

Department of Health

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| Operating a supported residential service  A guide for proprietors |
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# Foreword

The Department of Health and Human Services has developed this guide to help proprietors of supported residential service/s (SRS) to understand their responsibilities under the *Supported Residential Services (Private Proprietors) Act 2010* and the Supported Residential Services (Private Proprietors) Regulations 2012.

This guide, including without limitation any attachments, does not constitute and is not to be construed or relied on as the provision of legal advice. The department advises persons using this guide to seek appropriate legal and professional advice.

# Introduction

Supported residential service/s (SRS) are privately operated services providing accommodation and personal support for people of varying ages and support needs.

An SRS must be registered under the *Supported Residential Services (Private Proprietors) Act 2010.* The Department of Health and Human Services (the department) registers all SRS and monitors compliance with the Act and the Supported Residential Services (Private Proprietors) Regulations 2012.

The Act and Regulations refer to operators of SRS as proprietors. Proprietors are required by law to comply with the Act and Regulations, even if they are not involved in the day-to-day administration of the SRS. Proprietors of non-compliant services may be subject to sanctions and penalties set out in the Act and Regulations. Proprietors must also comply with a range of other workplace, design and safety legislation and standards, some of which are referred to in this guide.

This guide does not cover everything in the Act and Regulations, nor does it cover the requirements that proprietors may need to meet under other local, state and Commonwealth Government legislation. You may wish to seek legal advice to ensure that you are meeting all your legal obligations.

Copies of the Act and Regulations are available by searching on the [Victorian Legislation and Parliamentary Documents webpage](http://www.legislation.vic.gov.au) <http://www.legislation.vic.gov.au>.

## How to use this guide

This guide uses the term ‘you’ to refer to the proprietor’s responsibilities under the Act and Regulations, although some staff members may also perform these roles.

The guide will help you and your staff understand your responsibilities in the day-to-day operations of an SRS.

The numbers at the start of each section refer to the relevant parts of the Act and Regulations.

Each section has a checklist to help you and your staff meet your legal obligations under the Act and Regulations.

The department has templates available on its [SRS website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) <https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates>. These include templates for a residential and services agreement, a resident transfer form, a resident’s ongoing support plan, an incident record and a notice to vacate.

Each template contains the minimum prescribed information as set out in the Act and Regulations, and has been designed to help you understand the information that must be recorded or provided. The use of any of these specific templates is not mandatory.

The department also issues guidelines on selected topics from time to time. The department will notify you of any new guidelines as they are released.

# Principles for operating an SRS

 **ss. 6–7 of the Act**

The objective of the Actis to protect the safety and wellbeing of residents living in private SRS in Victoria. It sets out several important principles that apply to the operation of all SRS.

These principles focus on the recognition of residents’ rights and responsibilities, the importance of supporting residents to live as independently as possible, and ensuring residents participate in decisions about the services they receive.

The principles state that:

* residents of SRS have the same rights and responsibilities as other members of the community and should be empowered to exercise those rights and responsibilities
* the individual rights of residents should be respected by recognising a resident’s right to:
  + - privacy
    - freedom of expression
    - fair and equal treatment
    - dignity and respect
      * freedom from abuse, neglect or exploitation
* you should support residents to live as independently as possible by:
  + - recognising the resident’s right to make decisions, provided these decisions do not unreasonably affect the rights of others
    - supporting them to participate in decisions about the services they receive
    - allowing them the right to choose their service providers
      * recognising their right to participate in activities involving a degree of risk
* you should support residents as far as possible by:
  + - providing them with information that will assist in decision making
      * helping them to access activities
  + you should provide safe and comfortable surroundings, and ensure that support services take the needs of individual residents into account as far as possible.

You are expected to apply these principles in the day-to-day operation of your SRS, particularly in relation to the provision of accommodation and personal support to residents, and in the complaints procedures, and other policies and procedures in place at your SRS.

An authorised officer may ask you to demonstrate how these principles are incorporated into your procedures and staff training.

# Section 1. Information for prospective residents

** s. 44 of the Act: r. 26–27**

You must provide written information to prospective residents about the services provided at your SRS. The written information could be in the form of a brochure or as part of an information pack. You may publish this information on your SRS website, if there is one.

This information will help prospective residents make an informed decision about whether the SRS can meet their support needs and what the costs are.

*Table 1. Checklist: written information for prospective residents* sets out the information you must provide to prospective residents.

The department has a guide for SRS residents that provides general information about the types of services provided by SRS, resident rights and responsibilities, and what to do if a resident has any concerns or complaints. You may wish to draw on some of the information in the guide for residents or provide a copy to prospective residents, along with specific information you need to provide about your SRS.

The guide for SRS residents is available on the [department’s SRS website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) <https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services>.

You also need to make a copy of the Act and Regulations available at the SRS at all times, for use by residents, visitors and staff.

Table 1. Checklist: written information for prospective residents

| The written information you provide to prospective residents must include: |  |
| --- | --- |
| The name and address of the premises and the name of the proprietor | Tick |
| The number of beds for which the SRS is registered | Tick |
| A statement that the SRS is regulated by the department, and that services provided by the SRS must be consistent with the principles and standards set out in the Act and Regulations | Tick |
| The items and services provided by the SRS (including personal support), and every fee, charge or other amount that is, or may be, payable by a resident, including:  how often the fee, charge or other amount is payable  how the fee, charge or other amount is payable  how you will inform the resident of any changes to the items or services, and any changes to the fees, charges or other amounts applicable to them  any terms and conditions for refunding the security deposit, establishment fee or a reservation fee, in accordance with the Act and Regulations | Tick |
| A statement about the maximum amount of money that can be managed, if a service is offered to manage residents’ money | Tick |
| The health and community services located in the area | Tick |
| Routines at the SRS (such as mealtimes, activities and housekeeping schedules) | Tick |
| House rules (for example, if there is 24-hour resident access to all facilities, or whether residents may keep pets) | Tick |
| How personal support services are planned and reviewed, and who may be consulted in the process | Tick |
| A statement explaining that a resident may nominate a person to receive information about their accommodation and personal support | Tick |
| A statement explaining how a residential and services agreement may be ended, including:  the period of notice a resident must give if they wish to leave the SRS  that a proprietor may ask a resident to leave the SRS if the resident requires more health care or personal support than can be provided at the SRS | Tick |
| An explanation of when notices to vacate may be given, including:  the grounds for giving a notice to vacate  the periods of notice that you must give  the fact that a resident has the right to apply to VCAT if they disagree with a notice to vacate | Tick |
| How changes to the residential and services agreement may be made, including the required period of notice you must give to a resident before the change takes effect | Tick |
| The process for making and resolving complaints about the SRS, including that residents and their families may also make a complaint to the department or a community visitor | Tick |

# Section 2. New residents

## Referrals

When deciding if a potential resident is suitable for your SRS, you should ensure that you have enough information to make an informed decision. This includes:

* requesting a detailed referral, including the person’s physical and medical conditions, medications, support needs, risks to self or others, cultural and family circumstances, likes and dislikes, and general practitioner (GP) contact details
* considering the person’s ability to live in a group setting and if they will fit in with your other residents
* considering the ability of your staff to provide support and cope with challenging symptoms and behaviours
* if possible, meeting with the prospective resident and their carer or other support people, and involving them as much as possible in the decision to live in your SRS
* ensuring that the resident and their healthcare provider understand what level of support you are able to provide in your SRS
  + if appropriate, requesting a copy of their GP health summary and safety plan.

It is important for referral organisations to know that SRS are minimal support environments and not clinical or healthcare settings. For more information, refer to the [*Mental health services and supported residential services guide*](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/referring-people-to-srs)on the [department’s SRS website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) *<*https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/referring-people-to-srs>.

| **Tip** |
| --- |
| Having a standard referral template will assist you in getting all the information you need to make an informed decision. |

## What you must do in the first 48 hours

** ss. 45-50, s.56, s.83 of the Act**

In the first 48 hours of a new resident moving into your SRS, you must:

* ask whether the new resident wishes to nominate a person to receive information about their accommodation and personal support
* record the name and contact details of the person nominated or the resident’s guardian or administrator
* prepare a written residential and services agreement in consultation with the resident (and the person nominated, guardian and financial administrator, if any)
* sign the residential and services agreement
* give the resident (or their financial administrator, if any) a copy of the residential and services agreement for a signature
* prepare a written interim support plan in consultation with the resident (and the person nominated, guardian and financial administrator, if any)
  + give the interim support plan to the resident, the person nominated (if any) or the resident’s health service providers on request.

## Residential and services agreement

** ss. 47–55 of the Act: r. 28**

You must prepare a written residential and services agreement in consultation with each new resident and provide it to the resident within 48 hours of their moving into your SRS. Both you and the resident (or their financial administrator, if any) must sign the agreement.

This agreement is a legally binding document that must include information about the SRS, details about the resident’s accommodation, specific types of personal support services to be provided, a commencement date and duration of the agreement, as well as information about how changes can be made to it and how it can be ended.

The residential and services agreement must also include:

* the items and services provided by the SRS
* the house rules at the SRS
* routines at the SRS(such as mealtimes, activities and housekeeping)
* the fees and charges payable by a resident
* a statement explaining when notices to vacate may be given
  + information about the complaints procedures at the SRS.

You must also ensure that the residential and services agreement does **not** include anything that is inconsistent with residents’ rights, entitlements or obligations under the Act or Regulations.

*Table 2. Checklist: Residential and services agreement* identifies the information that you must include in each resident’s residential and services agreement.

If you want to change anything in the signed residential and services agreement, you must notify the resident at least seven days before the proposed change takes effect, unless the change involves an increase in fees. In this instance, you must give 28 days’ notice before the change takes effect. You must give written notice of the changes to the resident and the person nominated, if this is specified in the residential and services agreement.

The residential and services agreement is terminated when agreed by the proprietor and the resident, or when a resident leaves. Further details about the termination of a residential and services agreement are provided in [Section 13. Notices to vacate](#_Section_13._Notices).

| **Tip** |
| --- |
| It is helpful to be specific about which supports you are providing, to avoid confusion and overlap with services that are provided by an external provider. |

Table 2. Checklist: residential and services agreement

| A residential and services agreement must include: |  |
| --- | --- |
| Information about the SRS including:  name and address of the premises  name and contact details of the registered proprietor (and day-to-day manager, if applicable)  number of beds for which the SRS is registered  a statement that the SRS is regulated by the department and that services provided by the SRS must be consistent with the principles and standards set out in the Act and Regulations | Tick |
| Information about the resident and the agreement, including:  the name of the resident  the name and contact details of the resident’s guardian or administrator or person nominated (if applicable)  details identifying the resident’s accommodation (such as room number)  commencement date and duration of the agreement | Tick |
| The specific items and services to be provided to the resident by the SRS, and every fee, charge or other amount that is or may be payable by a resident, including:  how often the fee, charge or other amount is payable  how the fee, charge or other amount is payable  how you will inform the resident of any changes to the items or services, and any changes to the fees, charges or other amounts applicable to them  any terms and conditions for refunding a security deposit, establishment fee or a reservation fee in accordance with the Act  a statement that a resident has the right to apply to VCAT for an order if you do not refund a security deposit, establishment fee or a reservation fee in accordance with the Act | Tick |
| A statement about the maximum amount of money that can be managed, if a service is offered to manage residents’ money | Tick |
| How personal support services are planned and reviewed at the SRS, and who may be consulted in the process | Tick |
| House rules (for example, if there is 24-hour resident access to all facilities, and whether residents are allowed to keep pets) | Tick |
| Routines at the SRS (such as mealtimes, activities, housekeeping schedules) | Tick |
| A list of furniture included in the resident’s room that belongs to the SRS | Tick |
| A statement explaining that a resident may nominate a person to receive information about his or her accommodation and personal support | Tick |
| A statement explaining how the residential and services agreement may be ended, including:  if the resident wishes to leave the SRS, the period of notice the resident must give before leaving  that you may ask a resident to leave if the resident requires more healthcare or personal support than can be provided at the SRS | Tick |
| A statement explaining when notices to vacate may be given, including:  the grounds for giving a notice to vacate the periods of notice you must give  the fact that a resident has the right to apply to the Victorian Civil and Administrative Tribunal (VCAT) if they disagree with a notice to vacate | Tick |
| Information about how changes to the residential and services agreement may be made, including the required period of notice you must give a resident before the change takes effect (see *Table 4. Checklist: changes to a residential and services agreement*) | Tick |
| The process for making and resolving complaints about the SRS, including that residents and their families may also make a complaint to the department or a community visitor | Tick |

| **Tip** |
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| The residential and services agreement should be clear about the supports your SRS will provide to the resident, and what would happen if a resident’s support needs increase beyond the support that the SRS can provide. |

## Interim support plan

s. 56 of the Act

You must prepare a written interim support plan for each resident within 48 hours of them moving into your SRS. Interim support plans provide for the immediate personal support of residents as soon as they move into the SRS, until the ongoing support plan can be completed.

## Definition of personal support

s. 3 of the Act

Personal support means:

* assistance with personal hygiene, toileting or dressing
* assistance to achieve and maintain mobility
* support to seek out and maintain contact with health professionals, social networks, family, friends and the community
* emotional wellbeing support
* assistance with or supervision in administering medication
  + assistance with eating and maintaining adequate nutrition.

Staff providing personal support to the resident must use the interim support plan until an ongoing support plan is prepared. You must ensure supports are provided in accordance with the interim plan.

You must make the interim support plan available to the resident, the person nominated and the resident’s health service providers, when requested.

| **Tip** |
| --- |
| Examples of what could be included in an interim support plan include:  immediate healthcare needs  allergies  mental health status  dietary needs  immediate personal support needs  any significant behavioural issues  any other matter necessary to provide safe and immediate care for the resident. |

Table 3. Checklist: new residents – the first 48 hours

| You must: |  |
| --- | --- |
| Ask new residents if they wish to nominate a person to receive information about their accommodation and personal support. | Tick |
| Keep a record of the name and contact details of a resident’s person nominated, guardian and/or administrator. | Tick |
| Prepare a written residential and services agreement in consultation with the resident (and the person nominated, if any). | Tick |
| Provide the residential and services agreement to the resident (and the person nominated and/or guardian, if any) for the resident or their financial administrator to sign. | Tick |
| Prepare a written interim support plan in consultation with the resident. | Tick |

| **Tip** |
| --- |
| The Act requires you to maintain a list of a resident’s personal property and a list of their valuables on entry to your SRS. You can also request that the resident advises you of any additional valuables they obtain during their stay, so these can be added to the list. If the resident does not identify any valuables, this should also be noted on their records. |

## Changes to the residential and services agreement

You should be clear and document any changes made to the residential and services agreement.

If there are small changes made to the residential and services agreement, you may wish to note these in an addendum to the residential and services agreement, which is signed by the resident (or their financial administrator). An example of a small change may be a change of resident room number.

If there are large changes being made, you may need to provide a new residential and services agreement and have the resident (or their financial administrator) sign it.

Table 4. Checklist: changes to a residential and services agreement

| To make changes to a residential and services agreement, you must: |  |
| --- | --- |
| Give a resident at least seven days’ notice of any changes to be made. | Tick |
| Give a resident at least 28 days’ notice if the change relates to an increase in fees. | Tick |
| If the residential and services agreement states that changes will be notified in writing, give notice of any changes in writing to the resident (and the person nominated, guardian or financial administrator, if any). | Tick |
| Provide the residential and services agreement to the resident (or their financial administrator, if any) for signing. | Tick |

# Section 3. Support people

## Person nominated, guardian or administrator

**ss. 45–46, s. 83 of the Act**

Residents may have others to assist them to make decisions. They may be informal supports, such as friends and family, or formal roles, such as a person nominated, guardian or financial administrator.

### Person nominated

When a resident first moves into your SRS, you or your staff must ask them if they wish to nominate a person to receive information about their accommodation and personal support. The role of the resident’s person nominated is to support the resident in the transition to the SRS and afterwards.

The person nominated is not a substitute decision maker for the resident and cannot make a decision on behalf of the resident, unless that person is also the resident’s guardian or administrator. They support the resident to make decisions and have a right to access information about the resident’s accommodation and personal support at the SRS. A resident may choose a family member, friend, carer, guardian or any other person to be their person nominated.

If a resident does nominate a person, you must keep a record of the name and contact details of the person nominated and ensure the information is kept up to date.

### Guardian

VCAT appoints guardians to make ‘lifestyle’ decisions for people who are unable to make decisions for themselves. The decisions a guardian can make depend on the order made by VCAT. This may include decisions about the represented person’s accommodation, medical treatment or access to services. The guardian should try to follow the represented person’s wishes wherever possible.

### Financial administrator

A financial administrator is appointed by VCAT to look after the money of people who are unable to make decisions about their financial affairs. An administrator pays a resident’s expenses on their behalf and must make decisions that are in their best interests.

If a resident has a guardian or an administrator, you must keep a record of the name and contact details, and ensure the information is kept up to date.

As a proprietor, you or your close associates must not accept an appointment as a resident’s person nominated, guardian or administrator. The only exception to this is if you or your close associate is the resident’s nearest living relative, or if a court or tribunal makes an order appointing you or your close associate as a resident’s administrator or guardian.

| **Tip** |
| --- |
| The Office of the Public Advocate has an advice service for people with a disability and their families, carers and friends. The advice service staff can provide confidential advice on a range of matters, including:  guardianship and administration  enduring powers of attorney  medical treatment decision-making  referral to the Office of the Public Advocate’s Community Visitors Program. Proprietors can make referrals and submissions to the Office of the Public Advocate on behalf of residents who do not have any relevant family or person nominated. If advice service staff are unable to help, they will refer you to a service that can.  You can access more information about this service on the [Office of the Public Advocate website](http://www.publicadvocate.vic.gov.au/our-services/advice-service) <www.publicadvocate.vic.gov.au/our-services/advice-service> or by calling 1300 309 337. |

## When you must contact a resident’s person nominated, administrator or guardian

You must consult with, notify or provide information to a resident’s person nominated, financial administrator or guardian in several different circumstances outlined in *Table 5. Consulting with, notifying or providing information to a resident’s person nominated, financial administrator or guardian*.

Table 5. Consulting with, notifying or providing information to a resident’s person nominated, financial administrator or guardian

| Who | Required |
| --- | --- |
| **Consult** with the resident’s person nominated, financial administrator or guardian  **(** **ss. 47–48: s. 57)** | when preparing a residential and services agreement  when making any changes to a residential and services agreement  when preparing the resident’s ongoing support plan  if any changes are made to the resident’s ongoing support plan |
| **Notify** the resident’s person nominated or guardian  **(s. 58)** | if there is any significant sign of deterioration in the health status of the resident  if there is any injury to the resident  if there is any risk-taking behaviour by the resident that threatens the safety of the resident, or other residents or staff  if there is any proposal to relocate the resident to another bedroom within the SRS  if there is any intention to terminate the residency of the resident  when a resident dies |
| **Provide written information** to the resident’s person nominated, financial administrator or guardian  **(s. 48: s. 56: 58, s.81: s. 94: s. 108)** | a copy of the resident’s interim and/or ongoing support plan, if requested  changes to the resident’s residential and services agreement, if it states that such changes are to be notified to the resident in writing  access to the resident’s financial records if you manage or control a resident’s money  any notice to vacate that is given to a resident  a copy of the written receipt for a security deposit, a fee paid in advance, an establishment fee, or a reservation fee paid by, or on behalf of, the resident |

# Section 4. Ongoing support of residents

** s. 57 of the Act**

## Ongoing support plan

You must ensure a resident’s interim support plan is reviewed and expanded into a written ongoing support plan within 28 days of them moving into the SRS.

An ongoing support plan is an expanded version of the interim support plan. It details the ongoing health and personal support needs of the resident and the services that will be provided to meet those needs.

You must prepare the ongoing support plan in consultation with each resident (and the person nominated, guardian and financial administrator, if any), and the resident’s healthcare service providers, and keep it updated.

SRS residents have the right to make decisions about what services they wish to receive and who provides them. In some cases, they may be assisted with these decisions by a guardian or financial administrator. You should encourage the resident to make their own choices, even if you do not agree with them.

Each resident’s ongoing support plan must include:

* their ongoing health and personal support needs
* the specific supports the SRS will provide to the resident to meet those needs
* when and how often the support will be provided
  + a date for reviewing the ongoing support plan.

The ongoing support plan may also include details of services that a resident is receiving from external providers, including those that are funded through NDIS or My Aged Care. This can include the contact details of the organisation, and the frequency and type of supports being provided.

You must ensure each resident’s ongoing support is carried out according to the plan and appropriately documented. Your staff should understand every resident’s ongoing support plan and how to seek a review if support needs change.

| **Tip** |
| --- |
| When preparing the ongoing support plan, you should consider the resident’s:  healthcare needs, including medication  likes and dislikes  dietary requirements  social activities  personal relationships  mobility  communication needs, including language  religious and spiritual practices  resident goals  identified gender/sexual orientation. |

### Changes to the ongoing support plan

You must also ensure that there are processes to review and update each resident’s support plan at least every six months, or sooner if the resident’s needs change. You should consider what has worked well with the current plan and if there are any areas that could be improved.

Any changes to a resident’s ongoing support plan must be made in consultation with the resident (and person nominated, guardian or financial administrator, if any) and their healthcare service provider(s).

You must clearly record any changes or updates to the ongoing support plan, including the date changes were made.

| **Tip** |
| --- |
| Your residents may receive services from other providers onsite at your SRS. These may be through NDIS or My Aged Care support packages.  A visitor sign-in procedure can be helpful to assist you in managing extra service providers visiting your SRS. It will let you know who is on site at your SRS at any time, which is important in the case of an emergency. It is also a source of information about what services have been provided to residents and when. This is especially important in the event of cancellations. |

### Storing residents’ support plans

You must store residents’ support plans in a secure location at your SRS. Authorised officers will ask to look at them.

Table 6. Checklist: ongoing support plan

| You must: |  |
| --- | --- |
| Document all health and personal support needs of the resident | Tick |
| Support the resident to make choices about how they wish to receive support (with their guardian and/or financial administrator, if any) | Tick |
| Consult with the resident’s healthcare service provider (for example, GP) and ensure that their contact details are up to date | Tick |
| Identify and document the personal support services to be provided to the resident by the SRS (for example, assistance with showering) | Tick |
| Note the services that residents are receiving from other providers, including those funded by individual support packages (such as NDIS or My Aged Care) | Tick |
| Document the resident’s preferences in relation to the provision of personal support (for example, prefers showering in the morning) | Tick |
| Document review dates | Tick |
| Store ongoing support plans in a secure location at your SRS | Tick |

## Monitoring healthcare and personal support issues

** ss. 60-62 of the Act**

During the time that a resident is at your SRS, their support needs may change. This change may be for a short period of time (such as following an injury or illness), or long term (such as being a result of ageing or disability).

You must take all reasonable steps to ensure that residents receive the healthcare and personal support they need, either by the support provided by the SRS, or by ensuring the resident has access to necessary health providers such as a GP or other health professionals.

It is helpful to build relationships with residents’ healthcare providers to improve the coordination of support and services provided to the resident, both by the SRS and external providers, which may include NDIS or My Aged Care.

Encouraging open communication with the resident, family members, support people and healthcare practitioners can ensure that arrangements to support residents will be made in a timely manner. This can help avoid deterioration in a resident’s condition that could result in the resident being admitted to hospital, or the need to issue a notice to vacate (see [Section 13: Notices to vacate](#_Section_13._Notices)).

If you are unable to obtain appropriate healthcare and personal support for a resident, you must notify the department in writing immediately, outlining the resident’s needs.

The department must then make enquiries to assess how a resident’s needs may best be met. This may include referral and assessment from a registered medical practitioner or other health professional, and may include making arrangements to relocate the resident.

| **Note** |
| --- |
| It is an offence not to take reasonable steps to ensure that residents are provided with appropriate healthcare and support. If you cannot provide or obtain the supports a resident requires, you must notify the department immediately. The maximum penalty for not fulfilling a resident’s support needs is five years’ imprisonment. |

# Section 5. Fees and charges

** ss. 89-93, s. 98, ss. 100-101 of the Act**

There are set limits on the types of fees and charges that any SRS can ask a resident to pay. There are also limits to how much you can ask residents to pay. It is against the law for you to charge residents any types of fees other than those listed under s. 89 of the Act.

The only fees that a proprietor can ask a resident to pay are:

* a security deposit
* a fee paid in advance
* a reservation fee
* an establishment fee
* a fee for the resident’s accommodation and personal support
  + an amount for an item or service purchased at the SRS.

## Security deposits

A security deposit is an amount of money paid in advance by a resident to cover potential losses that a proprietor may suffer as a result of the resident or resident’s visitor causing damage to the SRS, or a failure to pay fees. A security deposit cannot exceed more than one month’s fees.

If a resident or a prospective resident pays a security deposit, you must give the resident or prospective resident two copies of a condition report specifying the state of repair of:

* the resident’s room
* the common areas
  + the furniture in the resident’s room.

The condition report must be signed by you or on your behalf, and by the resident. You must provide the report to the resident before they move into the SRS.

The condition report provides evidence if a dispute arises when it comes time for the resident to leave.

When a resident leaves your SRS, you must refund their security deposit within 14 days of their departure, minus any part of the deposit you are entitled to keep.

You are only entitled to retain some or all of a security deposit if:

* a resident has left the SRS and owes an amount of fees
* a resident, or a resident’s visitor, has caused damage to the SRS
* a resident or a resident’s visitor has taken goods belonging to the SRS
  + if the resident has consented to other deductions, and only after you have given the resident a statement setting out the deductions, the purpose of the deductions and the remaining balance of the security deposit.

You are not entitled to retain any amount of the security deposit that is more than the actual loss or shortfall incurred by you.

## Reservation fees

** s. 3, s. 89, s. 94, ss. 94-97, ss.102-106 of the Act**

A reservation fee is a fee to reserve a place at the SRS. Reservation fees cannot exceed more than two weeks fees.

You must provide written information to a prospective resident or a person acting on their behalf, stating how the reservation fee will be used and the circumstances in which the fee, or part of the fee, may be forfeited.

When a resident who has paid a reservation fee first moves into your SRS, you must deduct that reservation fee from the fees under the residential and services agreement.

If a prospective resident does not move into your SRS, you must refund the reservation fee in accordance with the terms and conditions you specified in the information for prospective residents (see [*Table 1.* *Checklist: written information for prospective residents* in Section 1](#_Section_1._Information)).

## Establishment fees

** s. 3, s. 89, ss. 93, ss. 105-106 of the Act: r. 27**

An establishment fee means a fee to cover the costs of assessing a resident’s needs and preparing a support plan when they first move into the SRS. Establishment fees cannot be more than the equivalent of two weeks fees.

Where a prospective resident pays an establishment fee in advance of moving into the SRS, but does not move in, you must refund the fee in accordance with the terms and conditions you specified in the information for prospective residents (see [*Table 1. Checklist: written information for prospective residents* in Section 1](#_Section_1._Information)).

## Fees paid in advance

**s. 91 of the Act**

Fees paid in advance are not defined in the Act. The department interprets the term to mean fees paid or requested in respect of a period of time beyond the current billing period.

You do not need to place fees paid for the current billing period (which may be up to one month) in a trust account. Fees paid for a period beyond the current billing period must be placed in a trust account and a receipt (containing the prescribed information) must be given to the resident (and their financial administrator, if any).

## Charges for items or services purchased at the SRS

**s.89, s.103 of the Act**

Charges for items or services purchased at the SRS are day-to-day expenses that are not included in the accommodation and personal support fees. They might include services that come to the SRS, excursions outside the SRS, or incidental items such as non-essential toiletries (such as perfume or aftershave). You must explain these charges first to the resident.

## Written information on fees and charges

**s. 44, s. 47, s.102 of the Act: r. 27-28**

You must provide written information on all fees, charges and security deposits to prospective residents (see [*Table 1.* *Checklist: written information for prospective residents in Section 1*](#_Section_1._Information)). and to each resident in their residential and services agreement (see [*Table 2. Checklist: residential and services agreement in Section 2*](#_Residential_and_services)).

The written information must include:

* how often fees, charges or other amounts are payable
* how to pay the fees
* how residents are informed of any changes to items or services, and any changes to fees
* terms and conditions for refunding security deposits, establishment fees and reservation fees
  + a statement that a resident can apply to VCAT if the proprietor does not refund a security deposit, establishment fee or a reservation fee.

## Managing fees and charges

** ss. 95–99: s. 103 of the Act: r. 58**

You must deposit all security deposits, establishment fees and reservation fees in a trust account held on behalf of the residents of your SRS. A single trust account in your name ‘as trustee for the residents of (insert name of your SRS)’ for multiple residents is sufficient. You must record transactions relating to each resident individually and you must maintain separate records for each resident.

If a resident has requested, in writing, to pay fees in advance for a period beyond the current billing period, you must place those fees in a trust account.

You must not withdraw any amount from the trust account unless it is to return it to the resident, or the person who made the payment on behalf of the resident, or if you are entitled to retain it.

For each resident, you must maintain separate records of money held in a trust account. The records must contain:

* the name of the resident and the name of the person from whom the money is received
* the name of the SRS
* the date of payment
* the amount paid
* the purpose of the payment
* any terms and conditions for refunding the money
  + the name, account number, name and branch of the authorised deposit-taking institution where the money is deposited.

## Written receipts for fees

** s. 94 of the Act: r. 57**

You must provide a written receipt to the resident (and person nominated or financial administrator, if any) within seven days of receiving payment of a security deposit, a fee paid in advance, an establishment fee or a reservation fee, which is to be held in trust.

The written receipt must include:

* the name of the resident and the name of the person from whom the money is received
* the name of the SRS
* the date of payment
* the amount paid
* the purpose of the payment
* any terms and conditions for refunding the money
* the name, account number, name and branch of the authorised deposit-taking institution at which the money is deposited
  + the printed name and signature of the proprietor.

## Refund of fees

** s. 99, s. 105 of the Act**

You must return to the resident any part of a security deposit, fees in advance, or other fee that you are not entitled to retain within 14 days of the resident leaving the SRS.

## Application to VCAT for a refund of fees

If you do not refund a security deposit, fees in advance, establishment fee or reservation fee to the resident, the resident or their representative may apply to VCAT for an order directing you to refund the fees[[1]](#footnote-1).

VCAT can:

* make an order allowing you to keep all the money, an amount specified, or an amount to which you are entitled
* make an order that you must refund the money
  + dismiss the application.

| **Tip** |
| --- |
| Being clear about what happens to fees paid (including reservation and establishment fees in the event of a resident not moving in) will reduce the potential for later disputes. |

# Section 6. Residents’ money and property

** ss. 79-82 of the Act: r. 55-58**

You must follow the legal requirements relating to residents’ money and property. These requirements are designed to protect residents’ interests and to ensure that there are clear record-management processes in place.

Residents’ money and property in this section does not include payments on entry to the SRS or accommodation and support fees (for more information, see [Section 5. Fees and charges](#_Section_5._Fees)).

## Management of a resident’s money

There may be circumstances where a resident asks you to manage their money, for example, if they are not capable of managing their money and do not have a guardian or administrator appointed. You must not manage or control a resident’s money without their written consent**.**

Where a resident has an administrator to manage their money, the administrator may provide ‘discretionary money’ (commonly referred to as ‘pocket money’) to you to give to the resident for the purchase of discretionary items such as haircuts, manicures, outings, personal items and mobility aids.

Some important rules for managing resident’s money include:

* You must not manage or control more than the amount a resident pays for one month’s accommodation.
* You must maintain an accurate and up-to-date record of any incoming money and expenditure that you manage or control on behalf of the resident, and you must individually itemise each transaction made on behalf of the resident.
* You must provide the resident with an itemised statement setting out any income and expenditure at least once every three months, or on request.
  + You must give the resident (or person nominated, if any) access to his or her financial records on request.

An employee may handle or deal with the resident’s money under your direction, but only if you have the resident’s written consent to manage or control that money. You must ensure that any employee who deals with a resident’s money does so only under your direction.

Close associates, other than employees, are not allowed to handle, deal with, manage or control a resident’s money. A close associate refers to your spouse, domestic partner, parent, child or sibling, or a body corporate of which you are a director or secretary.

| **Tip** |
| --- |
| You are not expected to keep a record on what the resident spends their ‘pocket money’ on. You do need to keep a record of any transaction made on behalf of a resident (including any withdrawals or deposits made to bank accounts) and provide them with an itemised statement at least every three months, or on request. |

## What does ‘close associate’ mean?

**s. 3 of the Act**

A close associate of a proprietor means:

* the spouse, domestic partner, parent, child or sibling of the proprietor
* the parent, child or sibling of the spouse or domestic partner of the proprietor
  + a body corporate of which the proprietor is a director or secretary.

If the proprietor is a body corporate, a close associate means:

* a director or secretary of the body corporate or of a related body corporate
* the spouse, domestic partner, parent, child or sibling of a director or secretary of the body corporate or of a related body corporate
* the parent, child or sibling of the spouse or domestic partner of a director or secretary of the body corporate or of a related body corporate
  + a related body corporate.

An agent or employee of the proprietor is also defined as a close associate.

Table 7. Checklist: management or control of a resident’s money

| If you manage or control a resident’s money, you must: |  |
| --- | --- |
| Only manage or control the equivalent of one month’s fees (as set out in the residential and services agreement) or less, at any one time | Tick |
| Keep a copy of the written consent of the resident | Tick |
| Maintain an accurate and up-to-date record of any incoming money and expenditure that you manage or control on behalf of the resident | Tick |
| Individually itemise each transaction made on behalf of the resident | Tick |
| Provide the resident and their financial administrator, if any, with an itemised statement setting out any income received and expenditure incurred on request, or at least once every three months | Tick |
| Give access to the resident’s financial records held by the proprietor to the resident, financial administrator or person nominated, if any, on request | Tick |
| Ensure that any employee who handles or deals with a resident’s money does so only under your direction, and within the parameters of the law | Tick |

## Prohibited transactions

** s. 4, s. 84, s. 88 of the Act: r. 55**

To protect the interests of residents, you and your close associates are not allowed to enter into certain types of transactions with residents. These transactions are called prohibited transactions.

It is against the law for you or your close associates to:

* accept a gift from a resident that is worth more than $250
* transfer (by sale or exchange) real or personal property from a resident at below market value
* sell real or personal property to a resident for more than market value
* enter into a transaction with a resident that is worth more than $250, without the resident or administrator signing a written agreement
  + enter into a transaction with a resident that is worth more than $850, without the resident first getting independent financial or legal advice.

Transactions that relate only to providing accommodation and personal support are not prohibited.

A transaction is not prohibited if it does not benefit you or a close associate in any way, but benefits a resident or does not cause them to be worse off financially.

If you become aware that your close associate has engaged in, or is engaging in, a prohibited transaction, you must notify the department within two days and provide information about the identity of the close associate involved.

## Reportable transactions

** s. 3, s. 85, s. 88 of the Act: r. 55**

Certain transactions are ‘reportable transactions’. These are any transactions between you or your close associate and a resident that involves any kind of property (including money) worth more than $250. This does not include a transaction at market value that relates only to accommodation or special or personal support to the resident. Reportable transactions must be reported to the department.

You must forward details of all reportable transactions to the department within 14 days of entering into the transaction. Your report must include a copy of the written agreement.

If the transaction involves property worth more than $850, you must also provide evidence of market value and evidence that the resident has obtained independent legal or financial advice.

If you become aware that your close associate has engaged in, or is engaging in, a prohibited transaction, you must notify the department within two days and provide information about the identity of the close associate involved.

## Cooling-off period in relation to transactions

**s. 86 of the Act**

If you, or a close associate, enters into a prohibited or a reportable transaction with a resident, a cooling-off period applies. This means that the resident has five days to change their mind and cancel the arrangement. During the cooling-off period, no one is permitted to deal with the property in the transaction.

| **Tip** |
| --- |
| If you feel that a resident does not have the capacity to manage their money, you may apply to VCAT to have a financial administrator appointed. More information about appointing a guardian or administrator for an adult with disability is available on [VCAT’s website](https://www.vcat.vic.gov.au/get-started/guardianship-and-powers-of-attorney/appoint-a-guardian-or-administrator-for-an-adult) <https://www.vcat.vic.gov.au/get-started/guardianship-and-powers-of-attorney/appoint-a-guardian-or-administrator-for-an-adult>. |

# Section 7. Staffing requirements

** ss. 64-68, s. 74 of the Act: r. 33-39**

You must meet certain minimum requirements for staffing at your SRS. These relate to:

* qualifications and training for personal support coordinators, personal support staff and ancillary staff
* ensuring an adequate number of trained staff are employed
* ensuring an adequate number of staff are on duty
* ensuring criminal checks of prospective employees are undertaken
* employing a manager in certain circumstances
  + what you must do if your personal support coordinator leaves or is absent.

## Definition of staffing

**r. 4.**

Staff means:

* the proprietor
* a director of the SRS
* persons employed by the proprietor or by a body corporate that is the proprietor
  + a person who provides services in exchange for accommodation at the SRS or for benefits other than wages.

The definition of staff does not include:

* a volunteer
* a student undertaking a work placement at the SRS
  + a resident of the SRS.

## Adequate number of appropriately trained staff

You must employ an adequate number of appropriately trained staff in your SRS, including a personal support coordinator, personal support staff and ancillary staff. You should ensure that staff members working in your SRS are equipped with the necessary knowledge and skills to support your residents.

The number of residents at your SRS and the level of support they require will determine the number of appropriately trained staff members you need. SRS with larger numbers of residents, or where residents’ support needs are high, are may need to employ additional staff. Personal support staff must be able to meet each resident’s needs in a timely manner and according to their support plan.

You may need to have more ancillary staff members on duty to ensure staff providing personal support to residents are not hindered by undertaking other tasks such as cleaning, cooking or administrative tasks.

## Adequate number of staff on duty

** r. 34**

You must ensure there is an adequate number of staff members on duty at all times in your SRS. If there are absences due to a staff member being ill or other leave, you still need to ensure each of your SRS has an adequate number of suitable staff on duty.

### Between 7 am and 7 pm, Monday to Friday

The staff members you must have on duty between 7 am and 7 pm on weekdays include:

* a qualified personal support coordinator for a period of not less than 38 hours per week, with not less than two hours worked each day
* at least one personal support staff member for every 30 residents or fraction of 30 residents
* at least one staff member who has current first-aid training
  + other staff (personal support and ancillary) as necessary to ensure the personal support needs of residents are met in a timely way.

### Between 7 am and 7 pm, Saturday and Sunday

The staff members you must have on duty between 7 am and 7 pm on weekends include:

* at least one qualified (certificate III or higher) staff member for a period of not less than 15.2 hours, with not less than 3.2 hours worked on each day
* at least one personal support staff member for every 30 residents or fraction of 30 residents
* at least one staff member who has current first-aid training
  + other staff (personal support and ancillary) as necessary to ensure the personal support needs of residents are met in a timely way.

### At all other times

The staff members you must have on duty at all other times include:

* at least one staff member who has current first-aid qualifications and is able to respond to any first aid or emergency issue
  + other staff, (personal support and ancillary) as necessary to ensure the personal support needs of residents are met in a timely way.

## Staff must be appropriately trained

** r. 35-38**

Certain staff members who must have minimum qualifications are:

* the personal support coordinator
* the staff member/s responsible for providing first aid
* ancillary staff (where they need a qualification to perform their role)
  + the acting personal support coordinator, if employed for more than 12 weeks.

A copy of staff member qualifications and documents regarding training completed should be obtained and kept in the staff member’s personnel file.

| **Tip** |
| --- |
| Specialised training for SRS staff and proprietors is offered by the department in identified priority areas for the sector. |

## Role and qualifications of personal support coordinators

** r. 33, r. 36**

The personal support coordinator is responsible for the coordination and continuity of the personal support provided to the residents. You may perform the role of the personal support coordinator, but only if you have appropriate qualifications. The role of the personal support coordinator may also be shared between several qualified people.

One of the qualifications or equivalent awarded by a registered training organisation that a personal support coordinator must have includes:

* Certificate III in Aged Care
* Certificate III in Home and Community Care
* Certificate III in Disability
* Certificate IV in Mental Health
  + Certificate IV in Alcohol and Other Drugs.

Alternatively, the personal support coordinator may hold:

* a qualification that is considered to be at least equivalent to the certificates referred to above (for example, Cert III in Individual Support). This qualification should be in a related client-support area and have been recognised by a relevant authority[[2]](#footnote-2) .
  + current registration with either the Nursing and Midwifery Board of Australia or the Medical Board of Australia.

A personal support coordinator must also take a minimum of 40 hours training in priority areas every three years. The department will provide advice to all SRS about these priority areas, which will be determined based on identified needs across the sector.

You may wish to consider your resident population mix when determining appropriate staff training and qualifications. For example, if most of your residents need support managing their mental health, you may consider that a Certificate IV in Mental Health is a more desirable qualification.

## If the personal support coordinator leaves or is absent

** r. 35**

If a personal support coordinator resigns or their employment is terminated, you must:

* notify the department within seven days
* employ a new personal support coordinator as soon as practicable
  + appoint an acting personal support coordinator until a permanent appointment is made.

You must appoint an acting personal support coordinator if a personal support coordinator is absent for more than seven days.

If an acting personal support coordinator is employed for more than 12 weeks, they must have the same level of qualifications as a personal support coordinator.

## Staff members with first aid training

**r. 38**

There should be at least one staff member on duty at all times who is responsible for providing first-aid assistance. They must have completed first aid training consisting of at least one of:

* a statement of attainment for the Health Training Package Unit HLTAID003 (Provide First Aid), renewed at least every three years
* a certificate of attainment for the Health Training Package Unit HLTAID001 (Provide CPR), renewed annually
  + a course of study approved by the Secretary and recognised by the Community Services and Health Industry Skills Council as being equivalent to HLTAID003 and HLTAID001.

## Qualifications of ancillary staff

**r. 37**

You must ensure staff who perform ancillary functions at your SRS are appropriately trained and hold any qualifications they need. Ancillary functions include duties such as cooking, cleaning and maintenance of the SRS. For example, appropriate training or qualifications for ancillary staff who are responsible for the preparation of meals would include food safety and food preparation competencies.

## Staff must be suitable to work in SRS

**ss. 65-66 of the Act: r. 39**

You must ensure that all staff engaged in personal support duties are suitable to perform this role. It is an offence under the Act either to appoint or continue to employ personal support staff if they are not a suitable person. You must also ensure that all new staff have a current criminal record check before being employed.

In making judgements about the suitability of staff members, you should consider:

* the person’s qualifications
* the person’s experience in a relevant SRS, including their management and compliance record
* referee statements
* the criminal record check
  + a charges and convictions statement (for managers only)[[3]](#footnote-3).

Since 1 July 2012, it has been an offence under the *Crimes Act 1958* for people working in an SRS to engage in sexual activities with residents who have a cognitive impairment (unless that person is the resident’s spouse or domestic partner).

## Criminal checks for all new employees

** s. 66 of the Act: r. 39, r. 47**

All new employees must undergo a criminal record check (also known as a police check) before they are employed by the SRS. You must ask a potential employee to consent either to a police check or to obtain a National Police Certificate.

The police check must have been issued no earlier than six months before the date on which the staff member is to commence their employment.

You must not employ a person whose criminal record check discloses a conviction, for which a term of imprisonment has been imposed for:

* murder
* manslaughter
* a sexual offence or any offence committed in another jurisdiction that is equivalent to a sexual offence
  + any other form of assault.

You may employ a person whose criminal record check discloses that the person has been found guilty of any offence other than those specified, if you consider that the person is suitable to be employed, having regard to:

* the nature, seriousness and relevance of the conviction
  + the role to be performed by the person.

You must ensure that any information in a criminal record check is not given directly or indirectly to anyone other than relevant departmental employees in accordance with the Act.

You need to record the reference number and date of issue of the police check in the staff member’s file.

It should be noted that the Australian Human Rights Commission may investigate complaints of discrimination in employment, including discrimination on the basis of criminal record.

When making a decision not to employ someone with a criminal record, you should also consider [*On the Record,* *Guidelines for the prevention of discrimination in employment on the basis of criminal record*](https://www.humanrights.gov.au/sites/default/files/content/human_rights/criminalrecord/on_the_record/download/otr_guidelines.pdf)*,* which are available on the Australian Human Rights Commission website <https://www.humanrights.gov.au/sites/default/files/content/human\_rights/criminalrecord/on\_the\_record/download/otr\_guidelines.pdf>.

| **Tip** |
| --- |
| The department provides further advice on [selecting suitable staff on its website](https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Staff-Suitability-Guidelines) <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Staff-Suitability-Guidelines>. |

## Requirement to employ a manager

** ss. 67-74 of the Act**

If you (or in the case of a proprietor that is a body corporate, any of the directors) are not ordinarily on site to carry out, direct or undertake the day-to-day operation of the SRS, then you must employ a person to manage your SRS.

Ordinarily, onsite means that you normally work on the premises of your SRS to carry out, direct or undertake the day-to-day operations of your SRS. You must appoint a manager if you are not normally on the premises, for example, if you live interstate, normally work at another SRS, or you are elsewhere on a day-to-day basis.

Appointing a manager in these circumstances will ensure there is someone onsite who has the knowledge and skills to manage and respond to day-to-day issues, and who understands the legal obligations and requirements of managing a SRS.

The requirement to appoint a suitable manager does not mean that if you are absent from your SRS for short periods of time, you must appoint someone to the role.

### Appointing a manager

If you appoint a manager, you must apply to the department for approval of the person as a suitable person to be a manager of an SRS within seven days of their employment. More information can be found on the [*Assessing the suitability of a SRS proprietor or manager* page on the department’s website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/becoming-a-proprietor/proprietor-manager-suitability-assessment) <https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/becoming-a-proprietor/proprietor-manager-suitability-assessment>.

When deciding to approve a manager, the department will consider whether the person appointed has the relevant knowledge and skills to manage a supported residential service, and whether the person is otherwise a suitable person to be a manager of a supported residential service. The department may require the proposed manager to undertake an assessment to check their knowledge of the Act and Regulations, and their ability to apply that knowledge in managing certain situations.

If the department refuses an application on the grounds that the person is not considered suitable to operate SRS, you must ensure that the person does not continue as the manager.

The department may also cancel an approval of a person as a manager of SRS if it believes, on reasonable grounds, that the person no longer has the relevant knowledge and skills, or is otherwise no longer a suitable person. In this instance, you must ensure that the person does not continue as the manager.

Note that a review of a decision to not approve a manager may be sought from VCAT.

If your approved manager ceases to be the manager, is temporarily absent or unable to perform that role, then you must notify the department within seven days. If there is only one approved manager of your SRS, then you must appoint a person to be the acting manager and appoint a new manager within 28 days.

| **Tip** |
| --- |
| **What if I am the proprietor of more than one supported residential service?**  There must always be someone who is normally onsite to manage the day-to-day operations of your SRS. If you are a proprietor of more than one supported residential service, then you must appoint a suitable manager for any of the premises where you are not ordinarily onsite.  If you work across multiple SRS during the week (Monday to Friday), you may need to appoint a manager to undertake or carry out the day-to-day operations when you are not there, depending on how many SRS you work across, their location and resident profiles, and the arrangements you have in place to respond to issues and emergencies.  There is no limit to the number of managers who can share the role. However, all managers need to be approved by the department. |

Table 8. Checklist: staffing requirements

| You must: |  |
| --- | --- |
| Employ an adequate number of trained staff members, taking the number of residents and their support needs into account, and the number of ancillary staff members necessary for the proper functioning of the service | Tick |
| Make sure that an adequate number of trained staff members are on duty at all times | Tick |
| If you are not ordinarily onsite, appoint a manager and apply to the department to have that person approved as suitable to be a manager | Tick |
| If the approved manager leaves, or is absent, notify the department within seven days and appoint an acting manager | Tick |
| If the personal support coordinator leaves or is temporarily absent for more than seven days, notify the department within seven days and appoint an acting personal support coordinator | Tick |
| Make sure that a criminal record check is undertaken before employing a new staff member | Tick |
| Ensure that any information in a criminal record check is not divulged directly or indirectly to any person other than the Secretary, in accordance with the Act | Tick |

# Section 8. Accommodation and personal support standards

**** **s. 59 of the Act: r. 29**

You must meet the accommodation and personal support standards set out in the Regulations. There are 15 standards across four key aspects of a resident’s life in an SRS, which cover:

* lifestyle
* food and nutrition
* health and wellbeing
  + physical environment.

The accommodation and personal support standards ensure the accommodation and support provided in the SRS meet certain minimum requirements. Each standard is expressed as an outcome. An outcome describes what a resident should expect from living in a supported residential service. Each standard has a set of minimum requirements that focus particularly on residents’ safety, wellbeing and care.

The accommodation and support standards allow flexibility for SRS to decide how each service can best meet them, taking residents’ individual needs into account while ensuring a ‘safety net’ of minimum requirements.

The department may ask you to provide evidence of how you are meeting these standards. There are many ways for you to show this. Evidence may include written documentation of your policies and procedures, and examples of how these policies and procedures are being carried out in your SRS.

It is important that you refer to the requirements outlined in [Section 4. Ongoing support of residents](#_Section_4._Ongoing), and [Section 9. Managing residents’ medication](#_Section_9._Managing) in this guide to understand the full scope of your responsibilities in relation to meeting the needs of residents and managing medication.

| **Tip** |
| --- |
| You will need to take a number of steps to meet each of the accommodation and personal support standards. These include ensuring:  a range of policies and procedures are in place to meet each of the standards  written policies and procedures are readily available to staff  staff members know and understand the policies and procedures to meet each of the standards  there are adequate resources dedicated to meeting the standards, particularly in relation to staffing, equipment and facilities. |

## 

## Lifestyle standards

Lifestyle standards ensure that residents have the same rights as individuals living in the community, including having the ability to exercise their independence and choice, have their privacy and property protected, and to be protected from abuse.

### Standard 1. Privacy, dignity and confidentiality

Outcome: Residents’ rights to privacy, dignity and confidentiality are respected by the proprietor and all staff at the SRS.

#### Minimum requirements

* Facilities provided allow residents to undertake personal activities (for example, bathing, toileting and dressing) in private.
* Where rooms are shared, provision is made to ensure residents’ privacy to the documented satisfaction of the residents concerned.
* Facilities provided must be suitable for disabled use, if required.
  + Residents’ personal and health information is securely stored.

### Standard 2. Independence and choice

Outcome: Residents’ rights to independence and freedom of choice are recognised, provided they do not unreasonably affect the rights of other residents.

#### Minimum requirements

* Residents are encouraged to exercise choice in their lifestyle and participate in decisions regarding the services they receive.
* Residents’ interests and preferences are reflected in activities provided at the SRS.
* Residents are assisted, as far as possible, with transport and making arrangements to engage in activities outside the SRS.
* Arrangements are in place to assist residents to maintain relationships with families and friends, including arrangements to receive visitors and make or take telephone calls in private, at reasonable times, having regard to the needs of other residents.
  + Residents are not subject to unusual or unreasonable routines for daily living activities (for example, house rules that unreasonably restrict bedtimes or mealtimes).

### Standard 3. Protection from abuse

Outcome: Residents live in an environment free of verbal, emotional, sexual or physical abuse, harassment, exploitation or neglect.

#### Minimum requirements

* Staff members listen and speak to residents in a respectful, supportive and courteous manner.
* Residents are not subject to abusive language.
  + Bullying, intimidation and physical, verbal or sexual abuse of residents by staff or other residents is not tolerated and, if it occurs, is dealt with swiftly.

### Standard 4. Protection of private property

Outcome: Residents’ private property is protected.

#### Minimum requirements

* Residents are provided with suitable storage facilities for their personal property.
* Private property is not taken, borrowed or given to another person without the permission of the resident or resident’s guardian.
  + If a resident moves out of the SRS, personal belongings are forwarded to the alternate accommodation.

| **Tip** |
| --- |
| Examples of evidence that may show you meet the minimum requirements under the lifestyle standards include:  written policies, business practices and procedures  a brochure on the service  written instructions to staff  house rules  a code of conduct for staff  staff bulletins  staff training  written records of discussions and consultations with residents about their privacy preferences (for example, in the residential and services agreement or personal support plan)  record-keeping policies and procedures  record-storage facilities (for example, lockable filing cabinets)  privacy screens in shared bedrooms, privacy indicators on bathroom and toilet doors  activities schedules for residents  a resident noticeboard  telephones located in accessible and private areas  resident transfer records  regular resident meetings. |

## 

## Food and nutrition standards

Although it may be easier to provide the same food to all residents, the Act provides for individual choice and recognition of differing dietary needs and personal preferences. It will be necessary to negotiate a balance between dietary preferences, affordability and variety, and the impact on each resident’s health.

### Standard 5. Choice

Outcome: Residents’ health and dietary needs and preferences are taken into account in the selection of food.

You must have procedures in place to ensure that a resident’s health and dietary needs are taken into account, including special diets such as diabetic or gluten free, diets that meet a resident’s cultural and/or religious needs, and the avoidance of food that residents are allergic to.

#### Minimum requirements

* Dietary needs and preferences are discussed with each resident as part of the development of individual ongoing support plans.
* Kitchen staff are informed of dietary preferences and take these into consideration when planning menus.
  + Food acquisition and supplies reflect the planned menu.

### Standard 6. Nutritious food

Outcome: Residents are provided with food that is adequate in quality, quantity, variety and nutritional value to meet their daily requirements.

You must have procedures in place that demonstrate residents are offered varied, balanced and nutritious meals.

#### Minimum requirements

1. Menu planning is undertaken with reference to published dietary guidelines or, when necessary, the advice of a qualified dietician or nutritionist, and is adequate in quality and quantity.
2. Menus are rotated regularly to ensure variety.
3. Food provided meets specific dietary needs of residents.
4. Residents have ready access at all times to drinking water and other beverages.

| **Tip** |
| --- |
| The Australian government provides advice about the amount and kinds of food that we need to eat for health and wellbeing. The [Australian Dietary Guidelines](https://www.eatforhealth.gov.au/) are available on the government website <https://www.eatforhealth.gov.au/> for more information. |

### Standard 7. Safe food

Outcome: Food facilities and storage and preparation practices comply with relevant laws.

You must ensure that the food provided to residents is prepared, handled and stored in a safe manner. You must have policies and procedures in place so that staff members who are handling food have skills, qualifications and knowledge in food safety and food hygiene, and understand and comply with all relevant legislation and regulations.

#### Minimum requirements

* Staff adhere to the requirements of the SRS’ registration under the *Food Act 1984*.
* Staff adhere to safe food-handling practices, food storage and equipment requirements in accordance with the Australia New Zealand Food Standards Code.

| **Tip** |
| --- |
| Examples of evidence that may show you meet the minimum requirements under the food and nutrition standards include:  written policies and procedures  written instructions to staff  menu plans and schedules  written advice provided by a qualified dietitian or nutritionist  staff training records  individual support plans that show specific dietary needs are discussed and identified in the plan  the kitchen facilities provided  food delivery and storage procedures and practices. |

## Health and wellbeing standards

These standards ensure that residents have access to healthcare and support that suits them, and have clean clothing and bedding available to them.

### Standard 8. Choice of and access to healthcare providers

Outcome: Residents are offered the opportunity to select their own healthcare providers (for example, GP, allied health, dentist) and are provided with reasonable support to access those providers in a timely way.

You must have procedures in place to allow residents to access their own healthcare providers, as they would if they were living independently in the community. This may include services funded though individualised support plans, including NDIS and My Aged Care. Residents should be encouraged and assisted to leave the SRS to access these services, where possible.

#### Minimum requirements:

* Preferred healthcare providers are identified by residents and included in each resident’s individual ongoing support plan.
* Residents are assisted, as far as possible, with making appointments and transport arrangements to attend appointments with healthcare providers.
  + Residents are encouraged to access healthcare promptly if any sign of deterioration in their health status appears.

### Standard 9. Personal support

Outcome: Residents’ health and wellbeing are optimised through providing personal support services in a way that takes account of individual resident needs and preferences.

#### Minimum requirements:

* Residents’ support plans document the needs of residents for all aspects of personal support, including hygiene, toileting, dressing, eating, medication, mobility, requirements for accessing healthcare and emotional support.
* Residents’ support plans document the type, frequency and timing of assistance to be provided to meet residents’ personal support needs and preferences.
* Hygiene issues requiring medical or other professional attention are addressed in a timely way.
* Residents have access to an appropriate range of toiletries, including individual and personal items, to adequately maintain their personal hygiene.
  + Equipment provided to promote residents’ mobility and sensory function is kept in good order.

### Standard 10. Clothing

Outcome: Residents wear their own clean clothing, appropriate to the climate, individual activities and personal preferences.

**Minimum requirements:**

* Residents have access to their own clothing.
* Clothing is named clearly, but discreetly.
  + Clothing is laundered regularly.

### Standard 11. Bedding and linen

Outcome: Residents’ beds are maintained with clean bedding and linen, which is kept in good repair and is adequate for climatic conditions.

Resident bedding includes linen, blankets, quilts and mattresses.

#### Minimum requirements

* Bedding (including linen, blankets, quilts and mattresses) is regularly cleaned, checked and repaired or replaced when necessary.
* Protection of bedding and mattresses is provided when required.
  + Residents have access to additional bedding for warmth when required.

### Standard 12. First aid

Outcome: At all times, a well-equipped and maintained first aid kit is available that is easily recognisable and accessible to staff.

**Minimum requirements**

* First aid materials are kept in an easily recognisable container, which is located in a place that is easily accessible to staff.
* Staff are made aware of how to use the first aid kit.
  + A regular stocktake of first aid materials is undertaken.

| **Tip** |
| --- |
| Examples of evidence that may show you meet the minimum requirements under the health and wellbeing standards include:  written policies and procedures  written instructions to staff  staff training records  individual support plans and resident records (including records of medical and health professional appointments, such as doctors, dentists, podiatrists)  lists of healthcare providers and other services in the area  a statement of residents’ rights and responsibilities  individual continence management plans  regular stocktakes of linen and bedding  laundry records  a record of regular stocktakes of first aid kits. |

## Physical environment standards

The physical environment standards ensure that residents are provided with a safe, clean and well-maintained environment to live in. This includes having effective planning in place for emergencies that may occur.

### Standard 13. A safe environment

Outcome: Residents live in a safe and stable environment.

**Minimum requirements**

* Functioning call bells are located and accessible in each bedroom, bathroom, shower and in residents’ toilets.
* Call bells are tested regularly to ensure continuous operation.
* If appropriate, residents are provided with grab rails in each toilet, shower room and bathroom.
* There is sufficient lighting in passages, stairways, bathrooms, shower rooms and toilets for safe movement around the SRS.
* There are sufficient power outlets available in every bedroom to accommodate electrical appliances without the need for extension cords.
* Hot and cold water is supplied to all showers, baths and hand basins and the temperature of the hot water is controlled to avoid the risk of scalding.
  + Processes are in place and maintained to identify and manage risks and hazards to residents.

### Standard 14. A clean, comfortable and well-maintained environment

Outcome: Residents live in a clean and comfortable environment that is well maintained.

**Minimum requirements**

* All facilities, fittings, fixtures, furniture and equipment are maintained in a proper state of repair and in good working order.
* Cleaning and maintenance of the premises, grounds, furniture, fixtures, fittings and equipment is undertaken in accordance with a schedule that is adequate for the needs of the residents.
* Waste is not permitted to accumulate at the premises or on the grounds, and is collected at regular and frequent intervals.
* Pending the collection of waste and rubbish, it is stored so as to minimise any risk of fire hazard or injury to residents.
* Offensive odours are identified at the premises and controlled, and vermin are eradicated.
* The temperature of the premises is maintained at a level that is comfortable for residents.
  + Residents have bedside lighting, as well as general room lighting.

| **Tip** |
| --- |
| If you have a commercial lease, information regarding where the responsibility sits for maintenance will be detailed within the lease. |

### Standard 15. Emergency procedures and planning

Outcome: The proprietor has an effective emergency-management plan in place and can respond to first-aid emergencies at all times.

You should ensure that you have procedures in place to manage all people on site at your SRS in the event of a fire or other emergency. This includes residents, staff and visitors. The department provides [emergency management resources to assist with emergency planning](https://providers.dhhs.vic.gov.au/emergency-preparedness) on its [website](https://providers.dhhs.vic.gov.au/emergency-preparedness) <https://providers.dhhs.vic.gov.au/emergency-preparedness>.

**Minimum requirements**

* An up-to-date plan of the SRS that identifies the number of each bedroom door and clearly marked exit points is kept in a prominent place.
* Procedures for managing emergencies and evacuations are documented and maintained.
* All staff members are aware of their roles and responsibilities in activating emergency procedures.
* Residents are informed of emergency and evacuation procedures.
  + Regular fire drills and evacuation procedures are carried out.

| **Tip** |
| --- |
| A good way for you to know who is on site at the SRS if there is an emergency is to use a visitor sign-in procedure. This can be a simple visitor sign-in book, or a more specialised electronic system for SRS who receive many visitors on a daily basis. |

| **Tip** |
| --- |
| Examples of evidence that may show you meet the minimum requirements under the physical environment standards include:  **Policies and procedures**  written emergency management policies and procedures  instructions to staff and residents on how to use the electronic communications system  procedures for managing violence within the SRS  a fire-safety management plan, including evacuation procedures  a heatwave-response plan, including activities to minimise potential adverse health impacts for residents, and contingency plans for possible power outages  a plan for code-red fire-risk days, if your SRS is in a high-risk bushfire area  a checklist for communicating information to emergency services, including the nature of injury, resident details and description of onsite facilities, for example, lifting hoists. For more information, see [Section 11. Reporting and recording incidents](#_Section_11._Reporting)  **Staffing**  staff training records  staff information bulletins  **Facility**  exit signs are clearly displayed  an up-to-date sketch plan of the building, clearly indicating all exit points, the position of all rooms and the number of each bedroom  emergency information displayed in prominent places in the SRS, including in residents’ bedrooms.  visitor sign in/out book  current Annual Essential Safety Measures Report (AESMR)  regular fire drills, at least every 12 months  **Maintenance**  servicing records for the electronic communications system  cleaning schedule and roster  records of pest inspections, and any actions required to control insects and other vermin  maintenance schedule, including records of work undertaken |

# Section 9. Managing residents’ medication

* **s. 63 of the Act: r. 30**

You must maintain adequate standards of storage, distribution and administration of residents’ medication. This means ensuring:

* safe storage of medication
* correct distribution and administration of medication
* appropriate recording of the administration of medication
  + you have procedures in place if medications are administered incorrectly or not at all.

## Definition of medication

Medication means any substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise enhancing the physical or mental welfare of a person, including prescription and non-prescription medicines and complementary healthcare products.

| **Note** |
| --- |
| Failure to take reasonable steps to maintain adequate standards of storage, distribution and administration of residents’ medication is a serious indictable offence under s. 63. The maximum penalty is five years imprisonment. |

## Storage of medication

** r. 30**

You must store all medication held on behalf of a resident in a secure, lockable storage facility. This can be a cabinet, cupboard, drawer, refrigerator or room that is secure. When the storage facility is unlocked, it must be under the direct supervision of an authorised staff member.

Only staff members who have your written or verbal authorisation are allowed to access residents’ medications. You should keep a record of which staff are authorised to access medication.

No alteration should be made to any label on a container supplied by the person who dispensed the prescribed medication.

Where a resident administers their own medication, you must take adequate precautions to ensure the safe storage of that medication.

Prescribed medication must not be kept at your SRS if:

* a resident for whom the medication is prescribed no longer resides at the SRS (unused medication should go with the resident when they leave the SRS)
* the expiry date for the medication has passed (expired medication should be returned to the pharmacy)
  + the resident no longer requires the medication (unused medication should be returned to the pharmacy).

| **Tip** |
| --- |
| Given the risk to other residents, the storage arrangements for medication belonging to residents who self-administer should also involve a secure locked storage facility (such as a locked bedside drawer). |

## Distribution and administration of medication

** r. 31**

The administration of medication involves the providing or giving medication to a resident.

You must have procedures in place for distributing and administering residents’ medication safely and effectively. This includes the steps outlined in *Table 9.* *Checklist: medication distribution and administration*.

Table 9. Checklist: medication distribution and administration

| You must: |  |
| --- | --- |
| Ensure prescribed medication is administered to residents in accordance with the directions given by the person who prescribed it, regardless of the method or route of administration | Tick |
| Ensure non-prescribed medication is distributed in accordance with the product instructions, unless advised otherwise by a health practitioner | Tick |
| Ensure that staff members responsible for administering or supervising the administration of medication to a resident, confirm that the correct medication is being provided to the correct resident, at the correct dose, by the correct route at the correct time | Tick |
| Ensure that staff members responsible for administering medication consult the treating health practitioner or a pharmacist in relation to any concerns about the appropriateness of a medication before administering the medication (or substance) | Tick |
| Ensure that the relevant health practitioner is notified:   * of any failure of administration, whether due to refusal or otherwise * of any error in medication administration * if there is reason to believe that a resident responsible for administering their own medication has inappropriately administered or failed to administer that prescribed medication | Tick |

## Medication records

** r. 32**

You must maintain records about each resident’s prescribed and non-prescribed medications, even for residents who manage their own medication.

These records must include:

* the resident’s full name, date of birth and known medication allergies
* any prescription, direction or administration details for each medication
* the name of each medication, its strength, dosage, route and frequency, of administration
  + the date on which the record was commenced and, if applicable, completed.

Where medications are administered by SRS staff, a record must be made at the time of each administration. These records must include:

* the date and time the medication was administered
* any variation from the directions for administration
* the name and signature of the person administering or supervising the administration
* any failure of administration, whether due to refusal or otherwise
  + any error in medication administration.

Medication records must be written in English and kept for seven years, though only current records need to be kept onsite. Older medication records for residents who are no longer at your SRS can be stored offsite, but must be provided if required.

Records of administration are not required for residents who manage their own medication.

# Section 10. Complaints procedures

**** **s. 75 of the Act: r. 40-43**

Residents have the right to raise concerns and make complaints about the accommodation and support services they receive in your SRS, and to have these addressed in a fair, reasonable, confidential and timely manner.

You must have a complaints system that clearly outlines the procedures for receiving and responding to complaints by residents, or complaints made on behalf of residents.

The complaints system must:

* handle complaints in a fair, reasonable, confidential and timely manner
* be documented in clear, easy-to-read language, and be available to residents and their families, friends and staff
  + include at minimum an annual review of complaints to identify the causes of serious or recurrent complaints, and use reasonable endeavours to resolve recurrent issues.

You must include written information about the complaints process in each resident’s residential and services agreement.

You must take reasonable steps to ensure that a resident is not adversely affected because they make a complaint, or because someone else makes a complaint on their behalf. They should also not be unfairly treated if they choose to speak to an authorised officer or community visitor.

## Appointment of a complaints officer

You must appoint a staff member who is regularly available as a complaints officer to receive and deal with complaints from residents, or anyone else, about any aspect of the operation or service at the SRS.

You must ensure that staff, residents and residents’ families and friends know the name of the complaints officer.

## Procedures for complaints

You must ensure that every resident and staff member is informed of the complaints procedure.

Initial investigations of a complaint must start within two business days of receiving the complaint. You must keep the complainant informed of the progress and any actions being taken to resolve the complaint.

You must inform the complainant of the outcome once the complaint is resolved and the reasons for the outcome.

If the resident is not satisfied with your response, they are able to raise their concerns with the department or a community visitor.

## Written records of complaints

You must ensure that a written record of each complaint is made, including:

* the date of the complaint
* the nature and details of the complaint
* the actions taken in relation to the complaint
  + the date and method of communication to the complainant.

You must ensure that the written record of complaints is kept in a consolidated form. This will make it easier for you to identify trends and areas for improvement when you review these records.

Table 10. Checklist: complaints system

| You must: |  |
| --- | --- |
| Establish procedures for dealing with complaints which:  involve fair, confidential and timely resolution of complaints  ensure that the initial investigation of a complaint starts within two business days of the complaint being made | Tick |
| Appoint a staff member as a complaints officer | Tick |
| Provide written information for residents about the complaints system in their residential and services agreement (see more information in [Section 2. New residents](#_Residential_and_services)), including how and to whom a complaint can be made, how they will be advised of the outcome, and how they can also use external avenues of complaint such as the department or a community visitor | Tick |
| Ensure that a written record of each complaint is made and includes:  the date of the complaint  the nature and details of the complaint  the actions taken in relation to the complaint  the date and method of communication to the complainant | Tick |
| Ensure that the record of complaints is kept in a consolidated form | Tick |

# Section 11. Reporting and recording incidents

** ss. 76-78 of the Act: r. 44-45, r. 51-52**

## Who needs to be notified of an incident?

Depending on the nature of the incident, you may need to inform the resident’s nominated person, guardian or financial administrator (see more information in [Section 3. Support people](#_Person_nominated,_guardian)).

Some incidents may require you to contact other organisations, such as the department, health service providers, mental health service providers, Centre Against Sexual Assault (CASA) and police.

## Incident records

** s. 76 of the Act: r. 44-45, r. 49**

A prescribed incident is ‘any event that threatens the safety of a resident or staff’. You must keep a record of all prescribed incidents. This includes any incident that occurs on the SRS premises or in relation to the SRS, for example, if a resident fell while on an SRS-organised activity offsite.

Records of prescribed incidents must be maintained in one of:

* a bound book with consecutively numbered pages
* a loose-leaf system in which each incident and each page of a report of the incident is consecutively numbered and stored together
  + a database on a computer maintained at the SRS, in which each incident is assigned a unique number.

A record of an incident must include:

* the date and time it occurred
* where it occurred
* the names of the people involved
* what occurred
* what action was taken
* the date, time and name of any person notified of the incident
  + the name and signature of the person making the record.

These records should be completed in English and stored in a secure location at the SRS, where they are accessible by authorised officers or community visitors as needed. You should keep these records for seven years.

| **Tip** |
| --- |
| Incident record templates are available on the [department's SRS website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) <https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates> |

## Reportable incidents

** s. 77 of the Act: r. 50-52, r. 49**

In addition to recording them in the incident record, incidents which meet the definition of a ‘reportable incident’ must also be reported to the department by the end of the next business day after the incident occurred. Reporting an incident to the department provides the department with the opportunity to check if the incident has been managed appropriately.

You may also need to report incidents to other organisations, including the police, coroner or WorkSafe Victoria.

Reportable incidents include:

* an unexpected death of a resident
* a serious injury of a resident
* a fire or other emergency event
  + an alleged serious assault (sexual or physical).

### An unexpected death of a resident

An unexpected death of a resident refers to a death involving circumstances that are out of the ordinary. This includes a death that appears to be unnatural or violent, or to have resulted, directly or indirectly, from accident or injury, and is likely to be investigated by the coroner.

### Serious injury of a resident

Serious injuries are injuries requiring intensive medical attention, including, but not limited to, injuries for which a resident is admitted to hospital as an inpatient.

Examples of serious injuries are:

* serious fractures
* concussion
* extensive burns
  + severe wounds requiring surgery.

| **Tip** |
| --- |
| It is helpful to create a checklist for staff to assist them to communicate all helpful information if they need to call emergency services. This should include details about the supported residential service’s location, resident details (age, relevant health conditions), the nature of the injury and SRS facilities (including if you have lifting equipment onsite). |

### Fire or other emergency events

A fire or other emergency event that poses a threat to the health and safety of staff, visitors or residents must be reported to the department, including:

* a fire or other emergency event resulting in closure or significant damage to an SRS that poses a threat to the health and safety of residents, staff or visitors
* special or unusual circumstances, including where a resident of an SRS is missing for a significant period of time and there are concerns for their welfare, or where a missing persons report has been lodged with the police
  + serious property damage resulting in closure, or significant damage to parts of a building or its contents.

### An alleged serious assault (sexual or physical)

You must report allegations of, or actual, serious physical or sexual assault of a resident. Serious assault incidents include:

* alleged rape of or by a resident
* alleged rape or indecent assault of a resident by a staff member, proprietor or volunteer
* physical assault of a resident by a staff member, proprietor or volunteer
  + physical assault of, or by, a resident.

All allegations of assault of a sexual nature are considered serious and must be reported to the department. Sexual assault is behaviour of a sexual nature that makes someone feel uncomfortable, frightened, intimidated or threatened. It is sexual behaviour that someone has not agreed to, where another person uses physical or emotional force against them.

The Centre Against Sexual Assault in your local area will support residents who have disclosed a sexual assault. For more information, visit [CASA’s website](http://www.casa.org.au) <https://www.casa.org.au/>.

| **Tip** |
| --- |
| Responding to a disclosure of a sexual assault Individuals disclose sexual assault because they are seeking support. If a resident discloses a sexual assault to you, the principles to use to support the resident include that you:   * believe the resident * affirm that the resident has done nothing wrong and it is not their fault * be supportive, non-judgmental, open and honest * give accurate information about what will happen next. |

#### Act quickly

**Assess** the situation and make sure that the environment is safe for affected residents

**Phone** CASA or the Sexual Assault Crisis Line (after hours) on 1800 806 292

**Report**  the disclosure to police by calling 000. Advise the police if the resident has difficulty communicating, and organise an Independent Third Person (ITP) by calling 1300 309 337 if needed

**Inform**  the resident’s person nominated, and guardian (if any)

**Ask**  the resident/s if they would like a visit from a community visitor and arrange one if requested

**Liaise** with the services system and the department to determine appropriate accommodation options for the victim/survivor and perpetrator

**Notify**  the department of the disclosure

**Record**  the incident and what action has been taken.

# Section 12. Keeping records

**76–77 of the Act: r. 46–48, r. 54**

Keeping records is important for continuity of service and for good business practice. Records can protect you, your residents and staff when there are investigations or disputes. Records are also essential for providing evidence of compliance with the legislation.

You must keep many different records including:

* resident records
* resident transfers (described in [Section 15. When a resident leaves](#_Transfer_records))
* incident records (described in [Section 11. Reporting and recording incidents](#_Incident_records))
* reportable incidents (described in [Section 11. Reporting and recording incidents)](#_Reportable_incidents)
  + staff records and rosters.

*Table 11. Checklist: record keeping* sets out prescribed records you must keep. These records must be kept in English in a secure location that is readily accessible by authorised officers at any time. They must be kept for seven years.

## Residents’ records

** r. 46**

You must keep up-to-date records about each resident, including:

* personal details
* health information
* the resident’s residential and services agreement and personal support plan
* any records relating to the administration of medication
* any documents relating to security deposit and other fees
* any notice to vacate
  + any record of transfer.

You are also required to keep a list of items of personal property belonging to the resident that are brought into the SRS. At a minimum, you are expected to create a list of items identified as valuables by each resident at entry to your SRS, and request that the resident advises you of any additional valuables they obtain during their stay, so these can be added to that list. If the resident does not identify any valuables, this should also be noted on their records.

## Staff records and rosters

** r. 47–48**

Staff records include a copy of any relevant qualifications or certificates, the date of issue and reference number for criminal record check and date of termination of employment (if applicable). They also include records of staff rosters.

## Record of transfer of residents

** r. 54**

When a resident transfers to another supported residential service or agency, you must send a transfer record to the receiving service.

The original record of a resident transfer must be sent to the receiving service and a copy kept at your SRS. [A resident transfer form template is available from the department’s SRS website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) for proprietors to use. <https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates>. It can be modified to include other information if desired.

| **Tip** |
| --- |
| Certain records must be kept for seven years at your SRS. Current copies of documents must be kept onsite and be readily accessible by authorised officers. Older documents can be stored offsite, but must also be accessible when required. |

Table 11. Checklist: record keeping

You must keep the documents listed in these tables for seven years.

| 11a. Individual resident information: |  |
| --- | --- |
| full name  gender (and preferred pronouns)  date of birth  date of admission to the SRS  nationality  languages spoken  religious denomination (if any)  pension number and type (if any and if known by the proprietor)  resident’s room number at the SRS  name and contact details of the resident’s administrator (if any)  name and contact details of the resident’s guardian (if any)  name and contact details of the person nominated (if any)  name and contact details of the resident’s medical practitioner and other health services providers (if any)  the resident’s residential and services agreement, and any documents amending or varying the agreement from time to time  all documents forming part of the resident’s personal support plan  any record relating to the administration of medication to the resident at the SRS (see [Section 9. Managing residents’ medication](#_Section_9._Managing))  any documents prepared in relation to the taking or retaining of a security deposit, a fee in advance, a reservation fee or an establishment fee  any documents prepared in relation to money managed or controlled on behalf of the resident  a list of personal property belonging to the resident that is brought into the SRS  any notice to vacate issued to the resident  any record of transfer of the resident to another SRS | Tick |

| 11b. Staff information (in respect of each current and former staff member) including: |  |
| --- | --- |
| the person’s name  the date the person’s employment commenced at the SRS  a copy of any relevant qualifications or certificates of completed training of the employee (if applicable)  the person’s employment position at the SRS  the date of issue and the reference number of the criminal record check  the date of termination of employment (if applicable) | Tick |
| 11c. Staff rosters including: |  |
| the name of the SRS  the commencement date and end date for the period to which the roster applies  the days, times and number of hours to be worked by each employee during the roster period, and the capacity in which the employee is rostered | Tick |
| 11d. Record of visits by community visitors including: |  |
| the name of the SRS  the number of registered beds  the name of the person in charge of the SRS at the time of the visit  the names of the community visitors attending  the date, time and duration of the visit  the matters discussed between the community visitors and the person in charge  any actions arising from the matters discussed  the signature of the community visitor  the signature of the person in charge | Tick |
| 11e. Formal notifications including: |  |
| notification to the Secretary of:  residents who need more healthcare or personal support than can be provided by the SRS  reportable incidents  reportable transactions  prohibited conduct by a close associate  notification of a resident’s person nominated  notification of a resident’s treating doctor | Tick |
| 11f. Records of prescribed incidents |  |
| [See Section 11. Reporting and recording incidents](#_Section_11._Reporting) | Tick |
| 11g. Records of reportable incidents |  |
| [see Section 11. Reporting and recording incidents](#_Section_11._Reporting) | Tick |

# Section 13. Notices to vacate

** ss. 107-129 of the Act: r. 59**

## Notice to vacate given by a proprietor

You may only give a resident a notice to vacate in certain circumstances (outlined in *Table 12. Grounds for notice to vacate*). You cannot ask a resident to leave for any other reason than those listed. The period of notice you must give depends on the reason for giving the notice to leave.

If you give a notice to vacate to the resident, you must also give it to their person nominated, financial administrator or guardian (if any).

You can give the notice:

* in person
* via post (you may need to allow extra time for resident to receive the notice)
  + electronically (via email).

The notice must be in writing and include:

* the date on which the resident is to leave the SRS
* the reason the notice is being given. You must provide enough detail to support your reasons, including facts, dates and circumstances.
  + state that the resident may appeal the notice to vacate to VCAT.

The notice to vacate must be signed and dated by you, or on your behalf. You should keep a copy of the notice for your records.

Table 12. Grounds for notice to vacate

| Section of the Act | Grounds for notice to vacate | Notice period |
| --- | --- | --- |
| 110 | Resident endangers the safety of another resident or staff member[[4]](#footnote-4) | Immediate |
| 116 | Resident causes serious damage4 | Immediate |
| 117 | Resident causes serious disruption to quiet and peaceful enjoyment by other residents4 | Immediate |
| 112 | Use of SRS for an illegal purpose | Two days |
| 111 | Resident’s fees are more than 14 days in arrears | 14 days |
| 109 | Proprietor ceasing to operate SRS | 28 days |
| 113 | Repairs or demolition | 60 days |

| **Tip** |
| --- |
| A sample [notice to vacate form is available the department’s website](https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates) https://www2.health.vic.gov.au/ageing-and-aged-care/supported-residential-services/operating-an-srs/forms-and-templates>. |

## When a resident endangers the safety of others

** s. 110 of the Act: r. 59**

You may give a resident notice to vacate if the resident causes danger to any other resident or staff member of the SRS. There is no minimum notice required – it can be the date on which the notice is given, or a later date.

You must notify the department within one business day if you give a resident a notice to vacate on these grounds.

## When a resident causes serious damage to the SRS

** ss. 116-117 of the Act: r. 59**

You may give a resident notice to vacate if the resident intentionally or recklessly causes or allows serious damage to any part of the SRS. There is no minimum notice required – it can be the date on which the notice is given, or a later date.

You must notify the department within one business day if you give a resident a notice to vacate on these grounds.

## When a resident seriously interrupts the quiet and peaceful enjoyment of the SRS

** s. 117 of the Act: r. 59**

You may give a resident notice to vacate if the resident seriously interrupts the quiet and peaceful enjoyment of the SRS by other residents. This includes if a resident engages in a series of acts that may not individually be a serious interruption, but may amount to a serious interruption because of the frequency of acts.

There is no minimum notice required – it can be the date on which the notice is given, or a later date.

You must notify the department within one business day if you give a resident notice to vacate on these grounds.

## If a resident’s fees are more than 14 days in arrears

**s. 111 of the Act**

You may give a resident notice to vacate if their fees are more than 14 days overdue. You must give the resident at least 14 days’ notice.

## When a resident uses an SRS for illegal purposes

**s. 112 of the Act**

You may give a resident notice to vacate if the resident has used the SRS or allowed it to be used for any purpose that is illegal. You must give the resident at least two days’ notice.

## When a proprietor proposes to close the SRS

**s.109 of the Act**

If you propose to stop conducting or carrying on the business as a supported residential service at the premises, you may ask a resident to vacate the SRS. You must give the resident at least 28 days’ notice after the date on which the notice is given, or such later time as specified in the residential and services agreement.

## When a proprietor plans to undertake major repairs or demolition

**s. 113 of the Act**

You may give a resident notice to vacate if you intend to repair, renovate, reconstruct or demolish your SRS immediately after the date you are asking the resident to leave. You must have obtained all the necessary permits and consents to carry out the work, and the work cannot be properly carried out unless the resident vacates the SRS. You must give the resident at least 60 days’ notice.

If the proposed repairs, renovations or reconstruction will affect a resident’s room, but will not affect all the rooms in the SRS, you must not give a notice to vacate unless you have first offered another similar room to the resident and the resident has refused to occupy the room offered in place of their current room.

## When a resident needs more healthcare or personal support

** ss. 60–62, ss. 114–115 of the Act: r. 59**

You should take all reasonable steps to ensure residents receive the level of healthcare or support they need. If you are unable to secure this at your SRS, you must let the department know as soon as possible.

The department is then obligated to make enquiries and assess the needs of the resident. If a need for further care or support is found, the department will take steps to refer the resident to appropriate care or health professionals. This may include relocating the resident.

If you have notified the department, and the department has completed any necessary enquiries and assessments, you may give a resident notice to vacate if they need more healthcare or personal support than you can arrange at the SRS. You must give the resident at least 14 days’ notice, which must be after the department’s assessment.

You must notify the department within one business day if you give a resident a notice to vacate on these grounds.

| **Note** |
| --- |
| It is an offence not to take reasonable steps to ensure that residents are provided with appropriate healthcare and support. The maximum penalty for not fulfilling a resident’s support needs is five years imprisonment. |

## A proprietor’s right to apply to VCAT

**ss. 123–124 of the Act**

You have the right to apply to VCAT if you have given a resident a notice to vacate and the resident has not left your SRS, or if the resident gives you a notice of intention to vacate the SRS and then does not leave. You must make this application to VCAT no later than 28 days from the time the resident’s notice to vacate is to take effect. You need to ensure that you provide appropriate evidence to support your notice.

## A resident’s right to apply to VCAT

** ss. 121–122, ss. 125–129 of the Act**

A resident has the right to apply to VCAT to challenge the validity of a notice to vacate if:

* the resident believes the notice has a defect
* the notice was not issued in accordance with the Act
  + the reason for the notice is not justified.

A resident must apply to VCAT to appeal a notice, within five days of receiving the notice, for notices issued on the grounds of:

* a resident endangering the safety of other people at the SRS
* causing serious damage to the SRS
  + causing serious interruption to the quiet and peaceful enjoyment of the SRS.

For all other notices to vacate, a resident has 28 days to appeal from the date the notice is received.

## VCAT hearings

VCAT will hold a hearing where it will consider the information provided by you and the resident. VCAT will make a decision based on the information presented at the hearing. VCAT’s decisions are final and must be followed by everyone.

If a notice to vacate is upheld, the resident can be ordered to vacate the SRS within 30 days of the date the order to vacate is made. If a resident does not leave within this timeframe, you may apply to VCAT to obtain a warrant to remove the resident either immediately or within six months of the order to vacate. There is a time limit on warrants, so you must use it within 30 days of the warrant being issued.

## Notice of intention to vacate by a resident

** ss. 119–120 of the Act**

A resident who intends to vacate an SRS must give notice of their intention to leave within the notice period specified in the resident’s residential and services agreement. If this time period is not specified, the resident must give at least two days’ notice. You must not require a resident to give more than 28 days’ notice of their intention to vacate.

A resident in short-term accommodation (such as respite) does not have to provide a notice to vacate.

Table 13. Checklist: notices to vacate

| You must: |  |
| --- | --- |
| Provide clear grounds for giving a notice to vacate to a resident in accordance with the Act | Tick |
| Provide a notice to vacate in writing to a resident (and the person nominated, if there is one) and include:  the date on which the resident is to leave the SRS  the grounds (with supporting information) on which the notice is given  state that the resident may appeal the notice to vacate to VCAT | Tick |
| Sign and date the notice to vacate (or have someone sign on your behalf). | Tick |
| Notify the department within one business day if a notice to vacate is given to a resident on any of the following grounds:  when a resident endangers the safety of others  when a resident causes serious damage to the SRS  when a resident seriously interrupts the quiet and peaceful enjoyment of the SRS  when a resident is in need of more healthcare or personal support than can be arranged by the SRS | Tick |
| Ensure that you have taken all reasonable steps to meet the level of healthcare and personal support that the resident needs, and have notified the department if you are unable to do so | Tick |

# Section 14. Termination of a residential and services agreement

**** **ss. 51-55 of the Act**

There are several circumstances under which a residential and services agreement can be terminated. These are:

* termination by agreement
* termination after an order to vacate is made
* termination on death or abandonment
* termination on moving out
  + termination with consent.

## Termination by agreement

A residential and services agreement can be terminated when agreed by both you and the resident.

## Termination after an order to vacate is made

If you have given the resident a notice to vacate, the residential and services agreement ends on the date specified in the order to vacate (if any) made by VCAT.

If a resident gives a notice of intention to vacate, the residential and services agreement ends on the termination date specified in the notice.

## Termination on death or abandonment

A residential and services agreement is terminated on the death of the resident.

If a resident abandons his or her room, the residential and services agreement is terminated. If a resident leaves their room without any intention of returning, without first giving you a notice of intention to vacate, or obtaining your agreement, the resident is considered to have abandoned their room.

A resident may be regarded as having no intention of returning if:

* the resident has not occupied the SRS for a period of at least 14 days, and has not paid any fees for that period
  + the resident has left the SRS and in all circumstances, it would be unreasonable to expect them to return.

## Termination on moving out

A residential and services agreement is terminated if a resident moves out of the SRS, whether or not the resident has given you notice of their intention to vacate.

## Termination with consent

If a resident vacates the SRS with your consent, the residential and services agreement is terminated when the resident vacates the property.

| **Tip** |
| --- |
| Being clear about what happens when a resident leaves (for example, in relation to removal of a resident’s belongings or what fees are payable) will help avoid potential delays or disputes. |

# Section 15. When a resident leaves

## Transfer records

** r. 54**

When a resident is transferred, temporarily or permanently, to another facility, you must ensure that certain information about the resident is provided to the receiving agency to ensure continuity of support for them. This information is called the transfer record and you must keep a copy of that record at the SRS.

Table 14. Checklist: Resident transfer record

| The transfer record must include: |  |
| --- | --- |
| the resident’s name, date of birth, gender, language and religious denomination (if any) | Tick |
| the pension number and type of pension (if any and if known) | Tick |
| the name and contact details of the resident’s relative or next of kin (if any) | Tick |
| the name and contact details of the resident’s guardian (if any) | Tick |
| the name and contact details of the resident’s administrator (if any) | Tick |
| the name and contact details of the person nominated (if any) | Tick |
| the name and telephone number of the transferring SRS, and the name of the service or agency where the resident is being transferred | Tick |
| the transfer date | Tick |
| the reason for transfer | Tick |
| the name and contact details of the resident’s medical practitioner and other health service providers (if any) | Tick |
| the details of any medication sent with the resident | Tick |
| the details of any allergies | Tick |
| a summary of the current personal support needs of the resident | Tick |
| a note about accompanying reports sent with the resident (if any) | Tick |

## 

## Resident property and medication

On their departure, you must also ensure that the resident’s medication is given to the resident or the person nominated and, if the move is permanent, the resident’s belongings are returned to the resident.

You must return to the resident any part of the security deposit that you are not entitled to retain within 14 days of a resident’s departure.

# Section 16. When you must notify or provide information to the department

You are required to provide specific information, including applications, notifications and statements, to the department in a number of different circumstances. These are summarised in *Table 15. Information regarding SRS registration*.

Table 15. Information regarding SRS registration

| Information regarding registration of your SRS | | How | |
| --- | --- | --- | --- |
| Varying any conditions on SRS registration  (s.20) | You must first apply to the department to have a condition on registration of the SRS varied or removed (for example, intention to increase the number of beds) | Contact the department’s SRS registration officer[[5]](#footnote-5) | |
| Doing alterations or extensions to an SRS  (s.25) | You must first apply to the department to alter or extend an SRS | Contact the department’s SRS registration officer5 | |
| Cancellation of registration  **( s. 28)** | You may apply to the department to cancel the registration of a supported residential service | Contact the department’s SRS registration officer5 | |
| Ceasing to be a director or officer of proprietor that is a body corporate  **( s. 30)** | You must notify the department if a person ceases to be a director, or other officer of a proprietor of a supported residential service that is a body corporate, **within seven days** of that person ceasing to be a director or officer | Contact the department’s SRS registration officer5 | |
| Appointment of new director or officer of proprietor that is a body corporate  **( s. 31)** | You must apply to the department if a person is appointed as a director or other officer of the proprietor of a supported residential service that is a body corporate, **within seven days** of the appointment for approval of that person as a suitable person to carry on, exercise control over or manage a supported residential service | Application is available on the department’s website | |
| Death or loss of capacity of sole proprietor  **(s. 35)** | If a proprietor dies, or becomes a represented person within the meaning of the *Guardianship and Administration Act 1986*, the legal representative of the proprietor may apply to carry on the supported residential service | Contact the department’s SRS registration officer5 | |
| Registration statement  **( s. 37)** | You must provide a registration statement to the department **within 28 days of receiving a request from the department** for a registration statement | Respond to departmental request | |
| If a resident requires more healthcare and personal support than can be arranged by the SRS  ( s. 60–s. 61) | | If you are unable to secure the provision of appropriate healthcare and personal support for a resident, then you must immediately notify the department in writing, outlining the needs of the resident | Notify the authorised officer |
| Approval of a manager  ( s. 68) | | If you employ a person to manage a supported residential service, you must apply to the department within seven days for approval of the person as a suitable person to be a manager of a supported residential service | Application is available on the department’s website |
| Approval of an acting manager  ( s. 74) | | You must notify the Secretary within seven days if an approved manager leaves, or is absent | Notify the authorised officer |
| Reportable incidents  ( s. 77) | | You must notify the department within one business day of the following incidents that occur on the premises of, or in relation to, the SRS:  an unexpected death of a resident  a serious injury of a resident  a serious fire or other emergency event  an alleged serious assault (sexual or physical) | Notify the authorised officer |
| Reportable transactions  ( s. 3: s. 85: s. 88) | | Certain transactions between you (or your close associates) and a resident must be reported to the department within 14 days of entering into the transaction. These involve any kind of property (including money) belonging to a resident that is worth more than $250, other than a transaction at market value that relates only to the provision of accommodation or special or personal support to the resident  If you become aware that your close associate has engaged in, or is engaging in, a prohibited transaction, you must notify the department within two days and provide information about the identity of the close associate involved | Notify the authorised officer |
| Notices to vacate  ( s. 108: s. 110: s.114: ss. 116–117) | | You must notify the department within one business day if you give a resident a notice to vacate for any of the following reasons:  the resident endangers safety of other persons  the resident intentionally or recklessly causes or allows serious damage to any part of the SRS  the resident seriously interrupts the quiet and peaceful enjoyment of the SRS by other residents  the resident is in need of more healthcare than is available at the SRS  the resident is in need of more personal support than is available at the SRS | Notify the authorised officer |

# Section 17. How your SRS will be monitored

The department registers all SRS and monitors compliance with the Act and the Regulations. The department appoints authorised officers to visit and inspect SRS to monitor compliance with the Act and the Regulations. You should ensure that all staff are aware of the roles of authorised officers.

## The role of authorised officers

** ss. 130–181 of the Act**

Authorised officers are empowered by law to enter a supported residential service unannounced, to monitor compliance and investigate possible contraventions of the Act or Regulations. An authorised officer may also enter, with the consent of the occupier or a search warrant, any premises that the authorised officer has a reasonable suspicion is operating as an unregistered supported residential service. The four broad categories of inspection activity include:

* **Monitoring inspections** occur when authorised officers visit to check your compliance with the Act and Regulations. They may be announced or unannounced.If an inspection isannounced, you will be notified when a review of your SRS is planned and what it will focus on.
* **Compliance inspections** occur when authorised officers visit to check your progress after compliance issues have been identified and notified to you. As far as practical, these inspections will occur within two months of the notification of non-compliance.
* **Complaint inspections** investigate any complaint about a supported residential service. This investigation may occur with a scheduled inspection, or separately as an unannounced inspection.
  + **Other inspections** can also occur in response to an incident at a supported residential service, or an issue notified to the department by community visitors. These can be either announced or unannounced inspections.

If there are areas where your SRS does not meet requirements of the Act or Regulations, the authorised officer may take a range of actions to ensure that you meet those requirements. Authorised officers will discuss the findings of their inspection with you on the spot, or notify you in writing.

## Enforcement actions

You are responsible for each of your SRS complying with the Act and Regulations. You will receive compliance instructions or a warning letter requesting that non-compliance is rectified before enforcement action is taken.

Enforcement action may include:

* infringement notices
* undertakings
* compliance notices
* censure by the Minister
* suspension of resident admissions to your SRS
* revocation of your registration
  + appointment of an administrator.

# Section 18. The role of community visitors

** s. 184, s. 187 of the Act**

Community visitors are empowered by law to visit residents of SRS at any time and can attend unannounced. Community visitors visit SRS to talk to residents and liaise with SRS management and staff about issues of concern. Issues are often resolved on the spot or they may refer the issue to the department for investigation and follow up.

A resident may ask you to arrange a meeting for them with a community visitor. **You must advise the community visitors that a request has been made within two days of receiving the request.**

Community visitors can visit any supported residential service in their region. They can query whether the services are being delivered to residents in line with the principles of the Act and the accommodation and personal support standards. Community visitors can also query the status of any complaint made by, or on behalf of a resident, including the progress of its resolution.

A community visitor can:

* enter and look at any part of the premises
* speak with any resident of the SRS who wishes to speak to them
* ask questions of any employee of the SRS relating to any resident’s care
  + look at any records that are required to kept on the premises by the Act. However, community visitors are not authorised to look at a resident’s medical records unless the resident consents, or staff personnel records unless the relevant member of staff consents.

You and your staff are required to help community visitors by giving them all the reasonable assistance they need to do their job, including:

* answering their questions truthfully and fully
* giving them access to the records they are legally allowed to see
* giving them access to any part of the SRS (except where staff live or sleep over)
* passing on residents’ requests to talk to a community visitor
  + making sure that they are helped and not hindered in doing what they have come to do.

It is an offence under the Act to threaten, obstruct or assault a community visitor.

You must keep a record of visits by community visitors (see *Table 11. Checklist: Record keeping* in [Section 12. Keeping records](#_Section_12._Keeping)). Community visitors will prepare a report of their visit on the spot and give a copy to the person in charge at the time. If you or the person in charge do not think it is an accurate report, you should also make your own record.

| **Tip** |
| --- |
| Community visitors can often provide you with valuable insights and information about residents to enable you to better plan the supports you provide at your SRS. They may provide you with feedback about good practice and what other SRS are doing. |

# Section 19. Changes to your SRS

** s. 20, 25, 28, 29, 35, 178 of the Act**

## Varying the conditions of your registration

You must apply for a variation of registration if you wish to increase your bed numbers, or any other condition of your registration. You will need to provide the department with the required information and advise anyone who may have an interest in the land, such as the land owner.

## Altering or extending your SRS

You must apply for approval of any proposed alterations or extensions of your SRS if it will result in an increase of bed numbers, or a disruption or threat to the safety of residents.

Once the alterations are complete, you may also need to apply for a variation of your registration to reflect your new facilities.

## Approval of change in director

If the proprietor of a supported residential service is an incorporated body (that is a company or association), and a person ceases to be a director or other officer of the incorporated body, then the proprietor must notify the department within seven days.

If a person is appointed as a new director or other officer, then the proprietor must lodge an application for the department to approve that person as a suitable person to carry on, exercise control over or manage a supported residential service within seven days of their appointment. The application form sets out the information and documentation required, and the criteria that will be assessed. You may access application forms from the department’s website.

## Selling your SRS

If you wish to sell the business to a prospective proprietor, the prospective proprietor must apply for registration. The purchaser cannot run the business until the registration application has been approved and the contract of sale is settled.

Before accepting any application for registration, the department conducts a pre-lodgement meeting with the applicant. It is therefore best if the department is notified of a potential impending change of ownership soon after business negotiations commence.

The department uses the same criteria to assess an ownership change as for assessing a new registration, except for the criteria relating to premises suitability. However, it does require evidence that the appropriate planning permit has been issued and that the essential safety measures are maintained.

## Death or loss of capacity of sole proprietor

The department must be informed if a sole proprietor dies, or has a guardian or administrator appointed under the Guardian and Administration Act 1986.

A person may apply to temporarily operate the SRS if they are the personal legal representative or executor of the deceased proprietor, or the guardian or administrator for the represented proprietor. During this time, arrangements should be made to organise a new permanent proprietor for the SRS.

## ****Cancellation of registration****

You must lodge an application with the department if you wish to cancel your registration for any reason. You will also have to provide residents with at least 28 days’ notice of your intention to close.

## Closure of SRS

Closure refers to events where all residents of a supported residential service need to be relocated (not when an administrator is appointed), including:

* voluntary closures initiated by the proprietor or representative
* closure when registration of the proprietor or building is revoked
* closures in response to an emergency, for example, fire or flood
  + when proprietors change their business model to another accommodation type, for example, residential aged care or a rooming house. You must close the SRS business before moving to a new business model.

You must notify the department in writing of your intention to close and give at least 28 days’ notice to residents.

During a closure, the proprietor is responsible for:

* ensuring the safety and wellbeing of residents until the SRS is closed
* respecting residents’ rights to make choices about where they want to live in the future
* facilitating assessments for those residents who require it
  + maintaining transparent and frequent communication with residents, persons nominated, guardians, relevant service providers and the department.

1. Applications to the Victorian Civil and Administrative Tribunal can be obtained from [VCAT’s website](http://www.vcat.vic.gov.au) <www.vcat.vic.gov.au> [↑](#footnote-ref-1)
2. For definition of ‘relevant authority’ see regulation 35(4). [↑](#footnote-ref-2)
3. For definition of ‘charges and convictions statement’ see regulation 7 [↑](#footnote-ref-3)
4. You must notify the department within one business day if you give a resident this notice to vacate. You also need to consider if the resident’s actions may be related to an unmet healthcare or personal support need. If so, see ‘[When a resident needs more healthcare or personal support](#_When_a_resident)’ in this section. [↑](#footnote-ref-4)
5. You may contact the department’s SRS registration officer via email at <srs.registration@dhhs.vic.gov.au> [↑](#footnote-ref-5)