

HAVACHAT



Issue February 2021

Please contact Andrew on 5461 7387 or email andrew.earl@havilah.org.au if you would like your Havachat sent via email



Exciting times ahead over the next 12 months with the second stage of residential aged care at Havilah's Raglan Street site. The development began at the beginning of February with the site being cleared and levelled and hurdles marked out ready for excavation of foundations





'Out with old and in with the new', was the way Harkness residents celebrated New Years Eve, All who attended the celebration on News Years Eve had a most enjoyable time.





We have I pads available for resident use to contact family on face book, Skype, Zoom and other forms of social media.

can use the I pads in small groups or within their own room. It has been amazing how many residents are now tech savvy. You can use them to send and receive emails from family including photos.

Desk top computers in common areas are also available.

The I pads are also available to read newspapers and periodicals and play scrabble, other word games, solitaire and other card games, do art work , watch movies according to their various interests. Residents

If you would like to try the IPads please talk to Lifestyle staff who will assist you to become familiar with using these.



WEIRD and WONDERFUL WORDS

MACUSHLA - Irish affectionate form of address



We know that residents may be missing their regular group shopping outings. Please let us know where our staff can assist with shopping and also let Lifestyle staff know any ideas of any special programs that you would like to see offered. We are all pleased that outings with family and friends are once more possible and it hopefully will not be long before regular group outings will once more be on the calendar. Possibly some outdoor gatherings to begin with.



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Quiz and Crossword Solutions from page 13

Answers to Quiz

1. 5 cent coin
2. Ann egg
3. Jeff's shed
4. 1970's



From 11:59pm 26 February 2021
Victoria returns to COVIDSafe

Changes to visitor restrictions

There are now no limits on the number, reason or duration of visits.

VISITING HOURS AT HAVILAH REMAIN BETWEEN THE HOURS OF 10 A.M. AND 4 P.M. EACH DAY As our staff need to be in place to check you out from your visit. We appreciate that if possible your visit is completed by 4 pm.

Special arrangements can be made for palliative care and on other compassionate grounds.

Density limits apply in common areas used by staff, visitors and residents. Density limits do not apply in resident bedrooms or in communal areas that are used by residents only.

In dual staff/visitor/resident areas, the number of people that can enter must comply with density limits. This means, one person per 2 square metres.

Unless by prior arrangement, visitors can only visit within the resident's own room and we ask that visitors restrict their visits to two people at the one time. When added to the resident and staff this can be quite a number of people in the room at any one time. **Visitors wishing to have a greater number of people visit, please telephone pre the visit so that special arrangements can be made for this to happen.**

Visitors must visit only the one resident at the one time. Therefore visitors must not go directly from one resident room to another. Where a visitor is necessarily the same person who visits another resident separate sign in must be completed for each visit to a separate room.

Use of a communal space can only occur in accordance with our COVID safe plan. This might include recording where groups

gathered/sat in the space; regular cleaning between groups; hand sanitiser at the entrance to the space; and separate entrance and exit.

Under current restrictions it is possible to organize a small family gathering for special events such as birthdays. Please talk to reception if you are interested in doing this.

Residents leaving RACFs

Under current restriction levels, residents in Victoria can leave their care facility for any reason, provided they comply with current restrictions applicable to all Victorians.

When residents leave the facility, they must comply with the general directions, including:

- Social distancing (keeping 1.5m distance)
- Wearing a face on public transport, in ride-share vehicles and taxis, in sensitive settings such as aged care facilities – and in some larger retail settings including indoor shopping centres, supermarkets, department stores, indoor markets. This means carrying a mask with you at all times.
- Private/public gathering limits
- Not knowingly mixing with persons who are unwell, isolating or in quarantine.

Abide by the directions that apply to all Victorians when they leave their home.

Havilah is required to undertake and document a risk assessment for residents going on and returning from outings. This can take some time to organize and we ask that outings be organized 24 hours in advance if possible. Outings could include outings with family, it may be going home, going to the shops and bank or for a drive and coffee. Please book the outing through the main reception at Harkness either in person, emailed (mail @havilah.org.au) or by phoning 5461 7387. If possible please arrange your outings between 10.00am and 4.00pm. There is a protocol in place for the safety of residents

prior to leaving the facility and upon return. Please remember when we ask you questions about your outing we are not just being nosey. Under the current government rules we must document the details of where you go who you are in contact with etc. It is all about keeping everyone safe and a small price to pay for the current freedoms we are all now able to enjoy

Record keeping requirements

All RACFs are required to retain records, such as staff mobility, visitor attendance and declarations. This both demonstrates compliance with directions and aides in contact tracing.

A person must not enter a RACF if they:

- * are not wearing a fitted face mask (unless an exception applies). A face shield on its own does not meet the mask requirement.
 - * are unwell or have even the mildest symptoms of COVID-19:
 - ⇒ fever or temperature over 37.5 degrees
 - ⇒ loss or change in sense of smell or taste, chills or sweats, cough, sore throat, shortness of breath, and/or runny nose
 - * are required to quarantine or isolate ****This includes if they have attended an exposure site**
- **** <<https://www.dhhs.vic.gov.au/case-locations-and-outbreaks-covid-19>>
- * have arrived in Australia from overseas (other than a travel green zone) in the last 14 days.
 - * **have been at a hotel quarantine site or port of entry in the last 14 days.**

Visitor and Resident Support

Older Persons Advocacy Network (OPAN) have trained advocates who can provide advice and support. 1800 700 600 or visit <https://opan.com.au>.

Exposure sites

<www.dhhs.vic.gov.au/case-locations-and-outbreaks-covid-19>



Old McDonald's farm has relocated to the gardens of Heath House with our new farm animals. Residents, families and staff have taken great interest and enjoyment from the paddock environment and the glorious weather we have been having over the past weeks. There has been lots of reminiscence and discussion about farm life and the animals, all who now have names, especially among those who have been on the land for most of their lives.

WEEKLY ACTIVITIES - MAIN BUILDING

MONDAY Nail Manicure Pamper 9.30am
Foot Spa 9.30am
Bingo 1.45pm

TUESDAY Special Morning Tea 10am
Chairobics 11.15am
Marbowls 1.30pm
Bingo 1.45pm

WEDNESDAY

Strength Training 11.15am
Movie Afternoon 1.30pm
Bingo 1.30pm

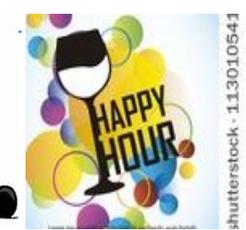
THURSDAY Foot Spa 9.30am
Bingo 1.45pm
Marbowls 1.30pm

FRIDAY Chairobics 11.15am
Bingo 1.45pm

SATURDAY No Activities

SUNDAY Devonshire Afternoon Tea

Activities programs are being conducted in smaller groups in both BAC and Correa areas.



WEEKLY ACTIVITIES - HEATH HOUSE

MONDAY Activity Time/Craft 10.30am
Hand Care/Facials 1.30pm
Activity Hour 3.00pm
Sonas 4.00pm
Activity Time 6-7.30pm

TUESDAY Special Morning Tea 10.00am
One on One 2.15pm
Daily Living Activity 3.00pm
Sonas 4.00pm
Activity Time 6-7.30pm

WEDNESDAY

Activity Time 10.00am
Activity Time 1.00pm & 3.00pm
Sonas 4.00pm
Activity Time 6-7.30pm

THURSDAY

Activity Time 10.30am,
Activity 1.30—3.00pm
Activity Hour 3.00pm
Sonas 4.00pm
Activity Time 6-7.30pm

FRIDAY Activity Time 10.30am,
Games 1.00pm
Activity Hour 3.00pm
Sonas 4.00pm
Activity Time 6-7.30pm

SATURDAY

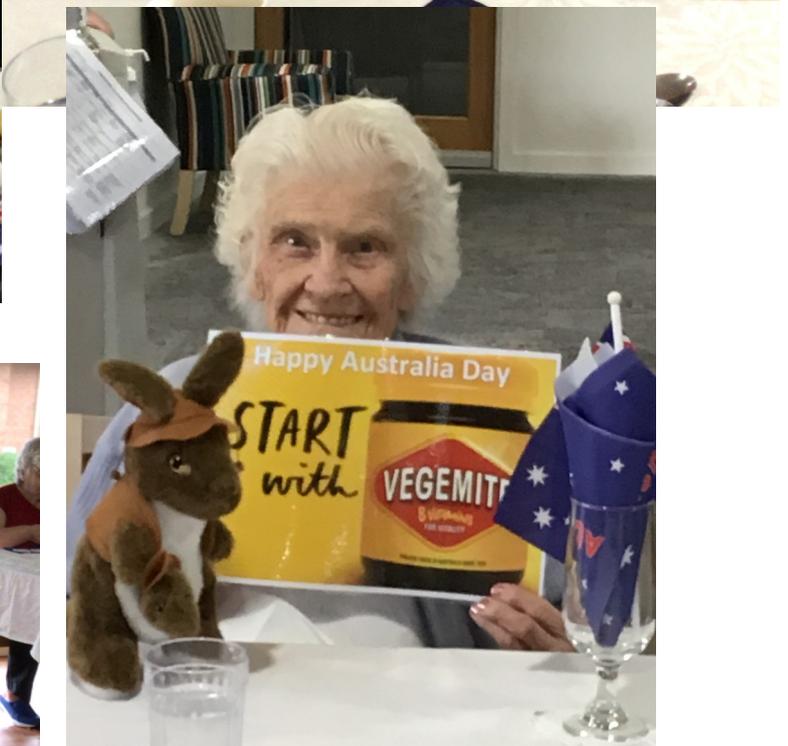
Activity Time 10.30am,
1.30pm & 6.00pm

Sonas 4.00pm
Activity Time 6-7.30pm

SUNDAY

Activity Time 10.30am,
1.30pm & 6.00pm
Devonshire Afternoon Tea
3.00pm
Sonas 4.00pm

Leisure and Lifestyle staff will spend 1:1 time with residents on a regular basis.



Residents were very patriotic on Australian Day, amongst the red, white and blue colour theme for lunch and the smell of gum leaves.



<https://www.careaboutagedcare.org.au>

The aged care sector peak bodies have joined together in a comprehensive campaign

IT'S TIME TO CARE ABOUT AGED CARE

Leading Age Services Australia (LASA); Aged & Community Services Australia (ACSA);

Anglicare Australia; Baptist Care Australia; Catholic Health Australia; and UnitingCare Australia have banded together to argue for an overhaul of four key elements of the aged care system: Design; Objectives; Regulation and Resourcing.



The campaign launch includes the release of a 60 page report which provides a "layman's guide" to Australia's aged care system. You can download the report from the web page above. Section 1 of

the Report looks at the challenges facing the sector including funding and financing, the 20-plus reviews of the sector in the last 20 years, workforce issues and the impact of COVID. The second section examines the different operators who provide care, the difference between home care and residential care – and stresses the point that the majority of residential care operators are small Not For Profits. There are copies of the report available at Reception for residents if you would like to read this or you can ask staff to download this for you to read on an iPad.

This is a timely campaign to coincide with the release of the report of the Royal Commission into Aged Care and is designed to support changes within the system as identified by the Commissioners, whose recommendations include -

- ◆ A new Aged Care Act and urgent review of the Aged Care Quality Standards (by 15 July 2021)
- ◆ Updated accessible information about providers and services including star ratings
- ◆ Establishment of registration for personal care workers and minimum standards for staff time

and at least one RN on-site at all times, and minm. qualifications for personal care workers

- ◆ Improved remuneration for aged care workers
- ◆ A strengthened quality regulator
- ◆ Establishment of a dementia support pathway and specialist dementia care services
- ◆ Regulation of restraints including restricted prescripts of antipsychotics in aged care
- ◆ Accreditation requirements for General Practitioners working in aged care facilities
- ◆ No younger people in residential aged care
- ◆ Civil penalties for contraventions of general duty by approved providers
- ◆ Establishment of a Pricing Authority
- ◆ Changes to funded areas of aged care, including the basic daily fee, indexation, means test, and more
- ◆ Investigation into financing an Aged Care Levy

Phasing out Refundable Accommodation Deposits (RAD)

The Final Report stipulates that the Australian Government should report their responses to Parliament by 31 May, 2021.

To view the full report, head to the Royal Commission into Aged Care Quality and Safety website.

The Government say they recognise that addressing the challenges will cost a lot of money and all Australians will have to be ready for this. It is important to know that Australia currently spends only half of what other OECD countries spend as a proportion of GDP on aged services so there is opportunity to shift our priorities and lift spending in this important area.

Havilah is part of this campaign through its membership with Leading Age Services Australia (LASA)

If you would like to support the campaign you can

Share the website

<https://www.careaboutagedcare.org.au> with your family and ask them to sign the petition

Like and share the It's Time to Care about Aged Care **Facebook page** and ask your friends and families to like the page and share it with their Facebook networks.

Like and follow the It's Time to Care about Aged Care **Twitter account** and ask all of your families, friends, to like the page and share it with their Twitter networks, if they have one.

AGED CARE ROYAL COMMISSION REPORT

PM calls for 'once in a generation change' to aged care

Commissioners, Tony Pagone QC and Lynelle Briggs AO, handed the report to Parliament on Friday, 26 February, and the Government used the weekend to review the findings.

Prime Minister Scott Morrison has welcomed the Final Report

"The Royal Commission has now, I think, set out a very important roadmap, which I think will establish generational change in our country when it comes to aged care," explains PM Morrison.

"... This will take time, quite considerable time, to make the scale of change we want to and need to. The Commission itself, set out a five-year time frame for the measures they set out in their report."

PM Morrison also announced the immediate release of \$452.2 million for the aged care sector to help with any urgent or short term priorities that have been set out by the Royal Commission.

However, he says that the Government response needs to exercise care and thought whilst implementing change in the sector.

PM Morrison adds that the report will test the Government and the Budget, however, it is a 'once in a generation opportunity' to change aged care for the next generation.

Minister for Health and Aged Care, Greg Hunt, said there are 1.3 million people receiving a form of aged care, and this Final Report, which took two years to produce, will have a big impact on future aged care.

"The central vision is of a nation where we value our elders, we respect them and provide care and provide dignity and we respond to their individual needs," says Minister Hunt.

Minister Hunt on releasing the findings of the Commission

thanked all in aged care, including the staff, the doctors, the pharmacists, the volunteers, the providers "who have been taking care of our older Australians" and said "they do a great job" but also saying that he knows from this report that there are great challenges mainly due to the ageing society in all of the western world and also the "legitimate expectation" of stronger, safer, deeper care.

Minister for Senior Australians and Aged Care Services, Senator Richard Colbeck, had similar thoughts, saying he knew when the government received the Interim Report it would put us all on notice, and it did. It put the Government on notice, it put the aged care sector on notice and it put the Australian community on notice," says Senator Colbeck.

"It talked about the fact that there has been a lot of cans kicked down the road for 20 years by successive Governments and the attitude of the community more generally is not what we want it to be. We now have an opportunity to get it where we want it to be.

"It is now our role to engage with the sector and Australians to commence that reform process."

Sector responds

The Australian Aged Care Collaboration, a collective of aged care peak bodies, is hoping that the big picture reform released today will set the bar for quality care that older Australians deserve and need.

Representatives for AACC, Chief Executive Officer (CEO) of ACSA, Patricia Sparrow, and CEO of LASA, Sean Rooney, say that over 20 Government aged care reviews in 20 years have found a broken system and that the band-aid fixes need to end.

"Successive federal governments over the past two decades have failed to act on many independent reports highlighting the

need for major reform."

Ms Sparrow adds that currently over 4.1 million Australians are over the age of 65, and this is expected to rise to 8.8 million by 2057, which is why aged care change needs to happen now.

"While the sector overwhelmingly is trying to do the right thing, we need to recognize that Australia spends less than half what other comparable countries do on aged care," Ms Sparrow said.

"As a result, under-resourced aged care homes were described by Counsel Assisting the Royal Commission as in an 'impossible situation', and were struggling to maintain standards and staffing, whilst fighting to keep their doors open.

"Older Australians want and deserve more staff to care for them, ensure they are better paid and better trained – along with better facilities and even better meals. We view the Royal Commission report as one of national importance, which we hope will involve a complete re-design of the system.

Ian Yates, Chief Executive of Consumer peak body, Council on the Ageing (COTA) Australia, has highlighted that the onus of change is now on the Morrison Government to fix the systemic issues in home care, nursing home regulation, staffing, and transparency.

"The fact that there are a few alternative recommendations from the Commissioners on the best way to manage and fund the aged care system in no way lets Government off the hook. There are no barriers to commencing urgent and long-awaited reforms."

He adds that the evidence from the Royal Commission is overwhelmingly pointing to major transformation in the aged care sector.

Finding out what matters most to residents of aged care

Researchers from Macquarie University have identified the three most important care needs to people living in residential aged care.

After conducting a number of visits to homes the research found they are: being treated with respect by staff members, opportunities for independence and management of medical conditions.

"While the Royal Commission into Aged Care Quality and Safety has identified person-centred care as a means of improving care, a key aspect is acknowledging and respecting people's preferences and priorities, and this research provides a unique insight into what is most important to aged care residents," lead researcher Dr Kristiana Ludlow explained.

The residents completed a card sorting activity, called Q-methodology, each card with a picture and an aspect of care written on it. Residents then sort the cards in order of importance with the help of the researchers, who then had a conversation with the resident to delve into the reasons for their choices.

"For the most part, most residents said that staff members were wonderful, but there were some issues with respect sometimes, and one of the main ones was knocking," Ludlow told *Aged Care Inside*.

"Whether it was a bathroom door or a bedroom door, sometimes they would just come in without knocking, or sometimes they would knock and just enter, and especially for those residents who are quite independent and were always used to having their own home, they viewed their room as their home and yet people were just entering that without permission."

Similarly, while opportunities for independence were seen as important, the feedback Ludlow

received was not in criticism of the facilities per se, but an acknowledgement of the nature of living in residential aged care. "Unfortunately, it's a bigger systems problem. Especially the transition into care. Having these routines of what time they have to eat, and even having a smaller room and things like that, it was a big adjustment, but a lot of residents said, 'but over time, I made my room my own, or sometimes I would say to a staff member, I don't want to shower in the morning, can I have one at night?' So they were finding ways to have independence, in a place that's not always designed to allow them to have independence."

Management of medical conditions was important to the residents involved and they often felt they had to wait too long to be seen by staff.

"Residents told us that staff members were doing their best with the resources they had, but were often too busy to provide certain types of psychosocial care such as engaging in meaningful conversations. Some residents spoke about not being able to access care when needed, including long waits for responses to their call bells," said Ludlow.

"But often, it's because staff members are with another resident, so there were some people who spoke about having to wait their turn, because they acknowledged that there just weren't enough resources."

The study comes on the back of similar research Ludlow conducted with families and staff members within the aged care space, which found that there was a lot of overlap in priorities between the three groups.

"I wanted to make a complete picture and get all three viewpoints. And the reason I was focusing as part of this research on prioritisation is because residential aged care facilities are pres-

surised environments, they're often under-resourced. And so if you asked, whether it was a staff member or resident, what are your preferences for care, a lot of them will list so many things, everything's important."

"So, I thought that it was really important to understand priorities. The methods I used actually forced the residents to organise their priorities from lowest to highest," Ludlow said.

"Residents being treated with respect was a top priority for all three groups. And then what I found is there was management of medical conditions that was important for all three groups.

"What I found really interesting was the idea of independence. Across the group, regardless of level of need or dependency, residents wanted some level of independence in whatever way they could, whereas for family members and staff members there were mixed views amongst participants, and there was this conflict between wanting to keep residents safe and managing them medically, and giving them their independence, and so some family members would say, 'Well, my mum can't be independent because she's so reliant on staff.' But talking to some residents who were dependent they'd say, 'Well, I know that I need staff to help me with this and this, but I can do this for myself.'"

Ludlow argues that to improve the aged care sector, more consumer voices need to be heard and her research gives us just that. "I feel like this research allows residents with different abilities and different capabilities to express their priorities. And while their preferences have been asked about previously, this is one of the research studies to actually ask about priorities, what is the most important to you?"

What is the SIRS?

Serious Incident Response Scheme

The Serious Incident Response Scheme (SIRS) is a new initiative to help prevent and reduce incidents of abuse and neglect in residential aged care services subsidised by the Australian Government.

The scheme requires aged care providers to identify, record, manage, resolve and report all serious incidents that occur, or are alleged or suspected to have occurred. Aged care providers also need to have in place an effective incident management system to manage all incidents, respond to incidents, and take steps to minimise the risk of preventable incidents reoccurring. The incident management system covers a broader range of non-reportable incidents and includes incidents that involve staff or visitors.

Why is the SIRS important?

The SIRS requires every residential aged care service to adopt a systematic approach to minimising the risk of, and responding to, serious incidents involving residents. The core of this systematic approach is a set of protocols, processes and standard operating procedures – described as an incident management system – which providers train their staff to use. An incident management system is vital in supporting residential aged care services to effectively manage risks to their consumers.

Under the Aged Care Standards providers are required to have in place effective incident management systems so there is no major change under the new scheme other than that there will be a broader range of incidents that will be reportable under the scheme. Havilah's reporting systems will be modified to reflect

this with the subsequent staff training put in place for staff to identify Priority 1 and Priority 2 Incidents.

The SIRS also introduces explicit obligations for providers to report a broader range of serious incidents to the Aged Care Quality and Safety Commission (Commission) than is currently required under compulsory reporting obligations. This includes reports of all incidents that are alleged or suspected to have occurred, or witnessed, between consumers of an aged care service, including where the consumer who commits the incident has a cognitive or mental impairment (such as dementia).

Under this scheme, residential aged care providers will be required to take all reasonable steps to reduce the risk of serious incidents involving residents, and if a serious incident does occur, to manage it effectively and, where required, report it to the Commission. Providers will also be expected to put in place measures to minimise the risk of a preventable incident recurring.

When will the SIRS commence?

Subject to decisions by the Federal Parliament, from 1 April 2021 providers of residential aged care must report all 'Priority 1' incidents within 24 hours. 'Priority 1' incidents include those that cause or could reasonably have caused physical or psychological injury or illness requiring some form of medical or psychological treatment. Instances of unexplained absence from care and any unexpected death of a consumer are always to be regarded as Priority 1 reportable incidents.

From 1 October 2021, all 'Priority 2' incidents – reportable incidents that do not meet the criteria for 'Priority 1' – must also be reported within 30 days.

How is the SIRS different from the current compulsory reporting requirements?

As part of the SIRS, residential aged care providers will be required to report and manage all serious incidents which impact on the safety and wellbeing of consumers, and put in place measures to reduce the likelihood of a preventable incident happening again.

The range of serious incidents that are reportable under SIRS is broader than those reported under current compulsory reporting requirements

Importantly, providers will have to report incidents of abuse and aggression between consumers, **including where the resident who commits the incident has a cognitive or mental impairment.**

The reporting of incidents of aggression by residents with a cognitive impairment is a major change to past requirements where these incidents were not required to be reported if there was no injury sustained and new interventions were put in place to prevent recurrence. Under SIRS these incidents are required to be reported to both the Commission and the Police.

The SIRS Consumer Fact Sheet is provided attached to this Newsletter for your further information.

The Aged Care Quality and Safety Commission Website agedcare-quality.gov.au has multiple resources available in relation to this scheme.



We are now six months down the track with Contact Harold and cards are being replaced to ensure battery life. All residents, staff, regular contractors, visitors and professional people have their own cards.

If you have a visitor card that has not been replaced please ask at Reception. The information the "Contact Harold" system generates can assist to trace any contacts with a reported positive case of coronavirus. The cards are activated 24 hours a day. Regular visitors are issued with their own cards and for irregular visitors, cards are issued for that visit and then information is uploaded and kept ready for the next visitor.

CORONAVIRUS (COVID-19) INFORMATION FOR PERMANENT AGED CARE RESIDENTS

Emergency Leave

We provide this information to you so that you are aware of the system of Emergency Leave the Government has put in place in relation to COVID 19. This is really about providing assistance where residents may wish to leave the facility in the case of an outbreak and we want to make sure that residents and families are aware of what is available and the steps to take should you wish to take advantage of this at any time. Should you wish to obtain further advice in relation to this please email mail@havilah.org.au and we will contact you.

Havilah has gone above and beyond the guidelines for personal protective equipment, contact tracing, cohorting of staff and residents, screening of residents, staff and visitors all to keep our residents and staff safe. [We have had a visit from the Australian Defence Force Infection Control Unit and were given a Green Light in their Traffic Light System for preparedness and also a visit from the Monash University Health Division for on site infection control training who said Havilah was very organized and high achievers in the aged care world in this climate.](#) So we have everything in place and hope we never have a need to use it. The Emergency Leave is similar, it is there if you want or need it hopefully you never will.

Coronavirus Australia app

Stay up to date with official information and advice about the coronavirus (COVID-19) situation. You can check your symptoms and get notified when urgent information and updates are published.

You can use the Australian Government Coronavirus app to:

- stay up to date with the official information and advice
- important health advice to help stop the spread and stay healthy
 - get a quick snapshot of the current official status within Australia
 - check your symptoms if you are concerned about yourself or someone else
 - find relevant contact information
 - access updated information from the Australian Government
 - receive push notifications



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Get the app

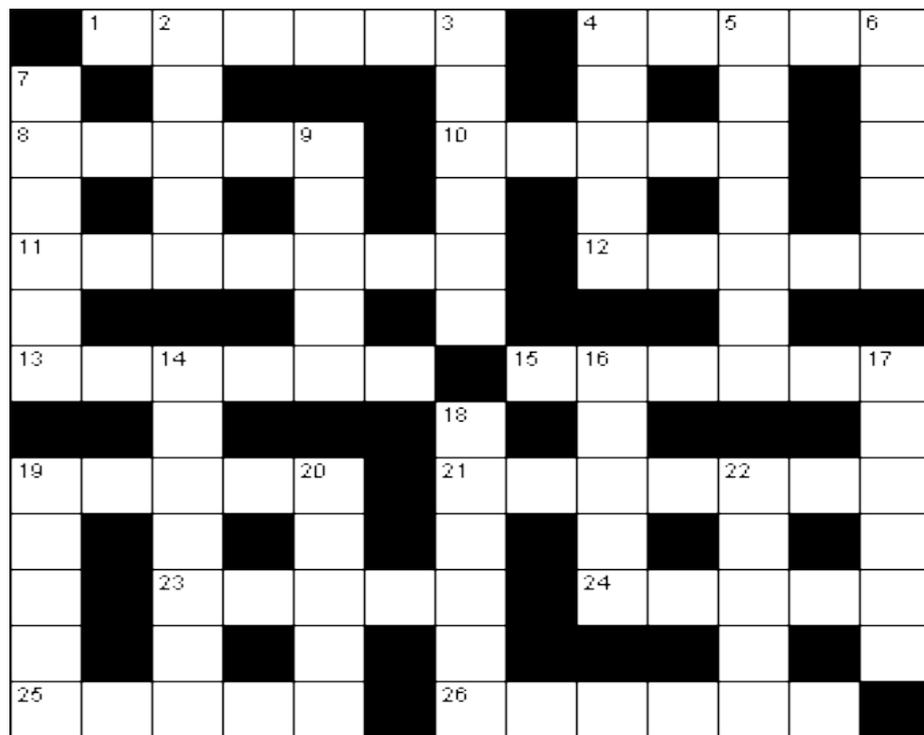


COVIDSafe app

To help keep you safe and ease restrictions the COVIDSafe app is available to download onto your mobile phones now. This will be a great app to have once restrictions are eased and we all start getting about more. If we have been in contact with someone that tests positive, who also has the app installed, we will be able to be advised and act quickly. It will only work if most people download the app so a great safety measurer as restrictions ease.

If you need assistance to download either of these free apps let us know at Reception.

Mind Games



ACROSS:

1. Capital of Germany (6)
4. Flows through Rome (5)
8. Capital of Nigeria (5)
10. Egyptian desert (5)
11. Birthplace of Napoleon (7)
12. Australian town, ___ Springs. (5)
13. Colorado State capital (6)
15. Previous name of Ho Chi Minh City (6)
19. Egyptian Capital (5)
21. South American country (7)
23. Japanese City (5)
24. Capital of Ghana (5)
25. Balearic holiday Isle (5)
26. Seas between Greece and Turkey (6)

DOWN:

2. Swiss Alps (5)
3. Capital of the Bahamas (6)
4. Polynesian country (5)
5. Chinese city (7)
6. Major French Rover (5)
7. Site of 1980 Winter Olympics, Lake ___ (6)
9. Flows through Paris (5)
14. Capital of Kenya (7)
16. Island in the Netherlands An-tilles (5)
17. Scandinavian Country (6)
18. Carson City is the state capital (6)
19. Italian holiday isle (5)
20. City in Nebraska (5)
22. Capital of Bangladesh (5)

Themed 03

WORD SEARCH - World Cup 2018

C	A	D	X	O	C	Z	O	B	L	O	X	H	I	J	T	Y	Z	J	B	M
P	O	V	N	P	E	A	S	B	P	Q	R	U	D	N	A	L	O	P	T	P
F	Y	S	Z	Z	J	K	R	A	M	N	E	D	D	W	M	T	C	T	Z	E
T	R	I	T	P	X	L	Y	T	D	N	A	L	R	E	Z	T	I	W	S	D
L	K	A	K	A	O	K	Z	G	A	W	T	V	C	P	L	T	V	L	E	R
R	O	C	N	X	R	P	S	T	J	I	S	L	O	O	D	J	A	P	A	N
E	U	I	D	C	A	I	L	A	R	T	S	U	A	N	L	D	S	G	I	X
Y	Q	S	C	P	E	L	C	S	P	J	R	I	A	G	B	O	S	L	S	V
N	P	N	S	L	U	V	B	A	G	U	O	L	N	I	U	G	M	P	P	W
W	O	E	M	I	Z	V	G	B	G	Q	G	Q	B	U	R	T	I	B	A	T
E	A	D	A	E	A	D	H	U	E	N	V	L	D	E	T	E	R	H	I	L
O	C	E	E	T	N	L	A	X	E	R	K	O	P	V	L	Q	G	O	N	A
C	C	W	R	X	C	Y	A	F	M	A	Z	A	H	P	A	G	H	I	P	G
I	Y	S	O	X	N	E	D	O	I	M	I	B	M	N	G	E	I	S	N	E
X	X	S	K	D	T	B	R	T	L	B	R	W	I	A	D	R	P	U	O	N
E	F	T	H	Z	V	O	A	I	R	A	F	T	X	N	N	M	S	E	M	E
M	K	C	T	E	C	O	U	E	Z	O	N	I	A	E	J	A	I	R	R	S
U	Q	R	U	C	R	W	S	I	J	E	I	L	G	G	Z	N	P	R	K	U
Q	S	F	O	C	G	F	L	E	G	G	E	K	X	Y	P	Y	K	N	A	G
T	V	Q	S	G	Q	N	N	R	L	C	V	U	P	P	Y	Q	W	H	M	N
S	A	U	D	I	A	R	A	B	I	A	G	R	S	T	H	G	C	N	L	C

Find the hidden words? They may be horizontal, vertical, diagonal, forwards or backwards:

ARGENTINA, AUSTRALIA, BELGIUM BRAZIL, COLOMBIA, COSTA RICA, CROATIA, DENMARK, EGYPT, ENGLAND, FRANCE, GERMANY, ICELAND, IRAN, JAPAN MEXICA, NO-ROCCO, NIGERIA, PANAMA, PERU, POLAND PORTUGAL, RUSSIA, SAUDI ARABIA, SENEGAL, SERBIA, SOUTH KOREA, SPAIN, SWEDEN, SWITZERLAND, TUNISIA, URUGUAY

QUIZ

1. The echidna is depicted on which Australian coin?
2. In slang terms, what is a cackle berry?
3. The Melbourne Convention and Exhibition Centre is commonly nicknamed "whose shed:"?
4. In which decade did colour television launch in Australia?

Falls Prevention



Ensure that you have your feet attended to by a podiatrist
Maintenance and upkeep of walking aids



With the Covid restrictions lifting residents are able to go on outings with family, it may be going home, going to the shops and bank or for a drive and coffee. Please book the outing with 24 hour notice through the main reception at Harkness either in person, emailed (mail @havilah.org.au) or by phoning 5461 7387. If possible please arrange your outings between 10.00am and 4.00pm. There is a protocol in place for the safety of residents prior to leaving the facility and upon return. Please remember when we ask you questions about your outing we are not just being nosy. Under the current government rules we must document the details of where you go who you are in contact with etc. It is all about keeping everyone safe and a small price to pay for the current freedoms we are all now able to enjoy.

Extended social leave is also available, if you are unsure how this works and would like to arrange some overnight leave please discuss this with Raeleen. 54 617380

MASSAGE Havilah have their own Resident masseuse who is available for massages at a cost of \$30 per session. If you would like to enquire about booking a session please contact Sue or Jo on 5461 7390.



RESIDENT SURVEYS - Harkness Of 43 residents surveyed

100% of surveyed residents indicated that the staff let them do things for themselves most of the time or always

95% of residents stated that

they can access things in their room most of the time or always.

100% of surveyed residents agreed or strongly agreed that they are encouraged to make decisions about their personal care.

100% of residents indicated they think the cleaners do a wonderful job throughout the facility.

Invitation to read your Care Plan and take part in your Care Plan Review

Every resident has a comprehensive care plan developed to ensure all care needs are documented for staff's information. This way staff can provide consistent care and services in accordance with your assessed need and the choices you make. Our staff speak to you and/or your representative in developing your care plan initially and in the ongoing periodic review of your plan. We ask you for your direction in relation to involvement in the care plan review

on entry. Your involvement can either be in person or by telephone. We wish all residents and/or representatives to feel they are consulted about changes made to care in response to assessed needs. We also make changes as per your individual choices and requests. You are invited to talk to staff at any time should your needs or wishes change. When reviewing your care plan staff will ask you if you want a copy and this can be provided to you.



**ALL HAVILAH SITES ARE NON SMOKING SITES.
PLEASE RESPECT THIS FOR THE SAFETY OF
RESIDENTS AND STAFF.**





LAUNDRY There is a lost clothing section in the laundry. Residents/family members are encouraged to visit the laundry to see if they can identify any missing clothing. Residents are reminded that

after a month in the lost clothing unlabelled clothing is sent to the Carisbrook Opportunity shop. Residents requiring assistance with labelling clothing should talk to reception to arrange this.



Refrigerators in Residents Rooms: Please date any food and drinks placed in resident personal

fridges where these items do not include a use by date. Where items are more than 2 days old these should be removed to decrease any form of bacteria that can form. Please also be reminded that it is the resident/

family responsibility to defrost and clean personal fridges. For residents bringing in fridges (or other electrical items) please let reception know so that test and tagging of the items can be arranged.

FROM THE KITCHEN : If residents do not wish to have the 'First Choice' for lunch please notify the catering staff that you would like the 'Second Choice' shown on the menu. The first and second choices change each day. There are also choices listed for soft and pureed diets including sweets. Just in case you do not like either choice offered there are additional alternatives available every day and these are also listed on the menu. At tea time there is a selection of two soups, two mains and two sweets on the menu and also additional alternatives are listed in case you do not like the main choices offered.

Please advise the kitchen prior to 3pm if you would like one of these alternate choices.

For breakfast residents may choose whatever cereals and breads they wish. Please notify the kitchen who will arrange to get this in if it is not held as normal stock.

FAMILY MEMBERS AND GUESTS. We apologise that we cannot welcome resident guests for meals each day and look forward to reintroducing this as soon as possible. Where it is a special occasion lunch or afternoon tea can be arranged for guests. Please book this at reception a few days in advance as a special area will need to be set up for you. Hopefully before long we will be back to unrestricted guest meals once again. We look forward to that time.

For our residents we still have in place Special Morning Tea on Tuesdays and Sunday Devonshire afternoon tea. Tea and coffee making facilities and biscuits are on hand in the kitchenettes for resident use.

REPORTING FOOD BROUGHT IN FOR RESIDENTS

As all food prepared by Havilah is closely monitored under the Food Safety Standards it is a requirement that **All food brought in to Havilah** by residents or their families/visitors must be reported. There is a register available in each Foyer

and in the Kitchen for you to record this. Food put in the fridges must have the resident's name and the date clearly marked. Your assistance with this is appreciated.

If there is food you enjoy that you would like to see on the menu or any theme days you would like to see introduced please discuss this with Food Services Manager Di Jackson, or any of the lifestyle staff. Alternatively you can fill out a form and place in the Suggestion Box. We welcome your suggestions.

Please let catering staff know your favourite soup if you would like it included on the list for Soup of the Day.

If you want to make a comment, suggestion, complaint or compliment but are unsure how to go about this, please ask a staff member to assist you.

Residents are enjoying the added socialisation of returning to Dining Rooms for lunch and Evening Meals. As always residents are able to choose to have room service rather than attending the dining room.

NEWSPAPERS: Newspapers and periodicals will not be supplied in communal areas during the pandemic. If you would like to have your own personal paper this can be ordered through the

local Newsagency and will be delivered to you at your own cost. Please ask at Reception if you need assistance to order your own papers and periodicals or arrange for family to organise.

Havilah also request if you do receive newspapers that you do not share with co-residents.

IPads equipped with news services are available for resident use on request.

Emailing the Havachat If you provide us with your email address, we can email your Havachat to you. Please email your details to andrew.earl@havilah.org.au.

HAV'A LAUGH

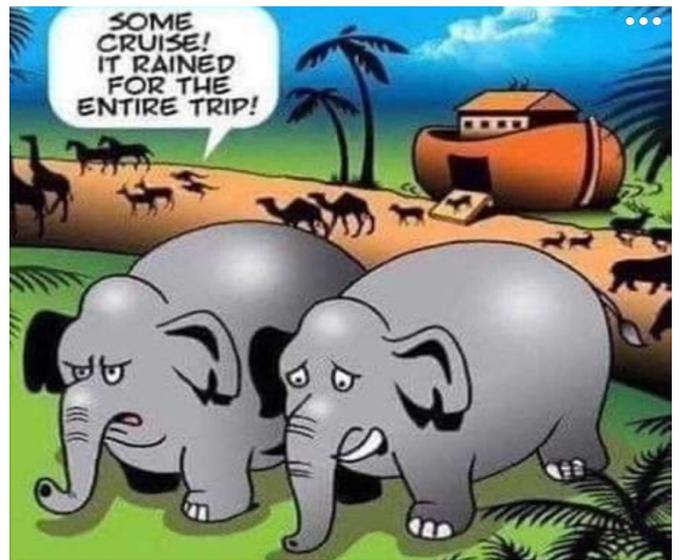
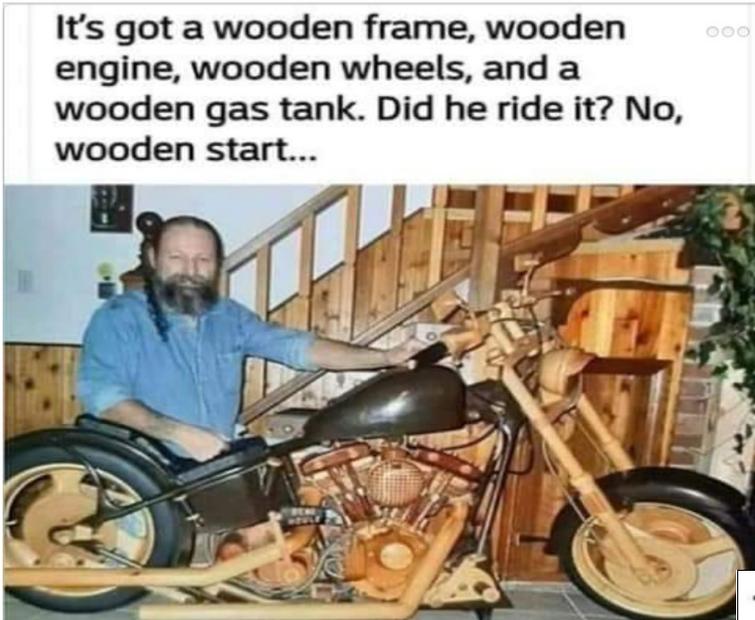


The man lay sprawled across 3 seats at a theatre. When the usher came by and noticed this he whispered to the man, "Sorry sir, but you're only allowed one seat."

The man just groaned but didn't budge. The usher became impatient. "Sir, if you don't get up from there I'm, going to have to call management. Once again the man just groaned. The usher went away

and returned with the manager. Together the two of them tried repeatedly to move the dishevelled man, but with no success. Finally they summoned the police, who arrived and asked the man his name.

"Fred," the man moaned. "Where are you from Fred," asked the policeman. Fred replied in a quavering voice, "the balcony."



A mother and daughter were out shopping, the daughter watched her mother trying on a new fur coat, the daughter says, "Mum. Don't you realise some poor beast suffered so that you could have that coat?."

The mother replies, "Don't be rude - that's no way to talk about your father."

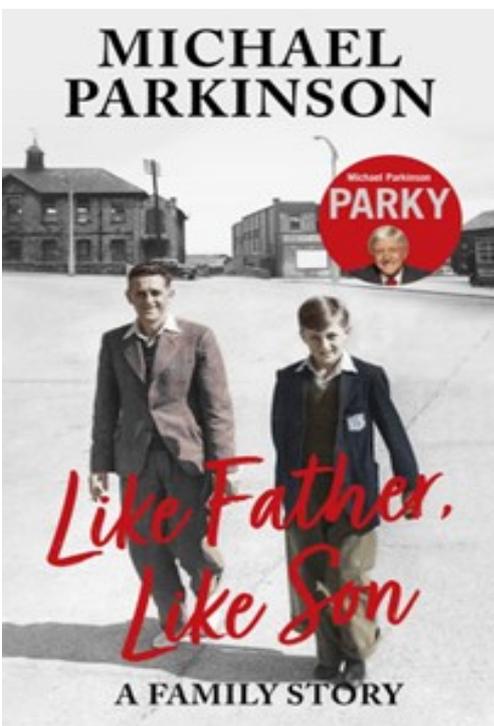
The wife said:
 "Here's \$20, get the dog a jacket.
 If there's any money left over, get yourself a beer!"

SERIOUS (but funny) LOCKDOWN ADVICE

People are acting crazy from being locked down at home! I was just talking about this with the microwave and toaster the other day. I didn't mention any of this to the washing machine because she puts a different spin on EVERYTHING! Certainly couldn't share with the fridge, because he's been acting cold and distant! In the end iron straightened me out! she said the situation isn't all that pressing and all the wrinkles will soon get ironed out! the vacuum however, was very unsympathetic..... told me to suck it up! but the fan was optimistic and gave me hope that it will all



blow over soon. The toilet looked a bit flushed but didn't say anything when I asked its opinion; the front door said I was becoming unhinged and the doorknob told me to get a grip!! You can just about guess what the curtains said, they told me to "pull myself together"



'a quietly impressive book, which does something most celebrity autobiographies shy away from: it seeks the truth and, more often than not, finds it.' - THE MAIL

A look at the life and times of the man Sir Michael most looked up to.

It started in the shadow of the pithead in a South Yorkshire mining village and ended up in tears before an audience of millions. Michael Parkinson's relationship with his late father John William was, and remains, a family love story overflowing with tenderness and tall tales of sporting valour, usually involving Yorkshire cricket or Barnsley FC.

However, it was the overwhelming grief which poured out of Michael when Piers Morgan pressed him about John William in a television interview - four decades after the death of the father he encapsulated as 'Yorkshireman, miner, humorist and fast bowler' - that convinced

one of the outstanding broadcasters and journalists of our time to delve deeper into the dynamics of their lives together.

Co-written with his son Mike, this affectionate and revealing memoir explores the influences which shaped John William, Michael and succeeding generations of Parkinsons. The journey leads them from the depths of a Yorkshire coal mine, via the chapel, pub and picture-house, to a spot behind the bowler's arm at Lord's and the sands at Scarborough.

While Like Father, Like Son conveys a powerful sense of time and place, it is wit, insight and, above all, enduring love which shine through its pages.

COVID-19
VACCINATION

Safe. Effective. Free.

We have no current updates on when vaccinations will be available for Havilah residents. Vaccinations will be available on site. Dr. Cuff will be providing short information sessions at Havilah to inform residents in relation to COVID-19 vaccination. Staff will advise residents of the time and place for these sessions.

The COVID-19 vaccine: Comirnaty (Pfizer, Australia)

COVID-19 vaccine Pfizer is safe for older people. It has been safely given to millions of people in residential aged care facilities around the world.

Pfizer is highly effective in preventing COVID-19 infection in older people.

Having a COVID-19 vaccine will lower the chance of you getting sick. This means the infection is less likely to spread to others.

Coronavirus (COVID-19) risks for older people

The Coronavirus disease (COVID-19) is much more likely to be severe in older people and people with certain medical problems than in young healthy people.

About 1 of every 3 people over the age of 80 years who get COVID-19 will die from it. It is a very serious disease. It is causing millions of people worldwide to go to hospital and to die.

COVID-19 can spread very quickly in residential care facilities because people are close to each other.

COVID-19 vaccination is voluntary, but strongly encouraged.

Current known side effects of Pfizer The COVID-19 vaccine is given as an injection in the upper arm muscle. The needle will be uncomfortable when it goes in for a few seconds.

Most people will have a slightly sore arm where the needle was given for 1-2 days after receiving it.

Some people will feel a bit tired for 1-2 days after receiving the vaccine and may have a headache, muscle aches or chills.

These side effects show your body is responding to the vaccine. They are usually mild and unlikely to limit your usual activities.

You can have paracetamol or take extra care after the vaccine if you need it.

CONTACTING STAFF

You can contact staff by using your **room phone** **In the main building Ring 394 In Heath House Ring 626.** In Melaleuca House Ring **627.** The call system is for emergency calls so where possible for other than emergency issues please use your telephone to contact staff. This will ensure prompt action when you are in an emergency situation. There are call points in public areas for residents and family members to use when requiring staff attendance. Please familiarise yourself with the position of these call points.

Wall phones are installed in the lounge areas at Heath House at the nurses station in Grevillea to

provide greater accessibility to staff for families. Please make use of these 'phones as needed

FOR FAMILIES ringing from outside Havilah to speak to staff in **Heath House** please call **54617481**, FOR FAMILIES ringing from outside Havilah to speak to staff in **Melaleuca House** please call the nurses station on **54617495**, if there is no answer the call will be diverted to staff on the floor.
For all other areas of Havilah dial 54617300 and follow the prompts.

For 24 hour EMERGENCY CONTACT telephone 54617394

FEEDBACK Residents and families are encouraged to communicate any issues they may have. We welcome feedback from residents, families and visitors and provide the 'Comment, Suggestion, Complaint and Compliment' forms at the main Havilah entrances. We strive to continuously improve our service and look forward to working with you to achieve the best possible outcomes for residents. You can also speak to the Unit Manager or Supervisor in your area or alternatively please contact

Director of Care Kelsey Hooper

54 617383 email:

kelsey.hooper@havilah.org.au

or CEO Barb Duffin 54617381 OR

0429617380 email:

barb.duffin@havilah.org.au

External Complaints through the Aged Care Quality and Safety Commission: 1800 951 822

Elders Rights Advocacy (ERA): 1800 700 600

Email: era@era.asn.au www.era.asn.au

ERA is a member of OPAN the Older Persons Advocacy Network, delivering the National Aged Care Advocacy Program, an Australian Government Initiative providing advocacy services to recipients of Australian Government Aged Care Services.

GENERAL ENQUIRIES

For any general enquiries: Families or residents can contact Havilah 24 hours a day, 7 days a week on Email: mail@havilah.org.au or Telephone: 5461 7387. Leave a message if it is out of office hours and staff will get back to you as soon as possible.
Residents can contact reception by simply pressing the numbers 387 on room phones.

ADMINISTRATION OFFICE HOURS

MON-FRI 9.00 am—4.00 pm for account payments and enquiries

Postal Address: Havilah Hostel 11 Harkness Street, Maryborough Vic 3465

TO CONTACT THE KITCHEN

Main Kitchen **54617388** Internal Dial **388**

Heath Kitchen **54617482** Internal Dial **482**

For 24 hour EMERGENCY CONTACT telephone 54617394

WHEN THE FIRE ALARM SOUNDS

Please remain where you are and wait for staff to instruct you on evacuation. If you can see the fire you should move away from the immediate area and wait for instruction from staff. If the fire is in your room you should leave the room and close the door behind you. Havilah is a very safe facility and has many measures in place to stop the spread of fire and smoke and to provide for safe evacuation in the case of a fire – this

includes fire and smoke compartments, and sprinklers and smoke alarms. Should evacuation be required only residents in the affected compartment would be affected In the first instance. The fire alarm automatically alarms to the brigade who are here within minutes.
YOU WILL BE KEPT INFORMED BY STAFF AND THROUGH THE PUBLIC ADDRESS SYSTEM.





What is the SIRS?

Serious Incident Response Scheme

A fact sheet for aged care consumers

As an aged care consumer, you have the right to safe and quality care and to live without abuse or neglect.

The Serious Incident Response Scheme (SIRS) is a new Government initiative to help reduce the risk of abuse and neglect for people living or staying in a residential aged care home.

The scheme requires aged care providers to identify, record, manage, resolve and report all serious incidents that occur, or are alleged or suspected to have occurred, in a residential aged care service.

Underpinning the SIRS is a requirement for residential aged care providers to have in place an effective incident management system – a documented set of protocols, processes and standard operating procedures – to manage all incidents, respond to incidents, and take steps to make sure they do not happen again. The incident management system covers a broader range of non-reportable incidents and include incidents that involve staff or visitors.

Why is the SIRS important?

The SIRS requires every residential aged care service to adopt a systematic approach to minimising the risk of, and responding to, serious incidents involving residents.

The SIRS underscores the vital importance of an incident management system in helping every residential aged care service to effectively manage risks to their residents.

The SIRS also introduces explicit obligations for providers to report a broader range of serious incidents to the Aged Care Quality and Safety Commission (Commission) than is currently required under compulsory reporting obligations. This includes reports of all incidents that are alleged or suspected to have occurred, or witnessed, between consumers of an aged care service, including where the consumer who commits the incident has a cognitive or mental impairment (such as dementia).

How will you benefit from the SIRS?

The SIRS will reduce the risk of abuse and neglect for people living in residential aged care homes.

SIRS and the requirement for providers to have an effective incident management system in place will:

- reduce the chance of you being subject to abuse or neglect in aged care
- help you access support sooner and on an ongoing basis if a serious incident affects you
- reduce the likelihood of the serious incident happening again.

When will the SIRS commence?

Subject to the passage of legislation through the Federal Parliament, from 1 April 2021, residential aged care providers must report all 'Priority 1' incidents within 24 hours.

'Priority 1' incidents include those that cause or could reasonably have caused physical or psychological injury or illness requiring some form of medical or psychological treatment. Instances of unexplained absence from care and any unexpected death of a consumer are always to be regarded as Priority 1 reportable incidents. From 1 October 2021, all 'Priority 2' incidents – reportable incidents that do not meet the criteria for 'Priority 1' – must also be reported within 30 days.

How does the SIRS relate to other requirements your aged care provider must meet?

The SIRS will sit alongside, and complement, other requirements that aged care providers must meet.

All providers must comply with the [Aged Care Quality Standards](#) which detail the standards of care a person can expect as an aged care consumer. For example:

Standard 8 – Organisational Governance

Requires approved providers to have in place effective risk management systems and practices that enable them (among other things) to manage high-impact risks associated with the care of consumers, and to identify and respond to abuse and neglect of consumers.

Standard 6 – Feedback and Complaints

Requires approved providers to demonstrate that an [open disclosure](#) process is used when things go wrong in providing care for consumers.

A provider is also legally required to help consumers understand their rights under the [Charter of Aged Care Rights](#).

Taken together, the above requirements reinforce the importance of aged care providers having an effective incident management system in place.

What is an incident management system?

An incident management system is a set of processes and procedures used to prevent, manage and respond to incidents. This system should support an aged care provider and their staff to take appropriate action when there is an alleged, suspected or witnessed incident.

Appropriate action includes:

- action to remove consumer/s from harm and to reduce or address the impact on any consumer/s
- contacting and meeting with consumers, their family and representatives to discuss the incident and explain the response to prevent reoccurrence
- identification and immediate internal reporting of the allegation, suspicion or witnessed incident, with appropriate escalation to senior staff of serious incidents
- documenting the incident
- further investigation by the provider if warranted
- reporting to external authorities within statutory timeframes, including the police and the Commission.

What is a reportable incident under the scheme?

A reportable incident includes any of the following:

Serious incidents include those where consumers experience:	Examples:
Unreasonable use of force	<i>hitting, pushing, shoving or rough handling.</i>
Unlawful sexual contact or inappropriate sexual conduct	<i>sexual threats or stalking, or sexual activities without consent.</i>
Neglect	<i>withholding personal care, untreated wounds, or insufficient assistance during meals.</i>
Psychological or emotional abuse	<i>yelling, name calling, ignoring a consumer, threatening gestures or refusing a consumer access to care or services as a means of punishment.</i>
Unexpected death	<i>in the event of a fall, untreated pressure injury, or when the actions of a consumer result in the death of another consumer.</i>
Stealing or financial coercion by a staff member	<i>if a staff member coerces a consumer to change their will to their advantage, or steals valuables from the consumer.</i>
Inappropriate physical or chemical restraint	<i>where physical or chemical restraint is used without prior consent or without notifying the consumer's representative as soon as practicable; where physical restraint is used in a non-emergency situation; or when a provider issues a drug to a consumer to influence their behaviour as a form of chemical restraint.</i>
Unexplained absence from care	<i>this occurs when the consumer is absent from the service, it is unexplained and has been reported to the police.</i>

Under the SIRS, an allegation, suspicion or witness account of any of the above serious incidents must be reported to the Commission.

What is the role of the Aged Care Quality and Safety Commission?

The Commission will be responsible for administering the SIRS and will receive serious incident reports from aged care providers. The Commission will have the power to take regulatory action where appropriate to address non-compliance with provider responsibilities, and will have new powers to issue compliance notices for suspected non-compliance with SIRS obligations.

The Commission will publish information regularly on the operation of the SIRS, and this information will be expanded over time.

For more information about SIRS, visit agedcarequality.gov.au/sirs

How can I make a complaint about my aged care home?

If you feel comfortable, we encourage you to raise your concern with the staff or managers of the service first as this is often the best way to have your concern resolved. All aged care providers are required to have a complaints system in place.

Alternatively, the Commission provides a free service for anyone to raise a concern about the quality of care or services provided to people receiving Australian Government funded aged care.

Find out more at agedcarequality.gov.au or call **1800 951 822**.

Accessing the Older Persons Advocacy Network (OPAN)

Sometimes making a complaint on your own can be difficult. There are several options for support to make a complaint.

OPAN supports older persons and their representatives to effectively access and interact with Australian Government funded aged care services and have their rights protected.

OPAN can be reached on **1800 700 600** or by visiting opan.com.au.



Phone

1800 951 822



Web

agedcarequality.gov.au



Write

Aged Care Quality and Safety Commission
GPO Box 9819, In Your Capital City