Performance

Report

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| Name of service: | Coptic Hostel |
| Service address: | 18 St Kyrillos Place HALLAM VIC 3805 |
| Commission ID: | 3268 |
| Approved provider: | Coptic Village Hostel Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 25 July 2023 |
| Performance report date: | 21 August 2023 |

This performance report **is published** on the Aged Care Quality and Safety Commission’s (the **Commission**) website under the Aged Care Quality and Safety Commission Rules 2018.

**This performance report**

This performance report for Coptic Hostel (**the service**) has been prepared by N Chahal, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

This performance report details the Commissioner’s assessment of the provider’s performance, in relation to the service, against the Aged Care Quality Standards (Quality Standards). The Quality Standards and requirements are assessed as either compliant or non-compliant at the Standard and requirement level where applicable.

The report also specifies any areas in which improvements must be made to ensure the Quality Standards are complied with.

# Material relied on

The following information has been considered in preparing the performance report:

* the assessment team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **Not applicable as not all requirements have been assessed** |
| **Standard 8** Organisational governance | **Not applicable as not all requirements have been assessed** |

A detailed assessment is provided later in this report for each assessed Standard.

# Areas for improvement

There are no specific areas identified in which improvements must be made to ensure compliance with the Quality Standards. The provider is required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.

# Standard 2

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| Ongoing assessment and planning with consumers | |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |

Findings

The service was found Non-compliant in Standard 2 in relation to Requirement 2(3)(a) following a site audit in March 2023 where it was unable to demonstrate assessment and planning informed the delivery of safe and effective care for consumers who experienced changed behaviours and were prescribed psychotropic medication.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

Representatives said that they had been involved in the assessment and planning of psychotropic medications, including discussions of risks, with the medical or nurse practitioner and had provided informed consent. Staff demonstrated knowledge of consumers individualised risks including personalised strategies related to changed behaviours and restrictive practices. Staff confirmed they have received education and training on restrictive practices and outlined that restraint is used only as a last resort in line with the restrictive practice policy. Assessment and care planning documentation included behaviour support plans and evidence of informed consent that demonstrated risks are considered and discussed with consumers, representatives and medical practitioners, and individualised strategies implemented. The service has policies and a psychotropic register to monitor the use of restrictive practices.

Based on the available evidence, I find Requirement 2(3)(a) is Compliant.

# Standard 4

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| Services and supports for daily living | |  |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant |

Findings

Consumers and representatives were satisfied they are provided with emotional, spiritual, and psychological care and support. All consumers and representatives interviewed expressed satisfaction that staff are kind and caring and support the consumer’s emotional, spiritual, and psychological well-being. Staff confirmed the activities at the service are evaluated monthly in line with consumer feedback. Staff described how consumers are supported to practice their religion through in-house ecumenical services and assisted to attend local church services, visiting clergy and church volunteers. A review of diary entries reflected that staff attend one to one sessions with consumers, and this aligned with staff and consumer feedback. ‘Resident’ meeting minutes demonstrated that the service has increased outings aligned with consumer preferences following feedback. The Assessment Team observed a prayer group well attended by consumers, led by a volunteer from the church. Consumers who were not in the prayer group were engaged in an activity in the dining room supported by staff.

Based on the available evidence, I find Requirement 4(3)(b) is Compliant.

# Standard 8

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| Organisational governance | |  |
| Requirement 8(3)(c) | Effective organisation wide governance systems relating to the following:   1. information management; 2. continuous improvement; 3. financial governance; 4. workforce governance, including the assignment of clear responsibilities and accountabilities; 5. regulatory compliance; 6. feedback and complaints. | Compliant |

Findings

The service was found Non-compliant in Standard 8 in relation to Requirement 8(3)(c) following a site audit in March 2023 where it was unable to demonstrate effective regulatory compliance governance systems in relation to behaviour support planning for consumers subject to chemical restraint and police check clearance for members of the workforce.

At the July 2023 assessment contact, the Assessment Team found the service had implemented improvements to address the deficits identified at the previous site audit.

The service demonstrated it has implemented improved processes in relation to organisational regulatory compliance governance systems. As demonstrated under Requirement 2(3)(a), staff demonstrated an understanding of chemical restraint and outlined the review process for consumers prescribed psychotropic medications. The service has implemented an electronic quality system that provides access to policies, procedures and quality reporting. Management discussed changes to legislation are received through the electronic quality system and communicated to staff and Board members, as required. A review of the psychotropic register demonstrated that consumers subject to restrictive practices are reviewed three-monthly and have behaviour support plans and evidence of informed consent in place. The service provides learning through an electronic learning portal. Education records confirmed that staff have completed or are in the process of completing the restrictive practice module. The service has undertaken a review and completed police check clearances for the workforce. Management outlined that staff are reminded 90 days prior to police check expiry and are not rostered if current police clearance is not received.

Based on the available evidence, I find Requirement 8(3)(c) is Compliant.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)