAR REVIEW OF ASSESSMENT AND PLANNING

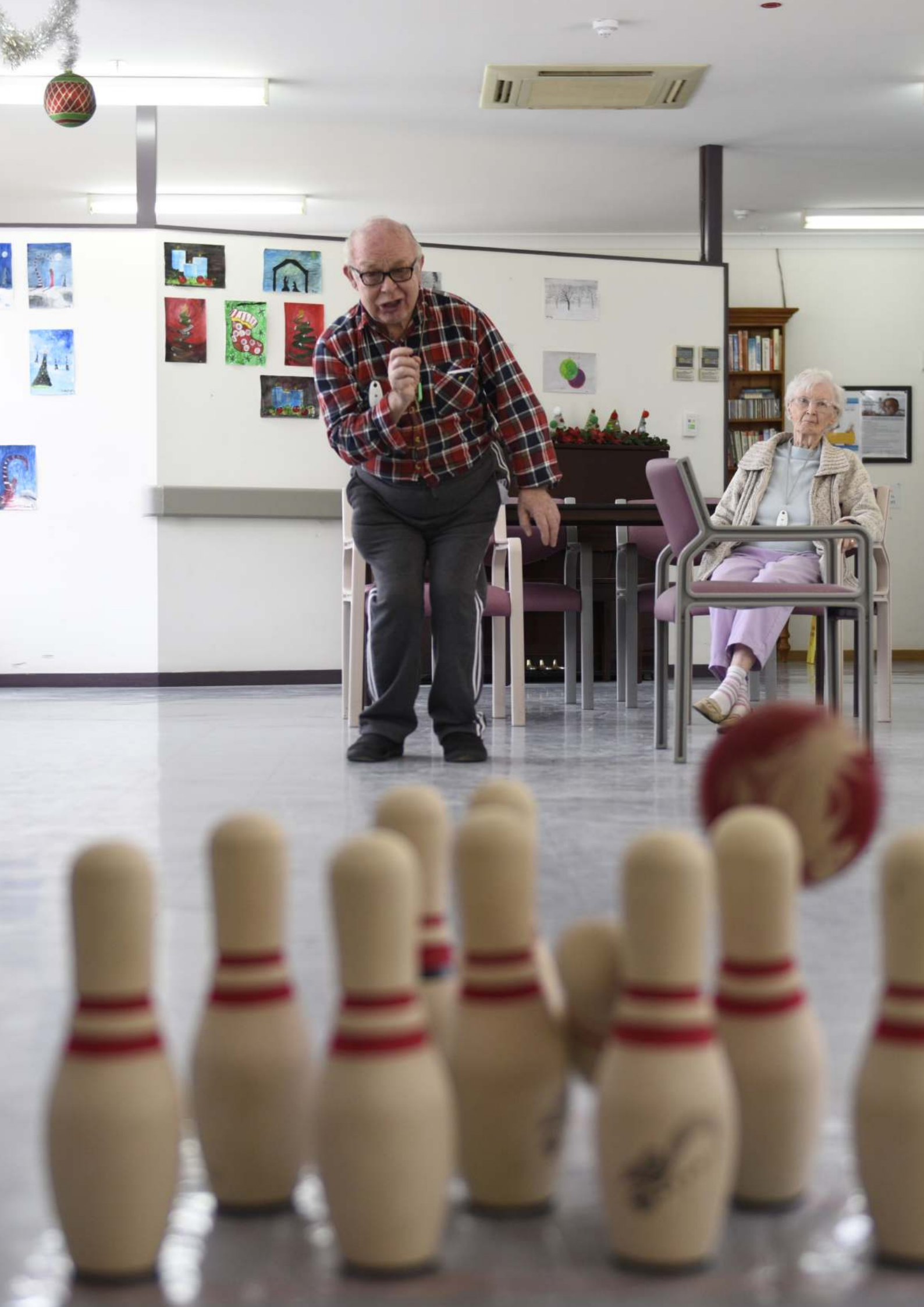
The Registered Nurses in our Care Planning team monitor and review care plans for effectiveness, and initiate reviews when circumstances, needs, goals, or preferences change. Our Assessment & Planning - Reviews Policy supports this objective.

Case conferencing

We use multi-disciplinary case conferences to support ongoing assessment and planning. A case conference must be offered to a resident on admission, at least annually, immediately after clinical deterioration or improvement, at end-of-life, following an incident or near-miss, and on request.

A case conference might routinely include the resident and anyone they choose to involve, their GP or specialist, allied health (e.g., physiotherapist, occupational therapist, speech pathologist, dietician etc), palliative clinical nurse consultant, psychologist, and representatives from our clinical and personal care teams.

We share information about each resident's condition, needs, goals, and preferences within the organisation and with any other person or organisation who shares responsibility for their care. Our Managing Clinical Information Policy supports this objective.



Safe and effective clinical and personal care

For clinical and personal care to be safe and effective it must be evidence-based best practice, tailored to the needs of the individual resident, and optimise their health and wellbeing. Our Personal Care & Clinical Care Policy supports this objective.

HIGH-IMPACT, HIGH-PREVALENCE RISKS

We identify, assess, and control any high-impact or high-prevalence risks associated with the care of each resident. These risks include:

- choking and dysphagia
- continence management
- falls
- medication management
- pain management
- skin care and wound management
- behaviour management
- delirium
- mental illness
- hearing loss
- restrictive practices

Our High-Risk Care Policy supports the effective management of these and other high-impact, high-prevalence risks.

Restrictive Practices

We minimise the use of five restrictive practices:

1. physical restraint
2. chemical (medication) restraint
3. environmental restraint
4. mechanical restraint
5. seclusion

We promote a restraint-free environment, and only use restrictive practices as a last resort and in the least restrictive way. If care requires the use of a restrictive practice, then a Behaviour Support Plan must be added to the care plan. Our Restrictive Practices Policy and Clinical Governance Framework support the minimisation of restrictive practices.

Serious Incident Response Scheme

Under the Serious Incidents Response Scheme (SIRS), we are required to have an effective incident management system which minimises the risk of, and responds to, incidents which occur in residential aged care. The system is a set of policies and procedures which staff are trained to use to ensure a systemic approach to incident management.

SIRS also requires us to report some types of incidents to the Commission. Reportable incidents involve:

1. Unreasonable use of force
2. Unlawful sexual contact
3. Psychological or emotional abuse
4. Unexpected death
5. Stealing or financial coercion by staff
6. Neglect
7. Inappropriate chemical or physical restraint
8. Unexplained absence from care

Any incident which is, or has the potential to be, reportable must be immediately reported to the Director of Clinical Care and CEO. Our Incident Management Policy supports this objective.

Quality indicators

We record, analyse, and monitor quantitative clinical data to improve care and services. We benchmark our performance against other providers with the goal of meeting or exceeding all benchmarks. We report quality indicators to our Board, our Medical Advisory Committee, and to the National Aged Care Mandatory Quality Indicator Program (QI Program). We share our results with staff, residents, and their representatives. We use these indicators as one tool to measure and monitor high-impact and high-prevalence risks.

We also use qualitative indicators, like surveys and feedback, which you can read more about in the *Feedback and complaints* section of this handbook.

END-OF-LIFE CARE

We employ Palliative Clinical Nurse Consultants in our team as part of our commitment to maximising comfort and dignity at end-of-life. We seek to understand the needs, goals, and preferences of each resident in relation to end-of-life care and encourage residents to begin their conversation about end-of-life care with us as early as possible to ensure we can provide them with the care which is right for them. Our End-of-Life Care Policy supports this objective.

Voluntary assisted dying

Voluntary assisted dying, or euthanasia, is illegal in NSW.

MANAGING DETERIORATION OR CHANGE

Our Registered Nurses and other care providers are required to recognise and respond to deterioration or change in a timely manner. This includes changes in mental health, cognitive or physical function, capacity, or condition. Our Deterioration & Health Changes Policy supports this objective.

Enduring power of attorney and enduring guardian

We strongly encourage residents to appoint an enduring power of attorney and enduring guardian in case they lose the capacity to make their own decisions.

An enduring guardian is the person legally appointed to make decisions about health and lifestyle in the event you cannot make those decisions yourself. An enduring power of attorney is a legal document that gives a person or trustee organisation the legal authority to manage your assets and make financial and legal decisions on your behalf, even if you lose the ability to make those decisions yourself.

In the absence of an enduring power of attorney or enduring guardian, Harbison may apply to the NSW Civil & Administrative Tribunal for guardianship orders and/or financial management. This may occur if there is doubt about who is the proper substitute decision maker if a resident loses the capacity to make their own decisions or if there is no appropriate substitute decision-maker.

Guardians may not make decisions while a resident has the capacity to make their own decisions, and they may not make financial or legal decisions, or decisions which are illegal or relate to special treatments or an advance care directive or will.

A power of attorney does not grant the right to make decisions in relation to lifestyle or healthcare.

To ensure you make appropriate arrangements for any loss of decision-making capacity, we recommend independent legal advice, the NSW Civil and Administrative Tribunal (ph. 1300 006 228 or www ncat nsw.gov.au), or the NSW Trustee & Guardian (ph. 1300 109 290 or www tag nsw.gov.au).

Advance care planning

Advance care planning is an important process for residents and their families and the people and organisations who care for them. It involves talking about the values and wishes of someone in relation to the type of healthcare they want if they become unwell and cannot say what they want.

Like enduring guardianship, power of attorney, and a will, advance care planning is simply part of planning for the future. In NSW advance care planning is regulated by common law and there is no prescribed form for recording your wishes. Our Registered Nurses can help with advance care planning.

CLINICAL REFERRALS

We will make timely and appropriate referrals to other care and service providers. Our Clinical Referrals Policy supports this objective.

INFECTION PREVENTION & CONTROL

Infection prevention and control (IPC) protocols are critical in any residential care setting because communicable disease can transmit quickly and infect large numbers of vulnerable residents and staff. Everyone at Harbison, including residents and visitors, has a shared responsibility to always practice careful IPC. Our Minimising Infection Risks Policy supports this objective.

Approved visitor status

We provide information and training regularly, and visitors who complete prescribed training are awarded Approved Visitor Status which means they can visit more freely than other visitors.

IPC competence is a condition of employment

Satisfactory completion of IPC training is a condition of employment at Harbison.

Mandatory workforce vaccination

Employees and volunteers are required to have a current influenza vaccination, and employees are required to have a current COVID-19 vaccination. If vaccination is not reasonably available, or if the employee or volunteer is exempt from these requirements e.g., due to absolute contraindication pursuant to the Australian Immunisation Handbook, then they may be stood down or redeployed during an infectious outbreak.

We provide our workforce with access to free influenza vaccination clinics each year. Workers who choose to arrange their own vaccination are required to provide proof of vaccination to the People & Culture Manager. Our Vaccination Policy supports this objective.

Evidence of vaccination

Where proof of vaccination is required from any person, it should be in the form of an immunisation statement or digital certificate from the Australian Immunisation Register.

Resident influenza vaccination

Each year we arrange free influenza vaccination for every clinically eligible resident who chooses to be vaccinated. Our Registered Nurses will coordinate with each resident's GP when the appropriate vaccine becomes available. Influenza season generally runs from March to September each year.

Personal protective equipment

Staff are required to practice standard and transmission-based precautions to prevent and control infection. We provide appropriate personal protective equipment (PPE) and regular donning and doffing training and assessment for this purpose. We hold sufficient PPE on site to manage a large-scale outbreak for at least 72-hours.

Fit testing for P2/N95 masks

We hold stocks of P2/N95 masks as part of our PPE inventory. We do not permit staff to use P2/N95 masks unless they have been provided training and deemed competent about fit testing this class of mask.

Outbreak Management Team

Harbison employs an IPC Coordinator and IPC Leads at each of our homes. These nurses are qualified to train other staff for IPC. We also have an Outbreak Management Team (OMT) which is mobilised under our Outbreak Management Plan when an outbreak is suspected or confirmed.

Once activated, the OMT will ensure that every infected or unwell resident receives the comfort and care they require until the outbreak is resolved, coordinate with GPs and hospitals, and oversee communication with the public health unit and families and representatives of infected or unwell residents. The OMT will also oversee alternative social connections using technology like video meetings.

During an outbreak our focus is on providing care for residents, communicating with families and representatives, and coordinating with public health authorities. Our Outbreak Management Plan requires us to close to visitors to minimise the risk of transmission to the community. We may allow visitors during an outbreak in exceptional circumstances e.g., end-of-life, or on compassionate grounds i.e., where visitors have provided frequent and regular essential care e.g., to a resident living with advanced dementia.

Antimicrobial stewardship

One of the ways we minimise infection risk is by practicing antimicrobial stewardship. This involves promoting appropriate use of antibiotics to achieve effective care while reducing the risk of increasing resistance to antibiotics. Our Antimicrobial Stewardship Policy supports this objective.

Services and supports for daily living

HEALTH, WELLBEING, AND QUALITY OF LIFE

Like clinical care and personal care, services and supports for daily living must be safe and effective and meet the individual needs, goals, and preferences of each resident with the aim of optimising their health, wellbeing (includes emotional, spiritual, and psychological wellbeing), and quality of life. Our Services & Supports Policy and Wellbeing Policy support these objectives.

SOCIAL CONNECTIONS AND MEANINGFUL ACTIVITIES

Our services and supports for daily living assist each resident to participate in their community, within and outside Harbison, maintain social and personal relationships, and do things that are meaningful to them. Our Supporting Social Connections Policy supports these objectives.

Motiview

Harbison is proud to be the first Australian provider to offer residents access to the international virtual cycling Motiview program. The program is designed to support physical and cognitive function and social connection using a library of high-definition films from around the world (including some from the Southern Highlands) and special therapy bikes which can be modified to suit almost anyone, regardless of ability.

Each year, teams of Harbison residents compete in the international Road Worlds for Seniors, which is like the Motiview Olympics for residents living in different countries. Our teams have been recognised by the Prime Minister and Governor General and can meet residents from other countries during the competition.

Cycling Without Age

Harbison is the sponsor of the Southern Highlands chapter of Cycling Without Age (CWA), which is an international movement with thousands of chapters in more than 50 countries.

Ole Kassow, founder of CWA, says:

"We dream of creating a world together, in which the access to active citizenship creates happiness among our fellow elderly citizens by providing them with an opportunity to remain an active part of society and the local community. We do that by giving them the right to wind in their hair, the right to experience the city and nature close up from the bicycle and by giving them an opportunity to tell their story in the environment where they have lived their lives. That way we build bridges between generations and we reinforce trust, respect and the social glue in our society."

Harbison owns two CWA trishaws and depends on volunteers (including staff) to run the program in accordance with the CWA guiding principles of generosity, slowness, storytelling, relationships, and without-age.

Music and Memory

Harbison offers the Music and Memory program as part of our commitment to keeping music and other art forms in the lives of our residents.

Art

Our Art Committee is a group of volunteers who help curate and maintain our art collection. Residents can participate in art classes without any prior experience, and the art class has been recognised in local shows for their talent. We offer pottery classes too!

Mail

Mail is delivered on weekdays and residents may redirect their mail to Harbison by making an application to Australia Post. Each home has a mailbox for outgoing mail. Stamps for domestic letters are included in our basic additional services fee and are from Reception or the General Store.

SHARING INFORMATION ABOUT SERVICES AND SUPPORTS FOR DAILY LIVING

Like clinical and personal care information, we share information about each resident's condition, needs, goals, and preferences within the organisation and with any other person or organisation who shares responsibility for their care. Our Sharing Information Policy supports this objective.

NON-CLINICAL REFERRALS

We will make timely and appropriate referrals to other non-clinical care and service providers. Our Non-clinical Referrals Policy supports this objective.

MEAL EXPERIENCES

We are proud of our catering services, which are overseen by our Executive Chef. We aim to provide each resident with variety, quality, and quantity. Our Meal Quality Policy supports this objective.

Residents are invited to share their meal preferences with the catering team and are free to change their mind anytime. Our menus are reviewed by our Dietitian to ensure they are nutritious, and our Speech Pathologists provide advice about any special requirements in relation to texture modification.

We follow the International Dysphagia Diet Standardisation Initiative (IDDSI) which provides a common terminology to describe food textures and drink thickness.

We aim to provide a complete meal experience, not just healthy and delicious meals. We provide themed meal experiences throughout the year and use food forums to gather feedback which is used to improve menu design. Dietary requirements, personal preferences, and cultural needs will be documented for each resident as part of the care assessment and planning process.

Meals from our café or special requests like room service can be arranged for an additional fee.

Meals are often a great opportunity for residents to exercise their independence and preferences. We encourage residents to eat in the dining rooms, but unwell residents may be served meals in their rooms. In addition to breakfast, lunch, and dinner we offer morning and afternoon tea and supper on request.

Staff are trained to recognise the signs of dehydration and malnutrition, and any concerns should be referred to the Dietitian by a Registered Nurse.

We aim to make each meal experience as homelike as possible and encourage residents and all staff to work together to achieve that goal. Staff may order meals from the kitchens for a nominal cost, and staff who eat with residents may have their meal free of charge.

Food safety

We are risk averse about food safety. All staff are trained in basic food hygiene, and our kitchens are audited by the NSW Food safety Authority each year. We use food safety software to monitor and ensure compliance with food safety regulations.

If your food preferences are adversely impacted by food safety, we may be able to meet your preference if you make an informed choice to accept the risk. Please discuss your needs with a Registered Nurse if this problem affects you.

EQUIPMENT

Harbison can provide residents with equipment to support daily living. Our staff are responsible for ensuring the equipment is safe, suitable, clean, and well-maintained. Staff are trained to use equipment safely and can help residents learn how to use their equipment. Concerns about equipment should be reported by residents immediately using our feedback systems. Staff use maintenance management software to log and track equipment maintenance issues. Our Equipment Policy supports these objectives.

Harbison's physical environment

We strive to make Harbison welcoming and easy to understand. Our staff are expected to always optimise each resident's sense of belonging, independence, interaction with their physical environment, and ability to navigate and function within their home. Our Environment – Friendly & Comfortable Policy supports this objective.

SAFE, CLEAN, WELL-MAINTAINED, AND COMFORTABLE

We aim to provide a homelike environment which is safe, clean, well-maintained, and comfortable. The physical layout should enable residents to move freely indoors and outdoors, and to this end clutter and hazards that might cause slips, trips, or falls must be minimised. Staff are expected to always tidy their workplace regularly and frequently during each shift. Our Environment – Clean & Maintained Policy supports these objectives.

Staff access to resident rooms

Staff may only access resident rooms to provide care and services. Except in an emergency, staff are expected to knock and ask permission to enter and ask if there is anything else they can do before they leave.

Cleaning

Residents must tidy and clean their room if they can and must not clutter their room in a way that risks WHS or IPC. If residents are unable to make their bed staff will assist in accordance with resident needs and preferences.

Resident rooms are also cleaned by our cleaners according to an agreed schedule, but cleaners do not dust ornamentals.

Staff are also expected to clean and tidy resident rooms as needed between scheduled cleans.

Resident laundry, clothing, and linen

Clothing is the responsibility of residents. We suggest residents wear comfortable clothing like they normally would at home. In the Southern Highlands it is important to have clothing for all seasons. To maintain dignity, it is important to have enough clothes to always wear clean clothes. We suggest at least eight changes of clothes for each resident.

We encourage residents to maintain their independence and to participate in as many routine daily activities as possible. If you prefer to do your own personal laundry, staff can show you where to find and how to safely use a resident laundry on a first-come-first-served basis. We request residents to leave the resident laundry clean and tidy after each use. Residents must not combine their loads with the loads of other residents. Staff are expected to safely assist residents who wish to use the clothes lines.

All linen is washed off-site in an industrial laundry, and we operate on-site industrial laundries for resident clothing. Delicate clothing may be damaged by our machines, so we require residents who bring delicate clothing to Harbison to make their own arrangements for those items. While we take all reasonable care, we do not accept responsibility for loss or damage to delicate clothing, including woollens.

Staff are required to sort laundry for IPC and to prevent clothing being sent off-site. Residents are required to label their clothes or accept responsibility for loss of unlabelled clothes. Our laundry staff can label clothes for a small fee.

Lost property will be held in the laundry for a reasonably short time, after which it will be disposed or donated to charity.

Wi-Fi

Access to our Wi-Fi network is included in our basic additional service fees. Our ICT Coordinator can help residents access the network from their devices, but residents are responsible for the use and maintenance of their own hardware and software.

Phones

Free courtesy phones are accessible throughout our homes.

In some cases, for a small fee we can divert a resident's home phone number to a phone in their room to help maintain their social connections. This should be organised prior to admission.

Mobile phone coverage in the Southern Highlands can be unreliable and we cannot accept responsibility for this problem.

Except for reasonable personal phone calls, staff are not permitted to use phones or other mobile devices for personal purposes while on duty.

Newspapers, books, and magazines

A selection of newspapers is available to residents on request, and a daily newspaper may be arranged as part of a care plan. We encourage residents to access digital books, newspapers, and magazines on their mobile devices and can support them to use accessibility features like audio books and larger fonts. Our libraries contain a range of books, and staff are expected to help residents to access the local libraries.

The Chapel

The Chapel is available for use by residents at any time, and is the venue for a variety of services.

General Store

The General Store is staffed by volunteers or runs on an honour system after hours. The store sells convenience items and snacks, which can be charged to staff and resident accounts. We welcome suggestions about the goods we sell in the General Store.

Salon

We offer hairdressing, beauty, and pampering services in our salons. Information about opening hours, fees, and services is available on request. A standard hair cut offered to each resident every six-weeks is included in our basic additional service fee, and residents may book additional appointments or services for a fee. We encourage male residents to take advantage of pampering services recognising that this may be a new experience for them.

Shopping

Office staff may assist residents with online shipping. On request, and with consent of the person who pays the resident's account,

Harbison can make an online purchase on behalf of a resident and charge the cost to the resident's account.

Subject to a risk assessment, on request we can assist residents to arrange transport for shopping trips, or residents may take social leave for the purpose of shopping.

In-room cooking

Cooking, including tea and coffee making, is not permitted in resident rooms.

In-room fridges

In-room fridges require approval from the Residential Services Manager. If approved, residents are responsible for cleaning, maintenance, and food safety. We may remove any fridge to control a hazard.

Pets

Pets are encouraged to visit Harbison but may not be kept at Harbison without approval from the Residential Services Manager or CEO. Pets must always be restrained, vaccinated, wormed, and free of fleas. Pets are not permitted in food preparation areas but are welcome in food service areas.

Noise levels

Everyone at Harbison has a right to quiet enjoyment of their environment. While we encourage fun and activity, we request that everyone avoids unreasonably disturbing other people. We suggest headphones or hearing aids for people who have impaired hearing. Staff are expected to help residents find alternatives to unreasonably noisy activities.

Security

The main entry is always locked at night, just like a normal home. In addition to surveillance, we have an access control system to limit access to some areas to authorised personnel. Firearms are not permitted on our premises, except for Police.

Residents and staff are responsible for their valuables. Residents may request a key for their room and place valuable in the office safe for safekeeping. In some rooms there is a locked drawer for resident use.

Staff may place valuables in lockers provided for their use.

Lost keys must be immediately reported to the Residential Services Manager and a replacement fee may be charged.

Fire safety

All staff are trained in fire safety, and some staff are trained as fire wardens. Each room has a fire safety instruction. We maintain and regularly test our fire detection and suppression system. We also have limited bush firefighting equipment.

In the event of a fire emergency please follow the directions of staff who will assist residents to the nearest safe fire compartment. Our buildings are designed with fire and smoke compartments so people can shelter in place instead of evacuating. Staff are trained to assist the most mobile residents first.

If you breach our rules and trigger a fire alarm you may be liable for fees charged by NSW Fire and Rescue.

Smoking

Smoke detectors are fitted throughout our buildings. Harbison is a non-smoking organisation and smoking in any form is not permitted on our property.

Residents who were admitted prior to the smoking ban are exempt from this rule and must have their smoking needs documented in their care plan. These residents are only permitted to smoke in dedicated smoking areas and in accordance with their care plan.

We strongly encourage residents who smoke to quit, and our Registered Nurses can help with plans to quit smoking.

Staff are not permitted additional breaks to smoke.

WAYFINDING

We use signage, including pictograms, and salient landmarks to assist with wayfinding and ensure that lighting compensates as much as possible for any sensory or cognitive impairment. Concerns about the service environment should be raised using the feedback system, and staff are required to report any hazards using our hazard management software. Our Built Environment & Development Committee oversees age- and dementia-friendly design when we build or refurbish buildings.

FURNITURE AND EQUIPMENT PROVIDED BY HARBISON

Furniture, fittings, and equipment provided to residents by Harbison must be safe, clean, well-maintained, and suitable for the resident. Concerns about furniture we provide should be reported using the feedback system. Staff are required to report maintenance problems with furniture using maintenance management

software. Our Environment – Furniture & Equipment Policy supports this objective.

Furniture and goods owned by residents

Residents are encouraged to personalise their rooms with their own furniture and goods, provided they are safe, clean, and do not generate clutter. Residents are responsible for maintaining their own furniture and goods.

Electrical devices

Electrical devices which require mains power connection are prohibited without the written consent of the Residential Services Manager.

Double adaptors are not permitted at Harbison. Power boards may be approved by the Residential Services Manager provided they have overload protection, are individually switched, and an alternative is not reasonably available.

The following items are not permitted at Harbison without the approval of the Residential Services Manager:

- Electric blankets
- Fan or radiant heaters
- Floor mats or rugs
- Hot water bottles
- Household cleaning chemicals
- Kettles or electric jugs
- Powder which may increase the risk of falls e.g., talcum powder
- Toasters of sandwich makers
- Microwave ovens
- Wheat packs

We may remove any item or device to control a hazard.

Annual testing and tagging of electrical devices

If an electrical device is approved, it must be tested and tagged as safe in accordance with safety legislation. The cost of testing and tagging is included in our basic additional service fee and will be organised by the Residential Services Manager.

Batteries

Some types of batteries may be prohibited on safety grounds, but replacement non-rechargeable batteries for common battery powered devices are included in our basic additional services fee and are available from Reception or the General Store.

Motor vehicles

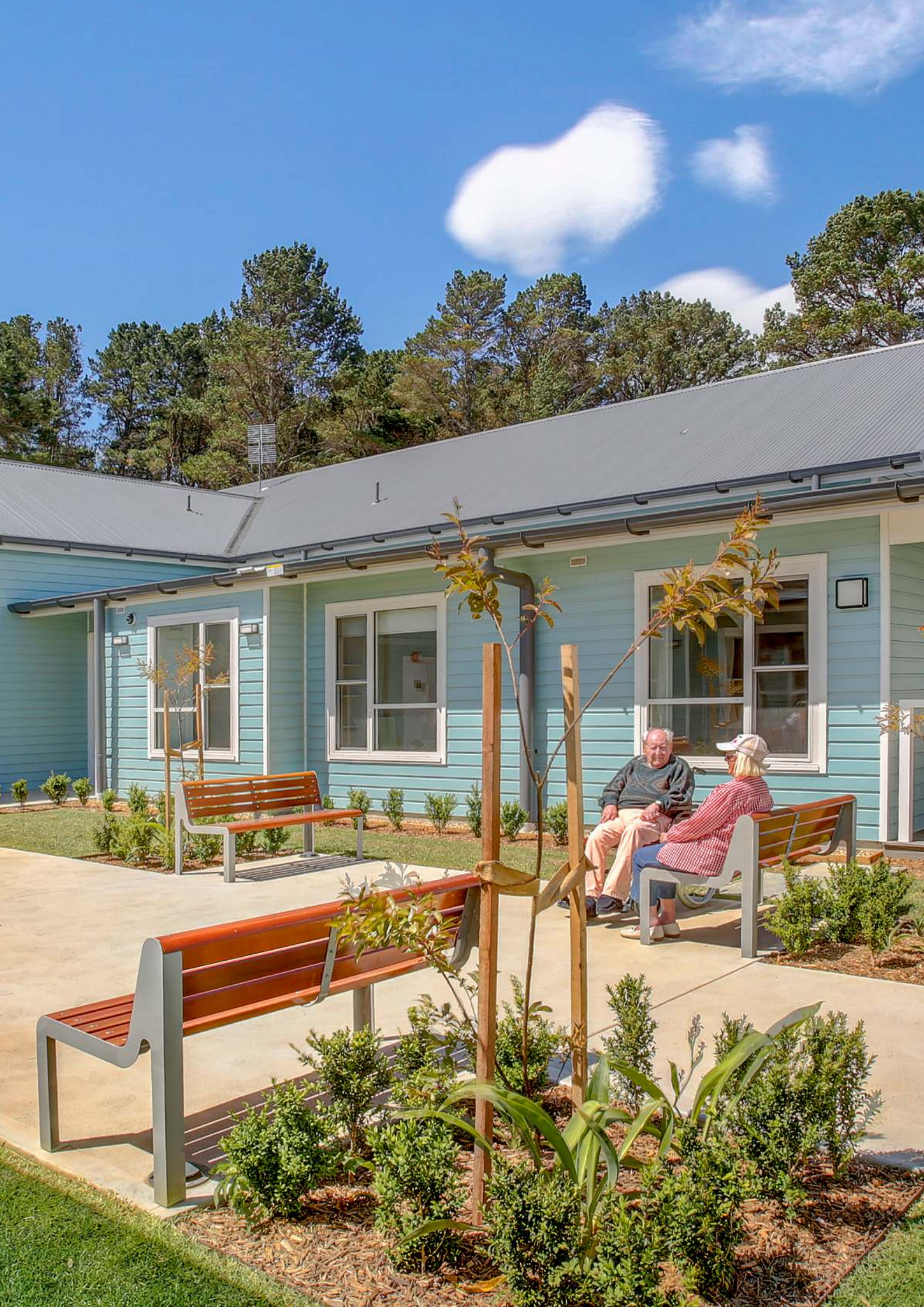
Approval from the CEO is required to keep a vehicle at Harbison. Approval is subject to parking within allocated parking spaces and maintaining current registration and third-party property insurance.

No motor vehicle may be operated on Harbison property without a current Australian driver's licence.

Staff may not operate a Harbison motor vehicle without approval from the Residential Services Manager or CEO. Staff are required to park in designated staff parking spaces and must not park in designated visitor spaces.

RESIDENT FINANCIAL AND LEGAL AFFAIRS

Staff are generally prohibited from any involvement in the financial, legal, or business affairs of residents. Our Finance team may accept and hold resident funds and make them available to residents as needed. Staff may not accept gifts other than in accordance with policy or the express approval of the CEO.



We encourage and support feedback and complaints

We use feedback and complaints to improve care and services. We regularly encourage residents and their representatives, staff, and others to provide feedback and raise complaints or concerns. Our Complaints Management Policy supports this objective. Staff are expected to invite residents to provide feedback after every care interaction.

INTERNAL FEEDBACK AND COMPLAINTS

We do this by hosting meetings, inviting you to participate in surveys, promoting our feedback software, and encouraging you to talk to us, write to us, or engage a consumer advocate to act on your behalf. We expect staff to always ask residents and representatives if they wish to raise any complaints or provide us with feedback.

Staff are expected to participate in surveys constructively as a condition of their employment. Our Complaints Officer oversees our feedback system.

The best way to raise a concern is to tell a member of staff, a manager, or the CEO. You can also make an anonymous complaint using our feedback system.

EXTERNAL FEEDBACK AND COMPLAINTS

We encourage you to provide us with the opportunity to resolve any complaints first, but all complaints about our care and services can be escalated to the Commission by phoning 1800 951 822 or visiting www.agedcarequality.gov.au

CONSUMER ADVOCATE AND LANGUAGE SERVICES

Older Persons Advocacy Network

The government-funded Older Persons Advocacy Network (OPAN) provides free, independent, and confidential advocacy services to anyone using or planning to use government-funded aged care. To contact OPAN simply phone the National Aged Care Advocacy Line on 1800 700 600 or visit www.opan.com.au

Seniors Rights Service

The Seniors Rights Service (SRS) is a community organisation dedicated to protecting the rights of older people in NSW, with a focus on older people in special needs groups. The service is free and confidential. To contact SRS simply phone 1800 424 079 or visit www.seniorsrightsservice.org.au

Translating and Interpreting Service

Our staff can use language translation software to help them communicate with residents who are not comfortable communicating in English. We also have access to the Australian Government Translating and Interpreting Service (TIS) which provides free phone and on-site interpreting about care and services.

The Commission also provides a wide range of fact sheets in different languages. Staff are expected to help residents access information in a form they can understand. Our Advocates Policy supports these objectives.

OPEN DISCLOSURE

When things go wrong, we follow a process based on a set of guiding principles known as open disclosure. The process includes open communication, addressing immediate needs or concerns, providing immediate support, and apologising and explaining the steps we will take to prevent it from happening again.

Five essential elements of open disclosure

1. An apology
2. A factual explanation of what happened
3. An opportunity for you to relate your experience
4. A discussion of the potential consequences
5. An explanation of the steps being taken to manage the incident and prevent recurrence

Benefits of open disclosure

- Residents or their representatives receiving a meaningful apology when things go wrong
- Staff feel that their relationship with residents and/or their representative may have been improved by demonstrating integrity
- We hope to gain a reputation of respect and trust for our organisation and our people

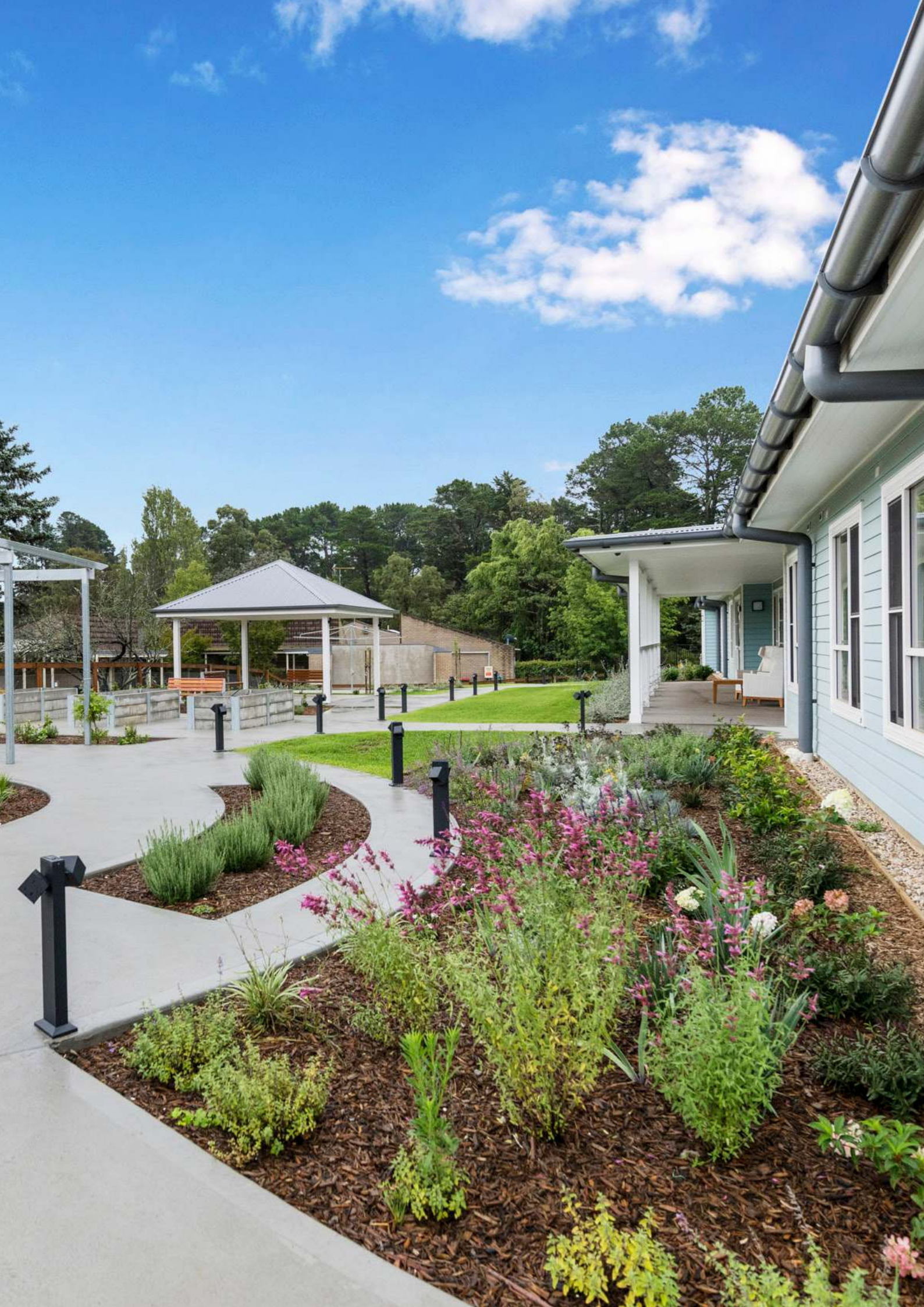
Open disclosure supports a positive workplace culture

- A culture of safety
- A no-blame culture where people are encouraged and supported to report problems
- A complaints culture where people are not punished for making a complaint
- An open culture where we tell people when something goes wrong and identify the cause and take steps to prevent recurrence

All staff are expected to follow our open disclosure process whenever something goes wrong. Our Open Disclosure Policy supports this objective.

IMPROVING CARE AND SERVICES

We regularly review feedback and complaints and use them to improve our care and services. Our Feedback & Complaints Resolution Policy supports this objective.



Working at Harbison

HUMAN RESOURCES

We are an inclusive employer and proud of the diversity of our workforce. We employ staff in care (nurses, allied health, personal carers, etc), services (catering, laundry, cleaning, maintenance, transport), and administration (finance, information technology, human resources, admissions, marketing, etc).

We plan the number and mix of staff to manage and provide safe and quality care and services to residents. Our workforce is required to complete mandatory training and education and have a current police check.

Staff are always required to be kind and caring and respectful of the identity, culture, and diversity of other people. They are required to hold qualifications and have the knowledge and experience necessary for them to be competent in their role.

We recruit, train, equip, and support our staff to meet or exceed the minimum requirements of the Quality Standards and Charter. We regularly monitor, assess, and review the performance of each member of our workforce against these minimum requirements.

If performance is not satisfactory, then we will support staff to develop and implement a performance improvement plan. In the unlikely event that performance does not improve, then we may take further action including demotion or termination of employment.

Our Workforce Sufficiency Policy, Workforce Attributes Policy, Workforce Capability Policy, Recruitment & Training Policy, and Workforce Performance Assessment Policy supports these objectives.

WORK-LIFE BALANCE

We promote a healthy work-life balance. Every employee has access to a free employee assistance program, Access EAP. Our generous Leave Policy meets or exceeds the National Employment Standards and the enterprise agreement which governs the conditions of employment for most of our workforce. Permanent employees are encouraged to take planned personal leave and at least two periods of annual leave each year.

ONGOING EDUCATION AND PROFESSIONAL DEVELOPMENT

Harbison believes in professional aged care and encourages every employee to engage in lifelong learning. Our Pathways learning and development framework is designed to provide our workforce with training opportunities to support career progression.

Permanent employees are encouraged to apply for study leave and other support for approved ongoing education, including grants from our education fund. Regular performance development plans may be used to document the career needs, goals, and preferences of our workforce.

Australian Health Practitioner Regulation Agency

The Australian Health Practitioner Regulation Agency (AHPRA) is the national body responsible for implementing the National Registration and Accreditation Scheme (National Scheme).

Fifteen health professions are covered by the National Scheme, and each health profession has a National Board which protects the public by registering practitioners and students and setting standards for registration. Core standards include a criminal history check, English language skills (except for nursing and ATSI), recency of practice, continuing professional development (CPD), and professional indemnity insurance. Each National Board also sets practice codes and guidelines.

The 15 National Boards are:

1. Aboriginal and Torres Strait Islander Health Practice Board of Australia
2. Chinese Medicine Board of Australia
3. Chiropractic Board of Australia
4. Dental Board of Australia
5. Medical Board of Australia
6. Medical Radiation Practice Board of Australia
7. Nursing and Midwifery Board of Australia
8. Occupational Therapy Board of Australia
9. Optometry Board of Australia
10. Osteopathy Board of Australia
11. Paramedicine Board of Australia
12. Pharmacy Board of Australia
13. Physiotherapy Board of Australia
14. Podiatry Board of Australia
15. Psychology Board of Australia

Only health practitioners with current AHPRA registration are permitted to provide health care at Harbison. You can check the registration of any health practitioner by visiting www.ahpra.gov.au

Employees who are required to be registered under the National Scheme may apply to Harbison for reimbursement of their AHPRA registration fees. Part-time employees may be eligible for pro rata reimbursement.

Allied Health Professions

Allied health professionals often work in interprofessional teams to support healthy ageing by providing interventions which are designed to prevent or slow functional decline or, in some cases, support reablement.

While some allied health professions, like physiotherapy, are required to be registered under the National Scheme, others are not. You can find out more about the wide range of allied health professions by visiting hiips://ahpa.com.au/

Harbison supports the inclusion of allied health professions in our care teams, including allied health professions which are engaged directly by a resident.

TAX BENEFITS FOR EMPLOYEES

Because Harbison is a charity, most employees are eligible for fringe-benefits exempt salary packaging which allows them to earn a portion of their income tax-free. Wages are paid each fortnight by electronic funds transfer.

WORKPLACE HEALTH AND SAFETY

Our workforce is our most important asset. We want everyone to be happy in their work at Harbison but also want them to go home safely at the end of each shift. Workplace health and safety (WHS) is the shared responsibility of everyone at Harbison. We are risk averse about WHS and employ a Return-to-Work Coordinator to support employees who become unable to perform their normal duties because of a WHS incident.

Staff are required to report workplace hazards using our hazard reporting software. WHS is required to be considered in every risk assessment for care and services.

Our WHS Committee membership is drawn from employees and meets regularly to ensure our workforce has a strong voice in WHS at Harbison.

Motor vehicles

Employees must be at least 25 years old and hold a suitable current unrestricted Australian driver licence (excluding a learner or probationary driver licence) with NIL demerit points to operate a motor vehicle owned or operated by Harbison.

Before operating any vehicle, an employee must be deemed competent in the use of that vehicle by the Residential Services Manager. Harbison will provide training to operate any heavy vehicle.

If an employee is authorised to take a vehicle home, the vehicle may only be used to travel between work and home.

Employees who are at fault in an accident, or cause damage to a vehicle through their negligence, will be required to reimburse Harbison for the cost of repair or any insurance excess, whichever is lower.

Psychological safety

We refer to the importance of psychological safety in the *Person-centred care* section above. In the context of our workplace psychological safety means it is always OK to speak up whenever you have something to say, including if you have a question, regardless of your role or level of experience. We understand that sharing can be a vulnerable process and promote a culture where it is safe for people to be open and transparent.

Care is a learning process, not a problem-solving process. We all learn, and we all teach. Each time we withhold our opinion or question we deprive ourselves and our colleagues of an opportunity to learn, and thereby an opportunity to improve. We also increase the risk that something will go wrong, simply because we missed the chance to say something.

By promoting psychological safety, we avoid apathy and complacency, minimise anxiety, and optimise learning. We expect everyone to always behave in a way that promotes a workplace culture based on psychological safety.

No-blame culture

***"Anyone who has never made a mistake has never tried anything new."* – Albert Einstein**

Caring for vulnerable people involves high levels of responsibility and accountability and requires increasing levels of innovation and change. We work hard to avoid mistakes using our quality and safety systems, but we are not perfect. When things go wrong, we admit to our mistakes, learn from them, and use them to improve. We do not blame others.

A no-blame culture is essential to achieving psychological safety in our workplace. A no-blame culture does not mean that we are not accountable, and sometimes there are serious consequences for serious mistakes. It simply means that we own our mistakes, especially is they are serious, and are accountable for them.

There is an inverse relationship between accountability and blame. Accountability is a vulnerable process. Blaming is simply a way that we express anger, and by creating a missed opportunity for empathy it undermines the key relationships which define the context in which we provide care (see the *Person-centred care* section above). At Harbison, we expect *everyone* to avoid blaming and instead focus on accountability.

The *Open disclosure* section above explains one way that we are accountable when things go wrong. Next time you make a mistake, or need to manage a mistake, instead of asking whose fault it is, answer these questions as objectively as possible:

1. What went wrong?
2. What was the impact?
3. What circumstances contributed?
4. What could have prevented it?
5. What can we do to prevent it from happening again?

There is no such thing as relative success. Pointing out someone's faults or failures does not make you look better.

So, next time you miss a deadline, fail to meet expectations, behave inconsistently with Harbison values (which are, after all, aspirational), break something, hurt someone, or get something wrong, please do not hide and hope that nobody will notice. Do not be apathetic, complacent, or anxious. Instead, get into the learning space and own what went wrong, trusting that you are part of a team which will support you and learn with you.

UNIFORMS

At Harbison we strive to create a homelike service environment, minimise institutional cues, and avoid doing anything that promotes a culture of "us and them". This needs to be balanced with WHS and the practical needs of certain roles or occupations.

Harbison requires maintenance and catering staff to wear a uniform.

Except for maintenance and catering staff and nurses, we do not permit employees to wear uniforms or occupation-specific clothing in secure dementia units, except in an emergency.

Uniforms or occupation-specific clothing are optional for other staff provided they comply with our Dress Code Policy.

We will provide staff with necessary protective clothing appropriate to their role.

Where uniforms are required, we will provide the uniform and replacements for reasonable wear and tear, and we may pay a laundry allowance to cover the cost of cleaning and maintaining the uniform.

In addition to PPE, during an outbreak we may require staff to wear scrubs or other occupation-specific or protective clothing. Where reasonable, we will supply and clean this clothing for the duration of the outbreak or reimburse staff who have approval to supply and clean their own outbreak clothing.

Name badges

Name badges are mandatory for all staff at Harbison. We use first names only to maximise legibility, and indicate role using a colour code, including:

- Pink – nursing
- Light blue – personal care
- Green – maintenance
- White - management

WORKFORCE ENGAGEMENT

Harbison is committed to promoting and nurturing a workplace culture that is supportive, rewarding, inclusive, and enjoyable.

We aim to achieve this using staff surveys, focus groups, feedback, employee recognition schemes, and staff committees like the WHS and Staff Engagement committees.

We expect all staff to contribute to our workplace culture by participating in surveys, committees, and other opportunities as they arise.

Feedback can be provided to Harbison at any time using Person Centred Feedback or this email: staffengagement@harbisoncare.org.au

ENVIRONMENTAL STEWARDSHIP

24/7 operations require significant energy and can produce large amounts of waste if not managed effectively. Harbison has invested to reduce our environmental footprint in recent years. We practice recycling and have installed 150kW of solar arrays to reduce our consumption of natural gas and electricity. We request that people take their rubbish with them when they leave, or use the bins provided. We ask that people minimise use of single-use plastics and water. If you have any suggestions about how we meet our environmental responsibilities, please contact our Residential Services Manager.

Organisational governance

OUR COMPANY

Harbison is a company limited by guarantee, regulated by The Australian Charities and Not-for-profits Commission (ACNC). We are a registered public benevolent institution, which is a type of charity, and endorsed by the Australian Taxation Office as a deductible gift recipient, which means we can accept tax-deductible donations. Public information about Harbison is accessible from ACNC www.acnc.gov.au

Making donations, gifts, and bequests

Because we are a registered charity, Harbison gratefully accepts donations and bequests. We use all funds raised to fund things which benefit residents but are not funded by Government. These include:

- Buildings and special equipment
- Staff tertiary education
- Benevolence for residents

Donations of $2.00 or more are tax deductible and can be made online at www.harbison.org.au, in person at our offices, by cheque in favour of Harbison Memorial Retirement Village, by contacting our Finance Department on 02 4868 6200 during office hours, or by emailing donations@harbisoncare.org.au

We have no special requirement for the form of bequests and recommend independent legal advice if you wish to make a gift to Harbison in your will. The following form is provided as a general guideline only:

"I leave to Harbison Memorial Retirement Village of 2-10 Charlotte Street Burradoo NSW 2576 ABN 23 001 507 624 [insert quantity] per cent of [the residual of] my estate for its general purposes and I direct that a receipt from the Chief Executive Officer or other duly authorised officer shall be a sufficient discharge to my executors."

If the interest is pecuniary instead of a percentage (or a percentage of the residual), then the wording can be amended accordingly.

OUR BOARD

Our Board is composed of nine volunteer directors who represent our community. The Board is accountable for promoting and delivering culturally safe, inclusive, quality care and services at Harbison. The Board is supported by three Board committees: the Governance Committee, the Finance & Audit Committee, and the Built Environment and Development Committee.

OUR MANAGEMENT

CEO

The Board appoints and delegates authority for the day-to-day operations of Harbison to a CEO. The CEO reports to the Board via the Board Chair and at monthly Board and Board committee meetings. The CEO appoints executive leaders to manage the delivery of care and services at Harbison. The CEO is a member of the Built Environment and Development Committee, chairs the Outbreak Management Team, Information & Communication Technology Committee, and Executive Leadership group, and is an observer on the Medical Advisory Committee and Clinical Action Group.

Director of Clinical Care

The Director of Clinical Care is a Registered Nurse who is appointed by the CEO to be the senior clinician responsible for clinical care at Harbison. This role is also the Director of Nursing for the purpose of the *Public Health Act 2010* (NSW). Our Registered and Enrolled nurses, Assistants in Nursing, and allied health professionals report directly to the Director of Clinical Care, and our personal carers report indirectly. The Director of Clinical Care has day-to-day responsibility for clinical care at Harbison, and day-to-day responsibility for care and services at Harbison Burradoo. The Director of Clinical Care chairs the Clinical Action Group, is the senior Harbison representative of the Medical Advisory Committee, is a member of the Outbreak Management Team and the Executive Leadership group.

Clinical Psychologist

The Clinical Psychologist is appointed by the CEO to be the senior psychologist responsible for clinical mental health and behavioural support for residents of Harbison. The Clinical Psychologist acts as a champion on the senior management team for residents living with dementia, or impaired cognitive function or mental health. The Clinical Psychologist is a member of the Executive Leadership group.

Quality & Care Manager

The Quality & Care Manager is appointed by the CEO to be the senior manager of day-to-day operations at Harbison Moss Vale. The Quality & Care Manager also has day-to-day responsibility for all non-clinical care at Harbison. The Quality & Care Manager is a member of the Outbreak Management Team and Executive Leadership group.

Residential Services Manager

The Residential Services Manager is appointed by the CEO to manage the departments which provide daily services to residents, including catering, laundry, property maintenance, cleaning, and transport. The Residential Services Manager is a member of the Outbreak Management Team and Executive Leadership group.

People & Culture Manager

The People & Culture Manager is appointed by the CEO to manage human resources, industrial relations, and workplace health and safety at Harbison. The People & Culture Manager is a member of the Outbreak Management Team and Executive Leadership group.

Finance Manager

The Finance Manager is appointed by the CEO to manage finance, accounting, payroll, insurance, payables, receivables, financial audits, and prudential compliance at Harbison. The Finance Manager is a member of the Executive Leadership group.

MANAGEMENT COMMITTEES

Resident Advisory Committee

We seek to engage residents and their representatives in the development, delivery, and evaluation of care and services at Harbison. Our Resident Advisory Committee reports to the CEO and is composed of residents, representatives of current and former residents, volunteers, and staff.

Membership of the committee rotates regularly, and we encourage anyone who is interested to apply to the CEO for membership of the committee.

The committee monitors and reviews care and services, feedback and complaints, planning and sustainability, quality and safety, human resources, and our plan for continuous improvement.

The committee manages resident meetings, oversees resident surveys, and provides an additional point of contact to ensure residents can have their say at Harbison. Our Governance - Consumer Engagement Policy supports these objectives.

Medical Advisory Committee

The Medical Advisory Committee (MAC) forms part of our clinical governance framework and is composed of a volunteer group of medical experts, including doctors and a pharmacist, who provide independent clinical advice to Harbison.

The MAC is chaired by Dr Vince Roche, who also chairs the Southern Highlands Division of General Practice and is a director of the South Western Sydney Public Health Network. The MAC is appointed by the CEO and advises the Clinical Action Group via the Director of Clinical Care.

Clinical Action Group

The Clinical Action Group (CAG) reports to the CEO and Medical Advisory Group about clinical governance at Harbison. The committee is responsible for monitoring, reviewing, improving, and reporting about clinical governance including developing and implementing our Clinical Governance Framework. The CAG reports to the CEO.

WHS Committee

The WHS Committee is appointed by the People & Culture Manager and is composed of members from our workforce who have been nominated by their peers to represent their work group about WHS matters.

The main function of the WHS Committee is to facilitate cooperation in developing, implementing, and improving WHS safety standards, rules, and processes. The WHS Committee reports to the CEO.

Information & Communication Technology Committee

The Information & Communication Technology Committee (ICT Committee) is composed of internal and external IT experts appointed by the CEO to provide additional governance for technology projects and cybersecurity at Harbison.

Outbreak Management Team

Refer to the Outbreak Management Team section earlier in this handbook.

Art Committee

The Art Committee is a community committee composed of volunteers. The committee supports the curation and management of our art collection and plays a key role in promoting a homelike service environment and resident wellbeing and quality of life. The committee reports to the CEO. The committee is always looking for new members with a passion or expertise in visual arts.

Volunteers

Volunteers are warmly welcomed at Harbison. Our Volunteer Coordinator, who is also a volunteer, oversees the volunteer program and aligns available volunteer resources with resident needs.

ORG CHART

This chart summarises the organisational structure of Harbison

Board of directors

Built Environment & Development Committee

Executive Leadership

CEO

Clinical Psychologist

- Behaviour Support
- Dementia Education
- Mental Health

Director of Clinical Care (Director of Nursing)

- Clinical Care
- Clinical CPD
- Clinical Governance
- Clinical Incidental Management
- Clinical Policy & Procedure
- Clinical Recruitment & Retention
- Clinical Risk Management
- Interprofessional Practice

Executive

EA

Nurse Practitioner

Management Leadership

Communities & Communications

Psychologist

Clinical Leaders

- Clinical Nurse Consultants
- IPC Coordinator

Frontline Leadership

- Administrative Assistant
- Receptionist

- Allied Health
- Clinical Assistant
- IPC Leads
- Registered Nurses
- Enrolled Nurses
- AINS

Board of directors

Governance Committee

Finance & Audit Committee

Executive Leadership

Finance Manager	People & Culture Manager	Quality & Care Manager	Residential Services Manager
Accounting & Bookkeeping	HRIS	ACFI	Catering
Budget & Forecasting	Human Resources	Admissions & Accommodation	Cleaning
Financial Audit	Industrial Relations	Dementia Care	ICT Infrastructure & Cybersecurity
Financial Systems	Interprofessional Education	Feedback & Complaints	Groundskeeping
Fixed Assets	Learning & Development Systems	(Resident Advisory Committee)	Laundry
Insurance	Pathways	Lifestyle	Purchasing
Payables	Recovery at Work	Personal Care	Repairs & Maintenance
Payroll	Roster Systems	Spiritual Care	Stores
Prudential Compliance	Workers Compensation	Workplace Training	Transport
Receivables	Workplace Culture		
Treasury	WHS		

Executive

Partnership Manager (Complaints Officer)			Catering Manager

Management Leadership

Accountant	People & Culture Coordinator	ACFI Coordinator	Head Chef
	WHS & Special Projects Coordinator	Admissions & Engagement Officer	ICT Coordinator
	Workforce Engagement Coordinator	Personal Care Managers	Laundry Supervisor
		Workplace Trainer	

Frontline Leadership

Accounts Manager	Return to Work Coordinator	Dementia Care Specialists	Catering Specialists
Payroll Manager	SharePoint Coordinator (Privacy Officer	Diversional Therapist	Cleaners
	Volunteer Coordinator	Lifestyle Support	Groundskeepers
		Music Engagement Coordinator	Laundry Specialists
		Personal Care Specialists	Maintenance Officers
		Volunteers	

QUALITY, INCIDENT, AND RISK MANAGEMENT SYSTEMS

We use systems for information management and record keeping, continuous improvement, financial management, workforce management, regulatory compliance, risk management, and feedback and complaints. We have policies in place to guide the organisation in relation to promoting and delivering safe and quality care. These include:

- Board Leadership & Accountabilities Policy
- Clinical Governance Framework
- Governance - Abuse & Neglect
- Governance - Antimicrobial Stewardship
- Governance - Consumer Care Risks
- Governance - Consumer Engagement Policy
- Governance - Continuous Improvement Policy
- Governance - Feedback & Complaints
- Governance - Financial Management Policy
- Governance - Information Management Policy
- Governance - Open Disclosure
- Governance - Quality Management Policy
- Governance - Regulatory Compliance Policy
- Governance - Reporting Policy
- Governance - Restrictive Practices
- Governance - Risk Management
- Governance - Roles & Responsibilities Policy
- Governance - Wellbeing

Care management Person Centred Software

Person Centred Software (PCS) is the key system for managing information about resident care. There are different modules for nurses and personal carers, and a web-based family portal if a resident wants to share information about their care with their family. The core functions of the system include assessment and planning, incident management, medication management, pain management, and clinical risk management. The system can be used on mobile devices to support information sharing and point-of-care record keeping. PCS is also used to manage our compliance with the Serious Incident Response Scheme. BESTmed and Painchek are integrated with PCS.

Quality and improvement Moving on Audits

Moving on Audits (MOA) is the key system for auditing and benchmarking quality indicators and managing our plan for continuous improvement. MOA is also used to manage our compliance with the National Aged Care Mandatory Quality Indicator Program.

Feedback and complaints Person Centred Feedback

Person Centred Feedback (PCF) is integrated with PCS and is used to collect and manage feedback and complaints and surveys. PCF information is used for improvement, including improvements recorded in MOA.

Policy and procedure centroASSIST

Policies and procedures are available on all mobile devices using the centroASSIST safety and quality management system (SQMS). Feedback about policy and procedure can be submitted to the policy owner using the feedback function within the SQMS. Our policy framework is available from the policy document library as a summary of our key policies.

Financial governance Mirus & KPMG

In addition to common financial software and systems, our financial results and prudential compliance is audited each year by KPMG. We publish our financial results on our website, and they are also available from the ACNC. Our Board and Finance & Audit Committee continuously monitor financial performance, including performance to budget. We use Mirus Metrics to manage government funding for our residents and Mirus Admissions Companion to manage the admissions process, including residential accommodation agreements.

Hazard, risk, and non-clinical incident management - ionMy

Resident incidents are managed in PCS. All other incidents, hazards, and risks are recorded and managed in ionMy.

Food safety – Simple Foods

We use Simple Foods to monitor and manage food safety compliance and record resident meal choices.

Information and communication Microsoft 365

Microsoft Office is used for e.g., word processing and spreadsheets. We use Microsoft Outlook for email and Microsoft Teams for internal informal communication and video meetings. We may use Zoom Meetings for external video meetings. We use Microsoft SharePoint and Microsoft OneDrive for document storage and information sharing. Letterhead is controlled by the Executive Assistant. Email should be used for formal company communication, and informal communication should be reserved for Teams.

CONTACT US

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Conflict with policy

Approval of this handbook is dated 11 October 2021. Except in a case of obvious error, in the event of conflicting information between this handbook and a policy, the information with the most recent approval date applies.

Document control

A printed or downloaded copy of this document may not be the most current version. Please refer to our SQMS for the latest version.

harbison
Heart & Home