



Aged Care
Standards and Accreditation Agency Ltd

Coptic Hostel

RACS ID 3268

18 St Kyrillos Place

HALLAM VIC 3805

Approved provider: Coptic Village Hostel Inc

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 4 December 2015.

We made our decision on 5 October 2012.

The audit was conducted on 5 September 2012 to 6 September 2012. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Accreditation Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Residents' physical and mental health will be promoted and achieved at the optimum level in partnership between each resident (or his or her representative) and the health care team.

Expected outcome	Accreditation Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Resident lifestyle**Principle:**

Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome		Accreditation Agency decision
3.1 Continuous improvement		Met
3.2 Regulatory compliance		Met
3.3 Education and staff development		Met
3.4 Emotional support		Met
3.5 Independence		Met
3.6 Privacy and dignity		Met
3.7 Leisure interests and activities		Met
3.8 Cultural and spiritual life		Met
3.9 Choice and decision-making		Met
3.10 Resident security of tenure and responsibilities		Met

Standard 4: Physical environment and safe systems**Principle:**

Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

Expected outcome		Accreditation Agency decision
4.1 Continuous improvement		Met
4.2 Regulatory compliance		Met
4.3 Education and staff development		Met
4.4 Living environment		Met
4.5 Occupational health and safety		Met
4.6 Fire, security and other emergencies		Met
4.7 Infection control		Met
4.8 Catering, cleaning and laundry services		Met



Aged Care
Standards and Accreditation Agency Ltd

Audit Report

Coptic Hostel 3268

Approved provider: Coptic Village Hostel Inc

Introduction

This is the report of a re-accreditation audit from 5 September 2012 to 6 September 2012 submitted to the Accreditation Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to residents in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, resident lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Accreditation Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Audit report

Scope of audit

An assessment team appointed by the Accreditation Agency conducted the re-accreditation audit from 5 September 2012 to 6 September 2012.

The audit was conducted in accordance with the Accreditation Grant Principles 2011 and the Accountability Principles 1998. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 1997.

Assessment team

Team leader:	Jenny Salmond
Team member:	Angela Scarlett

Approved provider details

Approved provider:	Coptic Village Hostel Inc
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Details of home

Name of home:	Coptic Hostel
RACS ID:	3268

Total number of allocated places:	30
Number of residents during audit:	29
Number of high care residents during audit:	12
Special needs catered for:	Includes care of residents born in Egypt and practicing the Coptic Orthodox faith.

Street:	18 St Kyrillos Place	State:	Victoria
City:	Hallam	Postcode:	3805
Phone number:	03 9796 3018	Facsimile:	03 9796 4323
E-mail address:	manager@coptichostel.org.au		

Audit trail

The assessment team spent two days on-site and gathered information from the following:

Interviews

	Number		Number
Director	1	Residents	9
Facility manager	1	Lifestyle staff	2
Care coordinator/register nurse	1	Physiotherapist	1
Enrolled nurses	2	Catering staff/Cleaning staff	1
Care staff	3	Administration	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	8
Residents' lifestyle related files	6	Resident administration files	6
Personnel files	7	Supplier agreements	5

Other documents reviewed

The team also reviewed:

- Annual essential safety measures report (current)
- Blood glucose monitoring charts
- Comments and complaints
- Doctors folder
- Door security
- Education calendar, evaluation forms and attendance records
- Emergency resource folder
- Food preference form
- Food safety program, register, current council and third party audits and related documentation
- Handover sheet
- Health professional handbook
- Improvement form (facility feedback form) and register
- Infection control surveillance data
- Internal assessment and review schedule and related documentation
- Legislation alerts
- Lifestyle calendar
- Material safety data sheets
- Minutes of meetings
- Nursing registration register

- Outbreak management folder
- Plan for continuous improvement
- Policies and procedures
- Preferred suppliers list
- Quality activity report register
- Resident information booklet and pre-admission information pack
- Resident list
- Resident of the day form
- Rosters
- Self assessment
- Staff handbook
- Supplier handbook.

Observations

The team observed the following:

- Activities in progress
- Archived records
- Availability and use of personal protective equipment
- Beverage, breakfast and lunch time service
- Call bell system
- Chapel
- Charter of residents' rights and responsibilities (on display)
- Cleaners room and cleaning trolley
- Computer access for residents
- Equipment and supply storage areas
- Evacuation maps and fire orders
- Feedback form availability and confidential mail boxes
- Fire board and fire monitoring, alarms, containment and fighting equipment
- Hand hygiene and washing availability
- Interactions between staff and residents
- Internal and external living environment
- Kitchen and food refrigeration and storage
- Laundry system
- Lifestyle calendar, office, resources and activities in progress
- Medication round, medication room, medication storage, medications fridge and medications to be sent back to pharmacy
- Menu displayed
- Noticeboards

- Nurses and care staff station
- Outbreak survival kit
- Oxygen in storage room
- Pet therapy (chickens)
- Photo display tree
- Resident returning from hospital
- Residents interacting with staff and other residents
- Sensory garden
- Sharps containers
- Specimen fridge
- Staff assisting residents with mobilisation
- Staff knocking on residents door before entering
- Staff room
- Staff washing hands
- Therapy room
- Unobstructed egress routes and illuminated exit signs
- Vision and mission statements and quality policy (on display).

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of residents, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that "the organisation actively pursues continuous improvement".

Team's findings

The home meets this expected outcome.

Management actively pursues continuous quality improvement across the Accreditation Standards. The vision and mission statements and quality policy of the service underpin the quality system and a variety of mechanisms identifies opportunities for continuous improvement. These include a schedule of audits which identifies the home's level of performance in meeting residents' needs, management systems and environmental requirements. Observation, a schedule of planned meetings and the regular analysis of key performance indicators add insight into improvement opportunities. The high profile of the management team enhances stakeholder feedback and the documentation of a continuous improvement plan and associated actions enables monitoring of progress. Evaluations of improvements occur through feedback, observation, regular monitoring and data analysis. Staff confirmed they are informed and actively participate in improvement activities. Residents confirmed they have opportunity for input and are aware of improvements occurring in the home.

Examples of recent improvements undertaken or in progress that relate to Standard 1 Management systems, staffing and organisational development include the following:

- An increase in staffing hours has occurred in response to the increased number of high care residents. The registered nurse's shift has increased from five to six hours, five days a week and the sleep over shift of a care staff member increased by four and a half hours on weekends and public holidays. Management reports satisfaction with the enhanced resident care and cleaning services as a result.
- In addition to the computers used by management and the facility book keeper, computer terminals are available to the care coordinator and the lifestyle team. Management notes as a result lifestyle staff rather than registered nurses, now evaluate lifestyle care plans thus increasing accuracy and ensuring residents' needs and preferences are met. Staff and management report the increased access to computers has effectively reduced staff frustration in accessing a computer terminal.
- Management have adopted an updated version of the improvement form used by the hostel. The new version includes a section for the actions taken that remains open until the closure and evaluation of all actions. Any improvement requiring a number of actions is included in the plan for continuous improvement. Management report satisfaction with this enhanced documentation process.
- The hostel has changed from backing up computer data with a data storage device to the use of a server. As a result management reported their satisfaction with the resultant enhanced data security associated with the nightly data backup.

- The implementation of a 'No leave, no life' program has resulted in the minimisation of accrued annual leave and the implementation of an effective leave management program. Evaluation is ongoing.

1.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines".

Team's findings

The home meets this expected outcome.

Management have systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Information and updates from peak body memberships, a professional advisory service, government alerts and newsletters ensure the service's awareness of legislative changes. All relevant stakeholders know of regulatory compliance changes through an established communication process. Management demonstrates compliance through observation of staff practice, competency testing, monitoring and analysis of incident reporting, appraisals and audits. Staff confirm they receive information regarding regulatory compliance and any changes to work practice. Residents are satisfied with the information provided to them at the home.

Examples of responsiveness to regulatory compliance relating to Standard 1: Management systems, staffing and organisational development include the following:

- A system is in place to ensure all staff, volunteers and relevant external contractors provide police checks and statutory declarations.
- Current organisational policies and procedures guide staff practice and reflect professional and regulatory guidelines.
- A register of professional registrations of registered and enrolled nurses is maintained and monitored.
- Staff and residents confirmed their knowledge of the re-accreditation audit.

1.3 Education and staff development:

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome.

Management demonstrates staff and management have knowledge and skills required to perform their roles effectively. The manager has annual calendar schedules, which include mandatory education and other relevant education relating to residents' needs and suggestions from staff. An attendance record is kept relating to the sessions held and each session is evaluated for its effectiveness. Staff complete appropriate competencies to ensure the maintenance of skills in line with resident needs. Management encourages staff to attend both internal and external training to ensure they remain abreast of best practice within the industry. Staff said they are satisfied with the education opportunities offered to them at the home.

Education conducted relating to Standard 1 includes:

- Frontline management

- Leadership for new and aspiring team leaders
- Workplace bullying and harassment.

1.4 Comments and complaints

This expected outcome requires that "each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome.

Management has systems to ensure each resident, their representative and other interested parties have access to internal and external complaints mechanisms. Information relating to complaints and feedback is included in resident and staff related handbooks, communicated at resident and staff meetings and relevant pamphlets are readily available. Stakeholders are welcome to raise their concerns with management and staff in person or through the use of the hostel's improvement form. Management address all complaints in a timely manner and where appropriate an action plan is developed and monitored through the continuous improvement system. Staff are orientated to the system and encouraged to address feedback at the time where possible. Residents and representatives feel confident in raising concerns and are very satisfied with the responsiveness of staff and management.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome.

The organisation's vision and mission statements and quality policy statements document the service's commitment to quality, its purpose and guiding principles. The resident and staff related handbooks, policies and procedures and service contracts reflect the service's commitment to service quality and continuous improvement. Management set an example to key stakeholders by taking an active role within the home and meeting regularly with staff and residents. Staff demonstrated commitment to the home's mission, values and objectives and their responsibilities in continuous quality improvement.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome.

Management has recruitment procedures and staff selection processes to promote the delivery of services in accordance with the home's philosophy and mission. Regular reviews occur between senior staff to structure hours to ensure residents' identified care needs are met. This leads to an effective working environment for staff. New employees undertake an orientation and induction program with the provision of 'buddy' shifts, especially for care staff. Rosters provide for permanent employees and a pool of casual staff is available to fill vacant shifts. The scheduling of staff appraisals is by the manager and these occur regularly. The maintenance of personnel files occurs with documentation kept in a secure area. Staff are

satisfied with staffing levels and the support from management and expressed their satisfaction in working at the home. Residents said they were satisfied with the staffing levels and the way staff provide care and services for them.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome.

There are systems in place to ensure adequate stocks of appropriate goods and equipment for quality service delivery are available. A product evaluation process confirms new supplies and equipment meet the needs of residents and staff and staff education ensures its safe and appropriate use. Nominated staff order clinical and non-clinical supplies from preferred suppliers on a regular basis. Stock is rotated where required and goods stored in clean, tidy and secure storage areas. There are effective preventative and corrective maintenance procedures to ensure equipment is safe and in working order. Staff and residents are satisfied with the quality and availability of stock and equipment and the responsiveness of management to their requests.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome.

Management has systems to manage effective information in relation to all aspects of care, service and management operations. Staff and resident information is stored securely; computer passwords promote security, data back up occurs regularly through a server and appropriate information archiving and shredding processes occur. Information processes include sharing of information at meetings, through memoranda, on information display boards, at shift handover and one on one verbal support for staff. The home has accessible and updated policies and procedures and care plans to guide staff practice. Monitoring of the information management system occurs through audits, feedback and improvement processes and internal reviews of a range of clinical and other data. Residents and representatives, staff and other stakeholders were satisfied with access to appropriate information about matters affecting them.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome.

Management has systems to ensure that provision of all externally sourced services meets the residential care service's needs and service quality goals. Management ensures the home has contracts with external providers who provide a wide range of services. These include medication supply, fire and emergency equipment maintenance, cleaning services, plumbing, continence supply, speech pathology and physiotherapy. Regularly reviewed, signed service agreements include reference to meeting performance and regulatory

standards. Management monitors the performance of external service contractors through observation, audits and feedback processes and processes are in place for the resolution of disputes. Staff, residents and representatives are satisfied with the quality of the services provided by external contractors.

Standard 2 – Health and personal care

Principle: Residents' physical and mental health will be promoted and achieved at the optimum level, in partnership between each resident (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome.

Management actively pursues continuous improvement for all aspects of residents' health and personal care. Residents confirm they are very satisfied with the quality of care provided by staff to residents and their families. Refer to expected outcome 1.1 Continuous improvement for details of the service's continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 2 Health and personal care include the following:

- As a result of funding, initially provided in 2011, the hostel implemented a 'Balance to live' program to minimise the falls risk of residents. Management report that as a result of independent physiotherapist guided falls prevention and balance enhancing exercises the falls rate has reduced by 50 percent. Evaluation is ongoing.
- In response to the distress caused to a resident by a chronic lesion on their hand staff sought an alternative treatment. Management reports that as a result of involvement of a local hyperbaric clinic the lesion has now healed and the resident is happy and in no discomfort.
- To enhance the skill of staff in behaviour management, eight staff members completed the 'Experts group' training through the Aged persons' mental health service. The established behaviour support group meets regularly to review and monitor residents with challenging behaviours. Management and staff report satisfaction with this initiative that has developed a core resource group staff can access when behavioural issues arise. Evaluation is ongoing.
- To increase muscle strength and agility the hostel implemented the 'Move it, move it' program. To enhance resident enjoyment, staff and visitors in the home at the time take part in the morning program. Residents take part in the music based program at a level they feel comfortable with. Management reports the increasing success of the program since the timing was changed to after morning tea and we observed the enjoyment experienced by all involved.

2.2 Regulatory compliance

This expected outcome requires that “the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team's findings

The home meets this expected outcome.

Management have systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about health and personal care. Refer to expected outcome 1.2 Regulatory compliance for details of the service's regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 2 Health and personal care include the following:

- A registered nurse is accessible on each shift to provide guidance to staff in the management of resident care.
- Appropriately qualified and trained staff plan, supervise and undertake specialised nursing care.
- The home demonstrates its compliance with policy and legislative requirements in relation to medication storage and management.
- The service maintains mandatory reporting documentation and a centralised register.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome.

Refer to expected outcome 1.2 Education and staff development for information about the home’s education and staff development systems.

Education conducted relating to Standard 2 includes:

- Continence management
- Dementia care
- Diabetes management
- Medication
- Oral and dental care.

2.4 Clinical care

This expected outcome requires that “residents receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome.

Residents receive appropriate care at Coptic Hostel. Staff assess clinical needs after a resident enters the hostel. The registered nurse oversees the individual nursing care plans derived from these assessments. Staff evaluate the care plans on a regular, scheduled basis. Reassessment occurs if there is a change in the resident’s condition with representatives consulted as part of the process. Staff said they have opportunities for education in all aspects of clinical care and management supports them in the care of the residents. Residents said they were satisfied with the care given to them and were consulted on an ongoing basis regarding their care needs. We saw evidence of care consultations with residents and representatives.

2.5 Specialised nursing care needs

This expected outcome requires that “residents’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome.

Qualified staff identify and meet residents’ specialised nursing care. Staff complete assessments as part of the entry process to the hostel. This includes the identification of any specialised care needs the resident may have. Interventions are recorded on a nursing care plan. The general practitioner is involved in partnership with nursing staff to identify what care is required to meet residents’ specialised care needs. These needs include diabetic care, wound management, chronic pain issues and any other special needs. General practitioners attend the hostel on a regular basis or more regularly as required. Staff said they have the training and expertise to undertake care of residents with specialised needs. Residents said they were satisfied with the care they received and trusted staff knew what to do.

2.6 Other health and related services

This expected outcome requires that “residents are referred to appropriate health specialists in accordance with the resident’s needs and preferences”.

Team’s findings

The home meets this expected outcome.

Staff refer residents to appropriate health specialists as required to meet their needs and preferences. Staff and the general practitioner regularly arrange referrals and staff make arrangements for the resident to attend external appointments. We observed a resident being escorted to an appointment by a family member, which is common practice at the home. During documentation review, we saw examples of referrals to external health specialists. Staff said they knew how to refer residents to external parties. Residents said staff informed them of any health specialist appointments.

2.7 Medication management

This expected outcome requires that “residents’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome.

Management has systems to ensure the administration of medication occurs correctly, within the relevant legislation and is stored securely. Residents have their medications administered by qualified staff from a pre packed system provided by a pharmacy. An accredited pharmacist conducts medication reviews annually and a recommendation to medical personnel occurs. Medication audits are conducted; incidents reported, analysed and actioned through the medication advisory committee. Medication charts have dated photographs, indicate resident allergies and include special instructions for administration. Management said a medication competency occurs annually for all staff administering medications. Staff said the home’s pharmacy provides adequate services and residents said medications were administered on time.

2.8 Pain management

This expected outcome requires that “all residents are as free as possible from pain”.

Team’s findings

The home meets this expected outcome.

Coptic Hostel staff are committed to ensuring residents are as free from pain as is possible. Pain assessments are completed and care plans highlight interventions staff use for relieving pain. Measures such as massage, heat packs, diversional tactics and warm drinks help alleviate pain as alternatives to pharmaceuticals. Staff said they intervene to relieve the resident from pain. Staff evaluate the effectiveness of pain management following interventions and record the findings. We observed this practice in documentation review. Residents said they are satisfied with the pain management techniques employed by staff to relieve their pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill residents is maintained”.

Team’s findings

The home meets this expected outcome.

Staff at the home are well equipped to attend to the comfort, dignity and care of terminally ill residents and their families. There are procedures to look after residents and their families during the terminal phase of care. Development of a palliative care nursing care plan occurs in conjunction with residents and representatives. A terminal care wishes form is given to residents and/or their representatives for completion shortly after entry to the home and we observed documentation to confirm this practice. Staff said management supported them when caring for a resident in palliation. Residents said they were satisfied with the care they received at the home.

2.10 Nutrition and hydration

This expected outcome requires that “residents receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome.

Management ensure residents receive adequate nourishment and hydration. There is a system for evaluating nutritional and hydration needs of individual residents upon entry to the home. Development of a care plan guides staff practice and reviewed regularly and more often when there are changes to a resident’s intake, weight or health status. Monitoring of residents’ weights occurs regularly and more frequently as required. There are referrals to the dietitian, speech pathologist and medical personnel as required. Alternative food is available if the resident requests, with staff on hand to provide any such requests. Residents said they were satisfied with the meals provided by the home.

2.11 Skin care

This expected outcome requires that “residents’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome.

Management ensures there are staff practices to maintain resident skin integrity and the management of wounds. On entry to the home, residents undergo a review of their skin integrity including the potential risks of pressure injury to the skin. Registered nurses guide staff practices and oversee wound healing. There is expert wound healing knowledge through external bodies that care for some residents. Monitoring and careful observation of residents occur during their activities of daily living. Reporting of any changes is to the nurse in charge and documentation follows in the progress notes. Residents said they were satisfied their skin care needs were attended to by staff and staff assist them when required.

2.12 Continence management

This expected outcome requires that “residents’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome.

Residents have continence assessments undertaken shortly after entry to the home and management plans implemented. These plans record the level of assistance and the continence aids required by residents to maintain their optimal level of continence. The recording of individual toileting times appears on resident care plans. The review and evaluation of continence management plans is by the registered nurse and changes made. Documentation confirmed the use of continence charts and regular evaluation of the resident’s continence needs. Staff said they had opportunities for education regarding continence care. Residents said staff assist them with their continence and toileting needs.

2.13 Behavioural management

This expected outcome requires that “the needs of residents with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome.

Identification of residents with challenging behaviours happens through an internal assessment process and care plans developed in consultation with the resident and/or their representative. After a settling in period, staff complete behavioural assessments and devise care plans in consultation with other health professionals, if required. The home has access to appropriate treatment through the aged persons’ psychiatric assessment team. The home provides individualised activities to minimise challenging behaviours. Staff said the provision of education occurs when dealing with residents’ difficult behaviours. Residents said other residents with challenging behaviours did not disturb them and the home’s atmosphere was relatively calm.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that "optimum levels of mobility and dexterity are achieved for all residents".

Team's findings

The home meets this expected outcome.

Assessment of mobility and movement abilities of all new residents occurs by staff soon after entry to the home. A physiotherapist visits the home regularly and conducts assessments to determine current mobility and dexterity levels of all residents. Care plans include information obtained and staff optimises residents' mobility and dexterity levels by assisting them to participate in exercise programs. We observed staff assisting residents with mobility needs and supervising mobility using mobility aids. Residents at risk of falling are identified through risk assessment and strategies developed to decrease risks including the use of sensor mats, hip protectors and adjustable height beds. Staff receive training to assist residents with transfers and manual handling during induction and on an annual basis. Residents said staff assist with daily mobility requirements and exercise as required.

2.15 Oral and dental care

This expected outcome requires that "residents' oral and dental health is maintained".

Team's findings

The home meets this expected outcome.

Staff demonstrated the maintenance of residents' oral and dental health occurs in the home. Assessment of residents for their oral and dental care needs occurs initially and then evaluated on a regular basis. Development of a specific care plan occurs and documents individual preferences for cleaning dentures and teeth. Reporting of oral and dental issues are to the medical officer as required and appointments to the dentist follows. There is a toothbrush replacement system whereby residents receive different coloured brushes as each new season arrives. Staff said they receive education regarding the care of residents' oral and dental care needs. Residents said they are satisfied with the care they receive.

2.16 Sensory loss

This expected outcome requires that "residents' sensory losses are identified and managed effectively".

Team's findings

The home meets this expected outcome.

A sensory assessment occurs soon after entry to the home. Care plans identify residents' specific care to manage vision or hearing aids and strategies to minimise the effects of their hearing and vision losses. Staff are aware of individual needs and assist residents who require help with fitting and cleaning of aids. We observed a raised vegetable garden in the surrounding gardens with shrubs and flowers planted for sensory delight. Residents said they enjoy the outdoor areas of the home. They especially like to be in the garden especially in warmer weather where they can feel the sunshine and smell the flowers.

2.17 Sleep

This expected outcome requires that “residents are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome.

The home has processes to ensure residents are able to achieve natural sleep patterns. Staff perform sleep assessments on residents, on entry to the home with regular review of these assessments. They assess current and natural sleep habits and identify residents at risk of having poor sleep patterns. Staff develop care plans from these assessments and review of these occurs regularly. Staff ensure residents with sleeping difficulties have referrals to their doctor for pharmacological strategies. The home provides an environment conducive to sleep and provide alternative strategies for sleep promotion such as preferred drinks and snacks to settle. Residents said they are satisfied with the staff’s approach to ensuring they received enough quality sleep.

Standard 3 – Resident lifestyle

Principle: Residents retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome.

Management actively pursue continuous improvement activities in relation to residents’ lifestyle. Representatives express satisfaction with the framework provided to support them exercise control of their lives. Refer to expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 3 Resident lifestyle include the following:

- The redesign of the courtyard as a sensory garden has enhanced the residents’ environment and enjoyment. Working together residents and staff considered the best combination of herbs and flowers. The inclusion of raised garden beds has permitted the development of a vegetable garden. Staff and residents report their enjoyment of this new space. Management noted the increasing engagement of a resident through their involvement in the garden and inclusion of related articles in the newsletter.
- All residents with the ability have undertaken a food safety program to provide appropriate skills for them to take part in the hostel’s involvement in the Councils annual healthy aging program. Residents will assist in preparing food from their garden during the hostel’s sensory garden focused activities. Management, staff and residents report enthusiasm for the upcoming visit to their home by members of the community.
- As a result of a government funded program the hostel has installed two computers in the conference room for use by residents. With the support of an information technology tutor who attends three times a week the residents have developed confidence in using the technology. We observed a resident enjoying playing a game on the computer. Management report residents are enjoying the ability to keep in touch with family through face book and e-mail and using other programs; for example, relating to genealogy.
- As a result of a link between lifestyle staff and the local Council an art program commenced in 2011. We noted the enjoyment of residents whose art is now on display in the home.
- Staff recognised that the format of the lifestyle calendar was too busy for residents to easily understand. As a result a formal annual calendar now separately highlights cultural, religious and special events. The pictures for each month reflect a particular theme/activity undertaken by residents and each resident has a least one image recorded in the calendar. Lifestyle staff and management report the residents love the calendar and actively took part in its development.

3.2 Regulatory compliance

This expected outcome requires that "the organisation's management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about resident lifestyle".

Team's findings

The home meets this expected outcome.

The organisation's management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about resident lifestyle. Refer to expected outcome 1.2 Regulatory compliance for details of the service's regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 3 Resident lifestyle include the following:

- Residents and representative receive a comprehensive residents' information booklet and sign a residential service agreement that specifies residents' rights and responsibilities, security of tenure, complaints mechanisms, fees and charges and available care and services.
- Resident related information is stored according to privacy legislation.
- The Charter of residents' rights and responsibilities is on display.
- The home has processes to manage compulsory reporting obligations and to educate staff in recognising and responding appropriately to situations that may necessitate mandatory reporting.

3.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome.

Refer to expected outcome 1.2 Education and staff development for information about the home's education and staff development systems.

Education conducted relating to Standard 3 includes:

- Elder abuse
- Diploma in leisure and lifestyle
- Mandatory reporting.

3.4 Emotional support

This expected outcome requires that "each resident receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome.

Each resident receives emotional support to assist them with adjusting to life in their new environment and on an ongoing basis. New residents and their families receive an orientation to the home, a comprehensive information booklet and are introduced to staff and

other residents. In collaboration with the resident and their representative staff assess emotional needs. This information is the basis for the care plan which is regularly evaluated and updated. Residents are encouraged to personalise their room and we observed staff interacting with residents in a caring and supportive manner. Families and friends are welcome to visit at any time to interact or share a meal together. Residents spoke highly of the support provided by management and staff.

3.5 Independence

This expected outcome requires that "residents are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome.

The home encourages residents to achieve maximum independence and maintain friendships within the home and local community. In collaboration with the resident and their representative staff assess physical and social independence needs. This information is the basis for the care plan which is regularly evaluated and updated. Strategies to maximise resident independence include assisting residents' use of mobility and sensory aids, to vote, attend outings and the provision of an appropriate living environment. Authorised representatives support residents unable to represent themselves and the lifestyle program promotes independence and socialisation. We observed staff encouraging residents to mobilise and participate in life within the home and residents said staff and management support them to maintain their independence.

3.6 Privacy and dignity

This expected outcome requires that "each resident's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome.

Management and staff ensure each resident's right to privacy, dignity and confidentiality is recognised and respected. Privacy and consent statements are in place and privacy statements are contained in resident, staff, supplier, health professional and volunteers' handbooks and information packs. Staff demonstrated confidential management of resident information and handover practices. Resident accommodation is in single ensuite rooms, which residents are encouraged to personalise and we observed staff ensuring privacy and dignity by knocking on resident doors and awaiting an invitation to enter. A range of common areas allow for personal space and privacy and staff were observed addressing residents with courtesy using their preferred name and interacting with residents in a kind and respectful manner. Residents' said staff are mindful of their privacy and dignity when providing care.

3.7 Leisure interests and activities

This expected outcome requires that "residents are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome.

Residents are encouraged and supported to participate in a wide range of activities and special celebrations which are of interest to them. On entry to the home and in consultation with residents and representatives, the assessment process identifies individual resident's interests, cultural, spiritual and lifestyle needs. The subsequent care plan is regularly reviewed. The lifestyle program offers activities which reflect residents' social, emotional, physical, cognitive, sensory and cultural needs. The lifestyle program is responsive to residents' changing needs, well advertised and includes group and individual activities. Feedback through personal interaction, scheduled meetings and surveys and monitoring of attendance records ensures the responsiveness of the lifestyle program. During the visit we observed residents enjoying a variety of organised activities. Residents said they are very happy with the range of activities offered to them.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome.

Management and staff value and foster individual resident interests, customs, beliefs and cultural and ethnic backgrounds. In consultation with residents and representatives staff develop a care plan, which is regularly reviewed, to meet residents' cultural and spiritual preferences. The hostel provides care for those residents of Egyptian birth and who practice the Coptic faith but respect those of all cultures and faiths. The director of the hostel, a Coptic priest, provides a pastoral presence in the hostel and residents' who choose to participate in spiritual practices receive individual support. Days of religious or cultural events of significance and birthdays are celebrated and planned throughout the year. Staff with language skills specific to residents are available should the need arise. Residents confirmed their satisfaction with the support provided to meet their cultural and spiritual needs.

3.9 Choice and decision-making

This expected outcome requires that "each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome.

Management and staff ensure the rights of each resident to make decisions and exercise choice are recognised and respected. A comprehensive information booklet informs and assists residents and representatives in their decision-making. On entry to the hostel staff document resident preferences in relation to all aspects of daily living and regular care plan evaluation ensures capture of changes to resident preferences. Management encourages residents' feedback in person, through the hostel's feedback form, regular surveys and at resident meetings. The Charter of residents' rights and responsibilities is prominently displayed and staff respect residents' daily choices and assist residents to maintain their

preferred lifestyle. Residents said they are very satisfied with the encouragement and respect for their choices demonstrated by staff.

3.10 Resident security of tenure and responsibilities

This expected outcome requires that "residents have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome.

Management ensures residents have secure tenure and understand their rights and responsibilities. Potential residents and their representatives meet with management and receive a comprehensive information booklet which details information relating to their life in the hostel. This information includes their rights and responsibilities, security of tenure, complaints mechanisms, privacy and confidentiality. Residents and/or their representative sign a residency agreement which details their rights and responsibilities, situations which may terminate the agreement and documents care and services provided. Management confirmed residents only move to another room only following appropriate consultation. Staff demonstrated an understanding of residents' rights and responsibilities. Residents confirmed they feel secure in their tenure at the home and are aware of their rights and responsibilities.

Standard 4 – Physical environment and safe systems

Principle: Residents live in a safe and comfortable environment that ensures the quality of life and welfare of residents, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome.

Management conducts continuous improvement activities related to all aspects of the physical environment and safe systems. Residents and staff are satisfied with the comfort and safety of the home’s environment and the quality of the catering, laundry and environmental services provided at the home. Refer to Expected outcome 1.1 Continuous improvement for details of the service’s continuous improvement systems.

Examples of recent improvements undertaken or in progress that relate to Standard 4 Physical environment and safe systems include the following:

- Following discussions during previous assessment contacts management undertook a risk assessment and enhanced paving around the home. When leaving their rooms via the door to the garden, residents previously stepped onto a concrete step. Management recognised that in the event of an evacuation the change of level between the step and the ground could be a falls risk. As a result a two metre wide coloured path around the home replaces the separate concrete steps. Management and staff report satisfaction with this safety initiative.
- In response to an increase in the number of resident falls each resident room now has a sensor mat for use as indicated. Management and staff report enhanced resident safety as a result of the available monitoring tool. Evaluation is ongoing.
- To further enhance the resident living environment the hostel has installed three split system air conditioners and purchased two pressure air mattresses and two shower/commode chairs. Management and staff report satisfaction with the benefits to resident comfort provided as a result.
- The implementation of a comprehensive and up-to-date emergency policy and procedures provides staff with appropriate guidelines and actions to take in the event of an emergency.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome.

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory systems and processes.

Examples of responsiveness to regulatory compliance relating to Standard 4 physical environment and safe systems include the following:

- Chemicals are stored safely in secure areas.
- Current material safety data sheets are available where chemicals are stored and used.
- Fire monitoring and fighting equipment is regularly monitored and maintained and staff regularly attends mandatory training in fire and emergency procedures.
- Management demonstrate an effective system is in place to actively promote occupational health and safety.
- There is a food safety program and third party audits demonstrate current compliance.

4.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome.

Refer to expected outcome 1.2 Education and staff development for information about the home's education and staff development systems.

Education conducted relating to Standard 4 includes:

- Chemicals
- Emergency procedures
- Fire and safety
- First aid level 2
- Manual handling
- Occupational health and safety refresher
- Outbreak management.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with residents' care needs".

Team's findings

The home meets this expected outcome.

Management actively works to provide a safe and comfortable home environment consistent with residents' care needs. Residents reside in single rooms with ensuites and are encouraged to personalise their private space. Dining and lounge areas are utilised for celebrations and activities, art undertaken by residents enhances the décor and well maintained external paths invite access to garden areas. An effective preventative and corrective maintenance programs maintain environmental safety; the home maintains a comfortable temperature and is secure after hours. Management monitors the living environment through observation, monitoring of at risk behaviours, feedback, regular environmental audits and monthly incident analysis. Staff understand their role in ensuring environmental safety and comfort. Residents are very satisfied with the comfort and safety of the home.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome.

Management is actively working to provide a safe working environment that meets regulatory requirements. Management, a trained occupational health and safety representative and established policies and procedures guide safe work practices. Staff orientation and education programs include compulsory training on manual handling, infection control and incident and hazard reporting. New equipment is trialed prior to purchase to ensure it is appropriate and staff training is provided to ensure use is safe and appropriate. There are ample supplies of appropriate personal protective equipment and effective preventative and reactive maintenance processes are in place. Chemicals are stored securely, staff trained in their safe handling and current material safety data sheets are readily available. Regular meetings address issues identified through audits, incident and hazards reports and environmental audits. Staff confirmed their awareness of safe work practices and the processes in place to address any workplace health and safety issues.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome.

Management and staff actively work to provide an environment and safe systems of work that minimise fire, security and emergency risks. Appropriate fire detection, alarm systems, fire containment and fighting equipment are in place and regularly inspected and maintained. Doors and perimeter security is maintained, exit doors are illuminated by exit signs and paths of egress free of obstruction and identified on evacuation maps. The home has processes to enable it to respond to interruptions to essential services and other emergencies which are easily accessible to staff. The home monitors and manages risk through mechanisms that include observation, feedback and environmental audits. Staff confirmed they attend annual mandatory training in fire and emergency procedures. Residents expressed confidence in the security of the home and the capability of staff to managing an emergency.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome.

Management can demonstrate they have an infection control program whereby detection, management and monitoring of infections occur within the home. Infection data is collected, collated and trended each month. Policies and procedures guide staff practice and cover the management and containment of infectious outbreaks. A gastroenteritis kit, which includes signage and personal protective equipment, is available for use. Hand washing basins and the use of alcohol hand cleansing products are readily available throughout the home. Resident and staff vaccinations are encouraged and monitored. Infection control is discussed with staff upon orientation and then as a mandatory requirement each year. Residents said they observed staff washing their hands regularly.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances residents' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome.

The provision of hospitality services at the home enhances residents' quality of life and the working environment. Documentation of residents' dietary requirements and preferences, special needs and food allergies and sensitivities occurs on entry to the home and reflects changes as they occur. Culturally varied meals are freshly prepared in the onsite kitchen and the chef actively involves each resident in the service of their meal to ensure it meets their needs and preference at the time. The kitchen follows an approved food safety program and has current third party certification. Well presented residents' rooms and communal areas result from cleaning staff following schedules to ensure all areas of the home are regularly cleaned and maintained. An external service launders all linen and care staff laundry and iron all residents' personal clothing on site. The process of laundering each resident's clothing separately minimises the loss of residents' personal items. Staff complete regular infection control and chemical handling training and management monitors service satisfaction through observation, regular audits and surveys and feedback from residents and representatives. Residents are very satisfied with hospitality services provided at the home.