

Caladenia

Information for Volunteers



The HACC Program is jointly funded by the Commonwealth and Victorian Governments

The CHSP Program is funded by the Australian Government Department of Health



Caladenia

DEMENTIA CARE

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Overview of Caladenia

Caladenia employs trained staff and volunteers, assisting with the Programs and during bus transport times.

Venue: Meadowbank House,
11 Hilledge Lane,
Mooroolbark Vic 3138 (Melway 37H6)

Telephone: 9727 2222

Fax: 9727 3787

Email: caladenia@caladenia.com.au

Web Address: www.caladenia.com.au

Day Centre Hours: Monday - Friday
8.30am to 4.30pm.

Program Hours: 10am -4pm 6 days a week
Men's Program- Tuesdays and Fridays
Valley Outing program (Wandin, Launching Place, Yarra Junction & Warburton)
Flexible Respite Programs Monday and Thursday
Other Flexible Respite options available

Fees: Program day fee - \$12.00
\$24.00 when for an outing including lunch

Fees are consistent with the HACC Fees Policy, and CHSP Client Contribution Framework. Fees may be waived in certain circumstances, and no client will ever be refused service because of an inability to pay. Please contact the Manager for further information

Meals: A balanced home-style, light meal is prepared and provided at the Centre. Special diets can be catered for.

Transport Options: Caladenia's bus is available for transport to and from Caladenia as seating allows. A paid driver and a volunteer accompany members on each bus run to ensure a safe and considerate trip, and to provide reassurance and gentle guidance as required.

The staff at Caladenia will discuss other transport options with you at assessment. If at anytime you would like to know more, or your transport needs change – please let the Manager know.

Caladenia's Programs:

The daily Program is based on the model of "Person Centred Care" and is flexible and responsive to the needs and goals of members, offering choice and control over activities. Activities of varying diversity are offered, providing opportunities for wellness and reablement through the variety of activities. Recognition is given to members' interests, limitations and changing moods, to ensure an enjoyable and meaningful day in a safe and secure environment. Independence is encouraged wherever possible – and the strengths of the person are assessed alongside any support needs.

Members are given encouragement, but are never forced to participate in an activity. Ongoing assessment allows staff to identify needs, and enables planning for the Program. Evaluation, which is also ongoing, allows the Program to remain responsive to member's goals, needs and wellbeing. The Program constantly undergoes changes to accommodate members' interests and ability to participate.

Members are actively encouraged to give input, suggestions and feedback into all aspects of the program.

The carer is the most important person in providing information which will assist staff and volunteers to become familiar with each member's interests & needs.

The Aims of Caladenia's Programs:

- To create an environment of friendliness, safety, predictability and acceptance that will relieve fears and anxiety.
- To promote a sense of belonging, and establish some order in the member's disorientated world.
- To provide quality of life via a program of varied activities, stimulation and socialisation. To provide choice and control over activities and the programs.
- To maximise a member's abilities and independence by identifying and providing age appropriate activities aimed at increasing self-esteem, and sense of self worth

To focus activities to:

- Encourage group interaction and socialisation
- Reinforce sense and identity, increase self awareness and orientation.
- Highlight sensory experiences.
- Maintain independence.
- Decrease anxiety, restlessness and wandering.

Providing:

- Musical activities, dancing and entertainment
- Social meals and companionship
- Reminiscence
- Peer support through discussion and information
- Quizzes & word games
- Physical Activities and competitions
- Liaison with community groups /schools

Eligibility Criteria

A diagnosis of Dementia. This diagnosis needs to be made by a qualified person i.e. General Practitioner (GP), neurologist, psycho-geriatrician, psychiatrist or ACAT Team

Referrals for people living with Younger Onset Dementia can be from many sources. For Example: GP's, District Nurse, Family Members, Aged Care Assessment Teams, Commonwealth Carelink and Respite Centre, Council Assessment Team, families or self referral. All referrals for people over 65 must go through My Aged Care – but staff can assist to organise this.

On receiving a referral at Caladenia, the staff will ensure the Carer/s is contacted. An appointment will be made with the carer/s and the potential member to do an agency assessment. This appointment may take place at Caladenia or in the prospective member's home.

An appropriate day will be chosen by the person to commence, preferably with the carer transporting and present in the Program on the 1st visit for a short time and subsequent visits should there be a need. For community based programs the carer may be asked to accompany the person on the first outing as well. The choice of programs available will depend on individual goals and support needs. The allocation of days of attendance will be decided by the assessment, the needs of the group, individual needs, goals and preferences as well as staff ratios. If there is a waiting list in operation at the time of the assessment, the carer/s will be advised as to the wait list procedure and the expected time of the wait.

As a HACC or CHSP client you have the right to refuse a service provided by Caladenia Dementia Care. Should you choose not to commence, appropriate information will be provided to you, or you may speak to the Manager regarding referral to another service. Please note that clients who refuse service, or choose not to commence are able to be re-referred at any time.

As a HACC or CHSP Client you have the right to appeal a service provision decision. Clients and their carers have the right to appeal the decision of the day centre regarding discharge. Discussion will be held with the Manager and the client /carer

Members will be discharged if behaviour is disruptive to the group and, after trying different strategies, this behaviour cannot be managed. Members who exhibit violent behaviour will be discharged. Members may also be discharged if they enter permanent residential care, if there are continence issues that cannot be managed by the program staff, if a member's physical support needs are no longer able to be managed at the centre, or if the client/and or carer is no longer receiving any benefit from the service. This will be discussed with carers and support, referral and advice will be provided.

As the persons' dementia progresses it may be necessary to move them to a group consistent with their stage of dementia. This is to ensure activities offered are going to meet their needs. This will be discussed with the Carer. Each person's individual needs will be reviewed on a regular basis in consultation with the person and their carer to ensure that individual goals are being met and that programs offered are meeting the support needs of the person.

Bus Jockey Job Description

8.40 am: **MORNING REPORT**

Staff will provide the Bus Jockey with a briefing indicating:-

- The members to be transported to the Centre.
- Additional items as provided by carers eg. Change of clothing; messages, medication (Webster pack only) etc.
- Information as considered appropriate for the well-being of members on the trip to and from the Centre eg. Suggested seating arrangements/reassurances etc.
- The mobile phone is turned on prior to leaving on the bus run. The volunteer needs to be familiar with the use of the mobile phone in order to make/answer calls, where Bluetooth is not available.

8.45 am: **AM BUS RUN COMMENCES**

BUS RUN

- The route and transportation of members followed as planned by the staff.
- Members to be given assistance as appropriate with boarding, seating and alighting from the bus using the bus step at each stop.
- Seat belts to remain fastened throughout the journey.
- It is requested that Bus Jockeys encourage conversations by pointing out sights of interest along the route; general 'small talk' or a sing-a-long as appropriate. Allow time for members' responses.
- The Bus Jockey should be aware of maintaining a situation whereby the Driver is not distracted from concentrating on the road at any time during the trip.
- The Bus Jockey to be seated mid-way in the bus where possible to facilitate interaction with all members as required.

At completion of AM and PM bus run –

- Report to staff any observations of members noted during the bus trip eg. Energy levels or anxieties expressed.
- Hand to staff any fees, messages etc received from carers.

3.30 pm **PM BUS RUN COMMENCES**
Or 2:30 pm

- The Bus Driver will indicate on the daily program sheet which members are to be accompanied to the bus first. These members will leave the bus last, therefore can sit in window seats. Escorting some members before others has two benefits:
 1. members do not have to get up during the journey to let others past them
 2. members are not having to wait outside the bus whilst others board, worrying that there may not be room or that we have forgotten them. ***This can be very distressing to the person living with dementia.***
- The Staff will give to Bus Jockey any communication to be handed to carers, and staff will ensure such items such as clothing etc to be returned home, are placed on the bus with Bus Jockey informed of same.
- All members are to be accompanied from the bus to their residence.

Emergency Procedures

It is required that Bus Jockeys be familiar with the emergency procedures

- Emergency procedure and telephone numbers are documented in a Folder available at all times placed next to the Driver's seat.
- First Aid Kit – in emergency back pack at rear of vehicle
- Fire extinguisher – at front of cabin passenger seats.
- Mobile Telephone – for communication as required between the Centre and Bus staff.
- RACV Membership – details on bus within the folder.
- Items such as walking frames are to be carried in the bus cargo compartment only.

Day Program Volunteer Job Description

9:40 AM - Volunteers report to the Program Leader. The Program Leader and other staff will brief the volunteers on :

- The members attending especially information on new members
- Any changes in the members
- Seating arrangements
- Program Details
- Duties for the day

9:45 AM – *Members start to arrive.* Volunteers greet members warmly and calmly, and invite them to allocated positions at the table. Sit with members and chat until the group is complete. When the bus arrives, ensure that not all staff and volunteers go out to the front door, ensure that someone stays at the table at all times.

Morning Tea. Encourage members offer plates to others. Chat with members, encourage members to take part in conversation. Ensure that no member is being left out of conversation or activity.

We encourage members and volunteers to stay at the table as long as possible. Please ensure that you do not start to clear the table until the Program Leader indicates that this is appropriate. HOWEVER, if the members wish to clear the table, please allow them to do this.

Morning Activities. Assist members to move through to the activity area when the Program Leader indicates that it is appropriate to do so, this may also be a time when you are asked to accompany a member to the toilet. If you feel uncomfortable assisting a member with the toilet, please let a staff member know.

During the activities, we ask volunteers to encourage the members to participate, rather than to participate yourself. For example, instead of answering a quiz question (because we know **you** will know the answers!), encourage or chat to the members so that they might participate fully, achieve the right answer or win the game if this is appropriate. Sometimes a little silence or “thinking time” helps members to come up with the answers unaided.

Lunch. Encourage members to join you at the table. It is helpful and less disruptive if only one volunteer helps with giving out the lunches. Or the Program Leader may indicate that the members are to assist with the lunches. Take your cues from the Program Staff. Encourage members to help themselves to drinks or bread, assisting only when necessary. Again, it is helpful to remember that the Program Staff may not wish the table to be cleared immediately.

Afternoon Activities. It is useful to remember that the afternoon is a time when people with Dementia may become anxious or restless, these members may need some one to one attention at this time of day. A member may need to be reassured that the bus will collect them, that they will get safely home, that transport is all organised etc. The Program Leader may ask you to sit out of the activities, and chat to just one member, or she may ask you to help in the group activity. On a Monday and Tuesday, Afternoon Tea is usually served 30 minutes before the program finishes. On a Friday the program finishes at 2:30

Program Finish: This can be a very unfocused time of day if care is not taken. Once the Bus Driver and Jockey have arrived, the Staff will approach members one by one (usually those who are to sit by the window first) to accompany them to the Bus. If Volunteers and Staff continue with the program, this makes for a much less stressful and anxious end to the day. Once 3 or 4 members have been accompanied out to the bus, the rest can follow with the other volunteers and staff. Staff and Volunteers wave goodbye cheerily.

3:30→ - Clean up/Debrief– After bidding goodbye to the bus, volunteers and staff come back to the centre, and if there are any cleaning up or tidying duties to be done, the staff will direct the volunteers in this. If there are any issues that need to be discussed, or there are any questions that you may have after the program, this is the time to bring them up. We appreciate anyone who is able to stay an extra 10 minutes to assist us.

Hours Of Work

Volunteers at Caladenia are encouraged to make a commitment to the same day or days each fortnight. We understand that sometimes you may not be available on your rostered day, in which case, we ask you to let us know in plenty of time. Rosters will be given out 6 monthly, outlining the days and times you have offered to be at the centre.

Approaching situations from the person living with dementia's viewpoint enhances the quality of care. Reproduced with permission from Jane Verity – CEO Dementia Care Australia

As a care provider going into the room or home of a person with dementia, you may have encountered unpleasant and unexpected challenges where you asked yourself, what could I have done differently to avoid this situation?

Written in the voice of the person with dementia, this article enables you to discover their experiences.

You will learn the secrets to prevent stressful situations by seeing each interaction from their point of view and understanding their special needs.

The suggestions discussed have all been trialled and tested in real life with great success. You may find it beneficial to read these ideas several times as there are various subtle hints to discover. The secret to success lies in focusing on the small details in your everyday interactions with the person who has dementia.

When you go into the home or room of people with dementia, you are their visitor. Take every opportunity to empower them with the feeling that they are in charge and have your full respect.

The thoughts and feelings of the person with dementia begins:

If you want to come into my home, I need to feel comfortable and think of you as my special friend. I do not need help – I am doing fine. I have looked after myself all my life, taken care of my family; I do not need you to come in here and take over running my life.

Who are you?

When you come to my door, I may not recognise who you are, remember your name, nor why you are here. This is no reflection on you but on my memory so I need your help. Put me at ease so I can trust you and feel comfortable to open the door and welcome you in. Say hello and use my name so I can realise that we know each other. Then say your name and the relationship we have. I prefer to think of you as a special friend, so this could sound like, "Hi John, I'm Simone, your special friend from Council Care".

What are you doing here?

You need to know I am "allergic" to receiving help or support so rather than telling me you are here to help, which may result in me telling you to go home, tell me you have come to say hello and see how I am. Once I have let you in, and we have said our special greeting, you could say "While I am here, what if I give you a hand with the cleaning?" When you suggest giving me a hand, you are implying that I am still in charge and I like that. If you come in, pull out the vacuum and tell me you are cleaning up, I am likely to take offence as I feel you are taking over. Remember, my home or room is my castle.

My Clothes

The same applies to my personal clothes when you give me a hand in the shower – they are an extension of me. Never throw them on the floor nor tell me they are dirty. I will

immediately think you are telling me that I am dirty, which is bound to make me angry and argumentative. Instead, carefully hang my clothes on a coat hanger. Then, while I have a shower gently move the clothes that need washing out of my sight, replacing them with fresh clothes.

Going to the toilet

If I use continence pads, or I have had an accident, never tell me that they are soiled or dirty, or that I need "clean" underwear. I hear these words as an insult and may become indignant and difficult. Instead, I prefer the words fresh, and freshen up. You could say, "What if I give you a hand freshening up once you have been to the toilet?"

This reminds me, I do not like constant prodding that I need to go to the toilet. If you ask me, "Would you like to go to the toilet?" I am likely to respond with a strong, no! If I am a woman you could try saying, "I need to go to the toilet, are you coming?" If I am a man you could say, "After everything we have had to drink, nature calls. Come on!" Keep it simple and a matter of fact.

See you next time

When it is time for you to leave, I like it when you tell me how much you have enjoyed spending time together and that you look forward to seeing me again. I may even respond in the same manner, which means I have had a positive experience. This is how you can become my special friend.

Jane Verity is CEO of Dementia Care Australia.

www.dementiacareaustralia.com or (03) 9727 2744

'THE OTHER DEMENTIAS'

Dementia is a term used for loss of mental function to the extent that this interferes with the person's daily life. It is not a disease in itself but rather a group of symptoms which accompany certain diseases. It is a very broad term which describes a loss of memory, intellect, rationality, social skills and normal emotional reactions. Alzheimer's disease is the major cause of dementia. Dementing illnesses can affect adults of any age, although they are more likely to occur in late years.

WHAT ARE THE MOST COMMON FORMS OF DEMENTIA?

ALZHEIMER'S DISEASE is the most common of the dementias and accounts for about 68% of all cases.

VASCULAR DEMENTIA is the result of many small strokes and is the second most common form of dementia. These strokes may damage any area of the brain responsible for a specific function. If many, they produce generalised symptoms of dementia. As a result, vascular dementia may appear similar to Alzheimer's. It is not reversible or curable, but recognition of any underlying condition (high blood pressure) often leads to a specific treatment, which may modify its progression.

This form of dementia is usually identified through a neurological examination, which identifies strokes in the brain, and is confirmed on a brain scan.

Note: The co-existence of Alzheimer's Disease and vascular dementia is also common (about 25%). These people usually have a progressive dementia and disorders associated with a stroke such as smoking, diabetes, hypotension and heart disorder.

PARKINSON'S DISEASE (PD) is a progressive disorder of the central nervous system, characterised by tremors, stiffness in limbs and joints, speech impediment and difficulty in initiating physical movements. Late in the course of the disease, some people develop dementia. Medication can improve diminished motor symptoms.

ALCOHOL. Too much alcohol, particularly if associated with poor diet and blackouts and frequent falls, leads to irreversible brain damage. The most vulnerable parts of the brain are those used for memory, higher cognition tasks such as planning, organising and judgement, social skills and balance. If drinking ceases, there can be some improvement. Thiamine, a vitamin, is important to limit some of the toxic effects of alcohol, and is an important supplement for heavy drinkers.

INFECTION. Some forms of dementia are due to infection. The most common of these in the past was syphilis and today AIDS-related dementia is common late in that disease.

HUNTINGTON'S DISEASE is an inherited, degenerative brain disease, which affects the mind and body. It usually begins during mid-life, and is characterised by intellectual decline and irregular, involuntary movement of the limbs or facial muscles. Other symptoms include personality change, memory disturbance, slurred speech, impaired judgement and psychiatric problems. Diagnosis includes an evaluation of family medical history and CAT brain scanning. There is no treatment available to stop the progression of the disease, but medication can control movement disorders and psychiatric symptoms.

PICK'S DISEASE is a rare disorder of the frontal part of the brain which is usually difficult to diagnose and affects people usually between the ages of 40 and 65. In a small number of cases, Pick's Disease will affect the temporal rather than the frontal lobes of the brain in the early stages. Disturbances of personality, behaviour (particularly lack of inhibitions) and orientation may precede and initially be more severe than memory defects.

The causes of the various forms of Pick's Disease are not yet known but it is thought that one form of the disorder, which accounts for a small number of cases, runs in families.

CREUTZFELDT-JAKOB DISEASE is a rare fatal brain disorder caused by a transmissible infectious organism, probably a virus. Early symptoms include failing memory, changes of behaviour and a lack of coordination. As the disease progresses, usually very rapidly, mental deterioration becomes pronounced, involuntary movements appear, and the patient may become blind, develop weakness in the arms or legs and ultimately lapse into a coma.

HEAD INJURY. Head injury, if severe, can produce permanent change in a person's ability to think and in their behaviour and personality. Usually this follows only if a person has been unconscious for a long time.

DEMENTIA-LIKE SYMPTOMS WHICH ARE TREATABLE. Serious forgetfulness and some other dementia-like symptoms sometimes are caused by a condition, which can be cured. When such a condition is treated appropriately, the memory improves. Therefore, it is

important for anyone with dementia-like behaviour to seek a thorough assessment to find the cause.

If you would like more information on dementia, or would like to access the services of the Dementia Australia:

- Counselling
- Support Groups
- Library
- Education
- Telephone Information & Referral
- Newsletters

Please contact:
Dementia Australia
Freecall: 1800 100 500
Telephone: 9818 3022

Privacy Statement

Caladenia Dementia Care is committed to respecting the privacy of your personal information.

Caladenia is bound by a set of National Privacy Principles that are the benchmark for how personal information should be handled. Caladenia has adopted these principles as part of our standard business procedures.

What this means is that all personal information that enters Caladenia is dealt with in a uniform manner and the highest regard is taken for maintaining its security at all times.

Caladenia holds contact information about its consumers, including date of birth, next of kin information, and some medical details. It also holds limited financial information.

The main purpose for which Caladenia holds this information is to assess the need for Caladenia's services, to make decisions about the level of care a consumer will require, and to ensure the safety of all consumers at all times.

Caladenia may, from time to time, disclose some of this personal information to the Commonwealth and State Governments or their agencies. This will be in accordance with the provisions of all relevant legislation and regulations that apply to Caladenia and all its services, and for the purpose in informing decisions about funding and meeting medical, social and other care needs. The Commonwealth and State Governments are also subject to laws dealing with privacy, and have their own policies that are designed to safeguard your personal information.

If you are concerned that Caladenia may have handled your personal information inappropriately, please contact the Manager on 9727 2222. All privacy complaints will be taken seriously and we will endeavour to deal with them promptly. In some cases we may require that you put your complaint in writing.

If you would like to request access to any personal information held by Caladenia, please contact the Manager. The Manager will arrange for an access form to be sent to you, and is able to assist with any enquiries you may have regarding the process.

Caladenia will respond to all requests within 28 days, and in most cases will be able to respond well before that time.

VOLUNTEER TRAINING

Caladenia runs a Volunteer Training Day mid year. The sessions are on topics and subjects that relate to our work here at Caladenia. This is a great way to get to know some of the other staff and volunteers, and to learn new skills and information.

RIGHTS AND RESPONSIBILITIES FOR VOLUNTEERS

Part of understanding voluntary work is being aware of, and abiding by, your responsibilities to the agency and to the individuals with whom you work. Your rights as a volunteer are equally as important as your responsibilities.

As a volunteer you have the right to

- information about the organisation for which you are volunteering
- a clearly written job description
- know to whom you are accountable
- be recognised as a valued team member
- be supported and supervised in your role
- a healthy and safe working environment
- be covered by insurance
- say no if you feel you are being exploited
- be reimbursed for out-of-pocket expenses
- be advised of the organisation's travel reimbursement policy
- be informed and consulted on matters which directly or indirectly affect you and your work
- be made aware of the grievance procedure within the organisation
- orientation and training

As a volunteer you have the responsibility to:

- be reliable
- respect confidentiality
- carry out the specified job description
- be accountable
- be committed to the organisation
- undertake training as requested
- ask for support when you need it
- give notice before you leave the organisation
- value and support other team members
- carry out the work you have agreed to do responsibly and ethically

Statement of Rights and Responsibilities

1. Preamble

People with dementia and their carers make up Caladenia's Target Group. In this statement, any reference to the consumer is intended to apply equally to all members of the target group.

The HACC Statement of Rights and Responsibilities recognises that:

- The Program assists people who are at risk of premature or inappropriate long term residential care and their carers.
- The Program aims to enhance the quality of life and independence of those "at risk" people and their carers.
- The Program is administered and in accordance with the principles and goals set out in the HACC Agreements
- Consumers of HACC services retain their status as members of Australian society and enjoy the rights and responsibilities consistent with this status.
- Providers of HACC services operate under the constraints of relevant law.

2. Consumer Rights

The key rights, which affect consumers of HACC services in their relationship with Caladenia Dementia Care, are:

- The right to respect for their individual human worth, dignity and the right to privacy.
- The right to be assessed for access to services without discrimination.
- The right to be informed about available services.
- The right to choose from available alternatives.
- The right to pursue any complaint about service provision without retribution.
- The right to involve an advocate of their choice.

3. Service Provider Responsibilities

In providing services, Caladenia Dementia Care has the responsibility:

- To enhance and respect the independence and dignity of the consumer.
- To ensure that the consumer's access to service is decided only on the basis of need and the capacity of the service to meet that need.
- To inform the consumer about any options for HACC support open to him or her.
- To inform the consumer of his or her rights and responsibilities in relation to HACC services.
- To involve the frail elderly person, the person with dementia and/or their carer in decisions about the assessment and service delivery plan
- To negotiate with the consumer before a change is made to the service being provided.
- To be responsive to the diverse social, cultural and physical experiences and needs of consumers.
- To recognise the role of the carer, and to be responsive to his or her need for information, referral and support.
- To inform the consumer of the standards to expect in relation to the services he or she may receive.
- To ensure that the consumer continues to receive services agreed upon with Caladenia, taking the consumer's changing needs into account.
- To respect the privacy and confidentiality of the consumer.
- To allow the consumer access to information about him or her held by Caladenia.
- To allow a carer access to information held by Caladenia about the consumer where the carer is the legal guardian or has been so authorised to do so by the person receiving care.
- To deliver services to the consumer in a safe manner.
- To respect the consumer's refusal of a service and to ensure that any future attempt by the consumer to access a HACC service is not prejudiced because of that refusal.
- To deal with a consumer's complaints fairly and promptly and without retribution.

- To mediate and attempt to negotiate a solution if conflict about a service arises between the carer and the service recipient.
- To accept the consumer's choice and involvement of an advocate to represent his or her interests.
- To take into account the consumer's views when planning, managing and evaluating HACC service provision.

4. Consumer Responsibilities

Consistent with their status as members of Australian society, HACC consumers have a responsibility:

- To respect the human worth and dignity of Caladenia Staff, Volunteers and other consumers.
- For the results of any decisions they make.
- To play their part in helping the service provider to provide them with service.

For more information, contact the
Department of Health and Human Services
Phone – 9843 6000

Charter of Care Recipients' Rights and Responsibilities for Home Care under the CHSP Program

The Charter acknowledges your rights and those of your family and carers, as well as your responsibilities. According to the Charter, services should be delivered in a respectful manner.

The Charter also says carers should be recognised as partners in care, and be able to participate in decision making in care situations when the care recipient is unable to do so.

Who is the Charter for?

The Charter is for you, your service provider and others involved in your care, such as your family and friends.

It is a good idea to read the Charter all the way through. If you do not understand what it means or how it applies to you, you can ask your service provider, seek advice from an independent aged care advocate or ask a family member or a friend to explain it.

It is also important that other people who help care for you know about the Charter. These people might include:

- your carer, such as a family member, friend or neighbour who regularly provides support and care to you

- your nominated representative, who may or may not be legally appointed, for example, someone who has a power of attorney or is a guardian
- your service provider.

Your rights

The Charter outlines your rights when receiving care, including the right to:

- be treated with respect
- be involved in deciding what care will meet your needs
- have a written agreement covering everything you and your service provider have agreed to
- have your care and services reviewed
- privacy and confidentiality of your personal information
- be given information on how to make comments and/or complaints about your care and services
- have your fees determined in a way that is transparent, accessible and fair
- be given a copy of the Charter.

Your responsibilities

The Charter also outlines your responsibilities when receiving care. This means you need to:

- respect the rights of care workers
- give enough information to the service provider so they can develop and deliver your care plan
- follow the terms and conditions of your written agreement
- allow safe and reasonable access for care workers at the times agreed in your care plan
- pay any fees outlined in your written agreement.

Where can I get a copy of the Charter?

You can get a copy of the Charter from:

- your service provider
- the Department of Health.

Home Care Standards

Under the Home Care Standards, service providers need to:

- give you information about your services
- speak with you about any changes to these services
- respect your privacy and dignity
- handle your concerns or complaints fairly and confidentially.

The Standards also make sure you are able to choose someone to speak on your behalf (an advocate) in the case of any concerns or complaints.

What to do if you have concerns

If you, your carer, or anyone else is concerned about the care or services you received, it is important that you discuss this with your service provider first.

If, after discussion with the service provider you do not believe the service provider is meeting their obligations, or that the care and services you are receiving are not appropriate to the level of funding you are receiving for the Home Care Package or services through the Commonwealth Home Support Programme, you may want to contact the National Aged Care Advocacy Program or the Aged Care Complaints Commissioner.

National Aged Care Advocacy Program (NACAP)

You have the right to call on an advocate of your choice to represent you in your dealings with your service provider.

If you need an advocate, one may be made available through the National Aged Care Advocacy Program (NACAP) by calling 1800 700 600.

Aged Care Complaints Commissioner

If you, your carer, or anyone else is concerned about the care or services you receive, you can make a complaint at www.myagedcare.gov.au

Duty of Care

Definition

The ethical code of conduct is a public statement of how we conduct our business and how we treat our clients and colleagues. It provides guidance as to the general standards of work performance and ethical conduct expected of all employees within the organisation.

Policy

Caladenia acknowledges that its staff (both paid and unpaid) has a Duty of Care to its clients and that these clients can expect to be treated with dignity and consideration at all times. All activities will be constructed with client safety in mind while allowing freedom of choice, movement and reasonable risk.

Procedure

This policy is applicable to all staff, paid and unpaid, of Caladenia

Duty of Care exists when failure to exercise reasonable care might cause another person injury or harm. It also requires avoidance of situations, which present a foreseeable serious hazard or risk to another person.

Duty of Care is what could reasonably be expected in any situation, and is based on what is considered acceptable practice in the community. Staff will be flexible, open-minded and responsive to each individual in each particular situation, trying to ensure a reasonable standard of safety while allowing freedom of choice and movement.

Volunteers and Staff will be given sufficient information of the background of each client to enable them to anticipate a course of events, though this information should be given with due regard to the limits of confidentiality.

For all activities the leader should be aware of:

- possible hazards and risk factors
- the abilities of the staff to manage a particular situation
- the need to use approved transport and drivers
- the need to plan the activity thoroughly
- the action to be taken in any emergency situation
- the need to accurately record any incident
- the need to offer a reasonable standard of 1st Aid (according to level of experience)

As a Volunteer it is your responsibility to observe and report anything that you think is relevant to the staff.

Caladenia will accept no responsibility if any staff member initiates an activity without the approval of the Manager or Board of Directors.

What is an advocate?

There are several different definitions of the word advocate or advocacy. Many have a legal context, *The Macquarie Dictionary - 2nd Revised Edition (1988)* offers the following definitions:

□ **Advocacy** - “an act of pleading for, supporting or recommending; active espousal”

□ **An Advocate** - “one who defends, vindicates, or espouses a cause by argument; an upholder; a defender”

□ **(to) Advocate** - “to plead in favour of: support or urge by argument”

A more relevant description of an advocate, in the context of HACC providers however, can be found in a definition of advocacy from *Advocacy Tasmania Inc*, who describe advocacy as **‘the process of standing beside an individual or group and speaking out on their behalf to protect and promote their rights and interests’**.

The role of an advocate

The role of an advocate is to **‘stand beside or behind’** a consumer and to support them in decision making and ensuring that their rights are respected. An advocate **does not** take over or make decisions on a person’s behalf. An advocate can be involved and be with a consumer at any time, including through the assessment or reassessment process or if the consumer wishes to make a complaint about the service. It could be a one off or an ongoing relationship.

Who can be an advocate?

An advocate can be anyone the consumer nominates. It could be:

- A primary carer
- A family member
- A friend or neighbour
- Another service provider
- Staff – except if there is a conflict of interest

Caladenia Dementia Care will ensure that all clients and their carers have access to an advocate of their choice to represent their interests at anytime.

Procedure:

- ◆ Caladenia will develop links with local advocacy groups and services.
- ◆ Caladenia will inform all clients and carers of the availability of advocacy assistance at the time of the initial assessment.
- ◆ The Manager will, upon request, refer clients to the advocate of their choice.
- ◆ The Manager will provide information to the advocate – but only with the written permission of the client.

- ◆ Staff will notify the Manager if any client requests an advocate.
- ◆ Staff will identify situations where an advocate may be required and inform the Manager.

Advocacy Organisations

1. Mooroolbark Community Centre
P.O. Box 350
Lilydale, 3140

Phone: 9735 1311
2. St John of God Services
12/96 Manchester Road,
Mooroolbark, 3138

Phone: 9727 2466
3. St John Of God Services
Nunawading

Phone: 9738 1452
4. Outer Eastern Citizen's Advocacy Bureau
17 Greenwood Avenue
Ringwood, 3135

Phone: 9879 5206

Caladenia Dementia Care - Food Safety Regulations

- Volunteers are requested to avoid coming into the kitchen during meal service. The more people in the kitchen – the higher the chance of accidental food contamination!
- We ask that only one or two volunteers assist with meal service – it is more beneficial that volunteers stay at the table and socialise with the members.
- No Excessive Jewellery to be worn during food preparation, cooking and serving
- Attention to personal habits is not permitted in the food preparation areas, or during food preparation processes. Prohibited practices include: Hair combing, sneezing, coughing, chewing gum, spitting or scratching (face, nose or body).
- When you sample the food – please ensure you use a clean spoon or utensil – and that this is NOT placed back into the food. Multiple tastes require multiple utensils.
- Cuts & wounds must be kept covered by a coloured bandaid – then gloves must be worn over this.
- Bib aprons and hats must be worn during food preparation and serving. Disposable gloves must be worn during the preparation of ready to eat or food that is served fresh. Handle the food as little as possible – even with gloves.
- Personal hygiene of food handlers is important. Clean short nails, no heavy aftershave or perfume.
- Staff & Volunteers are required to notify the Manager of any gastrointestinal illness, food poisoning illness, cold, flu or any other contagious disease - and are not permitted to participate in the preparation, cooking or serving of food.
- It is important that all volunteers and students read and understand these food safety guidelines



Bushfire/Fire Season at Caladenia

Policy

All staff and volunteers must have knowledge, training and adequate procedures and equipment in place to prepare for and cope with the fire season. Although Caladenia is not in an area that is prone to Bushfire, the bus often has to enter these areas, and clients may live in these areas.

Procedure

Definitions:

The CFA has declared the following ratings for fire danger



Review:

During Fire season, the Manager will review the weather predictions for the week, and make recommendations for program responses where needed. These decisions may affect in house programs, outings programs and the bus run. Some program activities may need to be altered depending on the forecasted weather and any fires in the area. The Manager will alert staff, and contact carers where necessary.

Program Planning:

Throughout the fire season, all Program Leaders, (particularly any outings based programs), must have an alternative program planned in advance which can be used when the scheduled program cannot go ahead due to a Severe, Extreme or Code Red Fire Danger Day or Total Fire Ban (TFB) day. When planning alternative programs, please ensure that they are appropriate for the individuals that will take part.

Cancellation of a Program

On days of Total Fire Ban, Severe, Extreme or Code Red Fire Danger Day, or a combination of these and high winds, all outings based programs must be changed to a suitable alternative outing venue, or cancelled.

This is to ensure:

- The safety and wellbeing of clients entrusted to Caladenia's care
- The safety and wellbeing of staff and volunteers who are working that day
- Reduction of risk by staying away from fire prone areas

All staff, volunteers, clients and carers are to be contacted by phone as soon as this decision has been made.

Caladenia needs to be equipped with appropriate items to assist in the event of a fire and or evacuation. These include:

- Evacuation Pack which includes current client/carer contact lists, staff contact list, Program Folder, Mobile phone, radio and batteries.

The Caladenia bus needs to be equipped with appropriate items to assist in the event of being caught in a fire. These include:

- Bus folder with all client contact details, staff and volunteer contact details
- Mobile phone to be taken on every bus trip
- Note pads and pens
- Emergency water

In the event of no phones

- Follow evacuation procedures (if necessary)
- Actively listen to radio AM 774 for updated information
- If evacuation is too late or not possible, staff and clients are to stay inside and protect the building. One person needs to be responsible at all times for monitoring the building while the other staff monitor and reassure clients.
- The safest place in the event of a bushfire will be the old Meadowbank House as this is double brick.

In the event that clients are unable to be taken home

- DO keep clients who are unable to return home at Caladenia until a relief centre has opened.
- DO NOT drop clients off at another clients house
- DO NOT take clients to your own home
- Contact carers to come and collect clients
- Clients are not to be left alone at the centre. It is understood that staff may have their own personal Emergency Plan to attend to, however they have a duty of care toward the clients. If staff need to leave, the Manager will make arrangements as soon as possible to have them relieved of their duties.
- Volunteer staff may be used in an emergency – as an interim measure only, and only if they are willing. Volunteers are never to be in sole charge of clients.

Information to clients and carers

- Information on these policies to be included in every new client/carer information pack.
- Carers to be reminded of this information in the carers newsletter.
- Inform clients and carers that they are able to cancel their attendance if they would prefer to stay at home on TFB or High, Extreme or Severe days.
- Inform clients and carers that alternative programs will be offered, if planned outings are cancelled due to unsafe weather conditions.

Client and Carer Medication Policy

Preamble:

Caladenia promotes the maintenance of client's and carer's independence at all times. Staff at Caladenia are bound by the HACC guidelines, and can only assist people with medications in very specific ways. Medications include all tablets, eye drops, vitamins, paracetamol, sprays and creams. If the individual's attendance at Caladenia is dependent upon the taking of medication, the following procedures must be followed:

Policy

Staff ***shall not*** administer medications to any client or other staff members. Staff may only prompt and remind clients to take medication.

Procedure

A First Aid kit will be available for use on all outings.

Prescribed medication will only be accepted by staff if it is presented in a webster pack filled by a qualified pharmacist. Staff will only accept webster packs that are correctly labelled with the person's full name, and the correct day, date and time with medication for the current day.

- **Staff will not accept medication in envelopes.**
- **Staff will not accept medication that is incorrectly labelled**
- **Staff will not accept medication that is unlabelled**

If a client consistently refuses or is unable to take a prescribed medication the staff member concerned shall be responsible for reporting to the responsible carer.

Staff will not accept responsibility for medication that is already in a person's possession.

Any client who has normally has responsibility for his or her own medication should not expect to receive assistance from any staff member.

Non prescription medications (Panadol, antacid etc) must still be in the original packaging and labelled (in the pharmacy) clearly with the client's name, and the time and dosage of the medication, and staff alerted if the client needs a reminder to take the medication. Staff will not accept responsibility for deciding whether a medication is needed or not. Staff cannot assist with medications labelled "PRN" or "As Needed" as staff are not qualified as medical personnel.

If a client requires a reminder to take a medication – this is to be recorded on the program sheet each day with the client's name and the time the medication is to be taken. If there are two doses then this needs to be recorded on each program sheet.

Caladenia acknowledges that the request for Webster Packs incurs an extra charge for families. Caladenia has policies in place whereby fees can be reduced if this extra cost may impact on a family financially.

Please contact the Manager if you have any queries regarding medications.

Alcohol at Caladenia

Caladenia, her Board of Directors, Staff and Volunteers are committed to ensuring that the rights of all individuals who receive support from the organisation are upheld, and that the organisation meets its duty of care obligations to staff, service users and visitors and attends to its responsibilities under Workplace Health and Safety legislation.

The organisation respects the rights of clients to choose to partake of alcoholic beverage/s and those who choose not to. The organisation has a duty of care to ensure that the person choosing to partake of alcoholic beverages acts responsibly, does not endanger themselves or others, and does not cause any harm to themselves or others.

Caladenia is committed to providing pleasurable social activities for all service users, including activities where the consumption of alcohol is usual practice. Caladenia has responsibilities under workplace health and safety legislation and duty of care obligations to ensure that all staff, volunteers clients and carers have their rights upheld and that the potential risk of them being subjected to any behaviour they may find demeaning, offensive or dangerous, due to the indulgence in alcohol by any person in the care of Caladenia, is minimised. To that end, clients, volunteers and staff must adhere to the following policy on the consumption of alcohol.

- The Manager has the responsibility and authority to ensure that the policy on the consumption of Alcohol is adhered to by service users, volunteers and staff, and may delegate the responsibility during her absence.
- Salaried and volunteer staff are not permitted to consume alcohol during the hours of their employment.
- Staff are required to follow the instructions of the client's medical practitioner or carer, concerning the consumer's consumption of alcohol, while they are in the care of Caladenia
- Service users are required to report to the coordinator any changes to health or medication, which could be affected by or affect alcohol consumption.
- In order to carry out the organisations duty of care obligations, staff are not permitted, under any circumstance, to purchase on behalf of, or provide to clients, more than three (3) standard alcoholic drinks. Disciplinary action will be taken against any staff member who fails to adhere to this policy.
- In order to assist the organisation to comply with its duty of care obligations to service users, volunteers, staff and visitors, service users choosing to partake of alcoholic beverages are required to limit their alcoholic consumption to up to three (3) standard drinks, while in the care of Caladenia.
- Service users who are unable to purchase or obtain alcoholic drinks due to issues arising from their mobility, may request a staff member to purchase on their behalf, or provide to them, up to three (3) standard alcoholic drinks.

- Service users who do not follow this policy could have their attendance at functions and activities, where alcohol is available or sold, reviewed.
- The Manager is to ensure that a copy of this policy is made available to all service users and their service users supports, volunteers and staff and is responsible for ensuring that all service users and their service users supports, volunteers and staff is aware of its content.

How to make a complaint

You have the right to make a complaint without any fear of reprisal.

If you have a complaint, you have the right to discuss this with a staff member. If you are not able to resolve your complaint, you may choose to bring it to the attention of Caladenia's Manager. If you are still unable to resolve the matter, you may put your complaint in writing to the Board of Directors in a sealed envelope marked "Confidential". The Board will then investigate your complaint. If you require assistance in writing your complaint, staff will be able to assist you. If the Board not resolved your complaint, you may contact the Office of the Health Services Commissioner on: Telephone: (61 3) 8601 5200 or Toll Free: 1800 136 066

By mail:

Health Services Commissioner
30th Floor
570 Bourke Street
Melbourne. 3000
Victoria

Please feel free to come and speak to the Manager at any time about any concerns, or suggestions. We strive at all times to provide a service that suits you.

Quick Contacts

Caladenia Dementia Care

9727 2222

Postal Address

**11 Hilledge Lane,
Mooroolbark, 3138
PO Box 685,
Lilydale 3140**

Email:

caladenia@caladenia.com.au

Web:

www.caladenia.com.au

After Hours Emergency

0413 139 277

Facebook

www.facebook.com/Caladenia