Providing Quality Services for People with Disabilities

A Sample Staff Handbook

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Department of Ageing, Disability and Home Care
Licensed Residential Centres Training Component Project

Providing Quality Services for People with Disabilities

A Sample Staff Handbook

NSW Community Services and Health Industry Training Advisory Board
February 2001
ACKNOWLEDGEMENTS

STAFF HANDBOOK
For NSW Licensed Residential Centres

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INTRODUCTION

This Staff Handbook is a resource to enable Licensed Residential Centre operators in NSW and their staff to more fully provide a service tailored to the needs of residents with a disability. This resource document provides a greater range of quality service measures and resources which will assist the Centre operators to provide a higher quality of service to residents who have a disability.

The Staff Handbook provides:

- a summary of legislation and standards relevant to working with people with disabilities
- an outline of policies that can be used by Licensed Residential Centre staff to understand a best practice approach to their work
- suggested procedures that can be used to ensure quality service provision
- 20 proforma sheets which can be used on a daily basis by staff to assist in the smooth running of a facility whilst supporting the rights of people with disabilities

The Staff Handbook covers 20 specific areas of best practice which are clustered into 10 easy to understand functional areas. Implementation of this resource is optional but highly recommended by both the Residential Care Association and Ageing & Disability Department NSW. It promotes quality service provision for people with disability who live in residential centres in line with current national practice principles.

The Staff Handbook is also a basic resource for those staff who may wish to gain a Unit of Competence in the nationally recognised qualification Certificate III in Community Services (Disability Work).

Other related resources funded by the Ageing and Disability Department NSW which Licensed Residential Centre staff can access in order to get their skills and competencies nationally recognised include:

- Information Kit for Applicants
- Participant Record Book for Certificate III in Community Services (Disability Work)
- Employer’s guide
- Assessors Handbook for Certificate III in Community Services (Disability Work)

If you are keen to gain qualifications in Disability Work or want to get your existing skills recognised, talk to your employer, the NSW Residential Care Association, a Registered Training Organisation or a representative from the Ageing and Disability Department. If necessary, show them this page.
BACKGROUND

This page summarises some of the legislation that you should know about for your work.

**NSW Youth and Community Services Act 1973 (YACS Act)**

This Act was established in 1973 in response to the large numbers of people with disabilities who were leaving institutions and finding accommodation in the privately run boarding houses.

This Act is very important because it sought to regulate the conditions for care and accommodation of people with Disabilities and provide the framework for Licensed Residential Centres (for the disabled persons in this state).

The administrative mechanisms of the Act are called the ‘Conditions of Licence’. They were attached to the Act in 1979. These conditions were drawn from the 1939 Child Welfare Act and were prescriptive in nature.

Under this Act you should make sure that you provide the necessary environmental conditions for the delivery of services to residents (for example, the provision of fire safety systems, adequate food, laundry services).

The Ageing and Disability Department (ADD) was established in 1995 and has responsibility to regulate ‘Licensed Residential Centres’ licensed under the Youth and Community Services Act 1973 (YACS).

**NSW Disability Services Act 1993** (updated 1995)

This Act is important because it outlines for the people of NSW the importance of working with people with disabilities in a way that respects them, values them and enables them to have dignity in all that they do.

This Act outlines how services for people with disabilities should be provided by disability organisations that are funded by the NSW government. Its introduction reflected a move towards an outcome-based service environment that is enforced through a series of ‘standards’.
Disability Services Standards (DSS)

These Standards have been developed by NSW Government to support the implementation of the Disability Services Act. The Standards outline best practice approaches to providing services to people with disabilities. The Standards aim to show people how to work better with people who have a disability.

There are 10 standards that disability services which receive funding from the NSW government must comply with. Non-funded disability services while not legally required to meet these standards may find it useful to be familiar with them. They cover service access, individual needs, decision making and choice, privacy dignity and confidentiality, participation and integration, valued status, complaints and disputes, service management, family relationships and protection of human rights and freedom from abuse.

You could use these standards to learn more about how to provide a quality service to people with disabilities.
1. SERVICE ACCESS
Service Access

Poor practice

Good Practice
1.1 Service Entry

Policy

Before entry potential residents will be given information on the service and will undergo a screening assessment to assess their suitability for placement. The entry process will be non-discriminatory.

The information on the service will:

- include clearly written information on the entry criteria for the service
- explain the service uses individual planning processes
- include information on exit criteria and procedures
- include information on re-entry criteria

If someone is refused entry they will be given a letter explaining the reasons.

Procedures

1. If someone enquires about entry give them a copy of the service information brochure.
2. If they wish to apply, go through the information in the brochure and check to make sure they understand the information.
3. Check to see if they have been screened by an Aged Care Assessment Team\(^1\).
4. If they have been screened and found to be suitable then follow the service entry procedure:
   - Fill in the admission application
   - Tell the person that the service is based on an individual planning process and that an individual plan will be developed with them by their Case Manager\(^2\) to meet their needs
   - Give the application to the manager or person who makes entry decisions
   - When making a decision about entry it is important to make sure the decision is not in any way discriminatory
   - Go through the house rules
   - Complete the service agreement within 7 days of entry and have it signed by resident and manager
   - Arrange (or ask resident to arrange) for doctor to complete Doctor's Statement if the person is requesting GST free services
   - Welcome the person to the service, show the person around and help to settle them in

5. If a person is refused entry give them a letter explaining why (a proforma letter is available to help with this).

Proformas:

- Sample Service Brochure
- Written letter of refusal 1
- Written letter of refusal 2

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\(^1\) All new entrants to Licensed Residential Centres must be screened by an Aged Care Assessment Team using the Screening Tool for Entry to Licensed Residential Centres. This process is being enforced through the 'Conditions' of License under the Youth and Community Services Act 1973.

\(^2\) While this document refers to Case Managers it should be noted that not all residents will have a Case Manager. Where one does exist they should be involved, contacted or notified in the ways suggested.
Nature of Accommodation Provided:

Supported residential accommodation service
(put in a description of your service, eg hostel, group, two storey, brick etc)

Number of People Sharing a Bedroom
___ number of single rooms
___ number of twin rooms
___ number of multiple share rooms

Entry Criteria
1. Meets criteria for Entry of the Screening Tool for licensed residential centres
2. Minimum age: 16 years of age
3. (Add some for your service)
4.
5.

Entry Process:
1. On application the resident must present the yellow copy of the entry screening approval form (unless they are a transfer from another licensed residential centre)
2. Interview either in person or over the phone
3. Fill out and sign client information form
4. Offered a place in the service
5. If they are refused service, they will be notified of reasons

Name of Service

NSW Department of Ageing and Disability licensed residential centre number:

____________________

Address:

Phone:
Fax:
Schedule of services we offer:

Meals & refreshments:
- breakfast
- morning tea
- lunch
- afternoon tea
- dinner
- supper
- cleaning of resident's personal area
- laundry (personal)
- toiletries
- on-call emergency assistance
- other:

Daily Living Supports
- bathing & personal hygiene
- continence management
- eating
- dressing
- mobility
- communication
- making appointments
- other:

Other Services Available
- Home Care support
- Medical assistance
- Community Transport
- other:

Residents' Rights and Obligations

Rights
- Right of access to own records
- Right to privacy, dignity and confidentiality
- Right to quiet enjoyment
- Right to choice of own doctor or medical practitioner
- Right to handle own affairs
- Right to choose whether to participate in programs
- Right to independent advocacy
- Right to complain

Obligations
- The resident will abide by the house rules (see insert)

You might like to add:
Mission Statement

Policies on Smoking and Drinking:
No smoking inside the building except in

No alcohol inside the building except

Exit Policy
The following circumstances can lead to a resident exiting a service:
- Physical violence
- Willful damage to property
- Verbal abuse
- Creating disharmony
- Threatening safety of residents or staff
- Continually disrupting behaviour that upsets others
- Incompatible with service

Process
- Resident will receive warnings
- Reasons for exit will be provided

Reentry policy
Applicants may apply for reentry after 3 months as long as they can demonstrate commitment to abide by the rules (and have a current screening form).

Resident Complaint Procedures
1. Complaints can be made to any member of staff
2. Manager will develop process to resolve the complaint
3. A time frame will be set for resolution
4. Complaints about violence or sexual assault will be referred to police
Date: ____________________

Dear ____________________

Recently you applied for entry to _____________________________ and you were given a copy of our service information brochure.

Unfortunately your application has not been successful on this occasion because

__________________________________________________________

__________________________________________________________

__________________________________________________________

For further information I suggest you contact ____________________________.

Thank you for your enquiry,

Yours faithfully

……………………
Manager.
Date: ________________

Dear __________________,

Recently you applied for entry to ____________________________ and you were given a copy of our service information brochure.

Unfortunately your application has not been successful on this occasion because we are of the opinion that the service we deliver at this centre is not compatible with your needs.

For further information I suggest you contact ____________________________.

Thank you for your enquiry,

Yours faithfully

……………………….

Manager.
1.2 Service Exit

Policy

When a resident leaves a service the staff will assist the resident to understand the process for leaving the service. They will also ensure all the leaving processes are fair and non-discriminatory. Staff will do all they can to facilitate a smooth transition for the relocation of residents. Residents can request to return to the service again at any time.

Procedures

1. When making a decision to leave help the resident to make an informed decision that explores all opportunities available.

2. If possible encourage residents to have support or representation when making the decision to leave.

3. Network with other stakeholders to facilitate a smooth transition for the relocation of residents.

4. If the resident is asked to leave or is not consenting to the decision to move the manager will record the reasons for the exit in writing in the service records.

5. Let the resident know they can request to return to the service again at any time.

6. Complete any resident or service records.

7. Provide the resident with any referral letters that may be appropriate.

8. If possible talk to the resident about their level of satisfaction with the service.
2. INDIVIDUAL NEEDS
Individual Needs

Poor practice

Good Practice
2.1 Individual Needs

Policy

Each resident of this service will receive a service, which is designed to meet their individual needs in the least restrictive way. The services offered will be based on the needs and personal goals of residents. The service staff will work collaboratively with external support agencies to develop a dynamic individual planning process. This process will involve consultation with the residents and will incorporate the residents' needs and personal goals.

Procedures

1. Contact the Case Manager to initiate the individual planning process.

2. Wherever possible cooperate with the Case Manager to develop an individual plan for each resident to ensure that residents' needs are met.

3. Implement any part of the agreed individual plan that is within the service's sphere of responsibility. Staff will work to maximise the level of independence for each resident and provide a least restrictive environment.

4. If any resident requests a review of their individual plan staff will inform the resident's Case Manager.

5. Where time permits participate in the regular review of the resident's individual plan.

6. If staff notice significant changes to a resident's situation they will report this to the person's Case Manager.

Proformas:

- Request for Review of Individual Letter
- Significant Changes Letter
Date: ____________________

To:

(Name of Case Manager)

Case Manager

(Name of Service)

(Address of Service)

(Address of Service continued)

Re: Request for Review of Individual Plan

For: _____________________________

(Name of Resident)

The resident mentioned above has requested a review of their Individual Plan. It would be appreciated if you would contact me so this can be arranged.

Thank you,

Yours faithfully

-------------------------
Manager
(phone:___________________)
INDIVIDUAL PLANNING –
Significant changes letter
(remove this heading and print on letterhead)

Note: this letter can be used for changes in a resident’s individual circumstances, behaviour or deterioration in health

Date: ___________________

To: ___________________
(Name of Case Manager)
Case Manager

(Name of Service)

(Address of Service)

(Address of Service continued)

Re: Report of significant changes

For: ___________________
(Name of Resident)

Recently staff have noticed significant changes to the abovementioned resident's situation. It would be appreciated if you would contact me in this regard.

The changes involve …………………………………………………………………

Thank you.

Yours faithfully

…………………
Manager
(phone:…………………..)
3. DECISION MAKING AND CHOICE
Decision making and choice

Poor practice

Good Practice
3.1 Informed Resident Decision Making

Policy

Each resident in this service will be given the opportunity to participate as fully as possible in making decisions about the events and activities of their daily life in relation to the services they receive.

Residents will be encouraged and supported to exercise their right to make informed decisions and choices about the individual services they receive, the activities they would like to participate in and the lifestyle they would like to follow.

Duty of care issues will be considered when supporting residents to make decisions to take risks.

An informed decision is one made after the person has all the relevant available information about the options and about the risks involved. Staff members will support and respect informed decisions made by residents.

Procedures

1. Wherever possible do not make decisions for the resident.
2. Encourage them to make as many of their own decisions and choices as possible eg about what cereal they prefer, what clothes to wear, how to spend their money, what activities to go to, etc.
3. When a resident needs to make a choice, talk to them or give them information they can understand about the options available. Provide the resident with support to understand any information that is provided to them.
4. Make sure the resident is aware of and understands the risks involved (eg health risks of smoking).
5. Where possible encourage service users to use independent support or advocacy to help them make decisions.
6. Help the resident to make a decision and to take responsibility for their choices.
7. If there are serious duty of care implications inform the manager immediately (eg if the risk threatens the safety of the resident or any other person).
8. If a resident chooses to undertake an activity that could harm them but understands the risks involved, note on the residents file the decision the resident made and then inform the manager so that they can report it to person's Case Manager.
9. If you notice any significant behavioural changes in a resident, inform the manager so it can be noted on the resident's record and so that they can inform the relevant Case Manager.

Proformas:

- Procedure for recording on resident's file "informed" resident's decisions that involve risk or hazard
- Proforma letter notifying Case Manager of "informed" resident's decisions that involve risk
DECISION MAKING AND CHOICE – File record of resident hazardous decisions
(remove this heading and print on letterhead)

Date: ______________________

To: ______________________
    (Name of Facility Manager/Operator)

FILE NOTE – HAZARDOUS DECISIONS
(A decision that threatens the life of the resident or another person)
(Give a copy of this note to your Manager AND put a copy on the resident’s file)

Re: File Note of a hazardous resident decision
For: ______________________
    (Name of Resident)

As per the service procedures I have to follow please be advised that recently the above resident has, in my opinion, made the following risky decision.

The resident has decided to ________________________________________________

The person was informed of all the relevant available information about the options and about the risks involved by ______________________
    (Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully

____________________________________
    (Name/s of reporting staff member/s)

____________________________________
    (Contact phone)
DECISION MAKING AND CHOICE –
Resident hazardous decisions letter
(remove this heading and print on letterhead)

Date: ___________________

To:
(Name of Case Manager)
Case Manager

(Name of Service)

(Address of Service)

(Address of Service continued)

Re: Notification of a hazardous resident decision
For: _____________________________
(Name of Resident)

As per the service procedures, please be advised that recently the above resident has, in my opinion, made the following risky decision.

The resident has decided to:

____________________________________________________________________________________________________

The person was informed of all the relevant available information about the options and about the risks involved by _____________________________
(Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully,

___________________________________________________________________________
(Manager’s Signature)

___________________________________________________________________________
(Manager’s Name)

___________________________________________________________________________
(Contact phone)
3.2 Advocacy

Policy

Managers and staff need to understand the role of advocacy and respond effectively to the involvement of advocates on behalf of their residents.

Procedures

1. Staff are to assist residents to access all forms of advocacy.
2. Staff are to support and encourage residents to choose, utilise and change their own advocates.
3. Staff are to respect the role of people who act as independent advocates for residents.
4. Staff when notified are to keep up to date contact details of advocates on residents' files.
3.3 Duty of Care and Dignity of Risk

Policy

Managers and staff must meet their legal duty of care to residents, while recognising residents' rights to make informed choices and take calculated risks.

Procedures

1. Manager ensures that all staff are aware of the basic elements of the law of negligence and understand their scope of duty of care to residents.
2. Staff give balanced instructions to residents to ensure that the appropriate level of care is taken to minimise the risk of harm, while respecting the right of people with disabilities to take risks.
3. Staff assist residents to make informed choices about the benefits and risks involved in activities.
4. Staff notify the person’s Case Manager when he/she chooses to undertake an activity that could harm him/her regardless of whether or not the resident understands the risks involved.
5. When staff suspect a resident is in poor health they report their concerns to the manager so that appropriate medical, therapy or nutritional attention and advice can be obtained.
6. Staff follow the facilities written procedure when a resident with challenging behaviour risks hurting himself/herself or others.
7. Staff fill out the Accident & Injury form whenever a resident or visitor suffers an accident or injury (see procedure on OH&S standard in Section 8).
3.4 Guardianship Tribunal

Policy

- Managers and staff need to understand:
  - the role of the Guardianship Tribunal;
  - their obligations when involved with an application in respect of a resident, and;
  - their obligations when the Tribunal appoints a guardian or financial manager or provides a medical or dental consent for a resident.

Procedures

1. Within their area of responsibility the Manager and staff co-operate with the resident’s Case Manager and relevant others to meet the requirements of any guardianship order/application.
2. The Manager and staff ensure that, where appointed, the resident's file contains the guardian's and/or financial manager's details.

(See also guardian consent letter in Section 4 – Privacy, Dignity and Confidentiality)

Proforma:

- Guardian Consent Form
Important Note: Where a resident is unable to consent, staff should contact the resident's 'person responsible' or guardian.

Guardian Consent Form

I, ____________________________
(Name of Guardian)

as guardian/‘person responsible’ for

___________________________
(Name of Resident)

consent to

___________________________
(Name of Service releasing the information)

releasing the following information to

___________________________
(Name of Service receiving the information)

The only information I am consenting to is:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I am not consenting to any other matter.

Signed

______________________________
(Guardian/Person Responsible’s Signature)

______________________________
(Guardian/Person Responsible’s Name – please print)

______________________________
(Date)

______________________________
(Contact Phone Number)
4. PRIVACY, DIGNITY AND CONFIDENTIALITY
Privacy, Dignity and Confidentiality

Poor practice

Good Practice
4.1 Privacy, Dignity and Confidentiality

Policy

Residents have both an ethical and a legal right to privacy, dignity and confidentiality. Staff will recognise and respect each resident’s right to privacy, dignity and confidentiality in all aspects of their life. For example, ensuring there are doors and functioning locks on bathrooms and toilets can be one way of protecting the physical privacy of residents.

Privacy is the state of being free from unsanctioned intrusion. This means the right to keep information and activities secret, and of being kept out of the presence or view of others.

Dignity is the quality of being worthy of esteem or respect.

Confidentiality is respecting the confidence of another or discretion in keeping secret information.

All resident information kept by the service is recorded, maintained, stored, and made available in ways that respect resident's rights to privacy, dignity and confidentiality. Except in cases of emergency the residents’ consent is obtained before information is sought or released.

Information about residents is not passed on to their families without the residents’ permission. Information is only disclosed against the wishes of the resident in certain specified circumstances. Such circumstances include any situation that poses a serious threat to the life or health of any individual or other legal or legislative requirements.

Procedures

The manager will provide support to its employees to understand and implement these instructions.

1. Staff will knock and ask permission to enter before entering any resident’s room or any bathroom.
2. Staff will encourage other residents and visitors to also knock and request permission to enter before entering another resident’s room.
3. Resident's records will be kept in a locked room and will only be available to staff who need access to the information.
4. Communication and appointment books that contain personal or confidential information about a resident will be kept locked in an office and will only be available to staff who need access to the information.
5. Staff ensure the physical privacy of residents is protected including doors and locks on bathrooms and toilets.
6. Each service user has the right to see any information the agency keeps about them.
7. Information about a resident will not be given out to any person without the specific written consent of the resident.
8. Except in cases of emergency the resident’s consent is to be obtained before information is sought or released.
9. Before a consent form is filled out the staff members need to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with information to help them to make an informed decision.
10. Before the information is released by the service a staff member must fill out a consent form and have it signed by the resident.
11. Where a resident is unable to consent staff contact the resident’s ‘person responsible’ or guardian.
12. Staff do not discuss a resident’s issues with people outside the service without the resident’s consent.
13. Staff do not pass information about a resident on to their families without the resident’s permission.
14. Staff do not disclose information against the wishes of the resident unless the situation poses a serious threat to the life or health of any individual or there is a legal requirement.
15. The service will provide residents with private space to carry out their personal activities e.g. showering, dressing and toileting.
16. Staff should always assist residents in ways which help them to maintain their dignity.
17. Staff should respect the privacy and confidentiality of relationships between residents, their families, guardians, advocates and friends.
18. Staff respect the residents’ right to receive personal mail, to have private telephone conversations and private meetings with family and friends.

Proformas:

- Resident’s consent proforma letter
- (See also Guardian consent proforma letter in Section 3: Decision Making and Choice)

Note: See also the definition of “valid consent” in Section 8 Service Management – 8.3 Nutrition and Health footnote.
PRIVACY, DIGNITY & CONFIDENTIALITY – Resident Consent
(remove this heading and print on letterhead)

Important Note: Before a consent form is filled out to obtain or release information, the staff member needs to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

Resident Consent Form

I, ______________________
(Name of Resident)

consent to

___________________________
(Name of Service releasing the information)

releasing the following information to

___________________________
(Name of Service receiving the information)

The only information I am consenting to is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I am not consenting to any other matter.

Signed

___________________________
(Resident’s Signature)

___________________________
(Resident’s Name – please print)

___________________________
(Date)
4.2 Resident Records

Policy

Resident records will be maintained and made available in a manner which meets the requirements of relevant legislation. They will only be used to promote effective service delivery for residents.

All resident information kept by the service is recorded, maintained, stored, and made available in ways that respect resident's rights to privacy, dignity and confidentiality. Except in cases of emergency the resident's consent is obtained before information is sought or released.

Information about residents is not passed on to their families without the resident’s permission. Information is only disclosed against the wishes of the resident in certain specified circumstances. Such circumstances include any situation that poses a serious threat to the life or health of any individual or other legal or legislative requirements.

Records will be stored in a locked cabinet or locked room. Only factual and objective information will be recorded. Each entry will include the date and the signature of the person adding the information. Records will be kept for the length of time of the persons stay and then archived as required. Only staff who need to have access to residents records will do so. Any breach of confidentiality is to be reported to supervisor or management.

Their own records will be available to residents on request to the manager, unless there are legal or specific circumstances for withholding information eg there are other public interest or duty of care concerns.

Procedures

1. All records will be kept according to the services privacy and confidentiality policy.
2. All records will be kept in a locked cabinet or room.
3. Information from residents' records is only provided with the consent of the resident or his or her 'person responsible' and in a manner which ensures confidentiality and security of the information except in an emergency situation, or where there is an overriding duty of care.
4. If information is to be released make sure you have a signed consent form. If the consent is given over the phone (eg by the 'person responsible') then make a note of the details on the record and if possible complete a written consent as soon as possible.
5. When filling out a resident’s record only write the facts, not your thoughts or guesses.
6. Make sure you date and sign every entry.
7. Inform residents that they are able to access their own records.
8. Do not remove a record or part of a record unless it is to archive it or for transfer to another service.

Proformas:

- Resident's consent proforma letter
- Guardian consent proforma letter

3 'Person responsible' is a spouse or defacto spouse in a continuing relationship, or a carer (excluding paid carers) who provides support to the person or who provided support before the person entered residential care, or a close personal relative or friend. A ‘person responsible’ is not a Guardianship Tribunal appointment. (see Guardianship Tribunal policy in this manual)
4.3 Notification of Deaths of Residents

Policy
The death of a resident will be responded to with dignity, promptness and sensitivity.

Procedures

1. In the event of the death of a resident the staff member will immediately:
   - Ring an ambulance
   - Notify the police
   - Contact the manager
2. The manager or a designated person will then contact the:
   - next of kin or other family
   - licensee,
   - resident’s friends
   - resident’s case manager
   - other relevant people
3. The manager or a designated staff member will inform the Case Manager of any perceived need for grief counselling
4. Within two days of a resident’s death at the centre, the manager or a designated staff member will complete and submit to the Boarding House Standards Unit Manager of ADD, the form titled Client Death Notification Form4.

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4 The staff at the boarding house at which the person died would normally fill out this form. This may require liaison with other services to collect the relevant information.
5. PARTICIPATION AND INTEGRATION
Participation and Integration

Poor practice

Good Practice
5.1 Participation and Integration

Policy

Each resident will be supported and encouraged to participate and be involved in the life of the community. Services and activities will be structured to promote the meaningful participation and integration in the community of their residents in ways that meet residents’ individual needs. To achieve this staff will liaise and network with Case Managers and where appropriate other community services to maximise the number of options available to residents.

Integration means that the person is part of a community and is involved with other community members. It refers to the social processes that offer a person with a disability the same chances and choices as other people to participate in activities and become a member of communities. Community integration happens when people are seen in ordinary places, join everyday activities, share experiences, interact and become interdependent (taken from Here There and Everywhere: Integration in our Community, D. Fullwood 1993)

Procedures

1. The manager of the service will liaise with Case Managers. They will do this by meeting with the Case Manager and assisting to develop an individual plan for each resident, so that the individuals needs can be met.
2. Staff will be co-operative and will provide support and help wherever possible to the resident and to the Case Manager.
3. Staff will encourage and support residents to participate and maintain involvement in activities and programs in the community.
4. Staff will encourage and support residents to develop social networks and to participate in decision-making (see decision making policy).
5. Staff will provide positive support and encouragement (both verbal and nonverbal) to promote the abilities and valued status of residents. They will do this to facilitate the resident’s participation and integration in the community.
6. Staff will assist residents, through skills development and their individual plans, to identify, participate and maintain involvement in activities and programs in the community.
6. VALUED STATUS
Valued Status

Poor practice

Good Practice
6.1 Valued Status

Policy

The service will support residents in ways that observe and promote a positive image of people with disabilities. It will (as outlined in the agreed individual plan) provide opportunities for the resident to develop and maintain the skills required to participate in activities that enable them to achieve valued roles in the community.

The service will operate with openness and accountability to key stakeholders, and respect the privacy of residents. The service focus will be on producing good resident outcomes. Services offered will be age-appropriate.

Procedures

1. Staff will operate with openness and accountability to key stakeholders.
2. Staff will focus on producing good resident outcomes.
3. They will promote the abilities of residents to others.
4. Staff will (in conjunction with other services like Home Care) assist residents to understand and practice good grooming, and appropriate dress and behaviour, and opportunities to learn and practice life skills that promote independence.
5. Staff will (in conjunction with other services) assists residents to develop good social skills.
6. Staff will encourage and support residents to develop and maintain social relationships.
7. Staff will encourage and support residents to participate in the range of age appropriate activities enjoyed by other members of the community.
8. Before providing services staff will check to ensure they are age-appropriate.
9. Staff will use language (both written and verbal) which promotes a positive image of people with disabilities. They will not use language that doesn’t show respect or patronises residents.
10. Services and support are provided in ways which respects the resident’s privacy, dignity and confidentiality. (see privacy, dignity and confidentiality policy).
11. Staff will provide opportunities and support to allow residents to express their needs and to exercise some control and choice (see decision making policy).
12. Staff will encourage, support and respect residents when they make complaints (see complaints policy).
13. Staff will support and respect the rights of residents to express their individual choice for example in clothing, possessions and hobbies.
7. COMPLAINTS AND DISPUTES
Complaints and Disputes

Poor practice

Good Practice
7.1 Residents’ Complaints and Disputes

Policy

Residents are free to raise and have resolved any complaints and disputes they may have regarding the Licensed Operator or the service. All complaints will be dealt with in a confidential and supportive manner. Clear time frames will be set for the resolution of a complaint. Care will be taken to ensure that all complaints and disputes are managed with fairness and equity. Staff will receive instruction on the process and manner in which complaints are to be handled.

Procedures

The manager is responsible to train staff so that they are competent in managing complaints and disputes with fairness and equity.

1. When requested staff will provide clear information about the service complaints and dispute policy to any resident, their families and advocates. This can be done verbally or by providing a copy of the resident complaints and disputes process brochure.
2. Staff will support residents to understand their rights to make a complaint and the processes for handling them. This should include inviting them to have a support person or representative of their choice to assist or represent them.
3. All aspects of the complaint will be kept confidential both during and after the process. Only staff and others who need to know will be informed.
4. Clear time frames need to be set for handling complaints. The time set for handling the complaint is determined by the nature of the complaint. The resident should be given an indication within 24 hours of the time frame set.
5. Staff and managers will ensure that complainants are protected from any repercussions, reprisals or victimisation from staff or residents.

The Complaints Process

Step 1 - The Manager
Any complaints or disputes about the service should be raised with the manager (unless the complaint is about the manager – if it is go to step 2). The manager will try to resolve the matter quickly and efficiently or will assign someone to investigate the complaint and determine how best to resolve it. They will maintain confidentiality and will be very supportive of the rights of the person making the complaint. The manager will also keep a record of the complaint and how it was resolved. If they can’t resolve it they will refer it to the owner/ licensee.

Step 2 - The Owner/Licensee
If the manager can’t resolve the problem the owner/licensee will try and resolve it. They will try to resolve the matter quickly and efficiently. They will maintain confidentiality and will be very supportive of the rights of the person making the complaint. The owner/licensee will also keep a record of the complaint and how it was resolved.

Proformas:
- Complaints process sign
- Complaints file note

* If a dispute is still unresolved then The Community Justice Association may be able to assist. Ph: 9262 7844
Complaint sign

How to make a complaint

Step 1
If you have a problem or complaint you can talk to the manager

Step 2
If the manager doesn't fix it - talk to the owner
FILE NOTE – RESIDENT COMPLAINT
(A complaint by a resident)

For: ___________________________    Date: _____________________
(Name of Resident)

The resident has complained:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The action I have taken is:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

The outcome of this complaint was:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________________________________________(Signature of Manager)
7.2 Anti-Discrimination

Policy

- Managers and Staff need to act in a non-discriminatory way to residents, their families and other staff.
- Managers need to act in a non-discriminatory way when recruiting, selecting, training and supporting staff. This means that staff need to be recruited, selected, trained and supported in ways that reinforce non-discriminatory values and beliefs.

Procedures

1. Managers will act on their legal obligations and ensure that their staff understand anti-discrimination legislation and act in a non-discriminatory way to residents, their families and other staff.
2. Managers and staff will treat residents, their families and other staff equally with respect and fairness.
3. Staff will not refuse access by a person to services because of their disability, sex, race, marital status, sexuality, cultural background or religious beliefs.
4. Staff will promote the abilities of residents when assisting them to interact in the wider community.
5. Staff are to respect and respond appropriately to the differing cultures and languages of residents.
6. Staff are to respect the sexual preferences of residents.
8. SERVICE MANAGEMENT
Service Management

Poor practice

Good Practice
8.1 Occupational Health and Safety

Policy

- The law requires that workplaces are established and maintained in a condition that is safe for all those who use them in accordance with the NSW Occupational Health and Safety Act and local government authority requirements.

Procedures

1. The Manager will ensure that the facility complies with the Occupational Health and Safety Act 1983 (NSW) and all local government authority requirements.
2. The Manager will clearly allocate occupational health and safety responsibilities to certain staff and provide appropriate training to these staff.
3. The Manager will ensure that written emergency contact numbers will be kept with key staff and by telephones.
4. The Manager will ensure there are fully maintained first aid kits and fire extinguishers available.
5. Staff will be trained in and aware of the written procedures for preventing and extinguishing fires, and for protecting and saving life and property in case of fire.
6. Staff and residents will be trained in and know the procedure to follow when a fire alarm is activated.
7. Staff and residents are trained in looking out for potential hazards and encouraged to take action in reporting them to the Manager.
8. Staff will be able to access written reporting and action procedures for dealing with hazards and incidents.

Proforma Letters:

- Emergency contact list
- Accident and injuries form – File note
EMERGENCY CONTACT LIST

MANAGER:

OWNER:

POLICE:

AMBULANCE:

FIRE:

LOCAL DOCTOR:

LOCAL HOSPITAL:

ELECTRICITY EMERGENCY:

GAS COMPANY:

LOCAL TAXI COMPANY:

DISABILITY CASE MANAGER:

TELL THEM:

- WHAT THE PROBLEM IS
- HOW MANY PEOPLE INVOLVED
- OUR ADDRESS - ...........................................
- OUR PHONE NUMBER ..............................
- YOUR NAME.
For: ___________________________   Date: __________   Time__________

(Name of Patient)

The above person has suffered the following accident or injury:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The action that has been taken is:

____________________________________________________________________
____________________________________________________________________

The outcome of this accident/injury was:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

__________________________________________ (Signature of Manager)
8.2 Facilities and Equipment

Policy

- Service facilities and equipment need to be provided and maintained in accordance with the Occupational Health and Safety Act so that effective services can be delivered.

Procedures

1. Staff follow the written procedures for dealing with accidents and/or injuries due to the use or condition of facilities and equipment.
2. The Manager checks annually that current public liability insurance is held and appropriate.
3. The Manager ensures that the premises are maintained in a clean and satisfactory condition.
4. The Manager implements regular documented checks and servicing of facilities and equipment.
5. The Manager ensures that the residents and staff are given appropriate training, to use any installed security systems and protective systems.
8.3 Nutrition and Health

Policy

**Purpose:**
Managers and staff must promote practices that establish and enhance residents' health and well-being.

**Procedures**

1. Staff give residents information and encouragement to understand and participate in a healthy lifestyle and practice good health care (see Info Sheet).
2. Manager ensures (in conjunction with the relevant Case Manager where one exists) that residents are supported to access specialist health clinicians as needed.
3. Manager ensures that all meals are of a good quality and sufficient quantity, and represent a balanced diet.
4. Manager ensures that menu plans are regularly reviewed, including seeking specialist advice as needed.
5. Managers and staff ensure that all food is handled, prepared, cooked and stored safely.
6. Managers and staff ensure that food is prepared in line with special dietary requirements (see Resident Diet Requirements proforma).
7. Staff respect a resident's informed choice not to participate in a healthy lifestyle, but ensures their duty of care to provide a basic level of good health by reporting the resident’s decision to their Manager.
8. Manager ensures that any significant health conditions of residents are recorded in their file, and that appropriate staff are made aware of this information (see Resident Health Conditions).
9. Staff inform the resident’s Case Manager and his/her family and/or advocate and/or guardian (with the resident’s consent) when a resident becomes ill.
10. The staff will obtain valid consent from the resident before any medical or dental treatment takes place. If the resident is unable to give consent, then consent must be obtained from the Person Responsible or Guardian or Guardianship Tribunal.

**Procedures Footnote**

1 ‘valid consent’ means that the person must understand that he or she has the option of refusing treatment, the consent is free (this means it is given without threat or duress); the consent must be to the particular thing that is done; and the person has a basic but real understanding of the nature and effect of the treatment (see Questions of Rights: A Guide to the law and rights of people with an intellectual disability Redfern Legal Centre 1992) The preferred practice is to obtain consent in writing, however, where this is not possible or where this would delay treatment consent may be obtained verbally.

**Proforma Letters:**

- Healthy lifestyle Information Sheet (available from NSW Health Department)
- Resident’s special diet requirements proforma
- Resident's significant health conditions proforma

(See also resident consent letter in Section 4 – Privacy, Dignity and Confidentiality)
Important Note: Before a consent form is filled out to obtain or release information, the staff member needs to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

Resident “Special Diet” Consent Form

I, ____________________________
(Name of Resident)

consent to

________________________________________
(Name of Service releasing the information)

releasing the following information to

________________________________________
(Name of Service receiving the information)

I am advising that my special dietary needs are:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I am not consenting to any other matter.

Signed

___________________________
(Resident’s Signature)

___________________________
(Resident’s Name – please print)

___________________________
(Date)
Important Note: Before a consent form is filled out to obtain or release information, the staff members need to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

Resident “Significant Health Conditions” Consent Form

I, ____________________________

(Name of Resident)

consent to

________________________________________

(Name of Service releasing the information)

releasing the following information to

________________________________________

(Name of Service receiving the information)

I am advising that my significant health conditions are:

________________________________________

________________________________________

________________________________________

I am not consenting to any other matter.

Signed

(Resident’s Signature)
9. FAMILY RELATIONSHIPS
Family Relationships

Poor practice

Good Practice
9.1 Family Relationships - Maintaining Links

Policy

Residents should have free and open access to their family members, friends, advocates and guardians in ways that are culturally and linguistically appropriate.

Staff should know how important it is for residents to maintain family and other friendships.

Procedures

1. Staff are to support and encourage residents to maintain contact and involvement with their family, friends, advocates and guardians.
2. Staff are to encourage the involvement of families, advocates or guardians in key decisions affecting residents.
3. Staff are to respect the informed choice of residents if they decide not to maintain contact with their family, friends or advocates.
4. Staff are to ensure that where there is conflict between a resident and his or her family, the rights and well-being of the resident are given priority.
10. PROTECTION OF HUMAN RIGHTS AND FREEDOM FROM ABUSE
Abuse (medication and abuse)

Poor practice

Good Practice
10.1 Managing Medication

Policy
Managers and staff must ensure that medication for residents is administered safely and appropriately.

Procedures

1. The Manager implements the following instructions for the safe handling, administration and storage of all medication and the recording of consents and authorisations for the administration of medication.
2. Manager ensures that staff administering medication, or assisting residents to self-administer, are trained and competent in the task.

Prescription-only medication
3. Staff only administer medication prescribed by a medical practitioner or dentist and only use it for the resident for whom it is prescribed.
4. The resident only obtains this medication through prescription from their doctor or dentist, and dispensed by a community or hospital pharmacist.
5. Staff record the details of all medication (excluding self-medication), dosage and strength in the resident's record.

Non-prescription medication
6. Staff assist the resident to ensure that the recommended dosage and usage is not exceeded and is in accordance with the manufacturers instructions unless otherwise instructed by a medical practitioner.

Administration of resident medication
7. Medication is given to the resident directly from the resident's own dispensed containers.
8. Staff give out all prescription medication according to the instructions on the pharmacist's label.
9. Staff giving out medication first check the pharmacy label, resident's name, medication name, medication strength and directions for its use before giving the medication to a resident.
10. Except in special circumstances, staff do not transfer medication from the original dispensed container to an envelope or dosett box. They send the original container together with dispensing information, with residents when they need to take their medication to work or other places.
11. Manager ensures that staff are aware of any side effects of medication prescribed so they can notice the side effects if they occur.
12. Staff ensure that a resident does not administer medication to other residents.
13. Manager ensures that any resident's medication that is no longer in use is destroyed appropriately.
14. PRN medication is only administered in accordance with the guidelines recommended by the resident's doctor which is documented in the resident's file.
15. Manager ensures that PRN medication is reviewed regularly with the resident's doctor and relevant others.

Storage
16. Staff store medication they are responsible for out of easy access of residents.
17. Manager provides an appropriate secure place for residents to store their medication if they are managing their own medication.
18. Staff ensure that all medications are stored in the manner and at the temperature set down by the manufacturer or pharmacist.

Records
19. Manager ensures that all current prescribed medication is recorded on the resident's record and is updated at regular intervals.
20. Manager ensures that the use of prescribed PRN medication is recorded on the resident's record and that it is regularly reviewed by the prescribing doctor.

21. Staff inform the resident’s Doctor of any missed doses or wrongly taken medication.

Proforma Letters:

- Resident record of medications
- Resident PRN medication usage record
- Proforma letter for notification of medication misuse
**RESIDENT RECORD OF MEDICATIONS**

Name of Resident: ________________________________ Date of Birth: ________________________________
Medicare Number: ________________________________ Pension Number: ________________________________
Instructions: __________________________________ Authorised by: ________________________________
Diagnosis: ____________________________________ Date: ________________________________
Allergies: ____________________________________

Please record all medication authorised for this resident

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Amount of Medication (Dosage)</th>
<th>Frequency (how often)</th>
<th>Route/Method</th>
<th>Start date</th>
<th>Review date</th>
<th>Authorised by</th>
<th>Date ceased</th>
<th>Authorised by</th>
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# RESIDENT PRN MEDICATION USAGE RECORD

Name of Resident: ___________________________  Date of Birth: ___________________________

Name of Medication: _________________________  Dosage/ Frequency: _______________________

Instructions: 

________________________________________

________________________________________  Authorised by: ___________________________

________________________________________  Date: __________________________

Please record all medication given to resident

<table>
<thead>
<tr>
<th>Date</th>
<th>Time of Day</th>
<th>Amount of Medication (Dosage given)</th>
<th>Name of staff member</th>
<th>Reason given</th>
<th>Result</th>
<th>Notes/Comments</th>
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MEDICATION MISUSE – Resident misuse of medication letter

(replace this heading and print on letterhead)

Date: ___________________

To: ___________________
     (Name of Doctor)
     (Address of Doctor)
     (Address of Doctor continued)

Re: Notification of resident misuse of medication

For: ___________________
     (Name of Resident)

As per the service procedures, please be advised that recently the above resident has, in my opinion, misused their medication.

Specifically the resident has:

________________________________________________________________________

________________________________________________________________________

The person was informed of all the relevant available information about the options and about the risks involved by ____________________________
     (Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully,

___________________________
     (Manager’s Signature)

___________________________
     (Manager’s Name)

___________________________
     (Contact phone)
10.2 Managing Abuse, Injury and Neglect

Policy
Managers and staff need to develop services and environments that are safe and free from all forms of abuse, injury and neglect. Where abuse or neglect does occur, Managers need to respond promptly and sensitively to protect residents from further harm, and to coordinate appropriate responses in line with their duty of care obligations. Staff may have disciplinary action taken against them if they fail to report or attempt to cover up these incidents.

Procedures

Management Responsibilities
1. Manager ensures the following instructions for the prevention of abuse, injuries and neglect and for appropriate responses upon detection of any suspected or alleged incidents as well as strategies to prevent occurrence of incidents are implemented.
2. Manager advises staff about the process for the prevention, reporting, recording and response to accidents and injuries to residents and informs all staff about the likelihood of disciplinary action regarding any failure on their part to report or cover up incidents.
3. Manager ensures staff receive on the job training in identifying, responding to, reporting and following up assaults, accidents and injuries to residents.

Prevention
4. Manager makes freely available to staff, residents and families, guardians and advocates, the service brochure which contains information about house rules and prohibited practices.
5. Manager ensures that residents are encouraged and supported by staff to raise concerns and access complaint processes.

Response
6. Manager informs all staff where incident report forms are located and gives them training to complete them.
7. Staff take immediate action to address incidents and then fill in an Incident Report Form.
8. Staff report all incidents to the manager.
9. Staff report to the police any serious physical or sexual assaults.\(^5\)
10. Staff assist the alleged perpetrator (if a resident), if the police are contacted, in accessing legal support and advocacy.
11. Staff work together with relevant Case Managers to ensure that victims and perpetrators of assault are referred to appropriate mainstream and specialist service providers.

(See also accident, injury and incident form in Section 8 – Service Management)

\(^5\) This issue will be dealt with in more detail in additional work being carried out by ADD on assault.
11. SAMPLE FORMS
LIST OF FORMS

- SAMPLE SERVICE BROCHURE
- SERVICE ENTRY – Letter of Refusal 1
- SERVICE ENTRY – Letter of Refusal 2
- INDIVIDUAL PLANNING – Request for Review of Individual Plan
- INDIVIDUAL PLANNING – Significant changes letter
- DECISION MAKING AND CHOICE – File record of resident hazardous decisions
- DECISION MAKING AND CHOICE – Resident hazardous decisions letter
- DECISION MAKING AND CHOICE – Guardian Consent Form
- PRIVACY, DIGNITY & CONFIDENTIALITY – Resident Consent Form
- COMPLAINT SIGN
- COMPLAINTS – File record of complaint
- RECRUITMENT GUIDELINES
- INDUCTION CHECKLIST (for new staff)
- EMERGENCY CONTACT LIST
- ACCIDENTS & INJURIES FORM – File Note
- RESIDENT SPECIAL DIET NEEDS – Consent Form
- RESIDENT SPECIAL HEALTH NEEDS – Consent Form
- RESIDENT RECORD OF MEDICATIONS
- RESIDENT PRN MEDICATION USAGE RECORD
- MEDICATION MISUSE – Resident misuse of medication letter
- ADD - YACS ACT 1973 - NOTICE OF DEATH
- ADD - YACS ACT 1973 - INCIDENT REPORT
- ADD - CONSENT FORM - CRIMINAL RECORD CHECK
- ADD - CONSENT FORM - DISCLOSURE POLICY
- ADD - APPLICATION FOR CHANGE OF LICENSED MANAGER
Nature of Accommodation Provided:

Supported residential accommodation service
(put in a description of your service, eg hostel, group, two storey, brick etc)

Number of People Sharing a Bedroom
___ number of single rooms
___ number of twin rooms
___ number of multiple share rooms

Entry Criteria
1. Meets criteria for Entry of the Screening Tool for licensed residential centres
2. Minimum age: 16 years of age
3. (Add some for your service)

Entry Process:
1. On application the resident must present the yellow copy of the entry screening approval form (unless they are a transfer from another licensed residential centre)
2. Interview either in person or over the phone
3. Fill out and sign client information form
4. Offered a place in the service
5. If they are refused service, they will be notified of reasons

Name of Service

NSW Department of Ageing and Disability
licensed residential centre number:

____________________

Address:
Phone:
Fax:
Schedule of services we offer:

Meals & Refreshments:
- Breakfast
- Morning tea
- Lunch
- Afternoon tea
- Dinner
- Supper
- Cleaning of resident's personal area
- Laundry (personal)
- Toiletries
- On-call emergency assistance
- Other:

Daily Living Supports
- Bathing & personal hygiene
- Continence management
- Eating
- Dressing
- Mobility
- Communication
- Making appointments
- Other:

Other Services Available
- Home care support
- Medical assistance
- Community Transport
- Other:

Residents' Rights and Obligations

Rights
- Right of access to own records
- Right to privacy, dignity and confidentiality
- Right to quiet enjoyment
- Right to choice of own doctor or medical practitioner
- Right to handle own affairs
- Right to choose whether to participate in programs
- Right to independent advocacy
- Right to complain

Obligations
- The resident will abide by the house rules (see insert)

You might like to add:

Mission Statement

Policies on Smoking and Drinking:
No smoking inside the building except in

No alcohol inside the building except

Exit Policy
The following circumstances can lead to a resident exiting a service:
- Physical violence
- Willful damage to property
- Verbal abuse
- Creating disharmony
- Threatening safety of residents or staff
- Continually disrupting behaviour that upsets others
- Incompatible with service

Process
- Resident will receive warnings
- Reasons for exit will be provided

Reentry policy
Applicants may apply for reentry after 3 months as long as they can demonstrate commitment to abide by the rules (and have a current screening form).

Resident Complaint Procedures
1. Complaints can be made to any member of staff
2. Manager will develop process to resolve the complaint
3. A time frame will be set for resolution
4. Complaints about violence or sexual assault will be referred to police
Date: ________________

Dear ________________

Recently you applied for entry to ____________________________ and you were given a copy of our service information brochure.

Unfortunately your application has not been successful on this occasion because

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

For further information I suggest you contact ____________________________.

Thank you for your enquiry,

Yours faithfully

__________________________
Manager.
Date: ___________________

Dear ____________________,

Recently you applied for entry to _____________________________ and you were given a copy of our service information brochure.

Unfortunately your application has not been successful on this occasion because we are of the opinion that the service we deliver at this centre is not compatible with your needs.

For further information I suggest you contact ____________________________.

Thank you for your enquiry,

Yours faithfully

……………………….

Manager.
The resident mentioned above has requested a review of their Individual Plan. It would be appreciated if you would contact me so this can be arranged.

Thank you,

Yours faithfully

Manager
(phone:__________________)

INDIVIDUAL PLANNING –
Significant changes letter
(remove this heading and print on letterhead)

**Note:** this letter can be used for changes in a resident’s individual circumstances, behaviour or deterioration in health

Date: _____________________

To:

(____________________)

(Name of Case Manager)

Case Manager

____________________

(Name of Service)

____________________

(Address of Service)

____________________

(Address of Service continued)

Re: Report of significant changes

For: _____________________

(Name of Resident)

Recently staff have noticed significant changes to the abovementioned resident's situation. It would be appreciated if you would contact me in this regard.

The changes involve ................................................................................

Thank you.

Yours faithfully

 Manager
(phone:......................)
FILE NOTE – HAZARDOUS DECISIONS

(A decision that threatens the life of the resident or another person)
(Give a copy of this note to your Manager AND put a copy on the resident's file)

Re: File Note of a hazardous resident decision
For: ___________________________
(Name of Resident)

As per the service procedures I have to follow please be advised that recently the above resident has, in my opinion, made the following risky decision.

The resident has decided to _____________________________________________

The person was informed of all the relevant available information about the options and about the risks involved by ______________________________________
(Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully

____________________________________
(Name/s of reporting staff member/s)

____________________________________
(Contact phone)
Date: ____________________

To: ____________________
(Name of Case Manager)
Case Manager

(Name of Service)

(Address of Service)

(Address of Service continued)

Re: Notification of a hazardous resident decision

For: ____________________
(Name of Resident)

As per the service procedures, please be advised that recently the above resident has, in my opinion, made the following risky decision.

The resident has decided to:

________________________________________________________________________

________________________________________________________________________


The person was informed of all the relevant available information about the options and about the risks involved by ____________________
(Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully,

__________________________________ (Manager’s Signature)

__________________________________ (Manager’s Name)

__________________________________ (Contact phone)
DECISION MAKING AND CHOICE—
Guardian Consent
(remove this heading and print on letterhead)

**Important Note:** Where a resident is unable to consent, staff should contact the resident’s 'person responsible' or guardian.

---

**Guardian Consent Form**

I, ________________

(Name of Guardian)

as guardian/'person responsible' for

___________________________

(Name of Resident)

consent to

___________________________

(Name of Service releasing the information)

releasing the following information to

___________________________

(Name of Service receiving the information)

The only information I am consenting to is:

________________________________________

________________________________________

________________________________________

I am not consenting to any other matter.

Signed

_____________________________

(Guardian/Person Responsible’s Signature)

_____________________________

(Guardian/Person Responsible’s Name – please print)

_____________________________

(Date)

_____________________________

(Contact Phone Number)
Important Note: Before a consent form is filled out to obtain or release information, the staff member needs to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

Resident Consent Form

I, ___________________________
          (Name of Resident)

consent to

________________________________________
          (Name of Service releasing the information)

releasing the following information to

________________________________________
          (Name of Service receiving the information)

The only information I am consenting to is:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I am not consenting to any other matter.

Signed

________________________________________
          (Resident’s Signature)

________________________________________
          (Resident’s Name – please print)

________________________________________
          (Date)
How to make a complaint

Step 1
If you have a problem or complaint you can talk to the manager

Step 2
If the manager doesn’t fix it - talk to the owner
FILE NOTE – RESIDENT COMPLAINT
(A complaint by a resident)

For: ___________________________    Date: ___________________

(Name of Resident)

The resident has complained:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The action I have taken is:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The outcome of this complaint was:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

________________________________________ (Signature of Manager)
1. Managers will recruit staff in a non-discriminatory way. This means that Managers will not refuse to employ a person because of their disability, sex, race, marital status, sexuality, cultural background or religious beliefs.

2. Managers will have a written job description or statement of duties so that staff are aware of their responsibilities towards residents. Included in the job descriptions will be the following important matters:
   - Staff will promote the abilities of residents when assisting them to interact in the wider community
   - Staff are to respect and respond appropriately to the differing cultures and languages of residents
   - Staff are to respect the sexual preferences of residents

3. Managers will act on their legal obligations and ensure that their staff understand anti-discrimination legislation and act in a non-discriminatory way to residents, their families and other staff.

4. Following recruitment Managers will arrange for each new staff member to undergo an appropriate induction period.
INDUCTION CHECKLIST
(for new staff)

Staff are properly briefed on:

1. The aim and philosophy of the facility
2. Emergency procedures
3. Emergency phone numbers
4. Facility policies and the Staff Handbook
5. Service Entry & Exit procedures
6. Resident Rights (Dignity, Individuality, Decision making, Choice, Privacy, Confidentiality, Community participation & integration).
7. Facility systems & equipment
8. Occupational Health & Safety
9. Resident Families, Advocates & Friends
10. Medication procedures
11. Handling Challenging behaviours
12. Duty of Care (especially to prevent abuse, injury & neglect etc)
13. Complaints and Disputes procedures
EMERGENCY CONTACT LIST

MANAGER:

OWNER:

POLICE:

AMBULANCE:

FIRE:

LOCAL DOCTOR:

LOCAL HOSPITAL:

ELECTRICITY EMERGENCY:

GAS COMPANY:

LOCAL TAXI COMPANY:

DISABILITY CASE MANAGER:

TELL THEM:

- WHAT THE PROBLEM IS
- HOW MANY PEOPLE INVOLVED
- OUR ADDRESS - ........................................
- OUR PHONE NUMBER ..............................
- YOUR NAME.
File Note - Accidents and Injury form
(Use when someone has been injured or had an accident)

For: ___________________________   Date: ___________   Time__________

(Name of Patient)

The above person has suffered the following accident or injury:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The action that has been taken is:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

The outcome of this accident/injury was:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

________________________________________ (Signature of Manager)
Important Note: Before a consent form is filled out to obtain or release information, the staff member needs to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

Resident “Special Diet” Consent Form

I, ________________________
(Name of Resident)

consent to

________________________________________
(Name of Service releasing the information)

releasing the following information to

________________________________________
(Name of Service receiving the information)

I am advising that my special dietary needs are:

________________________________________
________________________________________

I am not consenting to any other matter.

Signed

___________________________
(Resident’s Signature)

___________________________
(Resident’s Name – please print)

___________________________
(Date)
**RESIDENT SPECIAL HEALTH NEEDS –**
(remove this heading and print on letterhead)

*Important Note:* Before a consent form is filled out to obtain or release information, the staff members need to explain to the resident why the information is required and who will have access to the information. The resident may need to be provided with support or more information to help them to make an informed decision.

**Resident “Significant Health Conditions” Consent Form**

I, ____________________________  
(Name of Resident)

consent to

__________________________________________________________________  
(Name of Service releasing the information)

releasing the following information to

__________________________________________________________________  
(Name of Service receiving the information)

I am advising that my significant health conditions are:

__________________________________________________________________

__________________________________________________________________

__________________________________________________________________

I am not consenting to any other matter.

Signed

__________________________________________________________________  
(Resident’s Signature)
# RESIDENT RECORD OF MEDICATIONS

Name of Resident: ______________________ Date of Birth: ______________

Medicare Number: _____________________ Pension Number: ______________

Instructions: _________________________ Authorised by: ______________

Diagnosis: ___________________________ Date: ______________

Allergies: ___________________________ 

Please record all medication authorised for this resident

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Amount of Medication (Dosage)</th>
<th>Frequency (how often)</th>
<th>Route/Method</th>
<th>Start date</th>
<th>Review date</th>
<th>Authorised by</th>
<th>Date ceased</th>
<th>Authorised by</th>
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</table>
RESIDENT PRN MEDICATION USAGE RECORD

Name of Resident: ___________________________ Date of Birth: ___________________________
Name of Medication: ___________________________ Dosage/ Frequency: ___________________________
Instructions: ___________________________ Authorised by: ___________________________
_________________________________________
_________________________________________ Date: ___________________________

Please record all medication given to resident

<table>
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<tr>
<th>Date</th>
<th>Time of Day</th>
<th>Amount of Medication (Dosage given)</th>
<th>Name of staff member</th>
<th>Reason given</th>
<th>Result</th>
<th>Notes/Comments</th>
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Date: ________________

To: ________________
(Name of Doctor)

(Address of Doctor)

(Address of Doctor continued)

Re: Notification of resident misuse of medication

For: _______________________
(Name of Resident)

As per the service procedures, please be advised that recently the above resident has, in my opinion, misused their medication.

Specifically the resident has:

________________________________________________________________________

________________________________________________________________________

The person was informed of all the relevant available information about the options and about the risks involved by _______________________
(Name/s of staff member/s)

It would be appreciated if you would contact me about this.

Thank you.

Yours faithfully,

________________________________________ (Manager’s Signature)

________________________________________ (Manager’s Name)

________________________________________ (Contact phone)
ADD - CONSENT FORM - CRIMINAL RECORD CHECK
ADD - APPLICATION FOR CHANGE OF LICENSED MANAGER