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Service Stream	Families and Young People Services	Category	Residential Care and Transition Services
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Purpose

- The safety, welfare, and best interests of the people we support residing in our residential care programs are paramount; the provision of care for people we support in the program will focus on their strengths and provide them with opportunities to heal and grow in identity, intimacy, and independence.
- It is necessary to understand a person we support's past experiences and trauma and how current actions and behaviours may be an expression of their pain, grief, and loss. These behaviours are often driven by underlying needs for safety, validation, care, and support. Viewing a person we support's challenges through this 'trauma lens' requires asking ourselves 'what's happened to you?' rather than 'what's wrong with you?' (Bath, 2008b).
- People we support are active partners in planning their future. They need to have the opportunity to be involved in decision-making processes, have choices, and have the opportunity to exercise these options.

Scope

This procedure applies to all employees, volunteers and contractors engaged within Residential Care and Transition Services (RCaTS) programs across Mercy Community (MC) – Families and Young People Services (FYPS).

This procedure relates specifically to General Residential Care programs.

Procedure

1. Linking support and intervention with daily care

- 1.1 The daily support of the people we support within the Residential Care program is guided by the House and Individual Planners and Goal Plans.
- 1.2 It is the responsibility of each worker to ensure that they are familiar with the current support and intervention plans for all people we support at the beginning of their shift.
- 1.3 Care Team Leaders (CTL)/Clinicians will ensure all current support and intervention plans are available for workers to review.

2. Handovers and unit checklist

- 2.1 Each shift must begin and end with a handover between incoming and outgoing workers.
- 2.2 The Handover Checklist Unit on CTARS provides guidance regarding what to discuss during a handover and what tasks must be completed prior to leaving shift. This includes but is not limited to:
 - Goal Based Incentive's (GBI's) and chores have been recorded for each person we support;
 - Any relevant information for the incoming worker's shift has been provided, including any incidents/events in progress or upcoming appointments;
 - The house is left in a reasonable, clean state unless there are legitimate reasons why this has not occurred;
 - Petty cash has been counted and balanced; and
 - Any significant issues (including petty cash not balancing, significant maintenance issues) reported to the Senior Residential Care Worker (Senior

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RCW) or On-call Worker.

- 2.3 If there are two (2) workers on a shift, only one Handover Checklist needs to be completed.
- 2.4 Outgoing workers must also ensure that all relevant documents have been completed for each person we support, including:
 - Activity Log;
 - Behaviour Log;
 - Shift Log/s; and
 - Incident Log.
- 2.5 Incoming workers must:
 - Review each person we support's Goal Plan and Progress, ensuring they are familiar with any care or support requirements for the shift;
 - Review client information for current alerts;
 - Review planner and clarify any details of appointments or tasks that must occur while they are on shift;
 - Check for correspondence;
 - Count the petty cash to ensure this matches the amount documented at the end of the previous shift (if there are discrepancies, this must be emailed to the Senior RCW); and
 - Complete the section Refrigerator/Freezer Temperature Control Log daily at 10.00pm. Corrective actions to be noted if fridge/freezer temperatures fall outside of the temperature guidelines; fridge at or below 5°C, freezer at or below 18°C.
- 2.6 If incoming workers are unsure about care or support issues, they will confirm with the CTL/Clinician or Senior RCW or, if after hours, the On-call Worker.

3. House meetings

- 3.1 House meetings are held at least fortnightly and are facilitated by workers. If there are complexities, issues or challenging dynamics, the Senior RCW or CTL/Clinician may facilitate the meeting.
- 3.2 House meetings are to occur at a time when all people we support residing at the house can attend. Where a person we support is not able to attend, a worker will seek their input prior to the meeting and ensure they are represented in the meeting.
- 3.3 House meetings are formally recorded within CTARS House Meeting Minutes Unit Form. Handwritten notes may be taken during the meeting to maximise participation and this information must then be entered into CTARS.
- 3.4 Where people we support refuse to attend a house meeting, minutes are still to be completed documenting the reasons why the people we support chose not to attend.
- 3.5 House meeting agenda items will always include feedback from people we support and any work health and safety issues, but may also include:
 - Feedback regarding activity and program planning;
 - Mediation of household conflicts or issues;
 - Menu planning (*FS FORM RCaTS Menu Plan*);
 - Resource planning (e.g., transport); and
 - Updates from team meetings.
- 3.6 Actions that arise out of house meetings must be allocated to workers (via team meetings) or people we support and monitored in the meeting minutes until completed. Some matters may be rolled over multiple house meetings.

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4. Data entry for People We Support

- 4.1 A Shift Log (AM and PM) and Behaviour Log must be recorded for each person we support for every day. It provides details of the person we support's interactions and issues during their time with MC.
- 4.2 For Active Night Observations and any sleep disturbances, a Sleep Disturbance Log may also be completed.
- 4.3 An Activity Log must be recorded for each person we support for each activity as outlined on their Individual Planner. The CTL/Clinician is to complete an Activity Log for each Reference Person Meeting (RPM) completed on a weekly basis. If unable to attend, the CTL/Clinician must complete an Activity Log noting this.
- 4.4 CTARS will be reviewed each day (business days) to ensure that there are no outstanding logs to be completed or published.
- 4.5 An *Incident Log* must be recorded for each significant incident (see *FS PROC RCaTS Incident Reporting* for more information).
- 4.6 The CTL/Clinician will review all data for the person we support contained within CTARS prior to completing support and intervention plans.

5. Security of Program and Vehicles

- 5.1 Due to risks associated for people we support in relation to access to office space and vehicles it is important that staff remain vigilant and follow appropriate safety measures outlined below:
- 5.2 All program keys must remain on the person at all times when in use, spare keys are to be locked in the key lock box located inside or outside of the program. Where vehicle keys are in use, staff are required to keep secure carriage of vehicle keys. Meaning, keys are to be secured out of sight in a pocket (preferably buttoned/zipped), secured in a pouch belt/waist bag or securely attached to a belt via key clip or key carabiner. Vehicle keys are not to be carried on lanyards or other mechanisms that can easily break or detach. For vehicles that have a keyless start feature, keys must be carried and stored in a faraday pouch to block the electromagnetic signal. For further information, see *WHS SOP Transporting Clients*.
- 5.3 All vehicle keys, both program and staff personal keys, must be locked in the safe at all times when not in use.
- 5.4 Worker's wallets, personal phones and valuables to be securely locked in the program safe, when at the residence.
- 5.5 All workers within a Residential Care program have a responsibility to ensure that the residence is appropriately secured at all times. Program vehicles will be locked at all times and where possible secured in a locked garage.
- 5.6 All workers vehicles to be securely locked with valuables out of sight.
- 5.7 Where there is a moderate or high risk to vehicle security the program will be allocated an MC vehicle fitted with an immobiliser.
- 5.8 Only MC workers are authorised to drive program vehicles.
- 5.9 When in community always keep vehicle keys securely on your person. With people we support who present higher risk with regards to vehicles more robust safety planning must occur for when in community. Workers should consider appropriate attire such as clothing with deep, buttoned and or zipped pockets.
- 5.10 People we support within a Residential Care program are not permitted to enter the program office on-site, as confidential records, medication and other high-risk items are stored in the office. All workers within a Residential Care program have a responsibility to ensure that all office doors are appropriately secured at all times.

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- 5.11 All workers within a Residential Care program will ensure that safes are secured behind a locked door in the office. Safes should be secured with the door remaining shut at all times when not in use. All possible measures will be taken to ensure that people we support do not have access to these safes or their codes.
- 5.12 The unit information folder should be kept secured in the lockable office cupboard.
- 5.13 All workers within a Residential Care program have a responsibility to ensure they are carrying a house mobile phone on their person at all times during their shift, unless impractical to do so (e.g., swimming, etc.). If on an activity and this is not on person, the worker has the responsibility to check the phone for messages within reason.

6. Record management

- 6.1 All data concerning the daily support of people we support will be securely recorded within the cloud-based Client Management System – CTARS.
- 6.2 All forms outside of the CTARS system will be uploaded and attached to either the person we support's Client Profile or the Unit.

Definitions

Care Team Leader(CTL)

Employee tasked with client care planning and care management oversight within the MC-FYPS Residential Care and Transition Services Programs.

CTARS

CTARS is a cloud-based client management system, designed specifically for disability services, children's services, and aged care. The system will allow MC staff to undertake therapeutic planning and assessment, capture and report on outcomes and ensure practice complies with legislative requirements through industry best practice frameworks.

Senior Residential Care Worker (Senior RCW)

Employee tasked with the day-to-day support and coaching of workers and running of an MC Residential Care Program site.

Worker

Employee tasked with providing daily care for people we support.

References

Child Protection Act 1999 (Qld)
DCSSDS Child Safety Practice Manual (CSPM)
FS DOC RCaTS Program Overview
Motor Vehicle Safety – Guidelines for Child Protection Placement Services

Related Documents

FS FORM RCaTS Menu Plan
FS PROC RCaTS Incident Reporting

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