

SUPPORTED RESIDENTIAL SERVICES

SELF ASSESSMENT TOOL

VERSION 1.4

(Current at September 2008)

| | |
|---------------------------------------------------------------------------|--|
| SRS NAME | |
| SITE ADDRESS | |
| AUTHORISED OFFICER | |
| COMPLETION DATE | |
| APPROXIMATE NUMBER OF HOURS TAKEN TO COMPLETE THIS QUESTIONNAIRE | |

Introduction

This document should be completed by the SRS proprietor, or by a person authorised to act on behalf of the proprietor.

All Supported Residential Services (SRS) are periodically required to complete a self assessment. This Self Assessment Tool, is designed to provide baseline information to the Department of Human Services regarding the proprietor's compliance with their responsibilities under the *Health Services Act 1988* (the Act) and the Health Service (Supported Residential Services) Regulations 2001 (the Regulations).

This document has three sections, which the proprietor or their authorised representative should complete, as follows:

1. Declaration

The declaration should be signed and dated by the Proprietor. If the Self Assessment is to be returned via email, the declaration is to be returned via mail.

2. Background Information

This section requests background information regarding your facility, including resident and staff profiles. You are also asked to provide copies of certain documents.

3. Self Assessment

This section asks questions about the processes and systems which you have in place to meet the Act and Regulations. Each question relates to specific SRS regulatory requirements, and is referenced to the relevant section of the Act or Regulations. Please note that not all regulatory requirements are covered in this Self Assessment. Only items which are able to be assessed at desk top are included. In answering each question within this section, you have the option of providing:

- a full and detailed description, **or**
- a brief response **and** attaching relevant supporting documents, such as policies, procedures, protocols or guidelines.

Please provide a response to all questions. If you have any questions regarding the completion of this Self Assessment Tool, please contact your Authorised Officer.

When completed, please post or email the self assessment and attachments to:

Authorised Officer _____
Address _____

It is estimated that it will normally take an SRS approximately 120 minutes to complete this self assessment. By accurately and fully completing the document, you will reduce the likelihood of the need for further follow up contact by an Authorised Officer.

Thank you for your assistance and cooperation.

1. Declaration

DECLARATION

This declaration should be signed and dated by the Proprietor. The Proprietor has the responsibility to ensure the accuracy of the information provided. In completing this declaration it should be recognised that all information supplied may be verified as true and correct by an Authorised Officer.

I acknowledge that this declaration is true and correct and to the best of my knowledge, the information provided and completed with this Self Assessment is correct. I make this declaration in the belief that a person making a false declaration is liable to the penalties of perjury. I further authorise the Secretary of the Victorian Department of Human Services to undertake any search required for the verification of the answers and information hereby provided.

Note: Section 151(1) of the *Health Services Act 1988* provides that a person must not give information or make a statement that is false or misleading. Failure to comply is an offence against the Act and subject to a maximum penalty of over \$12,000.

Declared at, in the

State of Victoria this day of200....

.....
Signature

.....
Name of signatory in **BLOCK LETTERS**

.....
Position

2. Background Information

Please provide the following background information regarding your service.

1. SRS Contact

| | |
|---------------------------|--|
| SRS Name | |
| SRS Certificate Number | |
| Address | |
| Telephone Number | |
| Facsimile Number | |
| Email | |
| Contact Person | |
| Contact Person's Position | |

2. Proprietor

| | |
|------------------|--|
| Proprietor Name | |
| Address | |
| Telephone Number | |

Please amend the above details as appropriate.

Please provide details of any other SRS, or aged care facilities, owned or managed by the proprietor.
(If space insufficient, please attach an additional page).

| | |
|----|--|
| 1. | |
| 2. | |
| 3. | |

3. Resident Profile - Current

| | | |
|------------------------|---------------------------------------------------------|-----------------------------|
| Number of beds: | Number of residents: | Number of residents: |
| Respite | Male | Pension level |
| General | Female | Above pension level |
| Total beds | Total residents | Total residents |
| | From a culturally and linguistically diverse background | |
| | From an Aboriginal / Torres Strait Islander background | |

Number of residents having had an ACAS assessment in last 12 months indicating:

| | |
|--------------------|--|
| Low care required | |
| High care required | |

Number of residents subject to:

| | |
|----------------------------|--|
| Administrator | |
| Community Treatment Orders | |
| Guardianship | |

Number of residents with the following primary disability:

| | |
|-----------------------|--|
| Frailty | |
| Psychiatric | |
| Dementia | |
| Intellectual | |
| Acquired brain injury | |
| Physical | |
| Sensory | |
| Serious medical | |
| Other disability | |
| No disability | |

Number of residents accessing the following services:

| | |
|-----------------------------------------------|--|
| Social activities, eg Planned Activity Groups | |
| Allied Health Services, eg podiatry, physio | |
| Nursing | |
| Diabetic management | |
| Contenance management | |
| Wound management/stomal therapy | |
| Psychiatric | |
| Disability Services | |
| Community Aged Care Packages | |
| Other | |

2. Background Information

4. Staff Profile

| Staff Position | Normal Hours Per Week | Qualification - please tick appropriate boxes | | | | | Comments / Secondary role |
|-------------------------------------------|-----------------------|-----------------------------------------------|----------|------------------|-------|-------|---------------------------|
| | | Personal Care Staff | | Registered Nurse | | | |
| | | Level III | Level IV | Div 1 | Div 2 | Div 3 | |
| Manager | | | | | | | |
| Proprietor | | | | | | | |
| Personal Care Coordinator | | | | | | | |
| Personal Care Coordinator | | | | | | | |
| A Personal Care staff | | | | | | | |
| B Personal Care staff | | | | | | | |
| C Personal Care staff | | | | | | | |
| D Personal Care staff | | | | | | | |
| E Personal Care staff | | | | | | | |
| F Personal Care staff | | | | | | | |
| G Personal Care staff | | | | | | | |
| H Personal Care staff | | | | | | | |
| I Personal Care staff | | | | | | | |
| J Personal Care staff | | | | | | | |
| Activities staff | | | | | | | |
| A Catering staff | | | | | | | |
| B Catering staff | | | | | | | |
| C Catering staff | | | | | | | |
| D Catering staff | | | | | | | |
| A Cleaning staff | | | | | | | |
| B Cleaning staff | | | | | | | |
| C Cleaning staff | | | | | | | |
| Administration | | | | | | | |
| <i>Other staff, please specify below:</i> | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Total Hours per Week | | | | | | | |

- Include all staff and contractors paid by your service. Do not include volunteers.
- Please record one staff person per line - write the total hours they normally work each week, and indicate their qualification, if any.
- Staff names are not required. If the above position descriptions are not appropriate, please note the appropriate title(s).
- Where a person has dual roles, please record their secondary role in the 'comments / secondary role' column at the right. For example, if a personal carer is responsible for co-ordinating activities, please write 'activities' in the comments column.
- If there is insufficient space above, please attach separate sheet(s).

2. Background Information

5. Documents

Please provide and attach copies of the documents listed below. Please tick the appropriate column (yes/no) to indicate whether the requested document has been provided. Where a document has not been provided please explain in the 'comments' column provided. Note that items 4 to 11 only require a blank copy of the relevant forms. Please provide an electronic version if available, or otherwise in hard copy.

| Document Required | Attached | | Comments |
|----------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|----------|
| | Yes | No | |
| 1. Staff roster for a recent 7 day period across 24 hours, which includes staff designation (Act 109(3)) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Information supplied to prospective residents | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Most recent food safety program (external) audit report | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Most recent copy of the <i>Essential Services Register</i> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Blank (pro-forma) copy of form(s) relating to: | | | |
| 5. Information and referral tool, or equivalent admission form | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Interim care plan | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. Care plan | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. Resident medication | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. Management of residents' finances | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. Residential statement | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. Resident transfer | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. Resident record | <input type="checkbox"/> | <input type="checkbox"/> | |

Please indicate if you have available for inspection, the following certificates:

| Document | Available | | Comments |
|------------------------------------------------------|--------------------------|--------------------------|----------|
| | Yes | No | |
| 1. Public liability insurance* (not mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Professional indemnity insurance* (not mandatory) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Workcover insurance | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Volunteer insurance (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Registration of food premises | <input type="checkbox"/> | <input type="checkbox"/> | |

* Whilst not mandated, it is strongly recommended that consideration be given to exploring these insurance options as part of good business practice.

3. Self Assessment

Guidelines for completion of the self-assessment

This section asks questions regarding the processes and systems that your SRS has in place. Each question relates to specific SRS regulatory requirements, and is referenced to the relevant section of the Act or Regulations. The questions are grouped under the eight principles set out in Section 10 of the Act. Please provide a response to all questions.

In answering each question within this section, you have the option of providing:

- a full and detailed description, **or**
- a brief response **and** attaching relevant supporting documents, such as policies, procedures, protocols or guidelines.

You may attach any written evidence, which supports that you have a documented process or system to guide staff practice. In the absence of a formal policy and procedure manual, this may be worksheets, memos, newsletters or any documents which reflect how staff manage work routines.

Please ensure all documents attached are referenced to the relevant question(s). Please indicate that a document has been supplied by ticking the *Attached* box under the *Documents* column. If a document has been previously supplied to the Authorised Officer and has not changed, please tick the *Available* box under the *Documents* column.

Please note that multiple copies of the same documents are not required. Where the same document relates to more than one question or is already provided in response to Section 2 (Background Information), only one copy should be attached.

| | |
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| Principle 1 - Healthcare | 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. |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Act/ Reg | Question | | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | | Attac hed | Availa ble |
| Reg: 14 | 1.0 | How do you ensure that each resident has access to his or her choice of health service provider, eg. doctor, podiatrist? <i>Identify where this is documented.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 106A | 2.0 | How long after a resident is admitted are interim care plans developed? What must be recorded in an interim care plan? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2.1 | How long after a resident is admitted are ongoing care plans developed? What must be recorded in an ongoing care plan? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2.2 | Who is involved in the development of resident care plans? <i>Interim and ongoing.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2.3 | How often and in what circumstances are care plans reviewed? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 2.4 | Who has access to resident care plans? | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Act/ Reg | Question | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | Attac hed | Availa ble |
| Act 108C Reg 19 & 20 | 3.0 What do you record in relation to the administration of: <ul style="list-style-type: none"> - prescribed medication - non-prescribed medication How do you ensure that the following are correctly administered: <ul style="list-style-type: none"> - prescribed medication - non-prescribed medication How do ensure that non-prescribed medication is appropriate for the treatment of a resident? <i>Include what information you record.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act 108C Reg: 19 & 20 | 3.1 Where are: <ul style="list-style-type: none"> - medications stored for residents who self-medicate - all other medications stored? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3.2 Who do you consult, when maladministration or failure to administer medication occurs? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3.3 Do you: <ul style="list-style-type: none"> - maintain a written record of the maladministration or failure to administer medication - what does the record contain? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 3.4 How is prescribed medication, no longer required by a resident, safely disposed of? | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Act/ Reg | Question | | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
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| | | | | Attac hed | Availa ble |
| | 3.5 | What do you do prior to administering a non-prescribed medication? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108F | 4.0 | Who do you notify in the event of: <ul style="list-style-type: none"> - death of a resident - significant deterioration of health status of resident - injury to the resident - incident involving the resident - intention to discharge the resident or terminate their residency - intention to relocate the resident to a another bedroom within the service <i>Include reference to timeframes.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 43 | 5.0 | What do you do when a resident requires transfer? <i>Include details of the information that is documented.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 107 | 6.0 | What must you do when a resident's care needs exceed those that you are able to provide? <i>Include your reporting responsibilities.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Act/ Reg | Question | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
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| | | | Attac hed | Availa ble |
| Act: 108L Reg: 33-35 and 41 | 7.0 Staff Roster: <ul style="list-style-type: none"> - how far in advance is the roster developed? - how is the roster made available to staff? <p><i>Include a staff roster covering a minimum of a one month period. (This can be either 2 consecutive fortnightly rosters or 4 consecutive one-week rosters.</i></p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.1 What specific requirements relate to the personal care coordinator's employment? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.2 What is the age requirement when employing staff? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.3 What is the personal care staff to resident ratio: <ul style="list-style-type: none"> - during the day - at night? <p>How do you cover staff absences? Eg. Sick leave.</p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 7.4 What do you do to ensure that staffing levels meet residents' needs both during the day and at night? <p><i>Include what would prompt you to review staffing levels.</i></p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108L Reg: 33-35 & 41 | 7.5 What requirements (qualifications and personal characteristics) do you consider when recruiting and selecting staff? | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Act/ Reg | Question | | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|---------------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | | Attac hed | Availa ble |
| Act: 109 Reg: 41 | 8.0 | What language are staff records written in? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.1 | What prescribed particulars are kept in respect of each staff member? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 8.2 | How long are staff records retained? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 40 | 9.0 | What language are resident records written in? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.1 | What prescribed particulars are kept in respect of each resident? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 9.2 | How long are residents' records retained; <ul style="list-style-type: none"> - where a resident is over 18 - where a resident is under 18 - where records are requested for the purpose of legal proceedings | | <input type="checkbox"/> | <input type="checkbox"/> |

| Principle 2 - Nutrition and Environment | | Residents should be provided with a sufficient level of nutrition, warmth, clothing and shelter in a home-like environment. | | |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Act/ Reg | Question | Response | Documents | |
| | | | Attac hed | Availa ble |
| Act: 108D Reg: 21 | 10.0 How do you ensure: <ul style="list-style-type: none"> - residents' nutritional requirements are met - residents' choices in relation to food and beverage are considered in menu planning - meals are adequate in quantity and taste - meals are provided at appropriate intervals allowing adequate time for and between meals? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 10.1 Who do you consult with in relation to menu planning? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 22 | 11.0 Please describe what steps you have taken to provide a home-like environment? <i>You may wish to support your response with photographs.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 23 | 12.0 How is temperature maintained at the SRS to ensure reasonable comfort for residents? How do you assess what 'reasonable comfort' is for residents? | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Principle 3 - Safety | 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. |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Act/R eg | Question | | Response - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-----------------------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | | Attach ed | Availa ble |
| Reg: 25 | 13.0 | Where is the first aid kit located, and what process is in place to ensure that it is maintained? (Including removal of expired items) | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 29 | 14.0 | What information is provided on the sketch plan of the facility, and what would prompt a change to the information on the sketch plan? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 10(c), 108i, 108L(1) Reg: 30 | 15.0 | What steps do you take to ensure that the facility is fire safe? (Including evacuation procedures and training of staff and residents) | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15.1 | How do you ensure that the premises, facilities, fittings and equipment are: - in a proper state of repair - in good working order - in a clean and sanitary condition? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15.2 | How are chemical and cleaning agents stored? | | <input type="checkbox"/> | <input type="checkbox"/> |

Principle 3 - Safety

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.

| Act/Reg | Question | | Response - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-------------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | | Attached | Available |
| | 15.3 | How do you ensure the facility is free of: - flies, lice and other vermin - accumulation of material which may be offensive - accumulation of material which may be injurious to health - accumulation of material which may facilitate the outbreak of a fire? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act 10(c), 108I Reg: 30 | 15.4 | How do you keep bedding and linen clean and in good repair? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15.5 | How often do you remove liquid and solid waste and refuse from all rooms? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15.6 | When do you clean containers used for solid or liquid waste or refuse? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 15.7 | How do you ensure the maintenance and cleanliness of your SRS? <i>Please attach cleaning and maintenance schedules.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108J Reg: 31 | 16.0 | What electronic communication system is in place to assist residents and staff to summons assistance, and where are the access points located? | | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Principle 3 - Safety | 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. |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Act/Reg | Question | | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-------------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | | Attached | Available |
| | 16.1 | What back-up communication system is in place in case of failure or shut down of the communication system, and how soon after a failure or shutdown does it commence operation? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108K Reg: 32 | 17.0 | How do you control the temperature of hot water to baths and showers? Does the SRS have a system or mechanism to control the water temperature to baths and showers? Please describe. | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108K Reg: 32 | 17.1 | Is hot and cold water supplied to all showers, baths and hand basins used by residents? If not, why not? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108F(1A) | 18.0 | How do you record any injury or incident occurring to a resident? | | <input type="checkbox"/> | <input type="checkbox"/> |

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| Principle 4 - Dignity, Respect & Privacy | Residents should be treated with dignity, respect and are entitled to privacy |
| Principle 5 - Activities | Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation. |
| Principle 6 - Social Independence | 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. |

| Act/ Reg | Question | Response – Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. – If documents are attached, please indicate this by ticking the first box on the right. – If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | Attach ed | Availa ble |
| Act: 108A Reg: 17 | 19.0 How do you ensure that the privacy, dignity and security of residents, is maintained, especially when undertaking personal activities, including bathing, toileting and dressing? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19.1 How do you manage residents clothing, in particular: - identify residents' clothing - ensure that residents wear the clothing of their choice - ensure that residents' clothing is clean? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19.2 How do you ensure that residents have access to a telephone, including: - ability to use the telephone in private - ability to use a telephone for incoming calls when received at the service - ability to use a telephone for making outgoing calls at any reasonable time requested by the resident - disabled access? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19.3 What do you do to ensure confidentiality of residents' information? | | <input type="checkbox"/> | <input type="checkbox"/> |

| | |
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| <p>Principle 4 - Dignity, Respect & Privacy</p> <p>Principle 5 - Activities</p> <p>Principle 6 - Social Independence</p> | <p>Residents should be treated with dignity, respect and are entitled to privacy</p> <p>Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.</p> <p>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.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| Act/ Reg | Question | | Response | Documents | |
|-------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|--------------------------|
| | | | | Attach ed | Availa ble |
| Act: 108A Reg: 17 | 19.4 | <p>How do you ensure residents are not subjected to unusual routines, particularly with respect to:</p> <ul style="list-style-type: none"> - bed times - timing of meals - bathing - dressing? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19.5 | <p>How do you ensure that residents are not subjected to physical or verbal abuse?</p> <p>If you received a report (or suspected) that physical or verbal abuse had occurred to a resident in your care, what would you do?</p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 19.6 | <p>What do you do to ensure that the private property of residents is not taken, borrowed or given to another person without the permission of the resident or his or her guardian?</p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reg: 16 | 20.0 | <p>What activities do you provide or arrange, to meet the needs of the residents and to maintain their quality of life?</p> <p><i>Include information regarding the personnel and/or facilities used to conduct or arrange activities.</i></p> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 108B Reg 38 | 21.0 | <p>What information is supplied to prospective residents?</p> | | <input type="checkbox"/> | <input type="checkbox"/> |

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| <p>Principle 4 - Dignity, Respect & Privacy</p> <p>Principle 5 - Activities</p> <p>Principle 6 - Social Independence</p> | <p>Residents should be treated with dignity, respect and are entitled to privacy</p> <p>Residents should be provided with and be encouraged to participate in activities appropriate to their interests and needs and to physical and social rehabilitation.</p> <p>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.</p> |
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| Act/ Reg | Question | | Response | Documents | |
|------------------|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------------------------|--------------------------|
| | | | | Attach ed | Availa ble |
| Act: 106 Reg: 39 | 22.0 | Who is included in the development of a residential statement? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 22.1 | What information is included in the residential statement? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 22.2 | Regarding residential statements: <ul style="list-style-type: none"> - when (how long) is it provided after the resident is admitted - to whom is it provided - whose signatures are required? | | <input type="checkbox"/> | <input type="checkbox"/> |

| Principle 7 – Residents’ Finances | | Residents are entitled to the right to manage their own finances wherever possible. | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Act/ Reg | Question | Response – Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. – If documents are attached, please indicate this by ticking the first box on the right. – If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
| | | | Attach ed | Availa ble |
| Act: 108HA Reg: 39A | 23.0 What do you do to manage resident finances, in regard to: - gaining consent (who and how) - what information is included in the records maintained - providing statements to residents (or their administrators) regarding their money managed - Ensuring that the statutory limit is not exceeded? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 23.1 Who: - has access to the residents’ financial records - is authorised to give access to residents’ financial records? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 23.2 How do you provide information to residents about expenses and fees charged? | | <input type="checkbox"/> | <input type="checkbox"/> |
| | 23.3 Do employees or “close associates” of residents play any role in relation to resident’s money? If yes, describe that role. | | | |
| | 23.4 What information have you distributed about money management and to whom has it been given? | | | |

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| Principle 8 - Freedom of Choice | 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. |
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| Act/ Reg | Question | Response <ul style="list-style-type: none"> - Please either provide a full description below, or provide a brief statement and attach further relevant documents, such as policies, procedures, protocols or guidelines. - If documents are attached, please indicate this by ticking the first box on the right. - If documents are available but not attached, please indicate this by ticking the 2nd box. | Documents | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | | | Attac hed | Availa ble |
| Act: 108G Reg: 37 | 24.0 What actions do you take to; <ul style="list-style-type: none"> - manage residents' complaints - inform staff of complaints process - inform residents of the complaints process - record complaints - provide feedback to complainant? How do you ensure a resident is not adversely affected by making a complaint? How do you ensure complaints are dealt with confidentially? Who is the person nominated in your SRS to receive and handle complaints? <i>Attach a sample complaint record that you have used or would use.</i> | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act: 121, 122 Reg: 44 | 25.0 How soon after receiving a request from a resident to see a community visitor must you pass that request on? What steps are taken to facilitate a resident's request to see a community visitor? What steps are taken to retain records of community visitor's attendance? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Act 120 | 25.1 What steps do you take to ensure that any reasonable assistance is provided to community visitors to ensure that they are able to exercise their powers or functions effectively? What must you not do? | | <input type="checkbox"/> | <input type="checkbox"/> |