

SUPPORTED RESIDENTIAL SERVICES

CARE AUDIT

VERSION 1.4

(Current at September 2008)

| | |
|--------------------|--|
| SRS NAME | |
| SITE ADDRESS | |
| AUTHORISED OFFICER | |
| AUDIT DATES | |

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A. Introduction

Purpose

The purpose of the Care Audit is to assist the AO to assess an SRS proprietor's compliance with their legislated responsibilities.

Conducting a Care Audit enables the:

- Validation of information considered at DTRA
- Gathering and analysis of information from additional evidence sources including documentation review, observation of processes and interview of residents and staff.

The compliance rating determined through the Care Audit indicates the nature of, and timeframes for, any resulting follow up action required.

Assessment Questions

The 36 questions within the Care Audit Tool are based on proprietor responsibilities, as documented within the *Health Services Act 1988* (the Act) and the Health Services (Supported Residential Services) Regulations 2001 (the Regulations). The Care Audit Tool addresses all proprietor responsibilities within the Regulations.

Completing the Care Audit Tool

For each *Assessment Question*, potential *Evidence Sources* are identified. The AO should assess the evidence provided and, based on that evidence, record *Yes, No or Not Applicable (Y, N, NA)*, in the column beside each *Evidence Source*.

The *Notes and Comments* column should be used to record any comments regarding the answers recorded and also to make notations for use in developing the follow up Action Plan.

Section C of this tool details how the above 'Yes/No' findings are used to determine an overall *Risk Assessment*, and the appropriate follow up action required.

Action Plan

The Care Audit Tool also facilitates the provision of practical feedback by the AO to the SRS, regarding potential areas for improvement. This feedback is presented as an Action Plan, to be used by the SRS as a working document. A 'No' answer to any *Assessment Question* in the tool will require an Action Plan item to be developed for that regulatory requirement.

B. Audit Evidence

The methods used to obtain and verify evidence at Care Audit, include observation, interview, and documentation review. Where possible AO's should verify evidence using all these methods. A significant number of questions within the tool nominate evidence verification by observation and/or interview, with residents and/or staff.

All evidence provided by the proprietor at their most recent self-assessment, and the findings from the Desk Top Risk Analysis, should also be considered in assessing compliance with legislated requirements at Care Audit. Where a document such as a policy, procedure or guideline has been provided at self assessment, this document should be viewed on site to ascertain the current version, and that the document is in use.

Where the proprietor opted to describe a process at self-assessment, rather than submit documentation, interview of staff, proprietor, and where appropriate, resident should verified their knowledge of this process.

C. Ratings Process

Assessment findings

For each of the 36 Assessment Questions, potential *Evidence Sources* are identified in the Care Audit tool. The AO should assess the evidence provided and sighted and, based on that evidence, record *Yes, No or Not Applicable (Y, N, NA)*, in the column beside each *Evidence Source*.

An *Assessment Question*, will be rated as Met, if **all** minimum *Evidence Sources* are satisfied, i.e. are assessed as 'Yes'. Minimum *Evidence Sources* are identified by the notation '**MIN**'. Evidence Sources not marked '**MIN**', are not considered when determining 'Met / Not Met' for that question, and therefore do not form part of the overall compliance rating.

The minimum criteria stipulated within the Care Audit have been determined acknowledging available evidence sources including, documentation review, observation of processes and interview of stakeholders.

Questions assessed as 'Met' or 'Not Applicable' is scored as zero. Any question assessed as 'Not Met' is scored as 1 (*see section D, table A*)

Assessment of risk to residents

For each part (eg. "1. Choice of health providers" or "12. Nutrition") an assessment must be made of whether the non-compliance presents a risk to the health and safety of residents. The presence of risk to residents will result in the need for urgent corrective action by the proprietor (*see section D, table B*).

Question weightings

Each question within the tool has been weighted. The possible weighting for each question are; 1, 2, 3, 4 or 5 (*see Results Summary*). The weighting for each question has been based upon the potential risk posed to residents from non-compliance and the ease of assessability of that question.

Scoring questions

The score for each question is calculated by multiplying the question weighting (1 to 5) by the assessment finding (0 or 1). For example; if Q1 were assessed as Not Met, the resulting score would be 2. That is, the question weighting (2), multiplied by the assessment finding (1) for a question assessed as Not Met.

Compliance rating and overall risk assessment

Once each question within the Care Audit Tool has been scored, the services overall compliance rating can be determined. This is achieved by totalling the scores awarded to each of the 36 questions. The total score is then aligned with the scale of compliance ratings (*see section D, table B*).

Follow up action

The service's compliance rating determines the nature of, and timeframe for, recommended follow up action (*see section D, table B*).

Following completion of all Assessment Questions within the Care Audit, the results summary on the following pages should be completed by the Authorised Officer, applying the above guidelines.

D. Results Summary

| Principle | Care Audit Tool Question | Page | Question weighting | Assessment finding (NM = 1, M/NA = 0) |
|---|--|------|--------------------|--|
| 1. Healthcare | 1 Choice of health service providers | 11 | 2 | |
| | 2 Care plans | 14 | 5 | |
| | 3 Personal hygiene of residents | 16 | 5 | |
| | 4 Mobility and sensory function of residents | 17 | 2 | |
| | 5 Medication Management | 20 | 5 | |
| | 6 Next of kin notification | 22 | 3 | |
| | 7 Record of resident transfer | 23 | 2 | |
| | 8 Sick residents | 24 | 3 | |
| | 9 Staffing requirements | 27 | 5 | |
| | 10 Staff records | 29 | 2 | |
| | 11 Resident records | 31 | 5 | |
| 2. Nutrition & Environment | 12 Nutrition | 34 | 3 | |
| | 13 Home-like environment | 35 | 1 | |
| | 14 Heating and cooling | 35 | 2 | |
| | 15 Lighting | 36 | 2 | |
| | 16 Power Outlets | 36 | 2 | |
| 3. Safety | 17 First aid kit | 38 | 2 | |
| | 18 Grab rails | 38 | 3 | |
| | 19 Bedside lighting | 39 | 2 | |
| | 20 Identification of rooms | 39 | 1 | |
| | 21 Maintenance and cleanliness | 41 | 2 | |
| | 22 Communication systems | 42 | 2 | |
| | 23 Water supply | 43 | 2 | |
| | 24 Accident records | 43 | 3 | |
| 4. Dignity 5. Activities 6. Independence | 25 Privacy, dignity and security | 48 | 3 | |
| | 26 Resident employment | 49 | 1 | |
| | 27 Activities | 49 | 2 | |

| Principle | Care Audit Tool Question | Page | Question weighting | Assessment finding (NM = 1, M/NA = 0) |
|--------------------------|---|--|--------------------|--|
| | 28 Information for prospective residents | 51 | 1 | |
| | 29 Residential statements | 53 | 3 | |
| 7. Finances | 30 Management of residents' finances | 56 | 3 | |
| 8. Choice | 31 Resident complaints | 59 | 4 | |
| | 32 Community Visitors | 60 | 2 | |
| Other Regulations | 33 Certificate of registration | 62 | 1 | |
| | 34 Copy of Act and Regulations | 62 | 1 | |
| | 35 Provision of excess beds | 63 | 1 | |
| | 36 Contravention of registration conditions | 63 | 2 | |
| | | | Total Score | |
| Compliance Rating | | Risk to Residents Health and Safety | | Y N |
| Follow Up Action: | | | | |

Table A

| | |
|------------------------|-------------|
| Met/Not Applicable – 0 | Not Met – 1 |
|------------------------|-------------|

Table B

| Score | Compliance Rating | Risk to Residents | Follow Up Action |
|---------|-------------------|-------------------|--|
| 0 – 8 | A | Yes | Urgent corrective action required by proprietor. |
| | | No | Action Plan |
| 9 – 16 | B | Yes | Urgent corrective action required by proprietor. |
| | | No | Action Plan with shortened time frames - determined by AO in consultation with proprietor |
| 17 – 24 | C | Yes | Urgent corrective action required by proprietor. |
| | | No | Action Plan - Consider shortened time frames within action plan – to be determined by AO |
| 25 – 29 | D | Yes | Urgent corrective action required by proprietor. |
| | | No | Action Plan. Consider restriction of registration |
| 30+ | E | Yes | Urgent corrective action required by proprietor. |
| | | No | Action Plan – consider sanctions, prosecution and/or conditions on registration. |

HEALTHCARE

Suggested Document Evidence

Care Plans – also in Dignity and Information

Hygiene Records

Medication Records

Accident/Injury Register – also in Safety

Resident Records

Deceased Resident Record

Transfer Forms

Staff Records

Staff Roster

Resident List

Principle 1 - Healthcare

(Questions 1-12)

Residents are entitled to high quality health care and personal care, to their choice of registered medical practitioner or other provider of health services and to an informed choice of appropriate treatment.

| | |
|----------|---|
| 1 | Choice of health service providers (Regulation 14) |
|----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|-----------|---|--|-----------|---|----|--------------------|
| 1a | All residents have access to his or her choice of health service providers. | Chosen health service providers are documented for all residents in the random/ selected file sample. MIN | | | | |
| | | There is documented evidence of the nominated health service provider being accessed. | | | | |
| | | Residents confirm that they have access to their chosen health service providers. MIN | | | | |
| | Result: | M | NM | | | |

| | |
|----------|---|
| 1 | Choice of health service providers (Regulation 14) |
|----------|---|

| | | | | | |
|------------------------|----------|-----------|-------------|----------|----------|
| Overall Result: | M | NM | Risk | Y | N |
|------------------------|----------|-----------|-------------|----------|----------|

| | |
|----------|---|
| 2 | Care Plans (Section 106A, Regulation 15) |
|----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|-----------|---|--|---|---|----|--------------------|
| 2a | Interim care plans are prepared within 48 hours of the resident's admission. | Does the development of the interim care plan occur within 48 hours of the resident admission? <i>Check the date of development of interim care plan against the date of resident admission.</i> | | | | |
| 2b | Interim care plans include: <ul style="list-style-type: none"> - The immediate health and special or personal care needs of the resident - The services to be provided to the resident to assist with those needs. | Review care plans against referral and/or assessment information to ensure care plans hold all relevant information. <i>Review self assessment resident profile to identify residents requiring wound, continence, or podiatry services. Cross check that this information is recorded in care plans.</i> | | | | |
| | Result: | M | | | | MIN |
| 2c | Residents' interim care plans and any changes made to that plan are readily available, upon request to: <ul style="list-style-type: none"> - The resident - The resident's guardian - Staff at the service - The resident's health service providers. | Residents confirm that they and/or their guardian have access to care plans. Staff confirm that they and the resident's health service providers have access to care plans. | | | | |
| 2d | Ongoing care plans are prepared within 30 days of admission? | Does the development of the ongoing care plan occur within 30 days of the residents' admission? <i>Check the date of development of ongoing care plan against the date of resident admission.</i> | | | | |
| | Result: | M | | | | MIN |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments |
|------|---|----------|-----------|--|--|--|---|---|----|--------------------|
| 2e | Ongoing plans include: <ul style="list-style-type: none"> - The immediate health and special or personal care needs of the resident - The services to be provided to the resident to assist with those needs. | | | Review ongoing care plans against referral and/or assessment information to ensure ongoing care plans hold all relevant information. <i>Review self assessment resident profile to identify residents requiring wound, continence, or podiatry services. Cross check that this information is recorded in care plans.</i> | | | | | | |
| | Result: | M | NM | MIN | | | | | | |
| 2f | There is evidence of consultation with the resident, and if appropriate a relative of the resident, or the resident's guardian in care planning. | | | Care plans are signed by the resident or the resident's relative or guardian. | | | | | | |
| | Result: | M | NM | Resident's and staff verify that the resident, and if appropriate a relative of the resident, or the resident's guardian are consulted in relation to care planning. | | | | | | |
| 2g | Care plans are reviewed and updated at least every six months, or if the resident's health, welfare and personal care needs change between reviews. | | | Care plans have the provision to document review dates, and care plans evidence review. | | | | | | |
| | Result: | M | NM | MIN | | | | | | |
| 2h | Any change to a resident's care plan is prepared in consultation with the resident, and if appropriate a relative of the resident, or the resident's guardian in care planning. | | | Residents and staff confirm that the resident, and if appropriate a relative of the resident, or the resident's guardian are consulted in relation to changes to a resident's care plan. | | | | | | |
| 2i | Consultation occurs with the resident's health service providers in the preparation of a resident's ongoing care plan and any changes made to that plan. | | | Staff, and review of resident records, confirmed that consultation is sought with the resident's health service providers in the preparation, or alteration, of the resident's care plan. | | | | | | |

| Ref. | Regulatory Requirements | | Evidence Sources | | Y | N | NA | Notes and Comments | | | | | |
|----------|---|----------|--|------------|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 2j | Residents ongoing care plans are carried out as prepared. | | Residents and staff confirm that care is delivered as per the care plan. | | | | | | | | | | |
| | Result: | M | NM | MIN | | | | | | | | | |
| 2k | Residents ongoing care plans and any changes made to that plan are readily available, upon request to: | | Residents confirm that they and/or their guardian have access to care plans. | | | | | | | | | | |
| | <ul style="list-style-type: none"> - The resident - The resident's guardian - Staff at the service - The resident's health service providers. | | Staff confirm that they, and the resident's health service providers, have access to care plans. | | | | | | | | | | |
| 2 | Care Plans (Section 106A, Regulation 15) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----------|--|
| 3 | Personal hygiene of residents (<i>Section 108 B, Regulation 18</i>) |
|----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|-----------|---|--|-----------|---|----|--------------------|
| 3a | Bathing and showering with or without assistance, occurs at least every second day, and hair washing at least once every 7 days. | Review of ongoing care plans identifies that this information is documented. | | | | |
| | | Residents confirm that bathing, showering, and hair washing occurs as documented in the Regulations. MIN | | | | |
| | Result: | M | NM | | | |
| 3b | There is evidence that each resident has the choice to use his or her own toiletries. | Resident's confirm that they have the choice of using their own toiletries. | | | | |
| 3c | There is evidence of a system to monitor the frequency of nail trimming and indicate that professional foot care is sought if any sign appears of foot complications. | Care plans/other documents note the frequency of nail trimming and indicate that professional foot care is sought if any sign appears of foot complications. | | | | |
| | <i>Fingernails should be trimmed weekly and toe nails as required and at least once every six weeks.</i> | Residents/staff confirm that nail trimming occurs and professional foot care is sought if any sign appears of foot complications, as documented in the Regulations. MIN | | | | |
| | Result: | M | NM | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments | | | | | |
|------|---|----------|-----------|---|--|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 3d | Care plans or other client documentation indicate that medical or nursing assistance is/has been sought for a resident where any sign of bed sores or other forms of breakdown of skin integrity occurs. | | | Care plans or other client documentation indicate that medical or nursing assistance is/has been sought for a resident where any sign of bed sores or other forms of breakdown of skin integrity occurs | | | | | | | | | | | |
| | | | | Residents/staff confirm that medical or nursing assistance is/has been sought for a resident where any sign of bed sores or other forms of breakdown of skin integrity occurs. | | | | | | | | | | | |
| | | | | Staff demonstrate an awareness of the process for seeking this assistance. | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | |
| 3e | Reasonable steps are taken to ensure that each resident's teeth are cleaned at least once each day, each resident has a dental check up at least every 2 years, and any necessary assistance is provided in caring for and storing dentures. | | | Care plans document the resident's oral hygiene needs. | | | | | | | | | | | |
| | | | | Resident's and staff confirm that residents are assisted to maintain their oral hygiene if necessary. | | | | | | | | | | | |
| | | | | MIN | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | |
| 3f | Reasonable steps are taken to ensure that the assistance of a nursing or continence service is/has been sought to assess any resident showing signs of incontinence, and that a continence care plan is/has been prepared and implemented in consultation with the service. | | | Resident document that the assistance of a nursing or continence service is/has been sought to assess any resident showing signs of incontinence. | | | | | | | | | | | |
| | | | | MIN | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | |
| 3 | Personal hygiene of residents (Section 108 B, Regulation 18) | | | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----------|--|
| 4 | Mobility and sensory function of residents (Section 108E) |
|----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | | |
|------------------------|---|--|-------------|----------|----------|--|------------------------|----------|-----------|-------------|----------|----------|
| 4a | Reasonable steps are taken to provide any assistance required to facilitate mobility and sensory function of residents. | Care plans note where sensory or mobility aids are required. MIN | | | | | | | | | | |
| | | Appropriate mobility aids available where required. <i>Observe that:</i> <ul style="list-style-type: none"> - Beds are at an appropriate height - Telephone is appropriate for use for hearing impaired residents - Residents are seen to be using appropriate mobility aids. MIN | | | | | | | | | | |
| Result: | M | NM | | | | | | | | | | |
| 4b | Reasonable steps are taken to ensure that any equipment used for this purpose is maintained in good working order. | Care plans note the required maintenance where aids are in use. <i>For example cleaning of glasses and hearing aides/replacement of hearing aid battery.</i> | | | | | | | | | | |
| | | Mobility aids in use are observed to be in good working order. | | | | | | | | | | |
| 4 | Mobility and sensory function of residents (Section 108E) | | | | | <table border="1" style="display: inline-table;"> <tr> <td style="width: 100px;">Overall Result:</td> <td style="width: 30px; text-align: center;">M</td> <td style="width: 30px; text-align: center;">NM</td> <td style="width: 30px; text-align: center;">Risk</td> <td style="width: 30px; text-align: center;">Y</td> <td style="width: 30px; text-align: center;">N</td> </tr> </table> | Overall Result: | M | NM | Risk | Y | N |
| Overall Result: | M | NM | Risk | Y | N | | | | | | | |

| | |
|----------|--|
| 5 | Medication Management (<i>Section 108 C, Regulation 19, 20</i>) |
|----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|----------------|---|--|---|---|----|--------------------|
| 5a | <p>The proprietor has a responsibility to ensure that reasonable steps are taken to maintain adequate standards of storage; distribution and administration of residents' prescribed medication. This includes reasonable steps to ensure that the following requirements are met:</p> <ul style="list-style-type: none"> - Residents' prescribed medication is administered in accordance with the instructions of the person who prescribed the medication. | <p>There is evidence that the residents' <i>prescribed</i> medications are administered in accordance with the instructions of the person who prescribed the medication.</p> <p style="text-align: center;">MIN</p> | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Result:</td> <td style="width: 30%; text-align: center;">M</td> <td style="width: 30%; text-align: center;">NM</td> </tr> </table> | | | | | |
| Result: | M | NM | | | | |
| 5b | <ul style="list-style-type: none"> - Residents' <i>prescribed</i> medications are obtained promptly. | <p>Review of the <i>prescribed</i> medication ordering method/s or system/s confirms that prompt receipt of residents' medication occurs.</p> | | | | |
| 5c | <ul style="list-style-type: none"> - A record is kept of the medication <i>prescribed</i> for each resident, and when and in what dosage that prescribed medication is administered. | <p>Medication administration record has provision for documenting:</p> <ul style="list-style-type: none"> - The medication prescribed for each resident - When medication is to be administered - What dosage of prescribed medication is to be administered. <p style="text-align: center;">MIN</p> | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Result:</td> <td style="width: 30%; text-align: center;">M</td> <td style="width: 30%; text-align: center;">NM</td> </tr> </table> | | | | | |
| Result: | M | NM | | | | |
| 5d | <ul style="list-style-type: none"> - No alteration is made to any label affixed to a container supplied by the person who dispensed the <i>prescribed</i> medication. | <p>Review of resident's prescribed medication confirms that no alteration is made to any label affixed to a container supplied by the person who dispensed the prescribed medication.</p> <p style="text-align: center;">MIN</p> | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Result:</td> <td style="width: 30%; text-align: center;">M</td> <td style="width: 30%; text-align: center;">NM</td> </tr> </table> | | | | | |
| Result: | M | NM | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments |
|------|--|--|--|---|---|---|----|--------------------|
| 5e | – Medical advice is obtained in the event that the proprietor or a member of the staff: <ul style="list-style-type: none"> i. Maladministers or fails to administer a medication to a resident; or ii. Has reason to believe that a resident who administers their prescribed medication to himself or herself has maladministered or failed to administer that prescribed medication. | | | Review of written reports/resident documentation confirms that medical advice has been obtained in such instances. | | | | |
| | Result: M NM | | | Staff are able to articulate when medical advice should be obtained. | | | | |
| 5f | – The proprietor or member of staff concerned makes a written report on any maladministration or failure to administer medication. | | | Any maladministration or failure to administer medication is documented in a written report. | | | | |
| | Result: M NM | | | MIN | | | | |
| 5g | Medications are all safely stored. | | | All relevant medications are stored in locked areas with access to specific staff. | | | | |
| | Result: M NM | | | All medications are stored in locked areas with access to residents who self-administer that medication. MIN | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments | | | | | |
|------|--|---|----|--|--|--|---|---|----|--------------------|---|----|------|---|---|
| 5h | The proprietor has a responsibility to ensure that reasonable steps are taken to maintain adequate standards of storage, distribution and administration of residents' non-prescribed medication. This includes reasonable steps to ensure that the following requirements are met: | | | Review of resident documentation confirms that medical advice or advice of a person who dispenses prescribed medication, is obtained prior to administration of a non-prescribed medication to ensure that the medication is appropriate, taking into account the prescribed medication that the resident is taking. | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | |
| 5i | – A record is kept of all <i>non-prescribed</i> medication administered to a resident by the proprietor or a staff member, including when and in what dosage that non-prescribed medication is administered. | | | Medication administration record has provision for documenting: <ul style="list-style-type: none"> – The non-prescribed medication for each resident – When that medication is to be administered – What dosage of non-prescribed medication is to be administered. | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | |
| 5j | Each resident's <i>prescribed</i> medication is given to the resident upon his or her departure or transfer from the service to another service or health agency. | | | Staff can describe the procedure regarding <i>prescribed</i> medication where a resident departs or is transferred from the service. | | | | | | | | | | | |
| 5k | A resident's <i>prescribed</i> medication is safely disposed of if the resident no longer requires that medication. | | | Staff are able to articulate the procedure to be followed where a resident's <i>prescribed</i> medication is no longer required. | | | | | | | | | | | |
| 5 | Medication Management (<i>Section 108 C, Regulation 19, 20</i>) | | | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----------|---|
| 6 | Notification of certain matters to next of kin etc (<i>Section 108F</i>) |
|----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|-----------|---|--|-----------|---|----|--------------------|
| 6a | A resident's next of kin and guardian (if any) is informed of as soon as practicable of: <ul style="list-style-type: none"> – Any significant sign of deterioration in the health status of the resident – Any injury to the resident – Any incident involving the resident – Any intention to discharge the resident or terminate his or her residency – Any proposal to relocate the resident to another bedroom within the service. | Review of incident/injury register, resident records, policy/procedure/guidelines, and resident/staff/relative interviews, confirms that a resident's next of kin and guardian (if any) is informed of as soon as practicable of: <ul style="list-style-type: none"> – Any significant sign of deterioration in the health status of the resident – Any injury to the resident – Any incident involving the resident – Any intention to discharge the resident or terminate his or her residency – Any proposal to relocate the resident to another bedroom within the service. | | | | |
| | Result: | M | NM | | | |
| 6b | A resident's administrator is informed as soon as practicable of any intention to discharge the resident or terminate his or her residency. | Review of resident documentation, policy/procedure/guidelines, and resident/staff/relative interviews confirms that this occurs. | | | | |
| | Result: | M | NM | | | MIN |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|----------|-----------|---|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 6c | A resident's medical practitioner is informed as soon as practicable of any significant sign of deterioration in the health status of the resident. | | | Review of resident records, policy/procedure/guidelines, and resident/staff/relative interviews confirms that this occurs. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | |
| 6d | A resident's administrator and guardian (if any) or next of kin are informed as soon as practicable of the death of the resident. | | | Review of the record of a deceased resident, policy/procedure/guidelines, staff interview, confirms that this occurs. | | | | | | | | | |
| 6 | Notification of certain matters to next of kin etc (<i>Section 108F</i>) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|---|---|
| 7 | Record of resident transfer (<i>Regulation 43</i>) |
|---|---|

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | |
|------|--|----------|-----------|--|---|---|----|--------------------|--|--|--|--|
| 7a | A transfer form is completed when a resident is transferred to another SRS or health care agency, and: – The original form is sent with the resident – A copy of the form is kept as part of the resident's records at the transferring service. | | | Review of transfer documents in use and the record of a resident who has been transferred confirm that this occurs. MIN | | | | | | | | |
| | Result: | M | NM | | | | | | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|--|---|---|----|------------------------|---|----|------|---|---|
| 7b | Information on the transfer form meets the minimum requirements. | Completed transfer forms document the required information: <ul style="list-style-type: none"> - Full name - Date of birth - Sex - Nationality and languages spoken - Religious preference - Name and contact details of relative or next of kin, guardian or administrator - The name of the transferring service and the name of the service or agency where the resident is transferred - The transfer date - Reason for transfer - Name and contact details of resident's medical practitioner and other health service providers - A list of current medication - Details of any medication sent with the resident - Pension number and type of pension - A note about any accompanying reports sent with the resident. | | | | | | | | | |
| 7 | Record of resident transfer (<i>Regulation 43</i>) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----------|--|
| 8 | Sick residents <i>(Section 107)</i> |
|----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|-----------|--|---|-----------|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 8a | Where a resident's health care needs exceed those that can be provided at the service, reasonable steps are taken to ensure that the appropriate care is provided to the resident. | Review of resident records identifies that appropriate action has been taken where a resident's care needs exceed those that can be provided at the service. <i>Consider the following:</i> – Residents classified as low or high care – Residents requiring an ACAT assessment – Chair or bed bound residents – Residents receiving visiting nursing services MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 8b | If unsuccessful in securing the provision of that care, the Secretary is notified without delay of the needs of the resident. | Review of resident records and/or DHS records confirms that the secretary has been notified without delay where this has occurred. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 8 | Sick residents <i>(Section 107)</i> | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----------|---|
| 9 | Staffing requirements (Section 108L, Regulations 33,34,35) |
|----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|-----------|---|---|---|---|----|--------------------|
| 9a | All staff employed at the service are over the age of sixteen years. | Review of staff records confirms the age of staff is appropriate. | | | | |
| | Result: | | | | | |
| 9b | Staff are physically and intellectually capable of adequately performing their role. | Review of staff records and interviews with residents and staff, confirms that staff are physically and intellectually capable of adequately performing their role. | | | | |
| 9c | Staff are fit and proper having regard to the guidelines issued by DHS in relation to employment of staff. | Review of staff files confirms that staff are employed in line with the guidelines. MIN | | | | |
| | Result: | | | | | |
| 9d | A current staff roster is kept. | A current staff roster is sighted. | | | | |
| 9e | An appropriately qualified personal care co-ordinator is employed (Refer regulation 33). | Review of staff records and/or DHS records confirms that the PCC holds the appropriate qualifications as stipulated in Regulation 33. MIN | | | | |
| | Result: | | | | | |
| 9f | The personal care co-coordinator is: <ul style="list-style-type: none"> – employed full time, for not less than 38 hours a week or – two part-time personal care co-coordinators are employed whose combined hours are not less than 38 hours a week. | Review of the staff profile (self assessment), staff rosters (past and present), and staff interviews confirms the hours of employment of the PCC. MIN | | | | |
| | Result: | | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------|---|---|-----------|------------|----|--------------------|
| 9g | Where the personal care co-coordinator resigns or is terminated: <ul style="list-style-type: none"> The Secretary is notified within 7 days A new personal care co-coordinator is employed within 12 weeks. | Review of staff records and rosters, and interviews with staff confirms that this occurs. | | | | |
| 9h | An acting personal care co-coordinator is employed during any period when: <ul style="list-style-type: none"> There is a vacancy in the position The personal care co-coordinator is on leave or unable to adequately perform their role. | Review of staff records and rosters, and interviews with staff confirms that this occurs. <i>Review PCC leave records and corresponding rosters.</i> | | | | |
| | Result: | M | NM | MIN | | |
| 9i | An acting personal care co-coordinator is: <ul style="list-style-type: none"> Employed full time, for not less than 38 hours a week or Part-time in conjunction with another personal care co-coordinator and combined hours are not less than 38 hours a week. | Review of staff records and rosters, and interviews with staff confirms that this occurs. | | | | |
| | Result: | M | NM | MIN | | |
| 9j | An acting personal care co-coordinator employed for more than 12 weeks must hold the appropriate qualification. | Review of staff records and rosters, and interviews with staff confirms that this occurs. | | | | |
| 9k | At least one special or personal care staff member is employed and on duty for each 30 residents or fraction of 30 at the service. If necessary, additional special or personal care staff are employed to ensure residents' personal care needs are met in a timely manner. | Review of rosters, and interviews with staff and residents confirms that this occurs <i>Consider occupancy and dependency levels.</i> | | | | |
| | Result: | M | NM | MIN | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments | | | | | | | | | | | |
|------------------------|---|-----------|-------------|---|----------|--|---|---|----|--|--|--|--|--|--|------------------------|----------|-----------|-------------|----------|----------|
| 9l | At least one special or personal care staff member is employed and available at night to meet any special or personal care needs required. If necessary, additional special or personal care staff are employed at night to enable the premises to be inspected as often as is required to ensure the safety of residents. | | | Review of rosters, and interviews with staff and residents confirms that this occurs. MIN | | | | | | | | | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | | | | | | | | | |
| 9m | If necessary additional support staff are employed to assist in the proper functioning of the service and to ensure that special and personal care staff are not unduly hindered in their provision of the timely and individual care needs of each resident. | | | Review of the resident profile (self assessment), staff rosters, and staff and resident interviews confirm that this occurs. | | | | | | | | | | | | | | | | | |
| 9 | Staffing requirements (Section 108L, Regulations 33,34,35) | | | | | | | | | <table border="1"> <tr> <td>Overall Result:</td> <td>M</td> <td>NM</td> <td>Risk</td> <td>Y</td> <td>N</td> </tr> </table> | | | | | | Overall Result: | M | NM | Risk | Y | N |
| Overall Result: | M | NM | Risk | Y | N | | | | | | | | | | | | | | | | |

| Staffing Roster | | | | | | | | | | | | | | | | | | | | |
|-----------------|------------------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|------|-------------|--|--|
| | Rostered Hours | | | | | | | | | | | | | | | | | | | |
| | Time | 0700 | 0800 | 0900 | 1000 | 1100 | 1200 | 1300 | 1400 | 1500 | 1500 | 1700 | 1800 | 1900 | 2000 | 2100 | 2200 | 2200 - 0700 | | |
| Staff | Monday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Tuesday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Wednesday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Thursday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Friday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Saturday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | Sunday | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
| | | Name | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | |

| | |
|-----------|--|
| 10 | Staff records (Section 109(1,2), Regulation 41) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------------|--|--|---|---|----|--------------------|
| 10a | Staff records are kept in the English language and in an effective records management system enabling information to be readily entered, maintained and retrieved. | Review of a sample of staff records confirms that they are kept in the English language and in an effective records management system. | | | | |
| | Result: | | | | | |
| 10b | Prescribed particulars are kept in respect of each staff member. | Review of a sample of staff records confirms that the following prescribed particulars are kept in respect of each staff member: – Full name – Date of birth – Date of employment – Date employment terminated (if applicable) – Qualifications (if any). | | | | |
| | Result: | | | | | |
| 10c | A list of current residents and corresponding room numbers is maintained. | Review of documentations confirms that a list of current residents and corresponding room numbers is maintained. | | | | |
| | Result: | | | | | |
| 10d | A current staff roster is maintained. | Review of documentations confirms that a current staff roster is maintained. | | | | |
| | Result: | | | | | |
| 10e | Staff records are retained for 7 years from the date of termination of employment of the staff member. | Review of staff records confirms that they are retained for 7 years from the date of termination of employment. | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|------------------|---|---|----|--------------------|---|----|------|---|---|
| 10 | Staff records (Section 109(1,2), Regulation 41) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|---|
| 11 | Resident records (<i>Section 109(1), 109(3)a, Regulation 40</i>) |
|----|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------------|--|---|-----------|------------|----|--------------------|
| 11a | Records of each resident must be kept: <ul style="list-style-type: none"> - In the English language - By means of an effective records management system that enables information to be readily entered, maintained and retrieved. | Review of a sample of resident records and standard documentation confirms that this occurs. | | | | |
| | Result: | M | NM | MIN | | |
| 11b | Prescribed particulars are kept in respect of each resident. | Review of a sample of resident records and standard documentation confirms that the following prescribed particulars are kept in respect of each resident: <ul style="list-style-type: none"> - Full name - Date of birth - Sex - Nationality - Language spoken - Religious preference (if any) - Name and contact details of the resident's relative or next of kin, guardian or administrator (if any) - Name and contact details of the resident's medical practitioner and other health service providers (if any) - Name and contact details of the referring body (if known) - Pension number and type (if held by the resident and known to the proprietor) - Date of admission - Room number. | | | | |
| | Result: | M | NM | MIN | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|---|---|---|----|------------------------|---|----|------|---|---|
| 11c | <p>The prescribed period that the record of a resident is to be retained is:</p> <ul style="list-style-type: none"> i. If the resident is over 18 years, 7 years after the resident is discharged ii. If the resident is under 18 years, until the resident or former resident is 25 years of age. or iii. If access is requested to a resident's records for the purpose of legal proceedings: <ul style="list-style-type: none"> - within the 7 year period prescribed at point (i) - within the final 7 years during which records are to be retained at point (ii). <p>A further 7 years after receipt of that request.</p> | Review of retained records, policy/procedure/guideline, confirms that this occurs. | | | | | | | | | |
| 11d | The proprietor is required to keep a list of current residents and their corresponding room numbers. | Review of the resident list confirms that residents' names and their corresponding room numbers are documented. | | | | | | | | | |
| 11 | Resident records (<i>Section 109(1), 109(3)a, Regulation 40</i>) | | | | | Overall Result: | M | NM | Risk | Y | N |

NUTRITION AND ENVIRONMENT

Document Evidence Required

Residential Statements – also in Dignity and Information

Food Safety Plan

Principle 2 - Nutrition and Environment

(Questions 12-16)

Residents should be provided with a sufficient level of nutrition, warmth, clothing and shelter in a home-like environment.

| | |
|-----------|--|
| 12 | Nutrition (Section 108D, Regulation 21) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|----------------|---|---|----------|-----------|----|--------------------|
| 12a | | Review of records, interviews with staff and residents confirm that food is supplied in a form appropriate to the individuals health needs. MIN | | | | |
| | | An approved food safety plan is in place. MIN | | | | |
| | | <i>Consider that:</i> <ul style="list-style-type: none"> - the process for developing the menu includes the input of a dietician - Resident weights and general health status is observed to be satisfactory. | | | | |
| Result: | M | NM | | | | |
| 12b | Residents' choices in relation to food and beverage are considered in menu planning. | Review of records confirms that resident likes and dislikes special dietary needs or supplements, religious or cultural dietary requirements are documented. MIN | | | | |
| | | Residents confirm their choices are considered. MIN | | | | |
| | | Result: | M | NM | | |
| 12c | Meals are provided at appropriate intervals allowing adequate time for and between meals. | Review of residential statements confirms that meals are provided at appropriate intervals allowing adequate time for, and between meals. MIN | | | | |
| | | Residents confirm that meals are | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|---|----|---|---|---|----|------------------------|---|----|------|---|---|
| | Result: | M | NM | | | | | | | | | | |
| | Result: | M | NM | provided at appropriate intervals allowing adequate time for, and between meals. | | | | | | | | | |
| 12d | Meals are adequate in quantity and taste. | | | Residents confirm that meals are adequate in quantity and taste. | | | | | | | | | |
| 12e | Residents have ready access to adequate supplies of potable water and other appropriate beverages. | | | Residents are observed to have access to adequate supplies of potable water and other beverages. MIN | | | | | | | | | |
| | Result: | M | NM | Residents confirm that they have access to adequate supplies of potable water and other beverages. | | | | | | | | | |
| 12 | Nutrition (Section 108D, Regulation 21) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 13 | Home like environment (Regulation 22) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|--|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 13a | Residents are provided with a home-like environment. <i>This includes consideration of the building design and layout, decoration, arrangement of furniture and provision of accommodation for residents' personal possessions.</i> | A tour of the service is conducted, which identifies that: – Appropriate furniture is available which is in good repair – Each resident has a bed, bedside table, bedside light, and access to an adequate number of power outlets. MIN | | | | | | | | | |
| | | Interviews with residents identify that residents are provided with a home-like environment. | | | | | | | | | |
| | Result: | M | | | | | | | | | |
| 13 | Home like environment (Regulation 22) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 14 | Heating and Cooling (Regulation 23) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|--|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 14a | The temperature of the service is maintained at a level that provides reasonable comfort to residents. | Residents confirm that the temperature provides reasonable comfort. MIN | | | | | | | | | |
| | | A heating and cooling system is observed to be in place. | | | | | | | | | |
| | Result: | M | | | | | | | | | |
| 14 | Heating and Cooling (Regulation 23) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|---------------------------------|
| 15 | Lighting (Regulation 24) |
|----|---------------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|--|-----------|------------|----|------------------------|----------|-----------|-------------|----------|----------|
| 15a | Sufficient lighting is provided and operational in passages, stairways, bathrooms, shower rooms and toilets to allow residents and staff to move safely around the premises. | A tour of the service confirms that sufficient lighting is provided and operational. | | | | | | | | | |
| | | Residents confirm that sufficient lighting is provided and operational. | | | | | | | | | |
| | Result: | M | NM | MIN | | | | | | | |
| 15 | Lighting (Regulation 24) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|--------------------------------------|
| 16 | Power Outlets (Regulation 28) |
|----|--------------------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 16a | Every bedroom is equipped with sufficient general-purpose power outlets to accommodate electrical appliances and to obviate the need for extension leads. | A tour of the service confirms that every bedroom is equipped with sufficient power outlets and that extension leads are not in use. | | | | | | | | | |
| 16 | Power Outlets (Regulation 28) | | | | | Overall Result: | M | NM | Risk | Y | N |

SAFETY

Document Evidence Required

Sketch Plan – also in Other

Maintenance Schedules

Accident/Injury Records

Principle 3 - Safety

(Questions 17-24)

Services should be provided in a safe environment and the residents' right to choose to participate in activities involving a degree of risk should be recognised.

| | |
|----|--------------------------------------|
| 17 | First Aid Kit (Regulation 25) |
|----|--------------------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|----------------|--|---|-----------|---|----|--------------------|---|----|------|---|---|
| 17a | A first aid kit is provided and maintained for use at the service. | A first aid kit is available. | | | | | | | | | |
| | | Review of documentation identifies that the first aid kit is maintained by checking and replacing the contents as necessary. MIN | | | | | | | | | |
| Result: | | M | NM | | | | | | | | |
| 17 | First Aid Kit (Regulation 25) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|-----------------------------------|
| 18 | Grab rails (Regulation 26) |
|----|-----------------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|----------------|---|--|-----------|---|----|--------------------|---|----|------|---|---|
| 18a | Grab rails are provided in each toilet, shower room and bathroom for the safety of residents. | A tour of the service identifies that grab rails are provided as prescribed. | | | | | | | | | |
| | | Residents confirm that the distribution of grab rails is adequate for their safety. MIN | | | | | | | | | |
| Result: | | M | NM | | | | | | | | |
| 18 | Grab rails (Regulation 26) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 19 | Bedside lighting <i>(Regulation 27)</i> |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|--|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 19a | Every resident has access to a bedside light in addition to the general room lighting. | A tour of the service confirms that every resident has access to a bedside light in addition to the general room lighting. MIN | | | | | | | | | |
| | Result: | | | | | | M | NM | | | |
| 19 | Bedside lighting <i>(Regulation 27)</i> | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|---|
| 20 | Identification of rooms <i>(Regulation 29)</i> |
|-----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|---|---|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 20a | The sketch plan meets the described requirements. | Review of the sketch plan and a tour of the service confirm that the sketch plan: <ul style="list-style-type: none"> – Is located in an accessible position – Clearly indicates the position of all rooms, the number designated to each bedroom and the name of the person/s that are accommodated in each bedroom – Is amended to reflect any changes. | | | | | | | | | |
| | Result: | | | | | | M | NM | | | |
| 20b | Each bedroom is clearly marked with a number corresponding to the designated number on the sketch plan. | Review of the sketch plan and a tour of the service confirm the accuracy of the sketch plan, and that each room is marked with a number. MIN | | | | | | | | | |
| | Result: | | | | | | M | NM | | | |
| 20 | Identification of rooms <i>(Regulation 29)</i> | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|--|
| 21 | Maintenance, cleanliness and fire safety (<i>Section 10(c), 108L(1), 108I, (1)(d), Regulation 30</i>) |
|----|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|----------------|---|---|----------|-----------|--|--------------------|
| 21a | There is an evacuation plan and a process in place to ensure that staff and residents understand what to do in the case of a fire or other emergency. | <p>Review of documentation indicates that there is an evacuation plan</p> <p>Staff confirm that this plan has been brought to their attention.</p> <p>Residents confirm that this plan has been brought to their attention.</p> | | | | |
| 21b | <p>The premises, facilities, fittings and equipment of the service should be:</p> <ul style="list-style-type: none"> - In a proper state of repair - In good working order - In a clean and sanitary condition. | <p>A tour of the service confirms that the premises, facilities, fittings and equipment of the service are:</p> <ul style="list-style-type: none"> - In a proper state of repair - In good working order - In a clean and sanitary condition. <p><i>Review:</i></p> <ul style="list-style-type: none"> - <i>If maintenance schedule/log is in use</i> - <i>Cleaning staff daily duty statement and roster.</i> | | | | |
| 21c | Cleaning materials, disinfectants, flammable, poisonous and other deleterious substances are securely stored and clearly labelled. | Observations of storage provisions confirm that these substances are securely stored and labelled. MIN | | | | |
| | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Result:</td> <td style="width: 15%; text-align: center;">M</td> <td style="width: 15%; text-align: center;">NM</td> </tr> </table> | Result: | M | NM | Cleaning staff confirm practices in relation to the labelling and storage of these substances. | |
| Result: | M | NM | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|-----------|---|----------|-----------|---|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 21d | The premises and facilities are free from: <ul style="list-style-type: none"> - Flies, lice and other vermin - Any accumulation of materials which may become offensive - Any accumulation of materials which may become injurious to health - Any accumulation of materials which may facilitate the outbreak of fire. | | | A tour of the service and residents/staff confirm that these requirements are met. <i>Check:</i> <ul style="list-style-type: none"> - There are contracts for removal of medical/infectious waste, if applicable. - There is a system to manage and dispose of sharps, if applicable. - Resident profile to identify the likelihood of sharps or medical/infectious waste on premises. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | |
| 21e | Bedding and linen is clean and in good repair. | | | A tour of the service, observation of linen stock, and residents confirm that bedding and linen is in good repair. | | | | | | | | | |
| 21f | Freshly laundered linen is provided for every new resident. | | | Residents and staff confirm that this occurs. | | | | | | | | | |
| 21g | All solid and liquid waste and refuse is removed at least once a day from all rooms. | | | Cleaning staff, residents/staff, and a tour of the service confirms that this occurs. | | | | | | | | | |
| 21h | Every container used for solid or liquid waste or refuse is thoroughly cleaned after use. | | | Cleaning staff and observation of containers confirms that this occurs. | | | | | | | | | |
| 21 | Maintenance and cleanliness (Section 108i, (1)(d), Regulation 30) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

22 Communication systems (Section 108J, Regulation 31)

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments | | | | | |
|-----------|---|----------|-----------|--|--|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 22a | There is an electronic communication system in place which enables calls to be made from each bedroom, toilet, shower room and bathroom. | | | A tour of the service confirms that the electronic communication system is in place as described. MIN | | | | | | | | | | | |
| | Result: | | | Staff and residents confirm that the electronic communications system is in place as described. | | | | | | | | | | | |
| | | M | NM | | | | | | | | | | | | |
| 22b | There is a back-up communication system, which commences operation immediately the electronic communications system is shut down or fails to operate. | | | The operation of the back-up communication system is observed. | | | | | | | | | | | |
| | Result: | | | Staff confirm that there is a back-up communication system in place. MIN | | | | | | | | | | | |
| | | M | NM | | | | | | | | | | | | |
| 22 | Communication systems (Section 108J, Regulation 31) | | | | | | | | | Overall Result: | M | NM | Risk | Y | N |

23 Water supply (Section 108K, Regulation 32)

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments | | | | | |
|------|--|----------|-----------|---|--|--|---|---|----|--------------------|--|--|--|--|--|
| 23a | Hot and cold water is supplied to all showers, baths and hand basins used by residents. | | | A tour of the service confirms that hot and cold water is supplied as described. MIN | | | | | | | | | | | |
| | Result: | | | Residents confirm that hot and cold water is supplied as described. | | | | | | | | | | | |
| | | M | NM | | | | | | | | | | | | |
| 23b | There is a system or mechanism which controls the hot water outlet temperature to baths and showers used by residents to avoid the risk of scalding. | | | The system is explained, or documentation relating to the operation or maintenance of the system is sighted and explained. MIN | | | | | | | | | | | |
| | Result: | | | | | | | | | | | | | | |
| | | M | NM | | | | | | | | | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|--|---|---|----|--------------------|---|----|------|---|---|
| 23c | The proprietor must ensure that an adequate water supply is available at all times. <i>This question is applicable only to services not connected to mains water supply.</i> | A system is in place to ensure an adequate water supply is available at all times. | | | | | | | | | |
| | | Residents and staff confirm that an adequate water supply is available at all times. | | | | | | | | | |
| 23 | Water supply (Section 108K, Regulation 32) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|---|
| 24 | Accident records (Section 108(F)(1A), Regulation 42) |
|----|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|---|-----------|---|----|--------------------|---|----|------|---|---|
| 24a | A record is maintained of the particulars of any incident or injury that occurs to a resident? | Review of incident/injury records confirms that records are maintained. MIN | | | | | | | | | |
| | | Staff confirm that records are maintained. | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 24 | Accident records (Section 108(F)(1A)) | | | | | Overall Result: | M | NM | Risk | Y | N |

PRIVACY, DIGNITY AND SECURITY

Document Evidence Required

Residential Statements

Policies/Procedures

Activity Plan/Schedule

Care Plans

Prospective Resident Information

Principles 4, 5 and 6

(Questions 25-29)

- 4. Residents should be treated with dignity, respect and are entitled to privacy.
- 5. Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.
- 6. Residents are entitled to social independence including the right to choose and pursue friendships and relationships with members of either sex, to practice religion and cultural customs and to exercise rights as citizens.

| | |
|-----------|--|
| 25 | Privacy, dignity and security (Section 108A, Regulation 17) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------------|---|--|----------|-----------|----|--------------------|
| 25a | Residents are treated with dignity and respect and with regard to their entitlement to privacy. | Confirmed by observation of physical surrounds, observation of staff interaction with residents, and resident/staff interviews. MIN | | | | |
| | Result: | | M | NM | | |
| 25b | Residents are not accommodated in any room of the service other than a bedroom. | A tour of the service confirms that residents are not accommodated in any room other than a bedroom. | | | | |
| 25c | The private property of a resident is not taken, borrowed or given to another person without the permission of the resident or his or her guardian. | Residents and staff confirm that residents' private property is protected as described. MIN | | | | |
| | Result: | Provision is made for residents to be able to secure their belongings | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments |
|------|--|---|----|--|--|--|---|---|----|--------------------|
| 25d | Residents are enabled to undertake personal activities, including bathing, toileting and dressing, in private. | | | Staff are observed to maintain residents' privacy. <i>For example, knocking before entering, and ensuring doors and screens are in use when appropriate.</i> | | | | | | |
| | Result: | M | NM | Residents confirm that their privacy is maintained. MIN | | | | | | |
| 25e | Information about residents is treated confidentially. | | | Residential statement includes information about confidentiality of resident information. | | | | | | |
| | Result: | M | NM | Confirm, by reviewing the policy/procedures/guidelines, staff interviews and observation of the storage of residents records, that resident information is treated confidentiality. MIN | | | | | | |
| 25f | Residents are dressed in their own clean clothing which is to be of their own choice and which is appropriate for the climate and time of day. | | | Residents confirm that they are consulted in their choice of clothing. MIN | | | | | | |
| | Result: | M | NM | Residents and staff confirm that there is a process in place to ensure that residents clothing is identifiable and tracked, if lost. | | | | | | |
| 25g | Residents are not subjected to unusual routines, particularly with respect to bed times, timing of meals, bathing and dressing. | | | Residents are observed to be dressed in clothing that is appropriate for the climate and time of day. | | | | | | |
| | Result: | M | NM | Residents and staff confirm that residents are not subjected to unusual routines. MIN | | | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | | | Y | N | NA | Notes and Comments |
|------|--|----------|-----------|---|--|--|---|---|----|--------------------|
| | | | | Review of resident care plans identifies that residents are not subjected to unusual routines. <i>Note documents time of residents rising, settling, and hygiene. Confirm these are resident preferences in interview.</i> | | | | | | |
| | Result: | M | NM | | | | | | | |
| 25h | Residents are not subjected to physical or verbal abuse. | | | Observation of staff and resident interaction, and of resident and resident interaction, confirms that residents are not subjected to physical or verbal abuse. | | | | | | |
| | | | | Residents and staff confirm that residents are not subjected to physical or verbal abuse. | | | | | | |
| | Result: | M | NM | | | | | | | |
| 25i | Residents have access to a telephone which: <ul style="list-style-type: none"> - May be used in private - Is able to be used for incoming calls when received at the service and for making outgoing calls at any reasonable time requested by the resident - If people with disabilities are resident in the service, is suitable for use by people with those disabilities. | | | A tour of the service confirms that residents have access to a telephone as described. | | | | | | |
| | | | | Residents and staff confirm that residents have access to a telephone as described. | | | | | | |
| | Result: | M | NM | | | | | | | |
| 25j | Screens are available for beds if the design or shape of a bedroom does not permit a resident to be private. | | | A tour of the service confirms that screens are available under the circumstances described. | | | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|--|---|---|----|--------------------|---|----|------|---|---|
| | | Residents confirm that screens are always available under the circumstances described. | | | | | | | | | |
| 25 | Privacy, dignity and security (Section 108A, Regulation 17) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|-------------------------------------|
| 26 | Resident employment (Regulation 36) |
|----|-------------------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|---|-----------|------------|----|------------------------|----------|-----------|-------------|----------|----------|
| 26a | Residents are not employed to work in the service. | Residents are not observed to be employed in the service. | | | | | | | | | |
| | | Residents and staff confirm that residents are not employed to work in the service. | | | | | | | | | |
| | Result: | M | NM | MIN | | | | | | | |
| 26 | Resident employment (Regulation 36) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|----|----------------------------|
| 27 | Activities (Regulation 16) |
|----|----------------------------|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|---|--|-----------|------------|----|------------------------|----------|-----------|-------------|----------|----------|
| 27a | Personnel and facilities are provided to enable residents to engage in a range of activities designed to maintain a reasonable quality of life. | Resident care plans note involvement in activities. | | | | | | | | | |
| | | An activity plan or schedule is documented. | | | | | | | | | |
| | | Where activities are co-ordinated on site, review of the staff roster confirms that adequate personnel and facilities are provided as described. | | | | | | | | | |
| | Result: | M | NM | MIN | | | | | | | |
| 27b | All residents are given the opportunity and assistance necessary to participate in activities. | Residents and staff confirm that residents are given the opportunity and assistance to participate in activities. | | | | | | | | | |
| | | Review of resident documentation confirms that any assistance required to participate in activities is identified. | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 27 | Activities (Regulation 16) | | | | | Overall Result: | M | NM | Risk | Y | N |

28 Information for prospective residents and other interested persons (Section 106B, Regulation 38)

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------|--|---|---|---|----|--------------------|
| 28a | All prospective residents are provided with a document containing current and accurate prescribed information. | Review of the information for prospective residents confirms that it includes: <ul style="list-style-type: none"> – The type of service being conducted – The objectives and philosophies of the management of the service – The number of residents cared for at the service – The goods and services offered directly to residents and all fees and charges applying to those goods and services at the date the information is given – The mechanisms by which residents would be informed of any changes to the provision of those goods and services and the fees and charges applicable to them – The health and community services available to residents from outside the service – The times of routines affecting residents of the service – The procedures for receiving and handling complaints, including the external avenues of complaint available to residents – The options for ongoing management of the resident's financial and legal affairs. MIN | | | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|-----------|--|----------|-----------|---|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| | | | | Residents confirm that they received information for prospective residents and other interested persons when seeking information about the service. | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | |
| 28 | Information for prospective residents and other interested persons (<i>Section 106B, Regulation 38</i>) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 29 | Residential statements (Section 106, Regulation 39) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------------|---|---|-----------|------------|----|--------------------|
| 29a | A written statement is prepared in consultation with each resident and where appropriate, his or her relative or the resident’s guardian or administrator, in an appropriate language which states the nature of health services to be provided including: <ul style="list-style-type: none"> – Nursing care – Personal care – Rehabilitation and – Other programs. | Review of residential statements confirms that information is documented as described. | | | | |
| | Result: | M | NM | MIN | | |
| 29b | The statement must be given to the resident within 48 hours after he or she becomes a resident and, if appropriate, to any relative or the resident’s guardian, or the resident’s administrator or to any person having an interest in the care of the resident. | Residents confirm that they have received the residential statement within 48 hours of becoming a resident. | | | | |
| 29c | The statement must be: <ul style="list-style-type: none"> – Signed by the proprietor as soon as practicable – Signed and returned to the proprietor as soon as practicable after the statement is received by the resident or the resident’s guardian or administrator. | Review of residential statements confirms that both parties sign them as soon as practicable. | | | | |
| | Result: | M | NM | MIN | | |

| Ref. | Regulatory Requirements | | | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|-----------|--|----------|-----------|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 29d | The residential statement includes the prescribed information. | | | Review of residential statements confirms that it includes the following prescribed information: <ul style="list-style-type: none"> - The type of service being conducted - The objectives and philosophies of the management of the service - The number of residents cared for at the service - The goods and services offered directly to residents - All fees and charges applying to those goods and services at the date the information is given - The mechanisms by which residents would be informed of any changes to the provision of those goods and services and the fees and charges applicable to them - The health and community services available to residents from outside the service - The times of routines affecting residents of the service - The procedures for receiving and handling complaints, including the external avenues of complaint available to residents - The options for ongoing management of the resident's financial and legal affairs. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | | | |
| 29 | Residential statements (Section 106, Regulation 39) | | | | | | | Overall Result: | M | NM | Risk | Y | N |

RESIDENTS' FINANCES

Document Evidence Required

Resident Financial Records

Principle 7 - Residents' Finances

(Question 30)

Residents are entitled to the right to manage their own finances wherever possible.

30 Management of resident's money by proprietor (Sections 108HA – 108HD)

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------|--|---|-----------|---|----|--------------------|
| 30a | Where a proprietor manages or controls an amount of money of a resident, being not greater than the prescribed amount, there is written consent from the resident or the resident's administrator. | Review of records confirms that written consent is obtained where residents have their money managed by the proprietor. MIN | | | | |
| | Result: | M | NM | | | |
| 30b | In addition to keeping a copy of this consent, the proprietor must maintain an accurate and up to date record of: <ul style="list-style-type: none"> – Any money that the proprietor manages or controls – Any expenditure by the proprietor of any money on behalf of the resident. – Individually itemised expenditure for each transaction made on behalf of the resident. | Review of records confirms that they contain the information as described. MIN | | | | |
| | Result: | M | NM | | | |
| 30c | The proprietor of a supported residential service who manages or controls the money of a resident, must provide the resident or resident's administrator upon request with a statement at least once every 3 months, setting out any income received and expenditure incurred on behalf of a resident since the previous statement. | Review of dated statements confirms that they are issued at the prescribed intervals upon request. | | | | |
| | | Review of statements confirms that they set out the information as described. | | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | | |
|------|---|--|---|---|----|------------------------|---|----|----|------|---|---|
| 30d | <p>The proprietor of a supported residential service must ensure that:</p> <ul style="list-style-type: none"> - All expenses and fees charged to a resident are individually itemised and explained to the resident or the resident's administrator - A record in respect of all money received by the proprietor on behalf of the resident is provided upon request. | Review of statements confirms that this information is documented. | | | | | | | | | | |
| 30e | <p>The proprietor of a supported residential service must upon request give access to the resident financial records held by the proprietor to the resident or the resident's administrator.</p> <p>This detail is documented on residential statements</p> | Residents and staff confirm that they are aware of this right. | | | | | | | | | | |
| 30 | Management of resident's money by proprietor (Sections 108HA – 108HD) | | | | | Overall Result: | M | NM | NA | Risk | Y | N |

FREEDOM OF CHOICE

Document Evidence Required

Complaint Records

Community Visitor Records

Principle 8 - Freedom of choice

(Questions 31- 32)

Residents are entitled to freedom of choice to the extent that it does not unreasonably infringe the rights of others and the freedom to comment about the provision of health services.

| | |
|----|---|
| 31 | Resident complaints (Section 108G(1), Regulation 37) |
|----|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments |
|------|---|---|-----------|---|----|--------------------|
| 31a | A system operates, in accordance with the regulations, to receive and deal with complaints from residents or complaints made on behalf of residents. | Review of documentation (ie complaint forms, complaint information, complaint register) confirms that a system operates in accordance with the regulations. MIN | | | | |
| | | Residents and staff confirm that the system operates | | | | |
| | Result: | M | NM | | | |
| 31b | All reasonable steps are taken to ensure that a resident is not adversely affected because a complaint has been made by the resident or on behalf of the resident. | Residents and staff confirm that residents have not been adversely affected as a result of lodging a complaint or having had a complaint lodged on their behalf. MIN | | | | |
| | | There is documentation that residents will not be adversely affected because of a complaint. MIN | | | | |
| | Result: | M | NM | | | |
| 31c | The proprietor or a member of staff has been nominated to receive and deal with those complaints and the name of the nominee, if not the proprietor, has been provided to the Secretary within 7 days of the making of that nomination. | Correspondence to the Secretary is sighted where the nominee to receive and deal with complaints is not the proprietor. | | | | |
| 31d | All complaints are treated in a confidential manner. | Residents and staff confirm that complaints are treated confidentially. MIN | | | | |
| | | There is documentation that resident complaints will be treated in a confidential manner. MIN | | | | |
| | Result: | M | NM | | | |

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------|--|--|-----------|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 31e | A written record is kept of every complaint including: <ul style="list-style-type: none"> - The nature of the complaint - The date of the complaint - The action taken in respect of the complaint. | Review of complaint records confirm that written records document this information. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 31f | Complaints are dealt with promptly. | Review of complaint records confirm that complaints are dealt with promptly. | | | | | | | | | |
| 31g | Every resident and member of staff is informed of the complaints procedures. | Residents and staff demonstrate knowledge of the service's complaints procedures. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 31h | The person making the complaint is informed of any action taken in respect of the complaint. | Residents and staff confirm that residents are informed of any action taken in respect of a complaint. MIN | | | | | | | | | |
| | Result: | M | NM | | | | | | | | |
| 31 | Resident complaints (<i>Section 108G(1), Regulation 37</i>) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 32 | Community visitors (Section 121,122, Regulation 44) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|--|---|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 32a | Where a resident requests a visit from a community visitor be arranged, there is evidence that the person in charge has advised the visitor of this request within 7 days. | Residents and staff confirm that where a resident requests that a visit from a community visitor be arranged, the person in charge has advised the visitor of this request within 7 days. | | | | | | | | | |
| 32b | Records in respect of visits to the service undertaken by a community visitor are kept in the prescribed form. | Reviews of records in respect of visits to the service undertaken by a visitor are observed to be kept in the prescribed form. MIN | | | | | | | | | |
| | Result: | M | | | | | | | | | |
| 32 | Community visitors (Section 121,122, Regulation 44) | | | | | Overall Result: | M | NM | Risk | Y | N |

OTHER REGULATIONS

Document Evidence Required

Certificate of Registration

Act and Regulations

Sketch Plan

Other Regulations

| | |
|-----------|---|
| 33 | Display of certificate of registration (Regulation 12) |
|-----------|---|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|--|--|-----------|---|----|------------------------|------------|-----------|-------------|----------|----------|
| 33a | The current certificate of registration and any conditions to which the registration is subject is displayed in a prominent position within the supported residential service. | A tour of the service confirms that the current certificate of registration and any conditions to which the registration is subject is displayed in a prominent position within the supported residential service. | | | | | | | | | |
| | Result: | M | NM | | | | MIN | | | | |
| 33 | Display of certificate of registration (Regulation 12) | | | | | Overall Result: | M | NM | Risk | Y | N |

| | |
|-----------|--|
| 34 | Copy of Act and regulations (Regulation 13) |
|-----------|--|

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|------------|---|--|-----------|---|----|------------------------|------------|-----------|-------------|----------|----------|
| 34a | At least one up-to-date copy of the Act and these Regulations are kept in the service and they are readily available for the use of staff, residents and visitors at all times. | Review of the copy of the Act and Regulations confirms that they are up to date. | | | | | | | | | |
| | Result: | M | NM | | | | MIN | | | | |
| 34 | Copy of Act and regulations (Regulation 13) | | | | | Overall Result: | M | NM | Risk | Y | N |

35 Provision of excess beds or accommodation (Section 112)

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | |
|-----------|---|--|---|---|----|------------------------|----------|-----------|-------------|----------|----------|
| 35a | The proprietor must not provide in the establishment more beds, or accommodation for more persons, than the number of beds for which the establishment is registered. | A tour indicates that the number of beds in each bedroom accords with both the number of beds specified for each room and the total number of beds on the Certificate of Registration and service sketch plan. MIN | | | | | | | | | |
| | Result: | | | | | | M | NM | | | |
| 35 | Provision of excess beds or accommodation (Section 112) | | | | | Overall Result: | M | NM | Risk | Y | N |

36 Contravention of registration conditions (Section 114)

| Ref. | Regulatory Requirements | Evidence Sources | Y | N | NA | Notes and Comments | | | | | | |
|-----------|---|--|---|---|----|------------------------|----------|-----------|-----------|-------------|----------|----------|
| 36a | The proprietor must not contravene a condition to which registration of the establishment is subject. | Where conditions of registration apply, no evidence of contravention of these conditions is sighted. MIN | | | | | | | | | | |
| | Result: | | | | | | M | NM | | | | |
| 36 | Contravention of registration conditions (Section 114) | | | | | Overall Result: | M | NM | NA | Risk | Y | N |

USING THE CARE AUDIT TOOLS EVIDENCE MATRIX - RESIDENT INTERVIEWS

Within the CAT the 'Evidence Source' column identifies possible methods by which to collect evidence to assess compliance for each question. Some questions within the CAT, identify interview with residents as a possible mechanism by which to assess compliance.

The evidence matrix lists each question for which a resident interview is a potentially appropriate evidence source. This may be used as a convenient reference for AOs.

It is suggested that the evidence matrix be completed as follows.

Where the resident response at interview:

- supports compliance with the listed requirement, this should be indicated by placing a tick in the relevant column.
- does not support compliance, this should be indicated by placing a cross in the relevant column.

Where the resident response at interview does not support compliance with the requirement, the AO should document the relevant information to support their finding within the 'Notes and Comments' section of the CAT.

CAT Evidence Matrix – Resident Interviews

| Issue - Prompt | Question | Resident 1 | Resident 2 | Resident 3 | Resident 4 | Resident 5 |
|------------------------------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Choice of health service providers | <i>1</i> | | | | | |
| Care plan access | <i>2c</i> | | | | | |
| Care plan consultation | <i>2f</i> | | | | | |
| Care plan changes | <i>2h, 2k</i> | | | | | |
| Care delivery | <i>2j</i> | | | | | |
| Hygiene assistance | <i>3a</i> | | | | | |
| Toiletries choice | <i>3b</i> | | | | | |
| Nail/foot care | <i>3c</i> | | | | | |
| Skin integrity | <i>3d</i> | | | | | |
| Oral hygiene assistance | <i>3e</i> | | | | | |

CAT Evidence Matrix – Resident Interviews

| Issue - Prompt | Question | Resident 1 | Resident 2 | Resident 3 | Resident 4 | Resident 5 |
|-----------------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| NOK notification | 6 | | | | | |
| Staffing levels OK | 9 | | | | | |
| Nutrition choice | 12a, 12b | | | | | |
| Meal times | 12c | | | | | |
| Meal quantity/taste | 12d | | | | | |
| Beverages available | 12e | | | | | |
| Home like environment | 13 | | | | | |
| Heat/cooling | 14 | | | | | |
| Lighting | 15 | | | | | |
| Grab rails | 18 | | | | | |
| Fire Safety | 21a | | | | | |
| Maintenance | 21b | | | | | |

CAT Evidence Matrix – Resident Interviews

| Issue - Prompt | Question | Resident 1 | Resident 2 | Resident 3 | Resident 4 | Resident 5 |
|---|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Cleanliness | <i>21c,f,g</i> | | | | | |
| Bedding/linen | <i>21d,e</i> | | | | | |
| Communication system | <i>22a</i> | | | | | |
| Water supply | <i>23a</i> | | | | | |
| Choice of clothing/cleaning of clothing | <i>25f</i> | | | | | |
| Unusual routines | <i>25g</i> | | | | | |
| Abuse | <i>25h</i> | | | | | |
| Telephone access | <i>25i</i> | | | | | |
| Bed screens | <i>25j</i> | | | | | |
| Residents not employed | <i>26a</i> | | | | | |
| Activities | <i>27</i> | | | | | |

CAT Evidence Matrix – Resident Interviews

| Issue - Prompt | Question | Resident 1 | Resident 2 | Resident 3 | Resident 4 | Resident 5 |
|---------------------------------------|-----------------|-------------------|-------------------|-------------------|-------------------|-------------------|
| Information for prospective residents | 28 | | | | | |
| Residential statement received | 29 | | | | | |
| Management of residents money | 30 | | | | | |
| Complaint mechanism | 31a | | | | | |
| No adverse affect | 31b | | | | | |
| Complaint confidentiality | 31d | | | | | |
| Complaint action | 31h | | | | | |
| Community Visitor request | 32a | | | | | |

USING THE CARE AUDIT TOOLS EVIDENCE MATRIX - STAFF INTERVIEWS

Within the CAT the 'Evidence Source' column identifies possible methods by which to collect evidence to assess compliance for each question. Some questions within the CAT, identify interview with staff as a possible mechanism by which to assess compliance.

The evidence matrix lists each question for which a staff interview is a potentially appropriate evidence source. This may be used as a convenient reference for AOs.

It is suggested that the evidence matrix be completed as follows.

Where the staff response at interview:

- supports compliance with the listed requirement, this should be indicated by placing a tick in the relevant column.
- does not support compliance, this should be indicated by placing a cross in the relevant column.

Where the staff response at interview does not support compliance with the requirement, the AO should document the relevant information to support their finding within the 'Notes and Comments' section of the CAT.

CAT Evidence Matrix – Staff Interviews

| Issue - Prompt | Question | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 |
|---|-----------------|----------------|----------------|----------------|----------------|----------------|
| Care plan access | 2c | | | | | |
| Care plan consultation | 2f, 2i | | | | | |
| Care plan changes/review | 2h, 2k | | | | | |
| Care delivery | 2j | | | | | |
| Nail/foot care | 3c | | | | | |
| Skin integrity | 3d | | | | | |
| Oral hygiene checks | 3e | | | | | |
| Medication record./administrati on record | 5a, 5i | | | | | |
| Medication on resident discharge | 5j | | | | | |
| Medication storage | 5g | | | | | |

CAT Evidence Matrix – Staff Interviews

| Issue - Prompt | Question | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 |
|-----------------------------------|-----------------|----------------|----------------|----------------|----------------|----------------|
| Medication error/omission/refusal | 5e | | | | | |
| Medication ordering system | 5b | | | | | |
| Medication disposal | 5k | | | | | |
| NOK notification | 6 | | | | | |
| Resident transfer | 7a | | | | | |
| Sick resident protocol | 8 | | | | | |
| PCC position/hours | 9f-j | | | | | |
| Staffing levels OK | 9k-m | | | | | |
| Roster kept/access | 9d | | | | | |
| Nutrition/Resident choice | 12a, 12b | | | | | |
| First aid kit | 17 | | | | | |

CAT Evidence Matrix – Staff Interviews

| Issue - Prompt | Question | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 |
|---|----------|---------|---------|---------|---------|---------|
| Fire Safety | 21a | | | | | |
| Maintenance | 21b | | | | | |
| Cleanliness/ storage deleterious substances | 21c | | | | | |
| Cleanliness including refuse/waste | 21c,f,g | | | | | |
| Bedding/linen | 21d,e | | | | | |
| Communication System | 22a | | | | | |
| Accident records | 24 | | | | | |
| Private property | 25c | | | | | |
| Privacy (ADLs) | 25d | | | | | |
| Choice of clothing/cleaning of clothing | 25f | | | | | |
| Unusual routines | 25g | | | | | |
| Abuse | 25h | | | | | |

CAT Evidence Matrix – Staff Interviews

| Issue - Prompt | Question | Staff 1 | Staff 2 | Staff 3 | Staff 4 | Staff 5 |
|-------------------------------|-----------------|----------------|----------------|----------------|----------------|----------------|
| Telephone access | <i>25i</i> | | | | | |
| Residents not employed | <i>26a</i> | | | | | |
| Activities | <i>27</i> | | | | | |
| Management of residents money | <i>30</i> | | | | | |
| Complaint mechanism | <i>31a</i> | | | | | |
| No adverse affect | <i>31b</i> | | | | | |
| Complaint confidentiality | <i>31d</i> | | | | | |
| Complaint action | <i>31h</i> | | | | | |
| Community Visitor request | <i>32a</i> | | | | | |