YARRAM & DISTRICT HEALTH SERVICE



Residential Care HANDBOOK

85-91 Commercial Road Yarram VIC 3971

P: (03) 5182 0222

E: admissions@ydhs.com.au

W: www.ydhs.com.au



WHO ARE WE

Yarram & District Health Service (YDHS) is based in the Wellington Shire. We offer:

- Acute Hospital Services
- Community Services
- Residential Care Services

VISION STATEMENT

Our vision is for YDHS to be a respected and caring partner in a strong community.

MISSION STATEMENT

Our mission is to work with our community and our partners to improve health and wellbeing.

VALUES

We value:

Integrity: ethical and honest - accountable and professional

Collaboration: interested, informative and listening

Acceptance: inclusive and embracing
Respect: compassionate and caring
Enthusiasm: motivated and passionate

I. C.A.R.E

Quality - Excellence with the Person at the Centre

To do this we will:

- embed a quality culture of continuous improvement across the organisation such that our client's experience with YDHS is characterised by the following: seamless coordinated, integrated and timely provision of person centred care
- provide facilities and equipment that enable the provision of safe, efficient, effective and sustainable service delivery; and
- place a very high value on person centred care and excellent customer service

Caring, Support, Compassion and Understanding

To do this we will:

- be welcoming, caring, supportive, share knowledge freely and support learning in every setting
- relate to our community with understanding and compassion
- assist our community to understand their rights and responsibilities and have access to genuine complaints resolution processes
- support our community to identify the need for, and make decisions relating to, the development, delivery and evaluation of services
- develop partnerships that benefit our community; and appreciate the benefits that come from diversity

Value and Support our People

To do this we will strive to provide a healthy, caring and safe environment where we are supported to:

- pursue our personal goals and objectives
- behave consistent with YDHS values and enthusiastically support the achievement of our strategic and service delivery goals and objectives
- put forward ideas, participate in decision making, be creative and innovative
- develop our careers in a manner consistent with our strengths and interests; and
- make work a positive contributor to our happiness and wellbeing

CARE AT YARRAM & DISTRICT HEALTH SERVICE

CROSSLEY HOUSE

Crossley House provides residential care for up to 20 residents, offering a home like environment with immediate access to medical and health care services offered by YDHS. Accommodation is in single person rooms with an ensuite. Crossley House has a large combined dining and lounge room with two smaller lounge room areas available to residents. The home has a large sunny outdoor area set-up to enable residents to comfortably take part in some light gardening activity. Residents are encouraged to maintain independence by remaining connected with friends and family and their everyday relationships and associations. Our Leisure and Lifestyle team offer a range of activities, both group and individual, designed to help clients maintain their interests and life choices. All meals are prepared in our kitchen by YDHS'

food services team members, under stringent food services standards and in consultation with a dietician ensuring each person's **nutritional requirements** are met.

ST ELMOS

St Elmo's provides residential care for up to 30 residents and is located at the YDHS campus with immediate access to all YDHS medical and health care services. Accommodation in St Elmo's is in single person rooms with an ensuite. Residents have access to lots of recreational space, the dining room is large and the residence has four variously sized lounge areas. There is also a sunny and secure garden and entertainment area and a safe walking path, The Getaway Track, for residents and their visitors use. Our Leisure and Lifestyle team members offer a range of activities, both group and individual, designed to keep residents engaged and stimulated. All resident's meals are prepared in our kitchen by YDHS food services team members under stringent food services standards and in consultation with a dietician or medical advisor ensuring resident's nutritional requirements are met.

For more details contact our Residential Admissions Officer on 03 5182 0233.

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WELCOME TO YDHS RESIDENTIAL CARE

Welcome to your new home at Yarram & District Health Service (YDHS). We hope that you enjoy living here. Moving from one home to another can be exciting and challenging at any stage of life. Together, with yourself and your family, we aim to assist you with your transition into residential care and welcome and encourage your participation in this process and throughout your time with us.

To support you in keeping your independence whilst living in your new home, we encourage you to continue your community and social activities as you would in your previous home. We welcome visitors, family, including family pets and friends.

This handbook, along with your signed Agreement will provide you with the information that you need to settle in, but please ask team members for assistance with any other questions that you may have.

The YDHS team aim to ensure our clients are supported to maintain or regain their greatest level of independence. We offer support to clients from diverse communities including Aboriginal and Torres Strait Islander people. The YDHS team respects every individual's rights, values and preferences regardless of culture, religious beliefs or sexual orientation, creating a welcome and safe environment for all.

If English is your second language, access to an interpreter will be arranged as desired through the Australian Institute of Interpreters and Translators Inc.

Thank you for joining the YDHS community. We look forward to being able to share this stage of your

life with you.









All people receiving Australian Government funded residential care, home care or other aged care services in the community have rights.

I have the right to:

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

If you have concerns about the aged care you are receiving, you can:

- talk to your aged care provider, in the first instance,
- speak with an aged care advocate on 1800 700 600 or visit opan.com.au, for support to raise your concerns, or
- contact the Aged Care Quality and Safety Commission on 1800 951 822 or visit its website,
 agedcarequality.gov.au. The Commission can help you resolve a complaint about your aged care provider.

ADVANCE CARE PLANNING (ACP)

Advance Care Planning (ACP) is a way to help you think about, talk about and share your thoughts and wishes about your future health care if, in the future you became seriously ill or injured. ACP involves both you the health care professionals responsible for your care and your family/carer. The aim is to develop an Advanced Care Directive.



Why is ACP important?

- Talking about your health conditions early will help you, your loved ones and your doctors to understand what medical and health care treatments you might receive in the future.
- You are able to guide your loved ones and your doctor in making health care choices for you if in the future you are unable to make these choices yourself.
- Discussing your future health care wishes before you become ill gives you
 and your loved ones the opportunity to talk about what is important to you,
 your values experiences fears and choices for end of life care.

An Advance Care Directive (ACD) is different to your Will. An ACD will guide your care and medical treatment when you are alive; your Will only serves a purpose after your death.

Some of your wishes will be about your medical care; others will be about personal matters. For instance:

- Treatment decisions which are acceptable or not acceptable to you.
- Your choice about whether you would like to be cared for at home in hospital
 or a nursing home and who you would like to be with you.
- The things that give your life meaning and how you want to live well for the rest of your life.
- An ACD will only be used if you are unable to make medical choices for yourself.

An Advance Care Directive includes:

Appointing a Medical Treatment Decision Maker

This is a legal document that allows you to appoint another person to make medical treatment decisions on your behalf if you are not able to.

A Values Directive

This states your preferences and values as the basis on which any medical treatments are made on your behalf. Your medical treatment decision maker will use your values directive to guide them when they make decisions for you.

and/or

An Instructional Directive

This states your consent or refusal to the commencement of or the continuation of medical treatment. Health professionals are bound by an instructional directive.

An ACD can be changed or withdrawn at any time as long as you are able to make and understand your own medical choices. It should be reviewed regularly to be kept up to date.

What should I do now?

Talk to your family and others close to you about the type of care you would like towards end of life, where you would want to be cared for if you could no longer care for yourself and any particular worries you have about being ill or dying. Talk to your doctor or practice nurse about ACP



MOVING INTO YOUR ROOM

We encourage you to make this space your home. Please bring in small pieces of furniture, photographs and mementos to help you feel comfortable in your new room. You may also choose to bring in your own quilt, bedspread and blankets to make your room feel more homely (family will need to be responsible for laundering these items). Family members and friends are welcome to help arrange your belongings in your new room.

Care is taken to ensure rooms are clutter free to prevent potential falls risks. Your room is cleaneddaily.

You are welcome to bring in electrical equipment, which will have an electrical safety check tag attached before being placed safely in your room.

CLOTHING AND LAUNDRY

Basic linen (towels, sheets, blankets, face washers) is supplied to you by YDHS. Personal laundry services are provided for clothing that can be machine-washed. We advise families/friends to wash woolen and other delicate and special clothes/items. All sensitive and delicate fabrics and all clothing needs to withstand a 65 degree industrial washer.

All personal clothing requires labelling which the health service will arrange on admission, with a small cost. To reduce the risk of falls it is important to have well-fitting shoes and slippers. Clothing needing replacing or repair will be identified and a relative informed.

TOILETRIES

YDHS provides basic toiletries for you, however you are free to purchase preferred products of your own. Other requirements such as the supply of continence aids can be discussed with team members after your admission or when signing your Resident Agreement.

VALUABLES

Residents are discouraged from leaving valuables or large amounts of cash in your room. We do not take responsibility for the loss of valuables or money despite all endeavours to maintain and promote a secure environment. Residents are encouraged to keep their valuables in the locked drawer provided.

Residents may require some spending money so you are encouraged to bring a pre-paid card or "tap and go" purchase card to pay for outings, meals and sundries. An example of this type of card is a Post Office prepaid card.

SPIRITUAL SERVICES

We encourage you to maintain your spiritual wellbeing. Please continue to practice your religious faith with your local church as you desire. We also welcome representatives of different denominations to visit residents. A Pastoral Care Worker visits regularly and is available upon request. Services are conducted regularly and resident's family and friends are invited to attend.

ACCREDITATION PROCESSES

Under the Aged Care Act 1997, care homes are required to undertake Aged Care Accreditation. The Australian Aged Care Quality Agency conducts unannounced visits, as well as a review every three (3) years, or as necessary, against all eight (8) standards required for the home to remain compliant. This ensures all residential homes meet a minimum level of standards of care.

At YDHS we aim to achieve this and more, and we are grateful for feedback and family participation towards achieving a high standard of care.



SECURITY OF TENURE

All residents, including respite residents are offered a Resident Agreement, which specifies:

- The rights and responsibilities of the resident and the service provider;
- Fees and charges;
- Termination of the agreement.

Residents are free to move from the home at any time. Every effort is made to ensure residents move into the most appropriate room which is reflective of their care needs. As circumstances change it may be necessary to move a resident from one room to another for medical or other care needs. Any such move is in consultation with the resident and family prior to the move.

PRIVACY

Team members and volunteers respect your privacy and will not enter your room without knocking or alerting you to their presence, unless they are concerned for your wellbeing. Please inform team members if you do not wish to be disturbed at any stage. Photo identification is used for medical charts and documentation. Your consent is required to enable us to use your photo for other publications.

MAIL

Mail for residents is sorted as soon as it arrives and is delivered to you. Your mail should be addressed with your name to the specific home you live in.

TELEPHONE & INTERNET

We encourage all of our residents to maintain regular contact with family and friends. We offer a Wifi connection for all internet requirements. You are welcome to organise your own mobile phone and there are many appropriate models available for the elderly.

CALLING FOR ASSISTANCE

Qualified team members are available to you at all times and can be easily identified by their identification badge. All rooms and bathrooms have a nurse call buzzer to notify team members if help is required. This buzzer is usually located by the bed in your room and in the bathroom.

LIFESTYLE COMMUNAL AREAS

Please use these rooms at any time. There are large televisions in the communal rooms for you to enjoy with others. Many social and physical activities take place in the lounge during the day with team members and local community members.

LIFESTYLE & LEISURE PROGRAM

YDHS offers numerous activities for you to participate in and welcomes any suggestions you may have for entertainment. Our aim is to work with you to facilitate whatever activity you wish to participate in.

We provide a resident-centered Lifestyle Program with group and individual activities designed around your interests to provide social, recreational and interactive activities to benefit all residents.

GOING OUT

We encourage all residents to participate activities outside YDHS, but need to be aware of your movements to ensure your safety.

Please advise a team member when you are planning to leave and the time of your anticipated return. Ensure that the Resident Leave book, is signed by you or an escort before you leave and upon your return.

You can elect to have nights away from the home to visit friends or family. Please provide team members with a contact name and number so that you are contactable if staying elsewhere overnight.



External doors are locked at 8:00pm daily, but you are welcome to return later.

PREVENTING FALLS

Strategies used to reduce your risk of falling include:

- Keeping your surroundings uncluttered and safe, and providing you with falls prevention information
- Assessing your risk of falling and discussing the results with you and your family or representative. Your risk of falling will be reviewed monthly or if your health condition changes;
- Developing a care plan suited to your needs and organising other health care services as necessary; and
- Use of falls prevention equipment.

VOTING

If you are currently on the electoral role and wish to continue to vote, please ensure you or your representative update your address details. Electoral Commission representatives may set up a mobile polling booth at our home during elections to enable you to vote or we will facilitate voting via Postal Voting

If you are no longer able to vote, your Doctor will advise the Electoral Commission so that your name can be removed from the Electoral Roll (as this does not happen automatically).

MEALS

YDHS prepares delicious meals daily for our residents. Breakfast, lunch and dinner are served in our shared dining room and we encourage you to attend this social time with other residents. If you wish, a tray may be brought to your room.

The menu changes seasonally, providing residents a number of options at each meal. Team members are happy to discuss your nutritional needs and personal preferences to ensure that you enjoy your meals. You have the opportunity to provide feedback about the menu directly to the YDHS Chef and kitchen team members, as well as through food surveys and residents meetings. Where there are specific issues that need to be addressed, team members will be happy to assist you to resolve them.

Meals are served at approximately the following times:

- Breakfast 8:00am
- Morning Tea 10:00am
- Lunch 12:00pm
- Afternoon Tea 2:30pm
- Dinner 5:00pm



A light supper is offered for all residents as requested.

FOOD SAFETY

It is a requirement of the Food Safety Regulations that all food brought in by family and friends be recorded in the Food Records book. This procedure is to minimise the potential incidence of food borne illness to residents from the supply of raw and/or cooked foods brought in externally.

SERIOUS INCIDENT REPORTING SCHEME

Under legislation, Residential Care providers are obliged to report abuse or any allegation of abuse/assault to the Police and government departments. You will be provided with further information on this obligation at the time of your admission.

PALLIATIVE CARE

Palliative Care: Nurses support people with life-limiting illness and aim to maximise quality of life and assist families during and after the death of a loved one. The service links closely with the clients' treating doctor. Good Palliative Care is important and involves consultation and a team approach from the Doctor, Nurses, Allied Health, Family and Residents.

Team members and Doctors are trained in Advanced Care Planning, Palliative Care and end of life care. Specialist advice is available through the Health Service.

Our team will be available to meet with you and your family to discuss your plans and care plans for the future to ensure that your needs and wishes are met through all stages of care.

These plans of care may be changed at any time by yourself, if you are able to do so, or by your Medical Power of Attorney.

SMOKE FREE POLICY

There is a no smoking policy within YDHS buildings and vehicles. Residents who choose to smoke may do so in designated areas.

SERVICES WE CAN PROVIDE... HAIRDRESSING & BEAUTY THERAPY



We encourage you to use your hairdresser of choice as you did prior to moving into residential care. A hairdresser visits regularly and offers cuts and trims.

PAYMENT OF ACCOUNTS

Invoices for payment of services are issued monthly. A Direct Debit is set up for payments to be processed.

DOCTOR/GP

Ideally a residents own doctor will be able to continue to provide care following admission. If the preferred doctor is unable to continue to provide medical care, we can provide a list of visiting doctors. You may continue to consult your doctor of choice, provided that the doctor is credentialed at YDHS to visit our homes. Specialist referrals will be arranged as required.

PHARMACY

YDHS Residential Care is serviced by local community pharmacies and you can choose which pharmacy you select to use. On admission, please bring your medications with you, scripts are filled at the local pharmacy of your choice and supplied to the home. Residents are responsible for the cost of their medication.



FEEDBACK

We are committed to quality improvement and will respond to your feedback as promptly as possible. You should receive acknowledgement of formal feedback within three (3) days of it being received, however a final response may take several days or weeks.

You may provide feedback in a number of ways such as:

- Talk to a relevant team member at a program/department level;
- Complete a consumer feedback form;
- Write a letter/email:
- Tell your story on the Care Opinion Australia website. www.careopinion.org.au;
- Contact (free call) an external complaints service statutory body or organisation as listed below:

Health Services Ombudsman Victoria, telephone: 1800 136 066

Aged Care Quality and Safety Commission, telephone: 1800 951 822

Disability Services Commissioner Telephone: 1800 677 342

RESIDENT AND FAMILY FEEDBACK

(Complaints, Compliments and Suggestions)

Any consumer, carer, community member, relative or friend can provide feedback.

Yarram & District Health Service endeavours to make every experience count by acknowledging your story and actively seeking ways to improve our service. We are committed to listening, responding and improving and assure you that your feedback will inform and shape how we will look after you and other clients, next time.

PROVIDE MY FEEDBACK

- Talk with a team member
- Post a letter to the CEO at PO Box 61, Yarram, Vic, 3971
- Ask a team member for a Consumer Feedback Form or
- Scan the QR Code below.



ELDER RIGHTS ADVOCACY Advocacy and Information for Aged Care issues. Freecall 1800 700 600 Or (03) 9602 3066

What we do

- Listen to your concerns
- Provide information that includes your rights
- Assist you to explore your options and make informed decisions
- Support you to find solutions

Languages other than English

Our team is skilled in working with interpreters. Call us directly on **(03) 9602 3066** to arrange an interpreter, or



Call the Translating and Interpreting Service (TIS National) on 131 450 and let them know you want to speak to Elder Rights Advocacy on (03) 9602 3066



Help for people with hearing or speech difficulties, you can contact **Elder Rights Advocacy** through the **National Relay Service (NRS)**. For more information, visit the NRS website to choose your preferred access point, or call the NRS Helpdesk on **1800 555 660**.



Completing your application for admission to residential care

To make application for accommodation please complete pages 20 to 29, remove and return to YDHS either by:

- a) Mail to, CEO, YDHS, PO Box 61, Yarram, 3971 or
- b) Scan and email to: carol.hobson@ydhs.com.au

APPLICATION FOR ADMISSION TO RESIDENTIAL CARE



Admission Type: Permanent Respite	Admission Date Rec	quested://
Applicant Details		
Title: Mr / Mrs / Miss / Ms		
First Name:	Middle Name:	
Last Name:	Preferred Name:	
Date of Birth:/ Date	1ale □ Female	□ Other
Country of Birth: Australia Other Country Of Birth:	ntry (Please specify):	
Indigenous Type: □ Aboriginal /□ Torres S	Strait Islander / 🗆 Neithe	er
Marital Status: ☐ Married / ☐ Never Married	/ □ Widowed / □ De	facto Partner / 🗆 Divorced
Religion:		
Primary Language: English English Abi	i lity: 🗆 Fluent / 🗆 Impair	ed medical
Other Language (Please Specify):	Interpre	ter required: 🗆 Yes / 🗆 No
Contract Details 1st Contract (Many dates	.1	
Contact Details – 1 st Contact (Mandatory		
Contact Type: □ Next Of Kin / □ Guardian / □ POA – Enduring Medical / □ POA – Enduring		_
Title: Mr / Mrs / Miss / Ms	Tillalicial (Copies of F	OA required)
First Name:		
Last Name:	Preferred Name:	
Relationship to applicant: □ Spouse / □ Parent /	′ □ Brother / □ Sister / □	Son / Daughter /
□ Friend / □ Carer Other (please spec	cify):	
Residential Address:		
City / Town:	State:	Postcode:
Mailing Address:		
City / Town:	State:	Postcode:
Contact Phone numbers: Mobile:	Busines	s Hours:
Email contact (Mandatory):		

<u>Contact Details – 2nd Contact (If required)</u>



Contact Type: ☐ Next Of Kin / ☐ Guardian / ☐ ☐ POA — Enduring Medical / ☐ POA		nsible for Billing / YARRAM + DIS	TRICT
Title: □ Mr / □ Mrs / □ Miss / □ Ms			
First Name:	Middle Name:		
Last Name:	Preferred Name:		
Relationship to applicant: □ Spouse / □ Parent / □	Brother / 🗆 Sister / 🗆 So	on / 🗆 Daughter /	
☐ Friend / ☐ Carer Other (please specify	ı):		
Residential Address:			
City / Town:	State:	Postcode:	
Mailing Address:			
City / Town:	State:	Postcode:	
Contact Phone numbers: Mobile:	Business H	lours:	
Email contact (Mandatory):			
Contact Type: Next Of Kin / Guardian / POA – Enduring Medical / POA Title: Mr / Mrs / Miss / Ms First Name:		nsible for Billing /	
Last Name:			
Relationship to applicant: □ Spouse / □ Parent / □			
☐ Friend / ☐ Carer Other (please specify			
Residential Address:			
City / Town:			
Mailing Address:			
City / Town:			
Contact Phone numbers: Mobile:			
Email contact (Mandatory):			

Client Card Details



ard Type: Medicare (Required) / Pension / DVA Copy Sup	.,,,
evel (DVA Card Holders only: □ Gold / □ Orange / □ White	
ard No:Reference No:	Expiry Date://
ard Type: Medicare / Pension / DVA Copy Supplie	ed (required): □ Yes / □ No
evel (DVA Card Holders only: □ Gold / □ Orange / □ White	
ard No:Reference No:	Expiry Date://
ard Type: □ Medicare / □ Pension / □ DVA Copy Supplie	ed (required): □ Yes / □ No
evel (DVA Card Holders only): □ Gold / □ Orange / □ White	
ard No:Reference No:	Expiry Date://
pplicant / Representative signature:	
Qualification (POA / NOK / Guardian etc): Date:// Diffice Use Only pplication received:// Approved / esident CRID: YDHS UR No:	/ □ Declined / □ Withdrawn
esident Accommodation Agreement: Yes / No efundable Accommodation Deposit (RAD): Yes / No	′ A
irect Debit Authority: □ Yes / □ No	
OA Enduring Einancial 🗆 Voc. / 🗆 No. DOA Enduring Mag	
OA – Enduring Financial: Yes / No POA – Enduring Med	·
Nedicare Card: □ Yes / □ No Pension Card: □ Yes / □ No / □ N/A	·
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DIRECT DEBIT REQUEST

COMPANY NAME: Yarram and District Health Service

ADDRESS: 85-91 Commercial Road, PO BOX 61, Yarram, Victoria, 3971

CONTACT DETAILS:

Telephone: (03) 5182 0222 Facsimile: (03) 5182 6081 Email: ydhs@ydhs.com.au



Request and Authority to debit the account named below to pay Yarram and District Health Service

Req	uest and Authority to debit
	Your Surname or company name
	Your Given names or ABN / ARBN "You
	request and authorise Yarram and District Health Service, Direct Debit User ID: 446079 to arrange, through its own financial institution, a debit to Your nominated account any amount Yarram and District Health Service, has deemed payable by You.
	This debit or charge will be made through the Bulk Electronic Clearing System (BECS) from Your account held at the financial institution You have nominated below and will be subject to the terms and conditions of the Direct Debit Request Service Agreement.
Ins	ert the name and address of financial institution at which account is held
	Financial institution name
	Address
Ins	ert details of account to be Debited
	Name/s on account
	BSB number (Must be 6 Digits)
	Account number
Ack	nowledgment
	By signing and/or providing us with a valid instruction in respect to Your Direct Debit Request, You have understood and agreed to the terms and conditions governing the debit arrangements between You and Yarram and District Health Service as set out in this Request and in Your Direct Debit Request Service Agreement
Ins	ert Your signature and address
	Signature
	Address
	Date/
	ond account signatory equired)
	Signature(If signing for a company, sign and print full name and capacity for signing eg. director)
	Address
	Date/





Charter of Aged Care Rights

I have the right to:

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

Consumer	Provider
Consumer (or authorised person)'s signature (if choosing to sign)	Signature and full name of provider's staff member
Full name of consumer	Name of provider
Full name of authorised person (if applicable)	Date on which the consumer was given a copy of the Charter
	/ /
	Date on which the consumer (or authorised person) was given the opportunity to sign the Charter

Charter of Aged Care Rights takes effect from 1 July 2019

Charter of Aged Care Rights

Consumers

Consumers have the option of signing the Charter of Aged Care Rights (the Charter). Consumers can receive care and services even if they choose not to sign.

If a consumer decides to sign the Charter, they are acknowledging that their provider has given them a copy of the Charter, and assisted them to understand:

- · information about consumer rights in relation to the aged care service; and
- · information about consumer rights under the Charter.

Providers

Under the aged care law, providers are required to assist consumers to understand their rights and give each consumer a reasonable opportunity to sign the Charter. Providers must give consumers a copy of the Charter that sets out:

- · signature of provider's staff member;
- · the date on which the provider gave the consumer a copy of the Charter; and
- the date on which the provider gave the consumer (or their authorised person) the opportunity to sign the Charter;
- · the consumer (or authorised person)'s signature (if they choose to sign); and
- the full name of the consumer (and authorised person, if applicable).

The provider will need to retain a copy of the signed Charter for their records.



RESIDENT CONSENT FORM

Resident Name:
DOB:
1. RELEASE AND INDEMNITY IN RESPECT OF TEMPORARY ABSENCE As a resident of Crossley House/St Elmo's in the State of Victoria (called the Home) I will be absent from the Home from time to time to go out by myself, go out with relatives, go out with friends, and attend social functions or to attend to other personal matters.
I acknowledge and agree that the Home shall not be liable for any claims, damages or expenses of every kind whatsoever in respect of, or arising out of any accident, injury, death, illness or loss of any kind suffered by me during any period of absence from the Home.
I agree to indemnify the home against any loss, damage or expense claimed or incurred by third parties who suffer injury or damage in consequence of my act or omissions during any temporary absence from the Home.
2. PHOTOGRAPHS AND NAME ON DISPLAY IN HOME
I hereby authorise the home to the following:
Use my photographs and my name for public display. The authority includes but is not limited to:
☐ Display around the Home's public areas such as notice boards, residents room door, meal trolleys and dining tables.
☐ Publish in the Home newsletter or local newspaper
RESIDENT CONSENT FORM CONT'D
☐ Publish by the Home for marketing and advertising purposes
☐ Medical records, charts, drug chart, electronic progress notes and transfer notes as required.

DOB: a resident of Crossley House/ St Elmo's in the State of Victoria hereby authorize the preferred supplier of hairdressing services appointed by the Home to attend to the following hairdressing services. I understand that the appointment will be in line with the Home policy and procedures for External Suppliers and Contractors. Tick your preference or preferences Hair wash П Hair set Hair cut Hair trim Hair colour Hair perm Other: Tick your preferences or write your standing orders The frequency of services required: As needed, will write on the hairdresser booking form The following is my standing orders; please provide the services as per the following:

3. AUTHORITY FOR HAIRDRESSING SERVICES

Undertaking: the fees and charges will be set by the hairdresser in consultation with the management of the home. I acknowledge and agree that the Home shall not be liable for any claims, damages or expenses of every kind whatsoever in respect of, or arising out of any dispute with the hairdressing services.

RESIDENT CONSENT FORM CONT'D Tick your preferences

My accounts will be paid:

- Directly to the hairdresser; this is via a private arrangement with the hairdresser
- Via the Home who will pay the hairdresser first, then I will pay the Home upon receipt of my monthly account. Even in the event of a dispute with the hairdresser, I am still liable for hairdressing fees and charges incurred by the Home on my behalf.

4. LEISURE AND HEALTH CONSENT FORM

I acknowledge there is a risk associated with involvement in all activities at the Home.

I acknowledge that I have a choice and the risks have been explained to me and understand the said risk (eg but not limited to bus outings and other programmed activities).

I understand the Home make every endeavor to ensure my safety and are aware of my medical needs.

Volunteers play a big part in the operation of our home. We have a large number of people from within our wider community who come to the Home on a regular basis and work with our team members across a broad range of activities.

All those who volunteer at the Home are taken through an application, interview and referee checking process, in a similar but slightly less formal manner to our employees. They are also required to undergo a police check.

Most of the time our volunteers spend time with our residents under the supervision of team members however there are times when one on one visits are appropriate. For example, a visit with a dog or a game of scrabble in your room.

•	I wish to participate in these activities: ☐ YES ☐ NO	
•	I am comfortable spending one on one time with volunteers: \Box YES NO	

RESIDENT CONSENT FORM CONT'D

5. RESIDENT VALUABLES AND PERSONAL BELONGINGS

Please note that this Home's insurance does not cover resident's personal belongings including dentures and hearing aids or money. If you wish to have these valuables insured, please make your own arrangements. It is not advisable to leave large sums of money with the resident. Please ensure all belongings are labelled with the resident's name where possible.

All valuables kept by the resident are at the resident's own risk.
I hereby give consent to the mentioned statements as indicated above:
Resident name:
Resident signature:
OR
Next of Kin or Power of Attorneys name:
Signature:
AND
Name of witness:
Signature of witness:
Position of witness:
Date:

