

Superior Care Group

POLICIES

STANDARD 1

**MANAGEMENT SYSTEMS, STAFFING
AND
ORGANISATIONAL
DEVELOPMENT**

MANAGEMENT SYSTEMS, STAFFING AND ORGANISATIONAL DEVELOPMENT

STANDARD 1

1.1 Continuous Improvement

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Subject: CONTINUOUS IMPROVEMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

Superior Care Group actively pursues continuous improvement.

POLICY:

- Continuous improvement is management driven, embraced by all staff and encourages resident participation.
- Management and staff use a system to formally assess, monitor, and evaluate all areas of service and resident satisfaction.
- Our goals are clearly communicated to each resident (or their representative), staff and other customers of Superior Care Group.
- Opportunities for improvement are identified and action is taken to further enhance the quality of care and customer service.

MANAGEMENT RESPONSIBILITY

The management is committed to the achievement of Accreditation through compliance to the Residential Aged Care Standards.

STAFF RESPONSIBILITIES

Staff will demonstrate a commitment to continuous improvement by:

- Maintaining knowledge of policies and procedures.
- Actively participate in the auditing system.
- Read minutes of committees, newsletters and memos.
- Resolve resident complaints within scope of practice/or refer matters to management.
- Use correct reporting mechanisms.
- Diligently complete accident and incident forms, improvement request forms, and where appropriate initiate immediate action to maintain a safe environment for residents, visitors and staff.
- Professional and accountable practice at all times.

HOW DO WE GATHER INFORMATION	WHAT IS THE PROCESS	HOW DO WE FOLLOW UP THE RESULTS
<p>MEETINGS</p>	<ul style="list-style-type: none"> • Meetings are held on an as-need basis, determined by the management or upon staff request • Clinical management meetings are held weekly, Superior care management meetings are held fortnightly. • Meetings are held as per staff designations – Hotel Services, Care Services, RN's & Business (which includes all staff) • Attendance at meetings is compulsory. • Staff are paid for their attendance • Minutes are recorded • Minutes are published in the staff memorandum folder. 	<ul style="list-style-type: none"> • Minutes are published and posted in the memorandum folder in the staff room for all staff to read. • Staff complete evaluations after each meeting to monitor how the meeting was conducted and if it was appropriate for those in attendance. • The management action the evaluations.

AUDITS & SATISFACTION SURVEYS	<ul style="list-style-type: none"> • The audit schedule is managed by the management team – specifically the Head of Operations • Random audits are scheduled each month. • Staff are randomly asked to complete an audit. • Instructions on how to complete an audit are given to staff to follow • The audit results are recorded on a monthly summary form, included in the audit schedule book. • Annual satisfaction surveys are given to all residents, relatives and staff to review the full service. • We are subscribed to QPS Benchmarking to allow benchmarking against the industry. 	<ul style="list-style-type: none"> • Results of the audit are evaluated by the management – specifically the head of operations. • Follow-up requirements are delegated to the relevant Heads of services (Head of Care or Head of Hotel Services). • Follow-up requirements are discussed as an item in the relevant committee meetings and newsletters. • Results are published in the fortnightly newsletter. • If determined by the management, the frequency of audits can be re-scheduled. • A summary of the satisfaction survey is published for staff (included in newsletter), residents (included in meeting minutes) and relatives (posted with accounts)
SUBSCRIPTIONS	<ul style="list-style-type: none"> • Management determine the various subscriptions required for the service, generally related to clinical care or aged care. • Due dates for subscriptions are included in the audit schedule. • Management distribute the magazines and information to staff via the fortnightly newsletter, changes to policy documents or as reading material in the staff room. 	<ul style="list-style-type: none"> • Management review the necessity and relevance of the subscriptions annually, when the re-subscription is due. • Subscriptions are cancelled if the information is no longer relevant.
IMPROVEMENT REQUESTS / HAVE YOUR SAY FORMS	<ul style="list-style-type: none"> • Improvement request forms & Have Your Say forms are pink and are available in the receptions. • These forms also identify Hazards and purchase requests. • This procedure is included in the staff and resident handbooks. • Upon request for an improvement, the completed form is given to the management for actioning – specifically the Head of Operations. • The improvement request & Have Your Say form is numbered (as per number received within that year) and recorded in the Improvement Request Log. • Follow-up requirements are delegated to the relevant Heads of services. 	<ul style="list-style-type: none"> • These request forms are numbered and logged on the Improvement Request Log • The Head of Operations reviews the plan monthly, monitoring the process and completion of the improvement request. • Staff are informed about the improvement requests via the fortnightly staff newsletter, via letter or verbally. • The Directors are informed via the weekly reports. • Other stakeholders are informed about relevant improvement requests via letter, newsletters, verbally or email. • Improvement requests continue to be monitored for further incidents until management are satisfied the action is completed.
MAINTENANCE REQUESTS	<ul style="list-style-type: none"> • The maintenance request procedure is included in the staff handbook. • All requests are generated on the computer maintenance request log. • The maintenance log is reviewed weekly by the management – specifically the Head of Operations. • A printed version of the maintenance log is given to the maintenance person for completion weekly. • Contractors or service providers are arranged as required by the management or maintenance person as per priority, within 30 days. • Routine maintenance is scheduled as per the audit schedule. 	<ul style="list-style-type: none"> • Upon completion of the required maintenance issue, the actions are noted on the maintenance log and signed off. • The management remove the item from the computer log. • The printed maintenance log is filed for future reference.

COMMENTS OR COMPLAINTS	<ul style="list-style-type: none"> • The comments & complaint procedure is included in the staff and resident handbooks. • All staff are educated on how to handle complaints and will handle any issue that is within their capabilities and responsibility. • If a complaint cannot be dealt with by the staff, notification of a complaint is directed to the management for actioning – specifically the Head of Operations. • The complaint is recorded on the 'Continuous Improvement Plan'. • Follow-up requirements are delegated to the relevant Heads of services (Head of Care or Head of Hotel Services). • Comments are also generated from governing body audits & reviews 	<ul style="list-style-type: none"> • All complaints are logged in the Improvement Request log, including actions. • The Head of Operations reviews the log monthly, monitoring the process and completion of the complaints. • Staff are informed about the complaints via the fortnightly staff newsletter, via letter or verbally. • Other stakeholders are informed about relevant actions via letter, newsletters, verbally or email. • Complaints continue to be monitored for further incidents until management are satisfied the action is completed. • A register is kept of governing body reviews and audits. Actions are followed up by the relevant heads of department.
RESIDENT ACCIDENTS & INCIDENTS	<ul style="list-style-type: none"> • Potential hazards are identified and recorded on the 'Hazard Risk Assessments' register. • The procedure for recording accidents and incidents are included in the staff handbook. • Forms are kept at the reception desk for easy staff access. • Staff complete a form after every accident / incident. This form is then reviewed and signed by the RN, the CNC, the Physiotherapist and the management. • The management complete a summary of all incidents recorded for the month. • The resident's NOK is notified of all accidents and incidents. 	<ul style="list-style-type: none"> • The clinical management review the summary during the weekly clinical management meeting– determining if there are any common factors which influence the occurrence of the incidents. • Clinical or medical actions are implemented if required via the resident care plan and progress notes. • Staff and relatives are informed about the monthly statistics and what actions need to be implemented via the newsletter. • Management complete 6 monthly hazard risk assessments and environmental hazard audits to determine if all hazards are being managed as effectively as possible.
RESIDENT PRESSURE AREA'S	<ul style="list-style-type: none"> • The recording of the resident Pressure areas is the responsibility of the RN on duty. • All residents have skin assessments completed annually and pressure relieving assessments completed if it is identified they are at risk for pressure areas. This is part of their clinical documentation process. • It is the RN responsibility to determine and implement the appropriate pressure relieving devices required for residents. • PAC strategies are included on the resident care plan. • All resident treatments are recorded on the 'Treatment sheet' filed in the treatment folder. • All treatments are to be reviewed by the CNC weekly. • The management complete a summary of all Pressure Areas recorded for the month. 	<ul style="list-style-type: none"> • The clinical management review the summary weekly – determining if there are any common factors which influence the occurrence of the pressure areas. • Clinical or medical actions are implemented if required via the resident care plan and progress notes. • Staff and relatives are informed about the monthly statistics and what actions need to be implemented via the newsletter. • NOK are notified verbally by the RN on duty.
RESIDENT INFECTIONS	<ul style="list-style-type: none"> • Potential hazards are identified and recorded on the 'Hazard Risk Assessments' register. • The recording of the resident Infections is the responsibility of the RN on duty. • It is the RN responsibility to determine and implement the appropriate infection control processes required for residents. • The management complete a summary of all Infections recorded weekly. • The CNC monitors the infection charts and ensure adequate follow up actions are 	<ul style="list-style-type: none"> • The management review the summary weekly – determining if there are any common factors which influence the occurrence of the infections. • Clinical or medical actions are implemented if required via the resident care plan and progress notes. • Staff and relatives are informed about the monthly statistics and what actions need to be implemented via the newsletter. • NOK are notified verbally by the RN on duty.

	<p>implemented weekly.</p> <ul style="list-style-type: none"> Follow up dates for review are recorded in the diary. Infection charts are put with the treatment charts 	<ul style="list-style-type: none"> Management complete 6 monthly hazard risk assessments and environmental hazard audits to determine if all hazards are being managed as effectively as possible.
RESIDENT WEIGHTS	<ul style="list-style-type: none"> It is policy to record resident weights monthly. The weight management procedure is authorised by the dietician and as per industry Mini Nutritional Assessment criteria. Strategies are implemented for residents who are identified as 'at risk' as per the weight management flow chart. The management complete a summary of all resident weights weekly. 	<ul style="list-style-type: none"> The management review the weights weekly to determine if further actions need to be implemented. Clinical or medical actions are implemented if required via the resident care plan and progress notes. An individual monthly record is kept of each resident, copies being given to the dietician for actioning if required. NOK are notified of resident weight management by the RN. Staff are informed about the monthly statistics and what actions need to be implemented via the staff newsletter.
MEDICATION ERRORS	<ul style="list-style-type: none"> Potential hazards are identified and recorded on the 'Hazard Risk Assessments' register. The procedure for recording accidents and incidents are included in medication management policy. Forms are kept in the reception desk for easy staff access for pharmacy errors, other errors are recorded on the Careview program. Staff complete a form after every drug incident. This form is then reviewed and signed by the RN on duty. The completed form is put on the management desk for processing. The management complete a summary of all incidents recorded for the week. Drug incidents are discussed in the staff newsletter. Medication compliance audits are completed as per the audit schedule. 	<ul style="list-style-type: none"> The management review weekly incidents – determining if there are any common factors which influence the occurrence of the incidents. Staff involved in the incident are counselled or re-educated. Staff are also required to complete a self-reflection about the incident. Staff are informed about the monthly statistics and what actions need to be implemented via the staff newsletter. Management complete 6 monthly hazard risk assessments and environmental hazard audits to determine if all hazards are being managed as effectively as possible. Staff complete annual medication competency assessments
STAFF ACCIDENT & INCIDENTS	<ul style="list-style-type: none"> Potential hazards are identified and recorded on the 'Hazard Risk Assessments' register. The procedure for recording accidents and incidents are included in the staff handbook. Forms are kept in the reception desk for easy staff access. Staff complete a form after every accident / incident. This form is then reviewed and signed by the RN on duty. The completed form is put on the management desk for processing. The original form is filed in the staff members personnel file. The management complete a summary of all incidents recorded for the week. Workcover claims & suitable duty programs are managed by the physiotherapist (WHSO, Rehabilitation officer) 	<ul style="list-style-type: none"> The management review the summary weekly – determining if there are any common factors which influence the occurrence of the incidents. Management will determine if processes or further actions need to be implemented. Staff and relatives are informed about the monthly statistics and what actions need to be implemented via the newsletter. Management complete 6 monthly hazard risk assessments and environmental hazard audits to determine if all hazards are being managed as effectively as possible. Staff receive education on all manual handling and potential hazards annually.
STAFF PERFORMANCE APPRAISALS	<ul style="list-style-type: none"> Performance appraisals are as per policy formally every second year. New employees have a performance appraisal conducted prior being offered permanent 	<ul style="list-style-type: none"> Standard outcomes and criteria must be achieved and completed as part of the grading. Staff have a guide of what criteria is expected

	<p>employment.</p> <ul style="list-style-type: none"> The heads of department are responsible for conducting the appraisal. The appraisal has a standard format and staff rate themselves against a standardised grading formula based on their compliance. A calendar of when staff are due is monitored by the Head of Operations via the staff compliance spread-sheet. Staff are notified of when to book for their appraisal via the staff newsletter. 	<p>to be completed to ensure continued employment.</p> <ul style="list-style-type: none"> All aspects of their file are reviewed. Short-falls are counselled, education provided or instructions given with timeframes for completion.
CONTRACTOR REVIEWS	<ul style="list-style-type: none"> Reviews are completed on all service providers and contractors as per the audit schedule. The relevant heads of department are responsible for reviewing that the service providers are still appropriate Not all suppliers or contractors have contracts as they are required on an 'as needed' basis. Review of contracts is also included in the audit schedule 	<ul style="list-style-type: none"> Improvement requests are sent to contractors outlining what is required. Service agreements are reviewed for renewal in line with the outcome of these reviews.
METHODS OF FOLLOWING UP RESULTS		
<p>STAFF COMPLIANCE RECORD</p> <ul style="list-style-type: none"> Staff annual compliance comparison Staff exit register 	<ul style="list-style-type: none"> Attendance to all compliance requirements are recorded and monitored for all staff by the management. Information includes: currency of registration and police checks, completion of annual education with fire, manual handling, infection control, elder abuse and medication / chemical competency. A staff exit record is kept of all staff leaving this employment. Staff are interviewed as to the reason for resignation. 	<ul style="list-style-type: none"> The register is monitored monthly by the Head of Operations to ensure all staff are within their required completion dates. Reminders are printed in the staff newsletters Further education or instruction is given to the staff if required. Records of correspondence are filed in the employee personnel file. Reasons for staff resignation are reviewed and strategies implemented if common denominators are identified.
RESIDENT / RELATIVE NEWSLETTER	<ul style="list-style-type: none"> The newsletter is printed with the resident monthly accounts and included in the posting of the accounts. Resident newsletters are developed by the lifestyle staff and printed monthly 	<ul style="list-style-type: none"> Contact details for all management are included in the newsletter.
STAFF NEWSLETTER	<ul style="list-style-type: none"> The procedure for the staff newsletter is included in the staff handbook. A fortnightly staff newsletter is generated by the management staff – specifically the Head of Operations and the Head of Care Services. Topics included as standard items include: news, staff news, resident news, resident movements, statistics, continuous improvement, education, meetings and food for thought. The newsletter basically includes all information about what has occurred within the service over the previous fortnight. The newsletter is published with the fortnightly pay cycle and stapled to all employee pay slips. 	<ul style="list-style-type: none"> Staff are instructed to read the newsletter.
REGULATORY COMPLIANCE REGISTER	<ul style="list-style-type: none"> The regulatory compliance register is managed by the Head of Operations. A complete record of all legislation is kept on file, including the location of where it is 	<ul style="list-style-type: none"> As update information is received, it is re-filed into the manuals. Relevant changes are distributed to the staff via the memorandum folder as

	<p>available.</p> <ul style="list-style-type: none"> • We are subscribed to ANSTAT for aged care legislation updates, which includes paper and email alerts of legislation changes. • The ANSTAT manuals are filed in the Stanford manager's office. 	<p>required.</p> <ul style="list-style-type: none"> • Relevant changes to policies are updated by the management as required.
POLICY & PROCEDURE MANUAL	<ul style="list-style-type: none"> • The policy and procedure manual is generated via the computer by the management. • Policies are reviewed as per the audit schedule, a minimum of every 5 years. • Policy or procedure changes are implemented from information gathered from industry subscriptions, best practice information or legislative changes. • The management change the appropriate policy and currency date on the policy. • The management are responsible for the distribution of the updated policies. • Policy manuals are available in the staff rooms and computer. • Staff are informed of policy changes via memorandum, in committee meetings and fortnightly staff newsletter. • Policies are current if they have a 'red' stamp stating 'this is a controlled document'. 	<ul style="list-style-type: none"> • Staff sign compliance upon reading the policy documents in the memorandum folder.
STAFF DVD EDUCATION	<ul style="list-style-type: none"> • We are subscribed to the 'Aged Care Channel'. • Education DVD's are kept in the Head of Operation's office. The originals are copied for staff borrowing. (being a member of the Aged care Channel allows this with their copy-right). An on-line program is also offered for easy staff access to all topics. • Staff are given a list of the complete library of DVDs available. As part of their annual education agreement, staff nominate a minimum of 3 DVD's or learning packages to be completed. • RN's / EN's watch DVD's to ensure compliance with their CPE points. • The management keep a register of all staff requests and record the dates the staff borrow and return the DVD. • Each DVD includes an answer sheet, which upon return is marked by the management and filed in the staff personnel file. • Certificates of attainment are given to staff for resume purposes. • All staff must complete compulsory DVDs upon employment. • Staff completing external education is not required to complete this education – they are only required to complete the compulsory education. 	<ul style="list-style-type: none"> • The completed answer sheets are marked by management. Any wrong answers are discussed with the employee. Further DVDs can be issued if required. • Staff non-compliances are followed up with further DVD education eg. Staff will be given 'Dealing with difficult people' DVD if there has been an identified issue with this.

Subject: REGULATORY COMPLIANCE
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

That Superior Care Group's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines.

POLICY:

Superior Care Group will ensure that staff have access to, understand and comply with relevant regulatory requirements.

MANAGEMENT RESPONSIBILITY

It is the responsibility of management to ensure all regulations are updated as required and staff are informed of changes applicable to their scope of practice.

Superior Care Group is subscribed to relevant Aged Care governing bodies to keep updated with regulatory changes. These include:

- ANSTAT
- Membership with Aged Care organizations
- Email updates from the Department of Health & Ageing

Information is emailed to key personnel and hard copies are stored in the manager's office. Staff are informed of changes via memorandum, committee meetings and newsletters.

STAFF RESPONSIBILITIES

All staff are legally obligated to comply with all regulatory requirements in the conduct of their work.

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Std 1.3

Subject: EDUCATION AND STAFF DEVELOPMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

To ensure that management and staff have appropriate knowledge and skills to perform their roles effectively.

MANAGEMENT RESPONSIBILITY

- To record learning outcomes and staff attendance at in-service.
- To regularly assess the knowledge and skills of staff through performance appraisal, audits and competence testing.
- To allocate resources for education and staff development.

STAFF RESPONSIBILITY

- To be responsible for own professional development.
- To maintain skills and knowledge of contemporary practice within the scope of work and in alignment with organisational goals.
- To attend mandatory in-service education provided by the facility. (Please refer to Fire, Security and Other Emergencies and Lifting/Manual Handling Policies.)
- To complete annual Education Package of DVD's and worksheets or online education from Aged Care Channel.
- RN & EN to complete the required CNC points to maintain registration.

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Std 1.4

Subject: COMMENTS AND COMPLAINTS
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

To ensure that staff, residents and/or their representatives have access to internal and external complaints mechanisms.

We aim to provide a service that meets the needs of our residents and we strive for a high standard of care.

We welcome suggestions from residents, their family members who care for them, and from our clinicians and staff about the safety and quality of care we provide.

We are committed to an effective and fair complaints system and

We support a culture of openness and willingness to learn from incidents, including complaints.

POLICY:

Residents and their families are encouraged to provide suggestions, compliments, concerns and complaints and we offer a range of ways to do it.

Residents and their families are encouraged to discuss any concerns about clinical care with their treating doctor, or they can complete the Improvement Request form or Have your Say form.

Clinicians and staff can also use the Improvement Request form or Have your say form to record concerns and complaints about the quality of service or care to our residents.

All complainants are treated with respect, sensitivity and confidentiality

All complaints are handled without prejudice or assumptions about how minor or serious they are. The emphasis is on resolving the problem.

Residents, their families, clinicians and staff can make complaints on a confidential basis or anonymously if they wish, and be assured that their identity will be protected.

Residents, clinicians and staff will not be discriminated against or suffer any unjust adverse consequences as a result of making a complaint about standards of care and services.

Our clinicians and staff are expected to provide assistance to residents who have special needs, such as those who do not speak English well or have a disability, so that they can provide feedback or follow up a complaint.

Everyone's Responsibility

All clinicians and staff are expected to encourage stakeholders to provide feedback about the service, including complaints, concerns, suggestions and compliments.

Clinicians and staff are expected to attempt resolution of complaints and concerns at the point of service, wherever possible and within the scope of their role and responsibility.

The process of resolving the problem will include:

- An expression of regret to the stakeholder for any harm suffered
- An explanation or information about what is known, without speculating or blaming others

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- Considering the problem and the outcome the stakeholder is seeking and proposing a solution and
- Confirming that the stakeholder is satisfied with the proposed solution.

If the problem is resolved, staff are expected to complete the Improvement Request form to record feedback from stakeholders.

Our staff will consult with the management if addressing the problem is beyond their responsibilities.

If the complaint is not resolved

Complaints that are not resolved at the point of service, or that are received in writing and require follow up, are regarded as formal complaints.

Our staff will refer complaints to management if:

- After attempting to resolve the complaint, they do not feel confident in dealing with the complainant or
- The outcome the complainant is seeking is beyond the scope of their responsibilities or
- They or the complainant believe the matter should be brought to the attention of someone with more authority.

If the complaint is not resolved at the point of service, staff are expected to acknowledge to the complainant that a formal complaint has been received and will be acted on.

Management will begin completion of the 'complaint follow up form' with the staff who are directly involved.

Administration and oversight

Management is responsible for coordinating investigation and resolution of formal complaints, conducting risk assessments (in consultation with staff), liaising with complainants, maintaining a register of complaints and other feedback, providing regular reports on informal and formal complaints, and monitoring the performance of the complaints policy and procedure.

Staff training

All staff need to have skills in handling complaints competently. The service provides training in dispute management, customer service and our complaints management procedures as part of induction and through regular updates.

Promoting feedback

Information is provided about the complaints policy and external complaints bodies that stakeholders can go to with a complaint, such as the Aged Care Complaints Scheme in a variety of ways:

- Posters at reception
- Resident handbook
- Suggestion boxes at reception and sign in table
- By staff inviting feedback and comments
- Satisfaction surveys and audits

Risk assessment

After receiving a formal complaint, the management reviews the issues in consultation with relevant clinicians to decide what action should be taken, consistent with the risk management procedure.

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Step One: The Severity Assessment code is used to consider the likelihood and consequence of an incident to obtain a fixed rate ranking, which correlates with actions to be taken to address the incident.

Consequences	Serious	Major	Moderate	Minor
Likelihood				
Frequent	4	4	3	2
Likely	4	4	3	2
Possible	4	3	3	2
Unlikely	4	3	2	1
Rare	2	2	2	1

A 4 rating requires notification to the directors for immediate action and a detailed assessment of the causes and the corrective action that should be taken

A 3 rating requires notification to the directors and a detailed investigation at their discretion, and the management conducts a review of policies as part of managing the complaint, which may result in recommendations for change.

A 2 rating results in the management drawing attention to the nature and impact of problem to heads of department as part of managing the complaint, and may be the subject of recommendations for change.

A 1 rating results in the issues being considered by the heads of department as part of managing the complaint and may be the subject of recommendations for change.

Step two: consider if the complaint raises issues about the ability or appropriateness of a staff continuing to practice. Factors to be considered are risks to the adequacy and safety of care being provided, a lack of knowledge, skill, judgement or care, inappropriate behaviour, especially criminal acts. The directors are notified of any complaint that involves a serious question about the adequacy of care provided by an individual or of unprofessional behaviour.

Assessing resolution options

Formal complaints are normally resolved by direct negotiation with the complainant, but some complaints are better resolved with the assistance of an independent mediator or conciliator.

The management consider appointing an independent mediator or encourage the complainant to take the matter up with the Aged Care Complaints Scheme if:

- There is a serious question about the adequacy and safety of a health practitioner
- The complaint is against a senior clinician or manager who will be responsible for investigating the complaint, resulting in a perception that there is a lack of independence and
- The complaint raises complex issues that require external expertise.

External Notification

The director will inform or consult with external agencies in the following circumstances:

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Complaint has not be resolved directly with complainant	Aged Care Complaints Scheme
Offence under privacy laws, privacy breach amounting to breach of professional standards	Office of the Federal Privacy Commissioner Health Professional registration body
Unsafe care or inappropriate behaviour by a health practitioner	Health professional registration body Aged Care Complaints Scheme
Reportable deaths under the Coroners Act	State Coroner
All serious incidents	Department of Health and Ageing

Timeframes

Formal complaints are acknowledged in writing or in person within **48 hours**

The acknowledgement provides contact details for the person who is handling the complaint, how the complaint will be dealt with and how long it is expected to take. If the complaint raises issues that require notification or consultation with an external body, the notification or consultation will occur within **three days** of those issues being identified.

Formal complaints are investigated and resolved within **10 – 31 days**.

If the complaint is nor resolved within **20 days**, the complainant, and staff who are directly involved in the complaint will be provided with an update.

Records and Privacy

The management maintains an improvement request register with records of informal feedback and formal complaints. Personal information in individual complaints is kept confidential and is only made available to those who need it to deal with the complaint. Complainants are given notice about how their personal information is likely to be used during the investigation of a complaint using our standard letter for acknowledging complaints.

Individual complaint files are kept in a secure cabinet in the management office and in a restricted access section of the computer system's file server.

Open Disclosure and fairness

Complainants are initially provided with an explanation of what happened, based on the known facts. At the conclusion of an inquiry or investigation, the complainant and relevant staff are provided with all established facts, the casual factors contributing to the incident and any recommendations to improve the service and the reasons for these decisions.

Investigation and resolution

The management carries out investigations of complaints to identify what happened, the underlying causes of the complaint and preventative strategies.

Information is gathered from:

- Talking to staff directly involved

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- Listening to the complainants views
- Reviewing the medical records and other records and
- Reviewing relevant policies, standards or Guidelines

Complaints about individuals

Where an individual staff member has been nominated by a complainant, the matter will be investigated by the relevant head of department, who will:

- Inform the staff of the complaint made against them
- Ensure no judgement is made against a staff member while an investigation is being carried out
- Ensure fairness and confidentiality is maintained during the investigation and
- Encourage the staff member to seek advice from their professional association if desired.

The staff members will be asked to provide a factual report of the incident, identify systems issues that may have contributed to the incident and suggest possible preventative measures.

Where the investigation of a complaint results in findings and recommendations about individual staff members, the issues are addressed through the staff performance and review process.

Reporting Complaints

The management team prepares reports on the number and type of complaints, the outcomes of complaints, recommendations for change and any subsequent action that has been taken. The reports are provided to the directors weekly and to staff via newsletters or memorandums. The management promotes changes it has made as a result of complaints.

Monitoring and evaluation

Management annually reviews the complaints management system to evaluate if the complaints policy is being complied with and how it measures up against the indicators in the QPS benchmarking surveys against other industry bodies.

RESIDENT'S COMPLAINTS MECHANISM

AN OPPORTUNITY

The Management of the facility regards suggestions and complaints as an opportunity to improve the facility's service to you and to others. Comments and complaints are welcome and assist us to make improvements to the care and other services we provide.

1. TALK ABOUT IT

You are encouraged to discuss your concern with the Heads of Department, the Head of Operations or the Registered Nurse on duty, or at the Relatives Support Committee meeting. Your complaint will be followed up promptly and feedback given to you as soon as possible.

2. IMPROVEMENT REQUEST FORMS

An Improvement Request Form or Have Your Say Form can be obtained from the staff for the recording of complaints, comments, suggestions or queries and will be given to the Head of Care Services or the Head of Operations for actioning. You can be assured that issues raised will be followed up. You will be given personal feedback if you write your name. Otherwise, **depending on the issue**, feedback will be provided in the newsletter or through resident meetings.

3. CONTACT THE PROPRIETOR OF SUPERIOR CARE GROUP.

If your problem has not been resolved after using the above methods or if you feel as though the issues are complex, you are welcome to contact the Proprietor or Executive Officer, who will personally investigate the matter and give you feedback.

1. Name: MR RUSSELL T EGAN Telephone: (07) 3822 6761

2. Name: MR RUSSELL D EGAN Telephone: (07) 3822 6761

THERE ARE NO REPRISALS FOR COMPLAINTS

Complaints and suggestions are ways in which you can help us improve – complaints are welcomed. There are definitely no reprisals if you share a concern, suggestion or make a complaint to help us to improve our approach.

4. ASK FOR A MEDIATOR

If you are having difficulty resolving a problem you may wish to ask for a mediator to act as a go-between. The mediator will be chosen by mutual agreement between the management and yourself.

5. EXTERNAL AGENCIES

If the matter cannot be resolved within the Home you are free to contact the following organisations for assistance:

1. Aged Care Complaints Scheme

Telephone: 1800 550 552

2. Advocacy Service

Address: PO BOX 313 NUNDAH 4012

Telephone: (07) 3260 6755 OR 1800 818 338

SUPERIOR CARE GROUP

Std 1.5

Subject: PLANNING & LEADERSHIP / CORPORATE CHARTER
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

Superior Care Group has displayed their Mission, Philosophy and Objectives.

POLICY:

- Management will ensure that **all documented Policies** (statements of intent by the organisation), **Procedures** (a specified way to perform an activity) and **Practices** are:
 - regularly reviewed and updated;
 - include all items particular to Superior Care Group;
 - reflect industry "best practice"; and
 - known and complied with by all levels of staff.

Management will ensure that such information is made available to staff through means such as the Policy and Procedure Manual, staff education and development, minutes of meetings and staff memorandums.

Superior Care Group Corporate Charter

1. Purpose

This Charter sets out the authority, role, operation, membership, functions and responsibilities for the Management team of the Superior Care Group. This Charter is an outline for corporate governance of members and the statutory obligations of Superior Care Group. This Charter is to be reviewed annually by the members of the management.

2. Organisation

Superior Care Group delivers aged care services in two main Residential Aged Care services on Brisbane's South side, and Gold Coast South side. Superior Care Group serves a population of 190 aged residents residing in these residential aged care facilities.

3. Legislative Obligations

The Management of Superior Care Group is responsible for the Governance activities of the organisation and derives its authority to act from the *Aged Care Act, 1997* (herein referred to as the Act.)

4. Management

4.1 Management Structure

Superior Care Group is a family owned and operated business which includes one Owner and Director.

The management team comprises of independent facility specific members, being the:

- Head of Operations responsible for the overall management of the service,

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- Head of Care services responsible for the management of the clinical care team
- Head of Hotel services responsible for the auxiliary team.

The Director is responsible for selecting, approving and appointing members of the Superior Care Group management team to fill any vacancies that may arise.

The Director is obliged to advertise for expressions of interest from suitably qualified persons and consider the expressions of interest received.

The management should comprise members with a broad range of skills, expertise and experience to perform its functions effectively and efficiently: ie, persons with expertise in health, business, financial and human resource management.

There are systems in place to ensure that management receives the necessary support they require to perform their role effectively. Induction and orientation programs are in place for all newly appointed members, and continuing education and training is encouraged.

The role of management becomes vacant if the member resigns by signed notice of resignation to the Director or is removed from office by the Director due to poor performance.

All management has direct access to the Director and Owner.

In addition to regular reports by management to the Director and scheduled weekly meetings, management may seek briefings from the Director on specific matters and are entitled to request additional information at any time when they consider it appropriate.

4.2 Functions

The functions of the Management team are:

- to oversee and manage the residential Service; and
- to ensure that the services provided comply with the requirements of the Act and the objectives of the Superior Care Group.

4.3 Delegations

The Director delegates to the management team as per functions under the Act.

4.4 Responsibilities of the Director

The Director is responsible for setting strategic direction, establishing goals and objectives for executive management and monitoring the organisation in line with current government health policies and directives and ensuring that adequate and appropriate consultation is undertaken.

The key responsibilities of the Director include:

- Review and approve strategies, goals, annual budgets, and financial plans.
- Monitor financial performance on a regular basis.

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- Monitor operational performance on a regular basis including compliance with clinical regulations and standards.
- Ensure that risk management systems are in place to cover all of the organisation's key risk areas including operational, financial, environmental and asset related risks.
- Ensure that Superior Care Group has policies and procedures to satisfy its legal and ethical responsibilities.
- Monitor committee reporting on operational, financial and clinical performance.
- Determine the desired culture for the Superior Care Group services to enhance its reputation with the community and stakeholders.
- Report to and communicate with Government, the community and other stakeholders on the financial and operational performance of the organisation.
- Preside over all management team meetings. In the event of the Director being absent, the meeting shall be rescheduled.
- Maintain a regular dialogue and mentoring relationship with the management team.
- Monitor the performance of the individual management members and promote their on-going effectiveness and development.
- Inform the Owner about significant issues and events.

5. Responsibilities of the Management team

- Ensure compliance with the approved strategies, goals, annual budgets, and financial plans.
- Maintain financial performance.
- Maintain operational performance including compliance with clinical regulations and standards.
- Maintain the risk management systems including operational, financial, environmental and asset related risks.
- Promote and maintain the Superior Care Group policies and procedures.
- Provide to the Director Committee reports on operational, financial and clinical performance.
- Promote the desired culture for the Superior Care Group services to enhance its reputation with the community and stakeholders.
- Report to and communicate with Government, the community and other stakeholders on the financial and operational performance of the organisation as instructed by the Director.

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- Attend all management team meetings.
- Maintain a regular dialogue with the Director.
- Monitor the performance of the Superior Care Group employees and promote their on-going effectiveness and development.
- Inform the Director about significant issues and events.

6. Governance Mechanisms

6.1 Management meetings

Facility management team meets once a week, and members are expected by virtue of their appointment to attend 75% of all meetings held.

The Joint Management team meets second monthly, and members are expected by virtue of their appointment to attend 75% of all meetings held.

The Director may also request to meet with the management on other occasions between scheduled meetings to deal with specific matters as the need may arise.

6.2 Delegations

The Director is responsible for determining what powers and functions can be performed by other staff on behalf of the management. The exercise of delegated authority is restricted to specific organisational functions and roles.

The management must consult with the Director on any matter which the Director considers is of such a sensitive, extraordinary or strategic nature as to warrant the attention of the Director regardless of value.

Expenditure initiatives, above the management's approval threshold, must be submitted to the directors for approval.

6.3 Committees

The directors acknowledge contribution of facility committees to assist in carrying out its functions and responsibilities. There may be a number of committees that undertake their roles in an advisory capacity and may make recommendations to the management team. Minutes of Committee meetings are presented to the Director.

Committees can include:

- Workplace Health and Safety
- Quality
- Care and Clinical governance

6.4 Meeting procedures

It is the responsibility of the management to ensure that meetings are serviced, business papers prepared and minutes recorded.

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6.5 Evaluation of Performance

The Director will undertake an annual assessment of the management team's performance, including performance against the requirements of this Charter. Following each assessment, the Director will consider what, if any, actions need to be taken to improve performance.

6.6 Confidentiality of Information

All attendees are required to keep confidential all information presented to (whether written or oral) or discussed at Committee meetings.

Superior Care Group has adopted the following protocol:

- The Director may make public statement and issue media releases relevant to the functions, performance or affairs of the Superior Care Group.
- A management member who receives an enquiry about operational, customer relations, legal or other matter must invite the inquirer to contact the Director.
- A management member who receives an enquiry about an issue of a political or sensitive nature concerning the activities of Superior Care Group must refer the matter to the Director.

7. Members' Code of Conduct and External Representation

Management members shall at all times act and conform to Superior Care Group's vision, mission, priorities and commitments. Management members must at all time act in accordance with their duties of confidence and confidentiality, and individual fiduciary duties including honesty and the exercise of reasonable care and diligence with respect to performance and discharge of official functions.

The behaviour of management is directed by this Code of Conduct which states that members must:

Act with integrity and impartiality. Are committed to the highest ethical standards; accept and value their duty to provide advice which is objective, independent, apolitical and impartial; show respect towards all persons, including Superior Care Group staff, residents and the general public; undertake that any conflict of interest issue will be resolved or appropriately managed in favour of the public interest; and are committed to honest, fair and respectful engagement with the community.

Act in promoting the public good. Accept and value their duty to be responsive to both the requirements of government and to the public interest; accept and value their duty to manage resources effectively, efficiently and economically; value and seek to achieve excellence in service delivery; and value and seek to achieve enhanced integration of services to better service stakeholders.

Act with commitment to the system of government. Accept and value their duty to uphold the system of government and the laws of the State, the Commonwealth and local government; are committed to effecting policies and decisions professionally and impartially.

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Act with accountability and transparency. Are committed to exercising proper diligence, care and attention; are committed to using resources in an effective and accountable way; are committed to managing information as openly as practicable within the legal framework; value and seek to achieve high standards of administration; value and seek to innovate and continuously improve performance; value and seek to operate within a framework of mutual obligation.

Use your position appropriately. Do not use your position to seek an undue advantage for yourself, family members or associates; ensure that you decline gifts or favours that may cast doubt on your ability to apply independent judgement.

Exercise due care, diligence and skill. Ascertain all relevant information; make reasonable enquiries; understand the financial, strategic and other implications of decisions.

In addition to these principles a management member must not -
Improperly direct or influence an employee of Superior Care Group in the exercise of any power or in the performance of any duty or function by that employee.

8. Pecuniary Interest/Conflict of Interest

In addition to the statutory responsibility to act impartially in performing the management's duties, members shall also declare any conflict or perceived conflict of interest in any matter.

9. Procedure where a Member does not comply with the principles of this Charter

Any member of the management who considers another member has breached this Charter should consult the Director. The Director is responsible for determining appropriate action including, where necessary, investigation of the concerns raised. Where concerns raised relate to the Director, the concern should be raised directly with the Owner.

10. Indemnities and Insurance

A member of the management is not personally liable for anything done or omitted to be done in good faith:-

- in the exercise of a power or the discharge of a duty under the Act
- In the reasonable belief that the act or omission was in the exercise of a power or the discharge of a duty under the Act.
- Any liability resulting from an act or omission done in good faith attaches to the Superior Care Group, not the individual member.

SUPERIOR CARE GROUP

Std 1.6 (01)

Subject: RECRUITMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

The purpose of the **recruitment** process is to attract, identify and select the person with the most appropriate and suitable skills/abilities/experience to fulfil an identified role within Superior Care Group.

POLICY:

- **Recruitment** is only undertaken in respect to positions approved by the management following the evaluation of an identified and justified need for an additional/replacement staff member.
- **Selection** is based on the applicant's relevant skills and experience, qualifications, potential, personal attributes and the capacity to commit to the shared values of Superior Care Group and contribute to its success.
- **Interviewing** management will perform all recruitment interviews to enable the applicant and the facility an opportunity to assess the applicant's overall suitability for the position.

Subject: EMPLOYMENT SCREENING – Federal Police Record Checks
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

EMPLOYMENT SCREENING – Federal Police Record Checks

The Australian Government's proposed elder abuse measures include the introduction of police record checks for aged care employees.

Police Record Checks

A Police check provides evidence of whether a person:

- Has been convicted of an offence; or
- Has been charged with, and found guilty of, an offence but discharged without conviction; or
- Is the subject of any pending criminal charge.

Police record checks can be undertaken by the Australian Federal Police (AFP) or a State Police Authority.

Police record checks can be instigated by an:

- individual (prospective) employee/volunteer who can then supply a copy of the record to the employer; or
- employer with the informed consent of the individual.

Where the management undertakes the police record check a copy of the police check is provided to the individual.

Who is required to be screened?

All staff and volunteers are to provide a current Police Record Check upon employment.

- all people who are employed, hired, retained or contracted by an approved provider (whether or not for financial reward) to provide care or services within an aged care service; and
- all people who have, or are reasonably likely to have, unsupervised access to care recipients within an aged care service. This will include all people over the age of 16 who work or provide services at the aged care service including:
 - key personnel of the approved provider;
 - employees and contractors such as allied health professionals who are contracted by the approved provider to provide on-site services to care recipients;
 - consultants engaged by the approved provider who, in their role, may have unsupervised access to care recipients
 - staff who are not directly engaged by the approved provider but who work under the authority of the approved provider. For example, staff that have been made available to the approved provider by an employment agency;

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- anyone who is working "on-site" at the aged care service regardless of whether they actually work directly with care recipients. For example, the requirement will apply not just to carers but also to kitchen and laundry staff, office staff and employee gardeners etc;
- volunteers who are organised by the provider (i.e. invited into the service by the provider) who have, or are reasonably likely to have, unsupervised access to a care recipient; and
- volunteers visiting care recipients under the Community Visitors Scheme.

Police Checks are not required for:

- volunteers who are under the age of 16 (except where they are a full-time school student, then under the age of 18);
- people who are expressly or impliedly invited into the aged care service by a care recipient (for example, family and friends of the care recipient);
- visiting medical practitioners, pharmaceutical professionals and other allied health care personnel who are requested by, or on behalf of, the care recipient but not contracted by the approved provider. This includes those people who accompany the health professionals on visits to aged care services or are directed by them to visit the service; and
- people who do not have unsupervised access to care recipients such as contracted service providers (for example, a plumber who visits a service to fix a tap), consultants (for example, a management/administrative consultant advising an approved provider on matters other than resident care), or volunteers (for example, who read to care recipients but are not alone with one care recipient).

Who Can be Employed?

Australian Government funded services cannot employ people with a police certificate or statutory declaration that record the following categories of offences. These offences will automatically disqualify a person from being employed:

- a disqualified individual if a "key personnel"
- a conviction of murder or sexual assault; or
- a conviction of, and sentence for imprisonment for, an other form of assault

Any outstanding charges, warrants, court orders, offences, findings of guilt with or without conviction, in relation to the following would automatically disqualify a person from being employed:

- Any sexual offence of a violent or exploitative nature;
- Any offence involving harm or exploitation of vulnerable people;
- Any serious offence involving the use of violence;
- Murder;
- Serious alcohol or drug related offences that indicate a pattern of dependence;
- Drug trafficking;
- Any serious assault; and
- Any offence involving dishonesty.

Offences not specified in the legislation will remain at the discretion of the employer. (ie. any outstanding charges, warrants, court orders, offences, findings of guilt, with or without conviction in relation to stealing).

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Exceptional circumstances will be considered and employment approved by the Executive Officer or Director. Where this occurs and employment is offered, a defensible and transparent risk management plan will be implemented and regularly monitored by the management.

It will be at management discretion to approve employment where a minor or relatively serious misdemeanour or offence that would not pose a risk in the past is uncovered. Consideration of the following points will be taken into account in determining this:

- The seriousness of the offence;
- The person's age at the time;
- How long ago it occurred;
- Whether there have been repeat offences;
- Whether a conviction was recorded;
- The relevance of the offence to the role to be performed;
- The level of direct and unsupervised access the person would have to residents/clients;
- Any extenuating circumstances.

Process:

- Whilst advertising for position vacancies, reference to the need for police record checks in any job advertisements will be included.
 - A satisfactory police record certificate check is to be obtained prior to commencement. Employees are required to provide the original copy of the police check to the management for photocopying and filing.
 - It is better for the employment screening process to be finalised before hiring a person but this may not always be possible. Where it isn't possible it is to be documented why this is the case. Where waiting for the certificate will cause operational difficulties, making an offer of employment will be conditional on the management being satisfied with the police certificate when received.
 - This requires the prospective employee/volunteer/contractor completing and signing a Statutory Declaration. Statutory Declarations must be made in accordance with the Commonwealth Statutory Declarations Act 1959 and the Commonwealth Statutory Declarations Regulations 1993.
 - Refusal to provide a statutory declaration precludes a person from employment.
 - Where an employee is taken on prior to receiving a police check the management will outline the level of supervision required in the interim. If supervision cannot be catered, the employee will not be rostered.
 - The Australian Government has specified the exceptional circumstances under which a person could commence as a staff member or volunteer prior to receiving a police record check for Australian Government funded services.
 - The circumstances are:
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- the care or other service to be provided by the person is essential; and
 - an application for a police certificate has been made before the date on which the person first becomes a staff member or volunteer; and
 - the person will be subject to appropriate supervision during periods when the person has access to care recipients; and
 - the person makes a statutory declaration stating that they have never been convicted of murder or sexual assault, or have never been convicted of, and sentenced to imprisonment for, an other form of assault.
 - If an unsatisfactory police certificate is obtained the conditional employment contract is terminated.
 - If a (potential) staff member or volunteer has been a citizen or permanent resident of another country an equivalent check for that country is to be provided or a Statutory Declaration in addition to a current Australian Police Record Check, is required to be provided stating:
 - that they have never been convicted of murder or sexual assault and:
 - have never been convicted of, and sentenced to imprisonment for, any other form of assault in a country other than Australia.
 - Superior Care Group employees are required to have current checks that are not more than 3 years old. If a potential employee has a police records check not more than 3 years old the management accept that rather than seeking another certificate.
 - All employee police checks will be filed in staff personnel files in the manager's office. Disclosure of personal information about individuals obtained through a police check is governed by the Privacy Act 1988.
 - The individual seeking employment bears the cost of the police record check. Obtaining all future police checks and costs will be the responsibility of the employee. Updating of police certificates is required every 3 years.
 - All police check applications will be processed by management, posted to the federal police so receipts are kept as proof by management. Staff are required to complete the relevant application forms and return to management for processing. A self-stamped envelope will be sent with the application form to ensure the certificate is returned to this facility. Management will invoice the cost of the application process to the employee. Upon payment, the original will be returned to the employee.
 - Police record checks can only be carried out through the State, Territory or Federal police or a recognised authorised agent.
 - Within the time of employment, all employees are required to notify management if the status of their police record changes. i.e. they are charged with a criminal offence.
 - Where the police record check is retained for a long period of time a conviction could become spent. This means that these convictions are non-disclosable and will not be a consideration for any employment decisions.
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Information about spent convictions will be kept securely in accordance with the Privacy Act 1988.

- A spent conviction allows former offenders to “wipe the slate clean” after a relevant period of time, depending on the offence. Once a conviction has been “spent” a person is not required to disclose the conviction.
- Guidelines for the prevention of discrimination in employment on the basis of criminal record as per The Human Rights and Equal Opportunity Commission (HREOC) will be considered when assessing a police certificate.
- If an employee fails to disclose their criminal record at recruitment stage, where the criminal record is relevant to the job, management may have grounds for dismissal but will consider:
 - relevance to the job;
 - the reasons for not revealing the criminal record;
 - the employees work history; and
 - obligations under unfair dismissal laws.
- Other forms of background checking, such as following up referee reports, will be conducted where a younger person is to be working directly with older people.

SUPERIOR CARE GROUP

Std 1.6 (02b)

Subject: EMPLOYMENT SCREENING – Visa Entitlement Verification
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All staff

EMPLOYMENT SCREENING – Visa entitlement Verification

The Australian Government Department of Immigration and Citizenship grants temporary visas to holiday, study and work in Australia after meeting entry requirements.

Visa Entitlement Verification Online (VEVO)

A visa entitlement verification provides evidence to the employer that a person:

- Has the right to be in the country
- Has the right to work in the country
- Has work limitation conditions

Who is required to be screened?

All new employees who hold a temporary visa.

Visa entitlement verifications is not required for:

- People who are not employed by the aged care facility who are requested by the facility to carry out work (for example, an electrician testing equipment)
- Volunteers

Process for checking visa holders

- Sight passport as proof of identification.
- Ask for consent to check visa details through the Visa Entitlement Verification Online (VEVO) or Entitlement Verification Faxback service.
- Perform work entitlement check through VEVO or the faxback service.

SUPERIOR CARE GROUP

Std 1.6 (03)

Subject: CONTRACT OF EMPLOYMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: Manager

PURPOSE:

- To outline the **Contract of Employment** process.

POLICY:

- Superior Care Group staff are employed under a collective Enterprise Agreement, developed in partnership with the management, staff and work unions.
- The employee must understand and acknowledge the **terms and conditions** of the appropriate work agreement, prior accepting employment.
- All employees have access to a **copy** of their Contract of Employment in the staff room or can obtain a copy from management.
- Once the terms of an employment contract have been agreed upon no change should be made unilaterally, unless the contract provides for a change.

SUPERIOR CARE GROUP

Std 1.6 (04)

Subject: POSITION DESCRIPTION
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head of Operations
Distribution: All Staff

PURPOSE:

To ensure that all employees have a position description which clearly details the purpose, function and responsibilities within the position they hold within Superior Care Group.

POLICY:

- A position description is available for all positions within Superior Care Group.
- Copies are available in the staff room
- A signed/dated acknowledgment of the employee having received a copy of the position description will be placed on the employees personnel file.

SUPERIOR CARE GROUP

Std 1.6 (05)

Subject: PROBATIONARY PROCEDURES
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that all new employees are subject to a 6 month probationary period.

POLICY:

- The **period of probation** will be for a duration of 6 months for all staff with the exception of management staff which will be determined by the Director.

Performance Appraisals will be conducted as determined by the Management.

- An employee can be terminated **prior to the completion of the probationary period** where the new employee has proved (through formal assessment processes) to be unsuitable for the position.
- The **probationary period can be extended** for a short period **where** additional time is required to ascertain whether the employee is suitable for the position.

SUPERIOR CARE GROUP

Std 1.6 (06)

Subject: EMPLOYEE RECORDS
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure correct compilation, maintenance and storage of personnel files.

POLICY:

- Superior Care Group shall maintain individual personnel files for each employee. All active personnel files are stored in a secured cabinet in the Management office. Non-active files are archived off site.
- Employees may have access to their personnel file whenever required in the **presence of Management**.
- Employees may request **copies of any information** held on their personnel file.
- Personnel files of terminated staff are retained for 7 years from the date of termination.

SUPERIOR CARE GROUP

Std 1.6 (07)

Subject: STAFF ORIENTATION (INDUCTION) PROGRAM
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that all new employees are orientated to their roles and responsibilities, colleagues and Superior Care Group in an effective and efficient manner.

POLICY:

- All new employees will receive a **formal orientation program** conducted by the Heads of Department or supervisors.
- The orientation program will be conducted **prior** to commencement of duties.
- The new staff member will be allocated a 'buddy' to assist them in their adjustment. The "buddy" staff member will work with the new employee on their first day of work and act as a resource person in their first weeks of employment.
- New employees will be paid for 5 'buddy' shifts in each designation. Further buddy shifts will be at the employees request and voluntary.

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Std 1.6 (08)

Subject: AFFIRMATIVE ACTION
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that the principles of **Equal Employment Opportunity (E.E.O.) Affirmative Action (A.A.)** and **Anti-Discrimination** are implemented and abided by in relation to all employment based decisions.

POLICY:

All documents, policies and procedures written or used by Superior Care Group will be in accordance with the principles of E.E.O., A.A. and Antidiscrimination.

- Superior Care Group is an equal opportunity employer.
- All employees are treated on their merits, without regard to race, age, sex, marital status or any other factor not applicable to the position. Employees are valued according to how well they perform their duties, their ability and enthusiasm to maintain the homes' Philosophy and Standards of care.
- The Management does not tolerate any form of discrimination.
- Disciplinary action will be taken against anyone who discriminates against a co-worker.
- Any reports of discrimination or victimisation will be treated seriously and investigated promptly, confidentially and impartially.
- A written complaint is required to streamline the investigation process.

SUPERIOR CARE GROUP

Std 1.6 (09)

Subject: WORKPLACE BULLYING / SEXUAL HARASSMENT
Effective Date: NOVEMBER 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that employees are treated equitably and not subject to workplace bullying or harassment.

POLICY:

- The Management of Superior Care Group does not tolerate any form of workplace bullying or harassment. The management will work with all employees to prevent and minimize bullying behaviour.
- A written complaint is required to streamline the investigation process
- Any complaint of workplace bullying or harassment will be treated seriously and investigated promptly, confidentially and impartially. Management will act immediately when a report or complaint of bullying arises to eliminate the source of the bullying.
- Even if a victim of bullying does not wish to make a complaint, health and safety obligations as an employer still require management to investigate the issue and make findings about the behaviour to ensure that it does not occur again.
- Disciplinary action will be taken against anyone (where it can be substantiated) who demonstrates workplace bullying or harassment within the workplace.
- Annual education about Workplace bullying & Harassment will be provided for staff.
- The focus of management's procedure for dealing with harassment is to provide effective resolution of the complaint from the perspective of the complainant, and ideally prevent the employment relationship from breaking down.
- Amendments to the Fair Work Act introduced by the Federal Government allow a worker who reasonably believes they have been bullied at work to apply to the Fair Work Commission (FWC) for an order to stop the bullying

What is the difference between bullying and harassment?

WHAT IS BULLYING?

- Workplace bullying is repeated, unreasonable and unwelcome behaviour directed towards an employee or group of employees that creates a risk to health and safety.

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- Bullying is a health and safety issue, and your obligation to prevent bullying relates to your duty as an employer to provide a safe workplace for your employees. You can be investigated and prosecuted by your State regulator for a breach of health and safety legislation if you allow bullying to occur in your workplace.
- From 1 January 2014, employees will also be able to complain to the Fair Work Commission about workplace bullying to receive an order to stop the bullying.

WHAT IS HARASSMENT?

- Harassment is unwanted behaviour that offends, humiliates or intimidates a person, and targets them on the basis of a characteristic such as gender, race or ethnicity.
- Harassment relates to the prohibition in anti-discrimination laws against sexual harassment and sex-based discrimination in the workplace. These laws differ from health and safety laws in that a victim of harassment can make a complaint to an external agency - in effect, launching a legal proceeding against your company.

Who may apply?

Any person who carries out work in any capacity for a person conducting a business or undertaking may apply for an order. This includes:

- contractors;
- students gaining work experience; and
- volunteers.

However, it will not include members of volunteer associations.

Important: An application to the FWC will attract a fee.

What must occur for an application to be allowed?

- To obtain an order from FWC, an individual or a group of individuals must repeatedly behave unreasonably towards the worker, and that behaviour must create a risk to health and safety.
- The behaviour has to be repeated and unreasonable.
- Repeated behaviour refers to the persistent nature of the behaviour and can refer to a range of behaviours over time.
- Unreasonable behaviour is behaviour that a reasonable person, having regard to the circumstances, may see as unreasonable (in other words, it is an objective test).

This includes (but is not limited to) behaviour that is:

- victimising;
- humiliating;
- intimidating; or
- threatening.

The bullying must occur while the person is engaged by one of the following:

- a 'constitutional corporation';
- the Commonwealth;
- a 'Commonwealth authority';
- a body corporate incorporated in a Territory; or

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- a person conducting a business or undertaking principally in a Territory or Commonwealth place.

This means that the coverage of the new anti-bullying laws will be less than that of the Fair Work Act, in that it will not apply to persons working for individuals or partnerships outside the NT or ACT.

Important: Reasonable management action when carried out in a reasonable manner does not constitute workplace bullying.

How will the FWC deal with the application?

The FWC must start to deal with an application within 14 days after the application is made.

The FWC may:

- take steps to inform itself by contacting the employer or other parties to the application;
- conduct a conference;
- hold a formal hearing;
- make a recommendation to the parties;
- express an opinion; or
- refer the matter to a WHS regulator or another regulatory body.

What remedies can the FWC offer?

- The FWC may make any order it considers appropriate to prevent a worker from being bullied at work by an individual or group of individuals.
- The orders could also apply to others, such as co-workers and visitors to the workplace. The focus is on resolving the matter and enabling normal working relationships to resume.
- The FWC cannot order reinstatement or the payment of compensation or a pecuniary amount.
- Examples of the orders that the FWC may make include an order requiring:
 - the individual or group of individuals to stop the specified behaviour;
 - regular monitoring of behaviours by an employer;
 - compliance with an employer's workplace bullying policy;
 - the provision of information and additional support and training to workers; and
 - review of the employer's workplace bullying policy.
- When considering the terms of the order, the FWC must consider outcomes of any investigation into the matter being undertaken by another body (i.e. internal investigations or WorkSafe), any procedures available to the worker to resolve grievances or disputes, and any final or interim outcomes arising from any procedures available to the worker for resolving grievances or disputes.
- Breach of any order made by the FWC to stop bullying will expose the offender to the imposition of a civil penalty.

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DISCRIMINATION / HARASSMENT PRO FORMA CONFIDENTIAL

Once you have completed the form take it to a member of the management team, who will sit down with you and work through the material you have stated on the form to ensure all of the necessary details are recorded.

Management will then interview the person against whom you have made the complaint. A meeting with management, yourself and the person whom you have made the complaint will then be conducted in order to resolve the matter.

1. Name:

2. Name of person complaint is made against:

3. Outline of the complaint:
 - 1) When did the incident/s occur?
 - 2) Where did the incident/s occur?
 - 3) What occurred?
 - 4) How do you feel that you have been discriminated against/sexually harassed/or victimised (threatened, bullied etc.)?
.....
.....
.....

4. What would you consider to be an appropriate outcome of the investigation?
.....
.....
.....

5. Any other information you would like to provide?
.....
.....

.....
Signed Date

SUPERIOR CARE GROUP

Std 1.6 (10)

Subject: CRITICAL INCIDENT DEBRIEFING
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To lessen the impact of critical incidents on all staff by reducing the severity and duration of critical incident stress.

POLICY:

Management will identify the situation as a critical incident and institute procedures to minimise/alleviate stress of such critical incidents.

- Management will complete the appropriate Workcover documents and notify Workcover of critical incidents involving staff.

SUPERIOR CARE GROUP

Std 1.6 (11)

Subject: PERFORMANCE APPRAISAL
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that all employees are appraised on a regular basis to assess their performance.

POLICY:

- All employees will have a performance appraisal conducted within the first 12 months of employment, then repeated every two years there-after, or at management discretion.
- Staff will undertake competencies to validate/enhance or increase their skills and knowledge within their area of work as directed by the Management.

SUPERIOR CARE GROUP

Std 1.6 (12)

Subject: EMPLOYEE COUNSELLING
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure employee counselling is used effectively to provide the employer with an opportunity to discuss an employee's performance, behaviour, conduct or attitude with the aim to bring about desired outcomes.

POLICY:

- Management will assist employees to **change behaviour and performance** through appropriate counselling in preference to disciplinary action.
- **Management** will initiate such action and record all counselling on the appropriate counselling file note.
- The employee shall be given adequate time, training and guidance to alter their behaviour and performance (unless the issue is considered serious).

SUPERIOR CARE GROUP

Std 1.6 (13)

Subject: EMPLOYEE DISCIPLINE
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure employees who have breached codes of conduct, procedures or have unacceptable behaviour are subject to disciplinary processes, which are fair and reasonable in all the circumstances.

POLICY:

- Discipline procedures will be in accordance with the appropriate employment contract.
- Discipline procedures will be used when an employee is involved in unacceptable conduct, unsatisfactory work performance or when an employee is incapable of fulfilling duties to the required standard. An employee will be disciplined where preliminary counselling and early intervention has not achieved the desired result or counselling is deemed inappropriate.
- If theft is suspected, Management request the right to search staff belongings. Management will not handle staff belongings, the employee is to be present and it is expected the employee will cooperate with management.
- Theft is recognised as a 'serious breach' and will result in immediate termination of employment.

SUPERIOR CARE GROUP

Std 1.6 (14)

Subject: TERMINATIONS / REDUNDANCY
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that employee termination complies with obligations contained in the *Workplace Relations Act* and that termination of employment whether voluntary or involuntary is dealt with fairly and equitably and that there is "procedural fairness" accorded to the employee and employer.

POLICY:

Superior Care Group is committed to a fair, consistent and helpful approach to employees who resign. Where termination is involuntary Superior Care Group will comply with all obligations as per Fair Work Australia and relevant Awards.

It is Superior Care Group's policy that employees will **only be terminated when positions become redundant in the event that no other alternative employment is available.**

SUPERIOR CARE GROUP

Std 1.6 (15)

Subject: GRIEVANCE PROCEDURES
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure employees can access an established fair and equitable process which requires management to address grievances or complaints they may have.

POLICY:

- Superior Care Group intends that all employees receive **fair and equitable consideration** of problems, complaints or misunderstandings that may arise from time to time.
- Superior Care Group supports the **right of every employee to lodge a grievance** if they believe that a decision, behaviour or action, which effects their employment, is unfair.
- **All grievances raised will be addressed quickly and informally** between the employee concerned and their immediate supervisor **before** implementing the formal grievance process.
- The grievance procedures will enable employees to refer any grievance or complaint to successive levels of management for resolution.
- **Grievances will be actioned discreetly and promptly dealt with in an objective manner.**

SUPERIOR CARE GROUP

Std 1.6 (16)

Subject: STAFF UNIFORM
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

STAFF UNIFORM POLICY

It is our intent that work attire should complement an environment that reflects an efficient, orderly, and professionally operated organization. Dress, grooming, and personal cleanliness standards contribute to the morale of all employees and affect the business image Superior Care Group presents to customers and visitors.

Personal Appearance

- Employees are expected to present a clean and neat appearance and to dress according to the requirements of their positions. Employees who appear for work inappropriately dressed will be sent home and directed to return to work in proper attire. Under such circumstances, employees will not be compensated for the time away from work.
- Uniforms are to be worn within 3 months of employment.

Personal Grooming Standards

- Appropriate management of body odour, no overpowering perfumes or aftershaves
- No excessive facial make-up
- Neatly trimmed beards and moustaches of a conservative nature are acceptable. Sideburns must not extend below the bottom of the ear.
- Hair must be neatly cut and clean.
- Hair below shoulder length is to be confined so as not to fall forward over the face or otherwise endanger the employee while working
- Fad hairstyles including, but not limited to, unnatural colouring of hair, Mohawks, or unconventional cuts are not permitted.
- Display of visible tattoos will be per individual at management discretion
- Small stud piercings are permitted, no visible ring body piercings permitted.
- Raised rings, necklaces, bracelets, and hanging earrings are not permitted.
- Flat wedding rings are permitted
- Short blunt nails, no artificial nails – if providing direct resident care or catering (catering staff are not to wear polish)

Name Badges: Superior Care Group name badges (first names, no nick names) are to be worn at all times whilst on duty

Shoes:

- Black or Navy blue flat fully enclosed shoes
- Non-slip sole
- Preferred to be leather upper
- It is recommended catering staff wear steel capped shoes
- Black, blue, white plain coloured socks or stockings
- Gumboots can be worn for showering residents only

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3 month probation and Casual wear

At times staff will be encouraged to wear casual dress to celebrate functions.

Inappropriate clothing includes:

- Wrinkled, stained or dirty clothing
- Ripped jeans or distressed clothes
- Singlets or tank tops
- Undershirts or shirts meant to be worn as undergarments
- Flashy, loud clothing (including T-shirts with printed messages)
- Lingerie looks or overly revealing outfits
- Clothing which is transparent or too tight
- Clothing too short, must be knee length or below

Management contribute to the corporate culture and reputation of Superior Care Group in the way they present themselves. A professional appearance is essential to a favourable impression with residents, relatives, staff and the community. Good grooming and appropriate dress reflects company pride and inspires confidence for our management team. It is expected managers will exercise good discretion to determine appropriateness in appearance but generally, business casual dress is expected. Business casual is defined as follows:

Men: Blazers, suits, or sport coats, Dress slacks, ties, dress shirts with buttons and collars, dress shoes

Women: skirts or skorts, dress slacks, blouses, dress shoes, sweaters, nylons or stockings, full length leggings as long as they are worn with dress shoes or boots

Employees are invited to consult with management regarding any restrictions in this policy that they believe may impact them unfairly.

FOOTWEAR POLICY

In accordance with OH&S regulations and associated employer responsibilities, Wellington Park Private Care has implemented a stringent footwear policy for all employees. The OH&S officer can advise staff on the purchase of (or suitability of) duty/work shoes if requested. Management insist on the correct footwear being worn at all times and will not accept any responsibility for a staff member who is injured in the workplace as a direct result of the employee not wearing the correct approved footwear. In the event of staff injury it is the responsibility of the Registered Nurse in charge of the shift to document on the Incident Report - the type of shoes worn, the condition of the soles, and **if the incident is related to the footwear worn at the time of the incident.** (e.g.: slips /falls). All employees are required to wear the correct footwear at all times whilst on duty. Staff who do not wear the correct footwear will be sent off duty.

"General Footwear conditions"

1. Footwear must be enclosed .
2. Soles must be made of rubber or other non-slip material with adequate tread.
3. Shoes must be supportive and have low to medium heels.
4. All footwear must be clean and in good repair.
5. Sandals/thongs and scuffs are **not** permitted.

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6. Office staff are requested to wear neat and tidy shoes with a reasonable heel and are requested to wear non-slip shoes.
7. Regulation duty shoes/safety shoes are the preferred form of footwear for Wellington Park Private Care staff. These types of shoes may be claimed as a workplace expense on your annual Income Tax return upon production of a personal receipt for it.

Shower shoes: Gumboots with white soles may be worn **only** whilst showering residents. Shoes are to be changed immediately upon completion of showering.

Staff working evening and night duty are required to wear quiet rubber soles to minimize disruption for sleeping residents.

PERSONAL HYGIENE AND GENERAL APPEARANCE

Staff must be well groomed at all times. Daily showers with the use of deodorant are important for staff hygiene and the avoidance of offending others. Long hair is to be neatly tied or pinned back for infection control and safety reasons. **No more than two pairs of earrings** (studs only) are to be worn in the ear at any time, nose piercing is permitted, but a small nose stud only is to be worn. Other facial piercing is not permitted by the facility, e.g.: eyebrow, lip, and a discreet Band-Aid must be worn over these areas. Only a wedding band may be worn. **Rings with raised stones are not permitted** for safety reasons in resident care areas. If chains are worn on duty and accidentally broken, management cannot accept any responsibility. No sharp jewellery or wristwatches are to be worn. Due to infection control guidelines, **no artificial nails**. Due to safety, **fingernails are to be kept short whilst working in resident care areas. No nail polish or artificial nails are to be worn in the catering areas.** If spectacles are accidentally broken, management cannot accept any responsibility.

SUPERIOR CARE GROUP

Std 1.7

Subject: INVENTORY AND EQUIPMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that stocks of appropriate goods and equipment for quality service delivery are available.

POLICY:

- Superior Care Group has a system in place for purchasing and management of Inventory and Equipment.

A) PURCHASING

- Superior Care Group has an **Approved Supplier List**
- Where possible, goods and services will be accessed from such suppliers.
- Critical items (such as medical equipment) will be identified and ordered as the level of stock diminishes.
- Ordering of **goods/services**
 - Orders must be written on the appropriate order form or book.
 - The person making the order is to refer to the **Approved Supplier List**.
 - Only designated personnel are approved to order goods.
eg. Registered Staff order Medical Supplies and Resident needs
Physiotherapist & RN's order Mobility devices
Cook orders food
Maintenance man / Cleaner orders Chemicals / Domestic goods

B) RECEIPT OF GOODS

- Upon receipt goods/services will be inspected for damage against the order form and use-by dates (if applicable).
- Sign off receipt of the order against the order form.

If appropriate, label the goods

- If deficiencies are noted, return the goods for refund or exchange. This should be noted on the order form and/or invoice attached.

C) Hazard Identification

- Management will ensure that all new equipment will be subject to a **hazard identification**

D) Training

- Where appropriate, staff must be **trained in the use of equipment** prior to use.

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E) **Equipment Maintenance Register**

- Where appropriate, the item will be entered on the **Maintenance / Audit Schedule** for maintenance and review

F) **Storage**

- Goods will be immediately **stored** in an appropriate place to prevent loss, damage or potential for injury to residents (e.g. chemicals).
- Chemicals will be labelled in accordance with Standard 4.5 (03) – Chemicals & Hazardous Substances.

G) **Goods Ordered for Replacement Reasons**

- The unwanted item will be disposed of in accordance with the **Waste Management** policy (Standard 4.7 (24)) **or** forwarded to management for disposal/review
- The item should be removed from the Equipment Maintenance / Audit Schedule.

H) **Maintenance by an External Contractor**

- Any equipment items that require **maintenance by an external contractor** will be arranged by management / maintenance man. (Refer to Standard 4.5 (06) – Equipment – Management and Standard 1.9.)

I) **Stock**

- Stock will be **rotated** as required (e.g. food/linen/medical stock) to ensure that older items are used first.
- Equipment non-conforming to acceptable limits of accuracy shall be identified with an "out of service" tag and removed from use until repair/adjustment by appropriate personnel.

J) **Manual Handling slings**

- AS/NZS ISO 10535:2011 – hoists for the transfer of disabled and test methods: refers to the markings by manufacturers "shall provide the following information that is permanently fixed to the body support unit (sling) including size. The markings of slings shall remain legible after dry cleaning or laundering procedures recommended by the manufacturer.
- Staff will be instructed on the procedure to check slings prior resident use, during orientation and annual manual handling training.
- Laundry staff will be instructed on the procedure to check slings after laundering. Slings will be laundered as per manufacturer recommendations.
- The Physiotherapist will audit all slings 6 monthly to ensure they are appropriate and safe for use. Slings not fit for use are disposed of.
- Upon the label becoming faded or illegible, the manufacturer will audit the sling and replace the label as needed.

K) **Maintenance**

- Preventative maintenance is attended as per Supplier recommendations. General maintenance is reactive.
 - All maintenance requests are logged on the computer log sheet.
 - Access is via Nurses on server in the folder labelled Maintenance
-

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- The maintenance sheet is printed weekly and checked by management
- General maintenance issues are rectified within 7 days
- The maintenance person signs when an item is repaired or identifies what other actions are required.
- Management arrange or notify external contractors as required.
- Management will notify external contractors based on the priority of the issue and volume of work to be completed, generally within 30 days
- An item will remain active on the maintenance log sheet until rectified.
- All paper version of maintenance log sheets are kept for 6 months.

SUPERIOR CARE GROUP

Std 1.8 (01)

Subject: INFORMATION SYSTEMS
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that effective management systems are in place.

POLICY:

- The Management will be responsible for record keeping and information management.
 - New documents/forms will not be developed unless approved by the Management.
 - A Master Copy of all documents will be held in a "Master" file (original documents) and stored on computer.
 - Documents/forms no longer in use will be marked "superseded" and the original placed in the "Superseded" file. All other superseded documents will be destroyed. The Head Of Operations is responsible for the coordination of the removal and destruction of all superseded documents or forms.
 - All current files are archived on site. Some resident files and staff payroll information are archived in the Superior Care Group Administration office.
- **Storage and Destruction of Records**
 - Documents/records will be kept in a safe and secure environment away from non-authorised personnel and protected from defacement, destruction or deletions.
 - The Commonwealth requires that:
 - "(1) An approved provider must keep records that enable:
 - (i) claims for payments of subsidy to be properly verified; and
 - (ii) proper assessments to be made of whether the approved provider has complied, or is complying, with its responsibilities and
 - (iii) in relation to each of those records, retain the record for the period ending 3 years after the 30 June of the year in which the record was made.

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Std 1.8 (01)

- Upon the resident leaving the service all documents are collected and stored in the resident's file box. The management will check off the 'Resident Departure Record' tick sheet to ensure all documents are collected. The file box is dated with the exit date and put in the manager's filing cabinet.
- **Resident medical and care records and staff records are retained for a minimum of 7 years. Destruction must then be first authorised by the Head Of Operations in consultation with the Proprietor.**
- Confidential information is shredded prior to disposal for security purposes.
- Confidential records are **destroyed by an external service provider.**
- Staff will be trained in all aspects of the management of information, including document control.

CONTROLLED DOCUMENTS

1. All policy documents used within the facility are *Controlled Documents* and are to be approved by the Head Of Operations.
2. All controlled documents are to be appropriately stamped indicating '*This is a controlled document if this stamp is red*'. This is the responsibility of the Head Of Operations.
3. Controlled documents originate from the computer and are identified via the footnote. A backup copy is also on the server.
4. A *Document Control Register* is to be kept of all controlled documents within the facility.
5. The document control register is to be reviewed and updated by the Head Of Operations as required.
6. Superseded copies will be filed in the *Superseded Document File*.

WORKING FORMS CONTROL

1. Working forms are those forms, other than the Controlled Documents.
2. All working forms are approved by the Head Of Operations prior use within the facility.
3. Working forms originate from the computer and are identified via the footnote. Work versions of the original forms are accessible to key personnel staff ONLY, stored on the main Server. PDF versions of the forms are accessible to staff and are stored in Nurses on Server. A backup copy is also on the server.

SYSTEM BACKUP

1. All computer data is stored on servers in the Administration building.
2. The server data is backed up daily
3. The backup tapes are kept in a secured fire proof cabinet
4. Key Personnel staff have access to the Administration building

RETRIVAL OF RECORDS IN THE EVENT OF AN EMERGENCY

1. All resident personnel files are kept in the reception office. Older files are stored in filing boxes in the treatment rooms.
2. Computer information can be retrieved from the server or the back up tapes.

SUPERIOR CARE GROUP

Std 1.8 (02)

Subject: CONFIDENTIALITY & SECURITY OF INFORMATION / PRIVACY
Effective Date: MAY 2014
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure that resident, staff and privileged information remains confidential and secure at all times.

POLICY:

All staff and management must be educated in confidentiality and security of information requirements and abide by these requirements.

1. Residents

All of the Residents' records are **confidential documents**. Resident information must not be displayed in areas where non-nursing staff have access. Care documents for residents (care plans) are to be accessible to those staff involved in delivery of resident care and the resident's next of kin.

Information concerning residents is confidential. This includes anything written, verbal or overheard about the residents (and their families) and their care.

Residents' records and personal information are to be **kept in a secure place** accessible only to those staff directly involved in resident care, or filing of information, or authorised data collectors and persons authorised under Freedom of Information Legislation.

Staff are to **use discretion when speaking with relatives**. Requests for information from relatives should be directed to the Registered Nurse in charge .

Requests for resident information by **non-authorised persons** is to be directed to the Management. **Consent must always be obtained from the resident/representative.**

Residents' records are **not to be removed** from the Home.

Residents are able to access and read their medical records only in the presence of their medical practitioner and/or Management.

2. Staff

The same principles to confidentiality apply to staff as to residents.

Personnel files, financial transactions and business records are **accessible by authorised staff only** and persons under Freedom of Information Legislation.

Confidentiality of staff information is maintained at all times. Phone numbers and addresses of staff will not be given out to any persons external to Superior Care Group.

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Any **requests for information** about staff no matter what the question is must be referred directly to the Management or Registered Nurse.

3. Disposal/Destruction of Records

Refer to Standard 1.8 (01) for information on:

Privacy Policy

Introduction

Superior Care Group a provider of Residential Aged Care respects and upholds your rights to privacy protection under the applicable privacy legislation.

This policy describes how we manage any personal information we have about you.

It is designed to give individuals an understanding of the types of personal information we collect, and how it is used, stored, disclosed and able to be accessed.

The policy also outlines how individuals can correct their personal information which is held by Superior Care Group, how to make a complaint about a breach of privacy, and how complaints will be handled.

This policy is freely available and can be accessed on our public website at www.superiorcare.com.au. Individuals who would like to request a copy of this policy in an alternate form, for example suitable for the vision impaired, or individuals from a non-English speaking background, may do so by contacting our office.

Individuals who wish to contact Superior Care Group about information privacy or their personal information can do so by contacting the Director at:

Email: rdegan@superiorcare.com.au

Telephone: (07) 3822 6761

Mail: 16 Balmoral Street, Wellington Point QLD 4160

There are additional obligations for the management of sensitive information required by the Act.

Health information means information or an opinion about the health or a disability (at any time) of an individual; an individual's expressed wishes about the future provision of health services to him or her; or a health service provided, or to be provided, to an individual; that is also personal information; or other personal information collected to provide, or in providing, a health service; or

other personal information about an individual collected in connection with the donation, or intended donation, by the individual of his or her body parts, organs or body substances; or genetic information about an individual in a form that is, or could be, predictive of the health of the individual or a genetic relative of the individual.

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What kinds of personal information do we collect and hold?

Superior Care collects the personal information of residents, their representatives, employees, and members of the public, suppliers, contractors and service providers. The personal information collected will depend on the nature of the individual's relationship or interaction with Superior Care Group and its staff. Personal information will only be collected where it is reasonably necessary for, or directly related to, one or more of its functions or activities.

Superior Care may hold the following information about you: name, date of birth, gender, address and telephone contact, email address, financial information such as banking details, income, assets and pension status, occupation, health information, social circumstances information, general practitioner, referring doctor, next of kin / responsible person, health fund or insurer information, transaction details associated with services we provide to you, any additional information provided to us by you, any information you provide to us through customer satisfaction surveys or audits, photographic or video material. There are additional obligations for the management of sensitive information required by the Act. Sensitive information can include information about race or ethnicity, political opinions or membership, religious or philosophical beliefs, professional or trade association or union membership, sexual preferences or practices and criminal records. We collect information about our residents' health and care needs and their medical history as it relates to the care and services we provide, information about our residents' cultural, religious, linguistic and social needs, information about our clients' interests, hobbies and community activities, and information about any potential medical, social or workplace risks involved in providing care and services to the resident. Information about third parties is sometimes collected in the context of insurance claims.

Additional personal information concerning employees which is collected can include job applications, work histories, curriculum vitae, educational qualifications, training records, competency assessments, details of salary and wages, training records, performance assessments, counselling details and personnel records. Sensitive information is sometimes collected when appropriate, such as criminal record check details and relevant medical histories for employment purposes.

Health information collected can include incident and accident reports, first aid records, workers compensation claims and documents, rehabilitation and attendance records, medical or other health service provider records, medical histories and other assessments for insurance or employment purposes.

How do we collect personal information?

Residents

We usually collect personal information in the following ways:

- directly from the resident and/or their representatives

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- from residents' health care providers and other persons/organisations who provide care and services to the resident
- where relevant, from other aged care providers and aged care referral services.

We also receive information from the Commonwealth Government regarding our residents' eligibility to pay certain fees and charges.

Employees and service providers

We collect information about our employees:

- directly from the employees
- through general background check processes such as criminal history checks
- from other sources such as referees and employment agencies.

Information about suppliers, contractors and service providers and their employees is collected directly from our service providers.

Personal information in most cases is collected directly from the individuals and collected by way of several channels or methods: telephone, verbally, mail and email or via our website. Where information about you is collected from another person or organisation, it is dealt with according to the requirements of the Act.

Personal information can be collected when individuals make enquiries or complaints. It is sometimes collected whether it has been requested or not, for example when you send us your personal information without us asking for it.

Personal and business details of suppliers, contractors and service providers are collected when they interact with Superior Care Group, so that appropriate financial and business records can be maintained.

Personal information of job applicants and employees is also collected during the application process (whether or not successful) and during the period of employment, which may also include sensitive information. Health information can be collected when circumstances require that first aid be administered, for administering sick leave or carers leave, or where injury or insurance claims arise.

Closed Circuit TV (CCTV)

CCTV recording devices are in place to ensure the safety and security of residents, visitors and staff. The CCTV footage may only be used to investigate incidents, accidents, and work issues that could potentially negatively impact on resident health and wellbeing, and any issue related to the continued safety and health of residents, visitors or staff. The recordings made by CCTV are activated by movement sensors and the footage is securely held for **10 days**, at which time automatic deletion occurs. CCTV footage can be downloaded and held if necessary as part of an ongoing investigation, with footage saved to file and held securely.

The CCTV recording equipment is located in a locked room with access limited to Superior Care management. Access to the CCTV system is secured

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and protected by password access. CCTV footage remains the property of Superior Care Group and will only be available to management, the police, and some government agencies in limited circumstances. If there is a legal requirement for a copy of the footage, it will only be made available via subpoena and with written clearance from legal advisors.

Residents, visitors and staff are made aware of the presence of CCTV recording devices through signage displayed at the entry to a facility. In order to protect personal privacy, footage will not be shown, used or shared in any other way except when required by law or Court order.

How do we store personal information?

Information is securely stored both in paper form and electronically at its head office and on site (eg. at the residential care facility). Authorised staff and service providers providing residents with care and services have access to personal and health information electronically.

Superior Care Group takes reasonable steps to ensure that the personal information it collects, holds, uses and discloses is accurate, up to date and complete, with reference to the purpose for which it is collected, used or disclosed. Information held is subject to regular reviews and audits for this purpose. Where it is determined that it is no longer necessary or legally required, reasonable steps are taken to de-identify or destroy the information. Superior Care Group currently stores information using a combination of physical files and the following secure electronic document management systems:

- resident health records are held in our Zeyar system;
- residents financial and other person information is held in "IBA";
- employee personal information is held in "Virtual Roster"; and
- policies and procedures more generally are held in "Superior Care Group".

The majority of Superior Care Group's servers are located in Australia, however, Zeyar servers are icloud based.

Security and access protocols are maintained in order to implement reasonable steps to ensure that personal information is protected from misuse, interference, loss, unauthorised access, modification and disclosure. Internal access controls and protocols ensure that only authorised staff can access personal information in circumstances where they are required to do so in the performance of their duties. Our IT system allows electronic file access to be tracked and audited to ensure that only authorised access to personal information has occurred.

For what purposes do we collect, hold, use and disclose personal information?

Residents

We collect, hold, use and disclose personal information about our residents for the primary purposes of providing care and services to our residents.

Where permissible, we disclose residents' relevant personal information other persons/organisations who are involved in providing health services and other

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care and services to the resident. This can include the resident's doctor and allied health service providers.

We also collect, hold, use and disclose residents' information for the following purposes:

- so that we can receive funding from government agencies in respect of our residents
- in order to comply with our legal obligations under the *Aged Care Act 1997* and other laws
- so that we can improve our services through quality improvement activities such as audits, surveys and other quality improvement activities
- for direct marketing
- for the purposes of obtaining professional advice

Employees and service providers

We collect, hold, use and disclose information about our employees and services providers for following purposes:

- to administer employment arrangements, personnel development and management responsibilities
- to provide care and services to our residents
- for quality improvement and marketing purposes
- to meet our legal obligations such as the requirement to obtain criminal record checks for employees involved in providing care to our residents and workplace laws obligations.

Use of information

Personal information can only be used for the particular purpose for which it was collected (known as the "primary purpose"), unless certain exceptions apply. Personal information can be used for secondary or other purposes where consent has been obtained, where it is reasonably expected to be used for a related purpose, where required or authorised by law or a Court/Tribunal order, where reasonably necessary for enforcement purposes conducted by or on behalf of an enforcement body, or where certain "permitted general situations" or "permitted health situations" exist.

Permitted General Situations

Permitted general situations are where circumstances exist involving serious threats to life, health or safety of any individual, or to public health or safety, suspected unlawful activity or serious misconduct, missing persons, legal or equitable claims and alternative dispute resolution processes.

Permitted Health Situations

Permitted health situations are where a range of specific circumstances apply in relation to the collection, use and disclosure of health information. They will exist where the information is necessary to provide a health service to the individual, and either the collection is required or authorised by or under an Australian law (other than the Privacy Act), or the information is collected in

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accordance with rules established by competent health or medical bodies that deal with obligations of professional confidentiality which govern activities of the organisation.

A permitted health situation will also exist where the collection is necessary for research relevant to public health or public safety, the compilation or analysis of statistics relevant to public health or public safety, or the management, funding or monitoring of a health service, and:

- those purposes cannot be served by collecting de-identified information,
- it is impracticable to obtain the individual's consent, and
- the collection is either required by or under an Australian law (other than the Privacy Act), in accordance with rules established by competent health or medical bodies that deal with obligations of professional confidentiality which bind the organisation, or in accordance with approved guidelines.

A further permitted health situation will exist if the use or disclosure is necessary for research, or the compilation or analysis of statistics, relevant to public health or public safety, and:

- it is impracticable to obtain the individual's consent to the use or disclosure,
- the use or disclosure is conducted in accordance with approved guidelines, and
- in the case of disclosure – the organisation reasonably believes that the recipient of the information will not disclose the information, or personal information derived from that information.

Permitted health situations arise in relation to genetic information about an individual if:

- the organisation has obtained the information in the course of providing a health service to the individual,
- the organisation reasonably believes that the use or disclosure is necessary to lessen or prevent a serious threat to the life, health or safety of another individual who is a genetic relative of the individual,
- the use or disclosure is conducted in accordance with approved guidelines, and
- in the case of disclosure – the recipient of the information is a genetic relative of the individual.

Finally, a permitted health situation will arise when the organisation provides a health service to the individual, and:

- the recipient of the information is a responsible person for the individual,
- the individual is either physically or legally incapable of giving consent to the disclosure, or physically cannot communicate consent to the disclosure,
- another individual providing the health service (the 'carer') is satisfied that either the disclosure is necessary to provide appropriate care or treatment of the individual, or the disclosure is made for compassionate reasons,
- the disclosure is not contrary to any wish expressed by the individual before the individual became unable to give or communicate consent of which the

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carer is aware or of which the carer could reasonably be expected to be aware, and

□ the disclosure is limited to the extent reasonable and necessary for providing appropriate care or fulfilling compassionate reasons.

Superior Care Group uses personal information provided during enquiry processes for the purposes of fulfilling resident requests, providing personalised services, maintaining accounts and records, statistical analysis, conducting market research and marketing, and assessing and evaluating the use of our website. Personal information may also be used in conducting criminal record checking and employment screening, obtaining legal advice, and participating in legal proceedings.

Disclosure of or access to information

In most circumstances, we are restricted in how we may disclose your personal information. Personal information can only be disclosed for the particular purpose for which it was collected (known as the “primary purpose”), unless certain exceptions apply. Personal information can be disclosed for secondary or other purposes where we have consent to do so, where it is reasonably expected to be disclosed for a related purpose, where required or authorised by law or a Court/Tribunal order, where reasonably necessary for enforcement purposes conducted by or on behalf of an enforcement body, or where “permitted general situations” or “permitted health situations” as described above exist.

Circumstances where personal information may be disclosed broadly include compliance with statutory obligations, arranging for insurance, progressing insurance claims and meeting occupational health and safety obligations. Personal information of members of the public, residents, suppliers, contractors and service providers may be disclosed for the purposes of fulfilling resident requests, providing personalised services, maintaining accounts and records, statistical analysis, conducting market research and marketing, and assessing and evaluating the use of our website.

Personal information may also be disclosed for residential application assessment, administration of resident agreements, and in some circumstances in obtaining references. Other circumstances where it may be disclosed include complaint management, security purposes, and administration of job applications and employment, which may include criminal record checking and employment screening. Personal information may also be disclosed in obtaining legal advice, and participating in legal proceedings.

Personal information may be given to State and Commonwealth government agencies and other individuals/organisations including loss adjusters, security companies, insurance companies and health service providers. It will only be disclosed to third parties where permitted by the Act, and only disclosed to Superior Care Group staff where necessary for the performance of their duties and where they are authorised to access it.

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Direct Marketing

Superior Care Group may use or disclose personal information (other than sensitive information) for direct marketing purposes, where a simple means for the individual to opt out of direct marketing communications has been provided and where the individual has not done so.

If consent is obtained, sensitive information for direct marketing communications can be used.

How can you access and correct your personal information?

Access Requests

Requests made by individuals to access their personal information held by Superior Care Group will generally be granted, unless certain limited circumstances apply. Those circumstances may include where it is reasonably determined that granting access would pose a serious threat to the life, health, or safety of an individual or to public health or safety, where granting access would have an unreasonable impact on the privacy of other individuals, where the request is frivolous or vexatious, or where legal proceedings are on foot. Superior Care Group may also deny access in some circumstances where it is required to do so by law or access would be unlawful, where commercial negotiations or decision making processes may be prejudiced, where unlawful activity or serious misconduct is suspected, or where enforcement related activities may be prejudiced.

Superior Care Group responds to requests to access personal information within a reasonable period (usually 45 days but often sooner), and gives access to the information in the manner requested where it is reasonable and practicable. If access needs to be refused due to one of the above exceptions, Superior Care Group will take reasonable steps in the circumstances to provide access that meets the needs of Superior Care Group and the individual, including through using a mutually agreed intermediary.

If access is refused, Superior Care Group will give the individual a written notice which sets out the reasons for refusal, how to complain about the refusal, and where it relates to a commercially sensitive decision-making process, the reasons for refusal may include an explanation of the nature of the commercially sensitive decision.

Superior Care Group may require that reasonable charges be paid in respect of granting access to personal information, however the charges must not be excessive, and must not apply to the making of the request. Requests for access to personal information can be made by contacting our management or Director directly.

Requests to update or correct

If Superior Care Group holds personal information about an individual, and is satisfied that the information is inaccurate, out of date, incomplete, irrelevant or misleading (having regard to the purpose for which it is held), or the

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individual requests that Superior Care Group correct the information, then we will take reasonable steps to correct the information to ensure that it is accurate, up to date, complete, relevant and not misleading.

When Superior Care Group corrects personal information that it previously disclosed to someone else, and the individual requests that we notify the other person of the correction, then Superior Care Group will take reasonable steps in the circumstances to give that notification unless it is impracticable or unlawful to do so. If in some circumstances we refuse to correct personal information as requested, we will provide the individual with a written notice that sets out the reasons for refusal, and how to complain about the refusal.

When Superior Care Group refuses to correct personal information as requested, and the individual requests Superior Care Group to add a statement to their record that the information is inaccurate, out of date, incomplete, irrelevant or misleading, then we will take reasonable steps in the circumstances to add the statement to the record in a manner that will make it apparent to users of the information. Superior Care Group will respond to requests to correct/update or add a statement within a reasonable period after the request is made, and will not charge the individual for the making of the request, the correction, or the adding of the statement.

Requests to update or correct personal information can be made by contacting our management directly. Requests will usually be met or responded to within 30 days.

How can you complain about a breach of the APPs?

All complaints concerning breaches of the Act and APPs will be examined, and unless they are considered frivolous or vexatious, will be investigated by the Superior Care Group director. Complaints should be submitted in writing directly to the Director via the contact details within this policy. Superior Care Group maintains a complaint register, and will investigate complaints concerning the mishandling of personal information, security breaches, and allegations of breaches of the Act and the APPs, and any matters which are referred from the Office of the Australian Information Commissioner (OAIC). Your complaint will be promptly acknowledged, and will be dealt with within a reasonable amount of time depending on the complexity of the matter. You will receive updates as to the progress of your complaint if the investigation takes longer than expected. Less complex complaints can usually be dealt with within 30 days; however more complex matters may take longer to resolve.

Where a notification of a breach of privacy, or a complaint about the handling of personal information is received, Superior Care Group directors will take immediate steps to contain the breach, which may involve securing or quarantining personal information or files which contain the personal information. A preliminary assessment will be conducted and any necessary actions taken. These actions may include notifying the individual(s) whose personal information is subject of the breach/complaint.

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Where the preliminary assessment finds that the matter is complex or of a serious nature, independent investigators and/or legal advisors may be retained to assist with the investigation. All investigations will determine whether or not there appears to have been a breach of Superior Care Group's obligations under the Act. At the conclusion of the investigation, recommendations may be made as to changes to information handling practices and protocols within Superior Care Group. The complainant (or if the matter was referred by it, the OAI) will be informed of the outcome of the investigation, any relevant findings, and any actions taken as a result. If the complainant is not satisfied with the investigation or the outcome, they may make a further complaint to the Office of the Australian Information Commissioner.

Further information can be found at <http://www.oaic.gov.au/privacy/making-a-privacy-complaint>

You can also contact the Aged Care Complaints Scheme in relation to any concerns you have about the care and services we provide:

Online: <http://agedcarecomplaints.govspace.gov.au/>

Phone: 1800 550 552

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Std 1.8 (03)

Subject: FRAUD / FINANCIAL MANAGEMENT
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

Systems are in place to identify and ensure compliance with safe management and procedures to ensure the financial stability of the service at all times.

POLICY:

All Administration staff and key personnel must be educated in and abide by the requirements of maintaining security of financial management and banking information.

- Financial transactions and business records are **accessible by authorised staff only** and persons under Freedom of Information Legislation.
- Banking and financial information is to be **kept in a secure place** accessible only to those staff directly involved in the management of the facility's finances.
- All banking processes are to involve a minimum of two (2) approved key personnel.
- Key Personnel are to be approved by the Executive Officer of Superior Care Group.
- Key Personnel must be approved by the Department of Health and Ageing and abide by the obligations set out in the Aged Care Act 1997.
- Key Personnel are to have a Federal Police Criminal History check completed.
- Any criminal offence committed after the Federal Police Criminal History check, is to be notified to the Executive Officer in writing.
- All company computers are to have access passwords, known only to approved Key personnel.
- Each key personnel is to have **their own individual confidential password** to admit them into the banking program via the internet.
- No person is to give out their password or let any other person watch them inserting or using their password.

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- Access to the facilities banking accounts will be granted with the use of two passwords from two (2) key personnel.
- Creditors invoices are to be approved by key personnel prior to payment being made.
- Creditors of Superior Care Group are to be approved by the Head of Operations or the heads of Department.
- Creditors of Superior Care Group are to be approved by the Executive Officer or the manager.
- Approval will only be granted with proof of purchase i.e. an invoice, delivery and completion of goods or services.
- Approval can be granted with a key personnel initialling / signing an invoice or verbally.
- Verbal approval can be granted by phoning the Executive Officer, this is to be noted in handwriting, including the date and time, on the invoice.
- All invoices are to be filed immediately after payment, in date order to the relevant binders.
- All cheques are to be approved and signed by two (2) key personnel.
- Blank cheques are NOT to be pre-signed.
- A complete Debit / Credit record is to be printed and copies given to the Head of Operations monthly.
- Any unauthorised use of company records, equipment, funds or money will be investigated by the Executive Officer of Superior Care Group and consultants. If required, the conduct will be notified to the police for action. Proceedings to terminate employment will be actioned.
- If any person is unsure of performing these procedures, they are to receive direction from the Executive Officer in writing and it is to be added to this instruction policy.
- Refer to Standard 1.8 (01) for information on **Disposal/Destruction of Records**

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Std 1.9

Subject: EXTERNAL SERVICES
Effective Date: MARCH 2013
Review Date: MARCH 2018
Approved By: Head Of Operations
Distribution: All Staff

PURPOSE:

To ensure externally sourced services are provided in a way that meets Superior Care Group's needs and service quality goals.

POLICY:

- A **list** will be kept of all external service providers.
- **External Service Agreements** will be entered into with relevant external service providers to ensure that a quality, controlled service is provided to the residents and/or Superior Care Group. Some suppliers will not require agreements as continued service will be dependent on supply of quality products and goods.
- A regular review of services provided and quality will be undertaken annually by key personnel or as required. Review and evaluations are conducted verbally or as part of committee meeting agenda topics.
- In episodes of **non-compliance**, external service providers will be issued with correspondence to this effect and appropriate action will be taken.
- Superior Care Group will ensure that external service providers are **signed in** on entering the facility.

This will be undertaken by signing in on the **CONTRACTORS SIGN IN / OUT BOOK** at reception.

NURSING AGENCY PERSONNEL

- There is a written service agreement with the Nursing Agencies defining requirements for agency personnel engaged by the Superior Care Group.
- On arrival, an orientation will be given to such personnel.

VOLUNTEERS

- All volunteers must have an acceptable police clearance certificate. These can be obtained through the community volunteer's service or Superior Care Group with finance them.
- Until a clearance is received, volunteers are supervised by staff and can only participate in group activities.
- The lifestyle staff will complete the volunteer orientation program, including completion of the Memorandum of Understanding, as per the volunteer handbook.
- The physiotherapist will complete competency with basic manual handling and care activities the volunteer can assist residents with.