



Government of **Western Australia**
Department of **Health**
Licensing and Accreditation Regulatory Unit

Licensing Standards

For the Arrangements for Management,
Staffing and Equipment

Private Psychiatric Hostels

Licensing and Accreditation Regulatory Unit

Department of Health
189 Royal Street
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Application – Private Psychiatric Hostels

The licensing of private psychiatric hostels is regulated by the *Private Hospitals and Health Services Act 1927* (“the Act”) and the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997* (“the Regulations”).

The Act makes provisions for the granting of licences by the Chief Executive Officer (CEO) of the Department of Health. Before a licence is granted or renewed, the CEO must be satisfied that the arrangements for the management, staffing and equipment of the facility are satisfactory.

The Licensing Standards for the Arrangements for Management, Staffing and Equipment – Private Psychiatric Hostels (“the Standards”) have been developed to ensure hostel owners, staff, regulators, residents, their family and carers understand the criteria that will be used in order to measure whether the arrangements are satisfactory.

The Standards were initially developed in 2003 following broad consultation with stakeholders including delegates from licensed psychiatric hostels, a Community Advisory Group of Mental Health, Private Psychiatric Hostels Association, WAAMH Accommodation Committee, Council of Official Visitors, General Practice Division of WA, Mental Health Division, Office of the Chief Psychiatrist and the Licensing Standards and Review Unit.

The Standards were welcomed by the industry and have been used effectively in annual inspections in private psychiatric hostels since 2004. They were reviewed in 2006 and after ten years of successful use, and as a result of changing models of private psychiatric care in the community as well as changes in the legislative environment, an extensive review began in 2015. After over two years of in-depth consultation, including surveys, interviews, presentations and focus groups, a revised draft of the Standards was compiled and the Private Mental Health Regulation Reference Committee (“the Committee”) was established in order to review the draft document and put forward recommendations. The Committee included representatives from all stakeholder groups, including residents, their family and carers, hostel owners, regulators, funders and advocates.

The Department of Health recognises the invaluable contribution of all stakeholders in the creation and refinement of these Standards.

The application of these Standards will be determined by the functionality of the licensed facility as outlined in the Licensing and Accreditation Regulatory Unit approved Statement of Function. Dispensation may be granted to mandatory items in circumstances where additional time is required in order to achieve compliance with the Standards or where compliance is not practically achievable due to specific circumstances. Dispensations allow for the identification of a risk mitigation strategy which shall be monitored.

These revised Standards are applicable from 1 January 2018.

Glossary of terms

Approved supervisor – a person approved under the *Hospitals (Licensing and Conduct of Private Psychiatric Hostels) Regulations 1997*, Regulation 7.

Authorised person – a person who is authorised in legislation or regulation as having the right to inspect, visit or otherwise access facilities, records or information in the course of their duties.

Critical systems – any emergency system, equipment, electrical service, instrument, device or thing that is required to protect the safety of a person undergoing a medical procedure or in medical care.

Clinical practitioner – includes a psychiatrist, mental health clinician or other appropriate medical practitioners.

Direct personal care – assistance in dressing, grooming, washing or similar provided to residents who are unable to adequately care for themselves.

Egress – a safe means of escape in the event of an emergency (usually fire).

Facility – a site and its buildings, building services, fittings, furnishings and equipment.

Financial officer – a person employed by the licence holder to undertake the financial or booking activities associated with the facility.

Guidelines – a set of requirements and recommendations.

Mental illness has the same meaning as defined in the *Mental Health Act 2014*, section 6.

Minimum – the least level of provision which is considered safe for a given function. Anything below the minimum level is considered non-compliant.

Nominee, nominated person – someone legally appointed to make decisions on the resident's behalf (such as a guardian or administrator).

Over the counter medication – medication that can be purchased without the need for doctor's prescription, for the treatment of minor ailments.

Private Psychiatric Hostel – a private premises in which three or more persons who:

- (a) are socially dependent because of mental illness; and
 - (b) are not members of the family of the proprietor of the premises; and
- reside and are treated or cared for.

P.R.N. – abbreviation for Latin *pro re na'ta*, which means as circumstances may require.

Psychosocial services – a general term for any non-therapeutic services which help a person cope with stressors, for example, mental health counselling, education or group support.

Staff – any person who is employed by the licence holder to perform duties or tasks in the hostel.

Support person – someone requested by the resident to be involved in an aspect of information, communication or decision-making, such as a family member, carer, friend, advocate or support worker.

Residential agreement – a written agreement between the licence holder and resident of the hostel outlining accommodation charges, services provided and rights and responsibilities of the resident and facility.

Resident means a person who is:

- (a) socially dependent because of mental illness; and
- (b) residing and being cared for, or treated in the hostel.

Standard 1: Governance

Private Psychiatric Hostel licence holders ensure that their facilities meet all requirements of the Act and Regulations.

Mandatory criteria

- 1.1 A specific, identifiable approved supervisor is responsible for the management of the facility at all times.
- 1.2 The facility is operating in accordance with its licence, including:
 - 1.2.1 licence holder name
 - 1.2.2 name and address of the facility
 - 1.2.3 period of the licence
 - 1.2.4 maximum number of residents that may be accommodated at any one time
 - 1.2.5 number of beds
 - 1.2.6 type of care to be provided
 - 1.2.7 the number and categories of staff
 - 1.2.8 Annexure A (additional licence terms and conditions)
 - 1.2.9 conditions, dispensations or exemptions from the licence (if applicable).
- 1.3 The current licence is displayed in the main foyer or reception area of the facility.
- 1.4 The function of the facility is defined in a statement which is accessible to residents, their families and carers, staff and visitors.
- 1.5 A documented physical and mental health assessment is available on admission and a care plan is created in consultation with the resident and/or their nominated person. The assessment and care plan are reviewed at least annually thereafter to ensure that the resident is being cared for at the facility which is appropriate to their needs.
- 1.6 Residents, their families and carers are made aware of their rights and responsibilities as defined in the Residential Agreement and supported to realise these rights and responsibilities.
- 1.7 A 'Residential Agreement' is maintained and a copy provided to all residents, their guardian or nominee on signing and on request. The agreement:
 - 1.7.1 records the rent, all charges and the services provided
 - 1.7.2 records the rights and responsibilities of residents
 - 1.7.3 is discussed, signed and dated on admission by the facility and the resident or nominee
 - 1.7.4 is reviewed, re-signed and re-dated with the resident or nominee at least two yearly
 - 1.7.5 specifies the termination process including eviction.
- 1.8 Families, carers and others nominated by the resident are encouraged to fill a recognised role to contribute to supporting the resident.

- 1.9 Residents' right to dignity, confidentiality and privacy are maintained at all times.
- 1.10 Residents' safety, physical health and wellbeing are continuously monitored and concerns are addressed in a timely manner.
- 1.11 Interpreting services are made available to residents, if required. Where possible, services are provided in a way that is supportive of the cultural diversity of residents by integrating an awareness of and respect for differences in the way people communicate and interact.
- 1.12 Residents with disabilities are provided with reasonable assistance to access services.
- 1.13 Organisational charts and/or policies identify the lines of communication, authority and responsibility of staff and visiting authorised persons. The name of the duty manager is displayed.
- 1.14 Policies and procedures are developed, reviewed and updated as required, at least every four years. Staff are aware of these policies and procedures and are readily able to access them.
- 1.15 Feedback, complaint and conflict resolution processes are documented and available to residents, family, carers, visitors and staff. These processes ensure feedback is actively facilitated (via, for example, residents' meetings or reference groups and/or the use of resident representatives), a log of issues raised and action taken is maintained, and all departing residents have the opportunity to provide feedback.
- 1.16 Occupational Safety and Health programs and practices are in place and a designated staff member is responsible for them.
- 1.17 Reporting of incidents and monitoring the implementation of strategies to prevent future incidents occurring are carried out in accordance with a documented process.
- 1.18 Infection control precautions are practiced and recorded; policies and procedures support the precautions.

Standard 2: Workforce

Service quality and safe care is supported by the provision of a competent, qualified and experienced workforce which is appropriate to the number and care needs of the residents.

Mandatory criteria

- 2.1 Staffing arrangements comply with the licence, including:
 - 2.1.1 an approved supervisor must be present at the hostel at all times
 - 2.1.2 the licence holder must demonstrate that sufficient numbers of staff, determined with reference to the numbers and care needs of the residents, are present at the hostel at all times
 - 2.1.3 suitable staffing arrangements are in place in the event of unusual or unexpected events, for example, sufficient staff must be on duty to safely manage a fire evacuation or other emergency.
- 2.2 Written and dated statements of duties for all staff are available at the facility which:
 - 2.2.1 are current
 - 2.2.2 outline roles and responsibilities for each category of employee
 - 2.2.3 include lines of communication
 - 2.2.4 are readily accessible to staff.
- 2.3 Staff are competent to undertake the duties outlined in their job descriptions. Only approved supervisors are permitted to carry out direct personal care.
- 2.4 All staff must be identifiable and approved supervisors must carry identity cards.
- 2.5 An ongoing, service specific, staff development and training program is in place and assessment of training requirements occurs at least annually
- 2.6 The licence holder must ensure that any person on a community service order working at the hostel has not been convicted of an 'Offence against the Person' pursuant to *Crimes Regulations 1990*, (Schedule 4 Item 17).
- 2.7 Agency staff cannot be on duty without an approved supervisor.

Standard 3: Information management

Information is captured, stored and maintained in a way that facilitates continuity of care and protects privacy of patients.

Mandatory criteria

- 3.1 Resident confidentiality is protected by documented information management processes.
- 3.2 An electronic and/or hard copy register of resident information is maintained for each resident in the hostel which includes, at a minimum:
 - 3.2.1 full name, date of birth and next of kin
 - 3.2.2 notes on day to day behaviour, personal presentation and social development
 - 3.2.3 details of all medications prescribed and details as to the administration of those medications
 - 3.2.4 particulars of any unusual incidents or undue absences
 - 3.2.5 details of emergency interventions
 - 3.2.6 records of contact with general practitioners and mental health services
 - 3.2.7 records of contact with dental, podiatry and/or other allied health services
 - 3.2.8 reports made to the Chief Psychiatrist
 - 3.2.9 entries contain the date and the name of the author.
- 3.3 Residents have the right to apply to access information held about them by the licence holder. There is a documented process advising on how this occurs and how the residents are advised.
- 3.4 Resident information may only be released to others with the written permission of the resident or their nominee, unless authorised by legislation. The written permission must be retained on the resident's records.
- 3.5 The effective storage of resident records is managed by documented processes which ensure they are:
 - 3.5.1 only accessible to authorised staff
 - 3.5.2 located in a secure area within the hostel to ensure resident confidentiality
 - 3.5.3 archived in a way that ensures no access is available to unauthorised persons and provides protection from fire, vermin and dust
 - 3.5.4 kept for a minimum of seven years
 - 3.5.5 disposed of in a manner which protects resident confidentiality.

Standard 4: Facility function and use of space

The facility function and use of space provides a safe and functional environment that meets the needs of residents, staff and visitors.

Mandatory criteria

- 4.1 The number, size and function of the rooms provided in the hostel are consistent with services to be provided and promote the delivery of safe resident care. All spaces within the hostel including bedrooms, communal rooms (lounge, dining and outdoor areas), bathrooms and toilets are adequate in size and function and ensure that:
 - 4.1.1 resident and staff comfort, security and safety is maintained
 - 4.1.2 staff are able to fulfil their duties
 - 4.1.3 privacy and dignity is maintained.
- 4.2 The bedroom layout ensures the right to privacy, security and personal space for the resident.
- 4.3 At least 50 per cent of the residents are accommodated in single bedrooms.
- 4.4 Individual bedside lighting is accessible by each resident if required.
- 4.5 A suitably located wardrobe or cupboard space is easily accessible to each resident.
- 4.6 Resident requests for additional heating or cooling in their rooms will be addressed appropriately and take relevant safety concerns into account.
- 4.7 Lighting will be adequate to meet the needs and promote the safety of all residents.
- 4.8 Heating and cooling systems provided for communal areas of the hostel will be adequate and maintained in accordance with safety requirements.
- 4.9 The number of toilets and showers will be sufficient for residents, with designated male and female toilets and shower facilities.
- 4.10 Seating in the lounge, dining and outdoor areas is adequate.
- 4.11 There are designated separate clean and dirty utilities.
- 4.12 Secure storage space in residents' bedrooms is sufficient and appropriate. Residents have access to their own storage space that can be locked.
- 4.13 Storage areas for equipment and general stores are separate and sufficient.
- 4.14 Passageways, stairways and communal areas are well lit and kept free of clutter.
- 4.15 An outdoor area is available and suitable for resident use.
- 4.16 A designated smoking area is available which, if fully enclosed, has a mechanical ventilation system in place.
- 4.17 A private room that can be readily accessed by residents is available for confidential appointments.

- 4.18 Signage and way finding throughout the facility enables ease and safe passage for residents, staff and visitors.
- 4.19 Staff toilets, shower (if appropriate) and secure lockers are provided.
- 4.20 Space for the set down and pick up of residents is in close proximity to the main entrance.
- 4.21 Parking is made available to accommodate the number and mix of residents, staff and visitors to the facility.
- 4.22 Where animals are kept at a hostel, they are managed appropriately and do not constitute a nuisance towards residents or pose a health risk.

Standard 5: Hostel furniture and equipment

The safety and comfort of residents and staff is maximised by the provision of furniture and equipment appropriate to the needs of residents and staff within the facility.

Mandatory criteria

- 5.1 Furniture and equipment reflects resident needs.
- 5.2 Furniture and equipment is available to support the provision of safe care and includes sufficient quantities of furnishings such as chairs, sofas, tables and beds.
- 5.3 Equipment is located and stored in a way that ensures effective use.
- 5.4 Furniture and equipment is clean and maintained in a safe working condition. Where appropriate, equipment should exhibit a current service sticker.
- 5.5 Excess furniture and equipment is stored within a designated space.
- 5.6 Appropriate records are maintained of any personal furniture and/or equipment stored on behalf of a resident.

Standard 6: Medications

The hostel provides support to residents to administer their medication in a manner that accommodates individual needs whilst maintaining safe practice.

Mandatory criteria

- 6.1 Medication policies and procedures are clearly documented and available to staff.
- 6.2 A written record of each resident's medication regimen is maintained.
- 6.3 Medication given is distributed and signed for by an approved supervisor.
- 6.4 Approved supervisors are trained in the administration, safe storage and emergency procedures related to medication.
- 6.5 Medication is administered in accordance with policies and procedures which ensure it is as prescribed and is consistent with the medication regimen. Medications are administered from the resident's individually dispensed supply, with photographic identification, and may not be dispensed to any other resident.
- 6.6 Medication regimens are reviewed in accordance with policies and procedures which ensure regular reviews by the treating clinician, and where possible, by a pharmacist. The reviews occur at least annually and are documented in the resident's notes.
- 6.7 Residents who are identified as able to manage their own medications are identified in documented records. The process includes regular re-assessment by an appropriate clinical practitioner.
- 6.8 Residents managing their own medication are provided with a secure, locked cupboard for storage. A key is provided to the resident and approved supervisor.
- 6.9 Changes to the resident's medication regimens, including cessation, must be carried out in accordance with documented procedures which ensure instructions are received in writing. Verbal instructions must be written down immediately and confirmed by the prescriber in writing within 72 hours. Verbal advice regarding medication changes is documented in the resident's notes.
- 6.10 Reasons for, and the effect of, giving once only or PRN (as required) medication is clearly documented in accordance with set processes. Any changes in medication use are reported to the resident's psychiatrist or medical practitioner and documented in the resident's notes.
- 6.11 Where non-prescribed, 'over the counter' medication is administered, this is used in accordance to manufacturers' instructions and reviewed by the resident's medical practitioner. Any over the counter medication administered to a resident must be documented in the resident's notes.
- 6.12 Residents are educated regarding the requirement to inform staff when they are taking non-prescribed, 'over the counter' medication. Processes ensure that all medication taken is recorded on the resident's medication regimen and their treating clinicians are made aware.

- 6.13 Medications are regularly checked for expiry dates and stock control procedures are maintained. Medications are properly disposed of when out of date or when no longer required.
- 6.14 Medication storage is secure and complies with the manufacturer's instructions.
- 6.15 Medication incidents are reported to the resident's psychiatrist, general practitioner or mental health clinician in accordance with documented processes and within a time frame appropriate to the incident. All such incidents are clearly documented in resident's notes.

Standard 7: Finance

There are clear, transparent and appropriate financial processes in place for the hostel to safeguard the management of resident finances.

Mandatory criteria

- 7.1 Financial records must show that residents must have their monies deposited directly into their personal account or an account that is separate from the licence holder's business account.
- 7.2 Financial records, ledger systems, invoices and bank statements, which can be paper or electronic, are maintained and available for inspection by persons authorised by governing legislation at all times.
- 7.3 Financial transactions including goods allocated and distributed to residents are recorded and signed for by the resident at the time they occur.
- 7.4 Reconciliations of financial transactions are undertaken on a three monthly basis. Reconciliations of residents' finances are made available to residents, their nominees and for inspection by persons authorised by governing legislation.
- 7.5 Cash held on behalf of residents is stored in a secure and safe place and is accessible only by approved supervisors or the licence holder at the request of the resident or their nominee/s.
- 7.6 For residents receiving a pension, documented processes ensure each resident receives a minimum of 12.5% of their individual basic pension for personal use. This resident and/or their nominated person is provided with the calculation of this amount at least annually.
("basic pension" does not include any part of a pension used to pay for, or offset, the accommodation costs of the recipients).
- 7.7 For residents whose finances are administered by the Public Trustee or self-funded, the license holder can demonstrate that funds forwarded for the resident's own use are passed on to the resident in full.
- 7.8 Financial documents (regarding current or past residents) are retained in a safe, secure and accessible place for a minimum period of seven years.
- 7.9 Access to residents' financial records is limited to the resident concerned or their nominee, the licence holder, approved supervisor or persons authorised by governing legislation.
- 7.10 When a resident leaves the facility a final statement of finances must be provided to resident or their nominee, and the balance transferred to the appropriate account holder in a timely manner.

Standard 8: Food services

Residents are provided with a nutritious diet that meets their individual needs, whilst meeting the requirements of the Food Standards Code.

Mandatory criteria

- 8.1 A designated staff member is responsible for, and coordinates the provision of food and drinks services.
- 8.2 The diet provided to residents includes a variety of food and drink, that is high in quality and sufficient quantity, that is in accordance with the Australian Dietary Guidelines recommended by the National Health and Medical Research Guidelines.
- 8.3 Residents on therapeutic diets, special diets and/or with cultural or religious preferences are provided with appropriate food. Where a pureed diet is required components are served as individual food items.
- 8.4 Residents receive fresh fruit or fruit juice daily.
- 8.5 Changes in nutrition, hydration and health status of residents are reported to the resident's medical practitioner.
- 8.6 Menus are developed in consultation with residents.
- 8.7 Menus are on display in a public area and the menus are not repeated at intervals of less than four weeks.
- 8.8 Recipes are available to residents for all meal components and include all ingredients and portion sizes.
- 8.9 Meals are not served before 7am, 12 noon and 5pm, however residents are able to make arrangements for meals served outside those times. When the evening meal is served before 5.30pm, supper is served between 7.30pm and 9.30pm. Morning tea, afternoon tea and supper are provided.
- 8.10 There is a designated area where residents can make themselves hot and/or cold drinks. These services are available to residents at all times.
- 8.11 Staff and any residents involved in food handling and storage receive relevant training. All training is documented and records maintained.
- 8.12 Hand washing practices in relation to kitchen and dining areas are applied and monitored via periodic audit.
- 8.13 The kitchen and dining areas are maintained in a clean and hygienic manner. Cleaning schedules for kitchen and dining areas are displayed, maintained and updated.
- 8.14 Designated food storage areas include separate storage areas for dry, raw and cooked food.
- 8.15 No food products, equipment or consumables are stored on the floor.

- 8.16 The surfaces in storage areas are made of an impervious material.
- 8.17 Documented processes outline how food service equipment is maintained in a safe working order, and where appropriate, this equipment exhibits a current service sticker.
- 8.18 Documented processes outline how food service equipment is maintained in a safe working order, and where appropriate, this equipment exhibits a current service sticker.
- 8.19 Refrigerators and freezers are used in accordance with documented processes for storing food products and are operating at a recommended temperature range of <5C and -15C respectively.
- 8.20 Resident feedback regarding food and drink services is sought and enabled in accordance with documented processes. Records are maintained to demonstrate both the response and the action taken in response to feedback received.

Standard 9: Clothing and laundry services

Laundry services are managed and supervised to ensure the safety and comfort of residents, staff and visitors.

Mandatory criteria

- 9.1 A designated staff member is responsible for coordinating the linen and laundry services.
- 9.2 Clothing and toiletries are provided to residents, at no extra cost, and provision takes into account the residents' needs and reasonable choices. The quantities of each item must be determined with each resident, according to individual needs.
- Minimum items to be provided include:
- 9.2.1 under and outer garments
 - 9.2.2 head gear
 - 9.2.3 foot wear
 - 9.2.4 night attire
- Basic toiletries to be provided include:
- 9.2.5 soap
 - 9.2.6 shampoo and conditioner
 - 9.2.7 deodorant
 - 9.2.8 shaving cream and razors
 - 9.2.9 talcum powder
 - 9.2.10 toothbrush, toothpaste and denture cleaning products
 - 9.2.11 sanitary products
 - 9.2.12 sunscreen.
- 9.3 Clothing provided is appropriate to climatic conditions and takes into account residents' needs and reasonable choices. The condition and availability of clothing will be regularly assessed and replaced as required, at no extra cost to the resident.
- 9.4 Toiletries are appropriate to resident's needs and provision takes into account reasonable choices. The condition and availability of toiletries is regularly assessed and they are replaced as required, at no extra cost to the resident.
- 9.5 Linen, clothing and laundry items are processed, cleaned and stored appropriately, including:
- 9.5.1 sufficient quantities of linen and laundry items are available to meet residents and facility requirements.
 - 9.5.2 processes exist for the hygienic treatment of linen soiled by bodily fluids including urine, blood and faecal matter.
 - 9.5.3 laundering of sheets, towels and clothing at least once each week.
 - 9.5.4 appropriate movement of clean and dirty laundry through the facility.

- 9.6 Designated areas for storage of laundry are provided and:
 - 9.6.1 clean and soiled laundry is stored in separate areas.
 - 9.6.2 storage areas are ventilated.
- 9.7 Where laundry services are outsourced there is documented evidence the outsourced service complies with Australian Standards – AS4146.
- 9.8 Cleaning of the laundry areas includes rosters and processes for general cleaning, cleaning of exhausts and lint collection areas.
- 9.9 Detergents, chemicals, and gases are stored in a safe and secure place, in accordance with documented processes.
- 9.10 Detergent and chemicals are purchased in ready-to-use containers. All other containers are correctly labelled.

Standard 10: Fire, security and emergency

The risk of fire, security breach and emergency is reduced to maximise resident, staff and visitor safety.

Mandatory criteria

- 10.1 Policies and procedures are in place regarding staff and resident responses in the event of an emergency including:
 - 10.1.1 fire emergency
 - 10.1.2 evacuation of the building
 - 10.1.3 cardiac and respiratory arrest
 - 10.1.4 security breach and unauthorised persons.
- 10.2 Fire drills, equipment, training and evacuation procedures are carried out regularly, at least annually, and attendance logs and records are maintained.
- 10.3 Fire orders and evacuation plans are displayed throughout the facility for residents, staff and visitors. They should be easy to find, interpret and clearly show your location on the plan (i.e. “You are here”). Emergency numbers are clearly displayed next to staff telephones and residents phones, as required.
- 10.4 Installed fire detection and alarm systems are permanently connected to the fire service and are regularly maintained.
- 10.5 The smoke alarm detection system is tested in accordance with Australian Standards AS 1851.8 and service maintenance log books are kept.
- 10.6 Fire hydrants and fire exit doors:
 - 10.6.1 are clearly marked and easily accessible
 - 10.6.2 allow for easy egress, have no clutter or equipment stored in the areas and have illuminated exit signs.
- 10.7 Generator or battery operated fire exit markers are in place and:
 - 10.7.1 a testing schedule is maintained
 - 10.7.2 a checking log is maintained and is available at the facility.
- 10.8 Fire equipment, fire detection, alarm systems, emergency lighting and exit signs are ready for immediate use and tested six monthly as evidenced by a current service log. There is documented evidence of compliance with testing and service requirements of AS 1851.8.
- 10.9 A smoking policy which reduces the risk of fire is readily available to residents, staff and visitors to the hostel. Fire risks within the hostel are effectively managed.
- 10.10 Housekeeping practices minimise the amount of flammable materials present in the building. Chemicals, gases and potentially dangerous goods are stored appropriately.
- 10.11 Reasonable steps are taken to ensure that unauthorised persons do not access the facility or interfere with the operation of the facility to the detriment of residents, staff and visitors.

Standard 11: Facility cleaning and maintenance

The facility, plant and equipment are maintained to maximise resident, staff and visitor safety.

Mandatory criteria

- 11.1 A designated staff member coordinates the cleaning, maintenance and servicing of the plant, facility and equipment.
- 11.2 The environment in the facility is clean and safe for residents, visitors and staff. Cleaning schedules are displayed and are maintained and updated as a component of a cleaning program.
- 11.3 Routine and preventative maintenance of the physical facility, furniture, fixture and equipment is conducted in accordance with a documented program which demonstrates efficacy and safety.
- 11.4 Evidence is available to demonstrate that routine and preventative maintenance of plant and equipment is carried out by an appropriately qualified person. Documented service histories are maintained.
- 11.5 Waste management processes comply with regulations for the disposal of general waste and sharp objects.
- 11.6 A designated space for the collection, storage and sorting of waste materials is provided.

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