



The **Aged Care**
Standards and Accreditation Agency Ltd

Decision to Accredit Coptic Hostel

The Aged Care Standards and Accreditation Agency Ltd has decided to accredit Coptic Hostel in accordance with the *Accreditation Grant Principles 1999*.

The Agency has also decided that the period of accreditation of Coptic Hostel is 3 years, until 4 December 2009.

The Agency has found that the home complies with 44 of the 44 expected outcomes of the Accreditation Standards. This is shown in the “Agency Findings” column appended to the following executive summary of the assessment team’s site audit report.

The Agency is satisfied that the home will undertake continuous improvement measured against the Accreditation Standards.

The Agency will undertake support contacts to monitor progress with improvements and compliance with the Accreditation Standards.

Geoff Freeman
Authorised Decision Maker
Victoria and Tasmania

Information considered in making an accreditation decision

The Agency has taken into account the following, as required, by the *Accreditation Grant Principles 1999*:

- The desk audit report and site audit report received from the assessment team created for the purpose of conducting the audits; and
- Information (if any) received from the Secretary (of Department of Health and Ageing) about matters that must be considered, under Division 38 of the *Aged Care Act 1997*, for certification of the service; and
- Other information (if any) received from the Secretary; and
- Information (if any) received from the applicant in response to the statement of major findings that was presented to the applicant at the conclusion of the site audit. This may include information that indicates the service rectified deficiencies identified by the assessment team at the time of the audit; and
- Whether it is satisfied that the residential care service will undertake continuous improvement, measured against the Accreditation Standards, if it is accredited.

Service and Approved Provider Details

Service Details

Service Name: Coptic Hostel

RACS ID: 3268

Number of beds: 30 Number of High Care Residents: 9

Special Needs Group catered for:

Street: 18 St Kyrillos Place

City: Narre Warren State: Victoria Postcode: 3805

Phone: 03 9796 3018 Facsimile: 03 9796 4323

Email address: coptichostel@froggy.com.au

Approved Provider

Approved Provider: Coptic Village Hostel Inc

Assessment Team

Team Leader: Cheryl Shannon

Team Member: Susan Waters

Dates of audit: 26/09/2006 to 27/09/2006

Executive summary of Assessment Team's Report

Accreditation Decision

Standard 3: Resident Lifestyle

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

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Standard 4: Physical Environment and Safe Systems

Expected Outcome	Assessment Team Recommendations
4.1 Continuous improvement	Compliant
4.2 Regulatory compliance	Compliant
4.3 Education and staff development	Compliant
4.4 Living environment	Compliant
4.5 Occupational health and safety	Compliant
4.6 Fire, security and other emergencies	Compliant
4.7 Infection control	Compliant
4.8 Catering, cleaning and laundry services	Compliant

Agency Findings
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant
Compliant

Executive summary

This is the report of a site audit of Coptic Hostel RACS ID 3268, 18 St Kyrillos Place, Narre Warren from 26 September 2006 to 27 September 2006 submitted to The Aged Care Standards and Accreditation Agency Ltd on 11 October 2006.

Assessment team's recommendation regarding compliance

The assessment team considers that the information obtained through the audit of the home indicates that the home complies with:

- 44 expected outcomes

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Coptic Hostel.

The assessment team recommends that the period of accreditation be three years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Site Audit Report

Scope of audit

An assessment team appointed by the Aged Care Standards and Accreditation Agency Ltd conducted the audit from 26 September 2006 to 27 September 2006.

The audit was conducted in accordance with the *Accreditation Grant Principles 1999* and the *Accountability Principles 1998*. The assessment team consisted of two registered aged care quality assessors.

The audit was against the 44 expected outcomes of the Accreditation Standards as set out in the *Quality of Care Principles 1997*.

Assessment team

Team Leader:	Cheryl Shannon
Team Member:	Susan Waters

Approved provider details

Approved provider:	Coptic Hostel Inc
--------------------	-------------------

Details of home

Name of home:	Coptic Hostel
RACS ID:	3268

Total number of allocated places:	30
Number of residents during site audit:	29
Number of high care residents during site audit:	9

Street/PO Box:	PO Box 75	State:	VIC
City/Town:	Hallam	Postcode:	3803

Phone number:	9796 3018	Facsimile:	
E-mail address:	coptihostel@froggy.com.au		

Assessment team's recommendation regarding accreditation

The assessment team recommends that the Aged Care Standards and Accreditation Agency Ltd accredit Coptic Hostel.

The assessment team recommends that the period of accreditation be three years.

Assessment team's recommendation regarding support contacts

The assessment team recommends that there should be three support contacts during the period of accreditation and the first should be within 12 months.

Assessment team's reasons for recommendations

The team has assessed the quality of care provided by the home against the Accreditation Standards and believes the home complies with 44 of the 44 expected outcomes of the Accreditation Standards.

Please note the Agency may have made findings different from these recommendations.

Audit trail

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

Interviews

	Number		Number
Facility manager / registered nurse division two	1	Residents and relatives	7
Care co-ordinator	1	Hospitality staff	3
Lifestyle coordinator	1	Maintenance staff	1
Care staff	3	Rector and director	1

Sampled documents

	Number		Number
Residents' files	5	Medication charts	7
Summary/quick reference care plans	5	Personnel files	5
Resident admission files	4		

Other documents reviewed

The team also reviewed:

- Policies and procedures.
- Resident information handbook
- Resident 2005 satisfaction survey
- Continuous improvement documentation including audits, quality action and continuous improvement plan
- Legislation, regulations and updates
- Incident reports, risk assessments and monthly summations
- Minutes of staff and resident meetings
- Newsletters and memoranda
- Staff education calendar and records
- Staff roster
- Resident menu
- Maintenance records
- Building certification report
- Food safety plan records including 2006 third party audit
- Kitchen registration certificate
- Fire equipment inspection records
- Cleaning procedures
- Occupational health and safety records
- Supplier agreements

Observations

The team observed the following:

- Activities in progress
- Storage of medications
- Interactions between staff and residents
- Equipment and supply storage areas
- Internal and external living environment
- Staff practices and interactions between staff and residents
- Displayed information brochures
- Displayed charter of residents rights and responsibilities
- Displayed mission, vision and philosophy of care statements
- Resident lunches

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 recommendation

Does comply

The home has systems and processes in place to identify, act upon and provide feedback to relatives, residents and staff on improvement initiatives or opportunities. There is evaluation of the monitoring activities or improvement initiatives such as policy and procedure review, audit results, surveys, incidents, hazards and ideas for improvement. Management maintain quality action plans, which are regularly reviewed and updated. Minutes of meetings highlight the improvement and monitoring activities of the home and indicate that all stakeholders share knowledge of and input into the home’s continuous improvement system and processes. The 2006 resident satisfaction survey indicated a high level of satisfaction with the care and services provided. Staff stated that management is highly supportive of their improvement ideas and responsive to all issues raised.

In 2005/2006 specific improvements relating to this standard have focussed on:

- a continual review of the resident care needs has resulted in amendments to the staff roster including an increase in hours for the care coordinator, increased care hours at the weekend, increased lifestyle hours, the engagement of a registered nurse division one for resident care plan review and the night staff position now an upright (from sleepover) position
- the up skilling of staff through regular education sessions, external courses, enrolment in traineeships and Arabic classes for non Arabic speaking staff
- reorganisation resident care files from an adhoc to a formalised system
- the review of policies and procedures to better reflect more contemporary practice guidelines for staff
- the purchase of various equipment items including sensor mats, electronic resident surveillance beamers, facility bus, crockery, digital weighing chair, and massage table.

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 recommendation

Does comply

Staff have electronic and hardcopy access to a variety of legislation and regulations pertaining to their requirements. Management inform staff of legislative changes via memoranda and at staff meetings. The home has membership of a number of industry-related organisations that provide expert opinion when required. Aged care industry bulletins are also available for staff information. Staff described and demonstrated awareness of legislation and regulatory requirements affecting their practice.

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 recommendation

Does comply

The education and staff development program includes an orientation to the service, buddy support and an ongoing educational program. Competency training is also undertaken on appointment and annually for emergency procedures, manual handling, infection control, cardiopulmonary resuscitation, medication administration, blood sugar levels and food handling. Apart from information gleaned from the continuous improvement monitoring system, staff undertake an annual appraisal to assist management with the planning of the educational program and to provide formal feedback to staff. Management stated and staff confirmed that staff hand-overs are also used as an opportunity for particular staff education briefing sessions. Staff are also encouraged to provide evaluation after each education session. A particular feature of the education program is the number of staff undertaking external education in areas such as dementia care, lifestyle and leisure, health support services and certificate four in aged care. The manager stated that she has enrolled to undertake the bachelor of nursing degree.

Staff were able to demonstrate that they understood the requirements of their work areas and stated that management was supportive of their education requirements. There is a staff library, which includes videotapes, best practice bulletins and literature from a range of sources that staff can access at any time.

In 2005 and 2006 specific education relating to this standard have focussed on: certificates three and four in health support, return to work program, nurse call system and accreditation and assessing the standards.

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 recommendation

Does comply

The home has a bilingual and culturally appropriate complaints system. The manager operates an 'open door' policy and verbal communication is the preferred and appropriate mode of communication for most residents. There is displayed and written information and brochures in Arabic and English on the external avenues for registering complaints. Residents and relatives stated that they are very happy with the open door policy and any issues that they may have are always addressed in a satisfactory manner. Staff confirmed that complaints are discussed at staff meetings and residents and relatives have no hesitation about using the system.

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 recommendation

Does comply

The home has a vision, values, objectives and philosophy statements, which are displayed within the home and recorded in key documents. The statements include a commitment that the home will provide a quality service for the benefit of all stakeholders.

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 recommendation

Does comply

The staff roster and staff personal files indicate that there are sufficient numbers and appropriately trained staff to meet the care and service requirements of the residents. All personal care staff are trained with either certificate three or four in aged care. A number of staff have undertaken Arabic language classes to enhance communication with Arabic speaking residents. Staff stated that they are supported by management, are happy with the resident to staff ratio and are satisfied with the current staff-training program. Residents and families stated that staff are always kind, caring and attentive to their needs and are punctual in answering calls for assistance.

1.7 Inventory and equipment

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

Team's recommendation

Does comply

There is a system to maintain adequate stock levels and a tour of storage areas indicated that adequate supplies are maintained. Staff and residents confirmed that supplies and services are appropriate for their needs and available when needed.

Corrective and preventive maintenance procedures and schedules are in place and records indicate that maintenance issues are handled quickly and in an appropriate manner. All equipment is fit for the purpose intended and available to meet the residents' needs. Minutes of the staff meetings indicate that safe practice issues are discussed and equipment and furniture is trialed before purchase.

1.8 Information systems

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

Team's recommendation

Does comply

The home collects and records key information as needed to meet the requirements of management, staff, residents and other stakeholders. All staff and resident information is stored in secured areas and is only accessible to authorised personnel. Observation of staff practices showed the team that staff ensured confidentiality at all times. Staff said they are informed of all activities relevant to the home via informal discussions, memoranda, meetings and staff noticeboards. Residents and relatives told the team that they are kept informed regarding their needs and activities at the home.

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 recommendation

Does comply

There are supplier agreements in place for most externally sourced supplies or services. Some local food supplies are sourced informally to meet the particular cultural or culinary requirements of the residents. Management stated that the agreements are performance related and gave examples of agreements terminated because of performance related issues. Supervision takes place for all contractors/suppliers when onsite. Staff and residents indicated current satisfaction with the services that suppliers provide.

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 recommendation

Does comply

The home has systems and processes in place to identify, act upon and provide feedback to relatives, residents and staff on improvement initiatives or opportunities. There is evaluation of the monitoring activities or improvement initiatives such as policy and procedure review, audit results, surveys, incidents, hazards and ideas for improvement. Management maintain quality action plans, which are regularly reviewed and updated. Minutes of meetings highlight the improvement and monitoring activities of the home and indicate that all stakeholders share knowledge of and input into the home's continuous improvement system and processes. The 2006 resident satisfaction survey indicated a high level of satisfaction with care and all service provided. Staff stated that management is highly supportive of their improvement ideas and responsive to all issues raised.

In 2005/2006 specific improvements relating to this standard have focussed on:

- the introduction of reportable blood sugar levels and medication competencies for all personal care staff
- the revamping of the medication room to ensure a secure environment
- a review of the resident assessment and care plans to reflect actual individualised care
- the introduction of statistical reporting in a number of clinical areas such as falls, infection rates, skin tears, resident aggression, medication incidents and continence incidence
- the introduction of the services of allied health professionals including a dietitian.

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 recommendation

Does comply

A registered division one nurse is engaged every month to oversee care plan reviews for high care residents. The manager is a registered nurse division two and has current registration with the nurses’ board. Care staff stated and the team confirmed that they are notified of updates to guidelines and legislation affecting their practice via memos and at staff meetings. Staff described and demonstrated awareness of legislation and regulations affecting their practice.

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 recommendation

Does comply

The education and staff development program includes an orientation to the service, buddy support and an ongoing educational program. Competency training is also undertaken on appointment and annually for manual handling, infection control, cardiopulmonary resuscitation, medication administration and blood sugar levels. Apart from information gleaned from the continuous improvement monitoring system, staff undertake an annual appraisal to assist management with the planning of the educational program and to provide formal feedback to staff. Management stated and staff confirmed that staff hand-overs are also used as an opportunity for particular staff education briefing sessions. Staff are also encouraged to provide evaluation after each education session. A particular feature of the education program is the number of staff undertaking external education in areas such as dementia care and planned bachelor of nursing for the manager.

In 2005 and 2006 specific education relating to this standard has focussed on: dementia mapping, challenging depression, aged care and mental illness, continence care, palliative care, asthma devices, skin care, nutrition and hydration and bipolar disorder.

2.4 Clinical care

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

Team’s recommendation

Does comply

On entry to the home assessments are conducted using information from referrals, recommendations from other health professionals, information gathered from the residents and relatives and from assessment forms. Policy and procedures guide staff in the delivery of care and individualised care plans are developed from assessment information. Care plans are reviewed monthly for the high care residents in consultation with the registered nurse division one, resident and relative. Three monthly care plan reviews are conducted for low care residents, and in response to changes in clinical status.

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 recommendation

Does comply

Specialised care needs are identified on entry to the home and individualised care plans are developed from the assessment information. Appropriately qualified health professionals are available to support care staff and advise on management strategies and interventions required to assist with technical care requirements. Clinical competencies, education programs and documentation audits are undertaken to ensure that staff have the requisite skills to manage the care needs of residents. Residents with diabetes have defined reportable blood sugar parameters, and referrals to appropriate health professionals are undertaken by staff in line with resident care needs. Regular observations are evident for the monitoring of residents’ needs and strategies are implemented to address identified issues. Residents confirm that they are satisfied with the specialised care needs being provided by the care staff of the home.

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 recommendation

Does comply

Residents are supported to access a number of health professionals within the home and externally. Podiatry and physiotherapy services are routinely scheduled for residents within the home, and a speech therapist, dietician, psychiatric services are available on referral. Care recommendations from allied and other health professionals are transferred to the care plan. Staff have access to resources to assist in the care provision, including a registered nurse division one who is available to review high care residents monthly and as required. Residents and relatives confirm that staff assist with the arranging of appointments for residents and support them to attend.

2.7 Medication management

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

Team’s recommendation

Does comply

Personal care workers administer medications from a multi-dose package system. Medications are securely stored in a trolley in a secure staff only area when not in use. Residents who self-administer medications are assessed and regularly reviewed to ensure competency. Incident reporting systems and audits of medication charts, delivered medications and the medication trolley are utilized to identify errors, track trends and assist in causal analysis of issues with the implementation of corrective actions to prevent recurrence. Systems are in place to ensure that medication is managed in accordance with regulatory compliance, and staff interviewed demonstrated a sound knowledge of the correct procedures and their responsibilities when administering medications. Appropriate practices were also observed.

Medication charts identify allergies, indications for “as required” medication administration, photographic identification of residents and special considerations for medications.

2.8 Pain management

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

Team’s recommendation

Does comply

Residents are assessed as to their pain levels on entry and where there is a change in condition, with care plans evaluated to ensure that the strategies implemented to manage pain remain effective. Pain assessments include information to determine levels of distress and discomfort for residents and reflect non-medication based pain management, including positional changes, use of heat, massage, diversional therapy strategies and aromatherapy. The use of ‘as required’ medication is tracked in the progress notes with effect of the analgesia noted. Residents and relatives confirm pain levels are managed as much as possible and that staff are attentive.

2.9 Palliative care

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

Team’s recommendation

Does comply

Care conferences are undertaken for the care plan developed from assessment data in consultation with residents and relatives, including terminal care wishes and preferences. Palliative care plans are developed to ensure that end of life choices are documented and actioned, where residents and relatives are not ready to discuss palliative care wishes, staff note the contact and support and respect individual requests. Residents and relatives confirm that dignity and choice are maintained and that care staff are supportive in care delivery. Where deterioration in the condition of the resident is noted, documentation indicated that staff notify relatives and undertake an assessment with a focus on comfort and pain relief. Palliative care boxes have been developed for mainstream and Egyptian residents with culturally appropriate resources, and the home is in the process of developing individual preference envelopes for residents to be placed with the boxes.

2.10 Nutrition and hydration

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

Team’s recommendation

Does comply

On entry to the home a baseline data sheet is completed as an interim care plan and preferences are noted and reported to the kitchen. Individualised care plans reflect the nutrition and hydration requirements and preferences of residents, including information regarding allergies, cultural preferences and swallowing difficulties. Meals are served from the central kitchen and residents’ choices are catered for in quantity, food consistency, texture and modified and special needs. Residents are weighed frequently and those with an unplanned weight loss or swallowing difficulties are referred to a dietician, speech pathologist or general practitioner as required in line with the computerised monitoring program that identifies the risk level and interventions for

the management of weight fluctuations. Care plans specify interventions required such as prompting or fully assisting the resident to eat or drink. Residents confirm satisfaction with the quality of food available and were observed enjoying their meals with a choice of a mainstream or Egyptian food.

2.11 Skin care

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

Team’s recommendation

Does comply

Residents are assessed on admission for their risk of skin breakdown and current skin integrity and issues that impact on skin breakdown such as nutrition and hydration status and other medical conditions are reviewed. An individualised care plan is generated which includes information regarding the frequency and level of assistance residents require in managing personal hygiene, including hair washing, shaving and nail care. Pressure relieving aids, such as emollients and positional changes are utilised by care staff to maintain residents’ skin integrity. Residents’ care needs are reviewed frequently and the care plans updated as required. Residents and relatives are satisfied with the skin care they receive.

2.12 Contenance management

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

Team’s recommendation

Does comply

On entry to the home, residents are assessed for their individual continence support and functioning toileting requirements. Interventions including regular toileting times, continence aids, management of urinary tract infections and prevention of constipation, are identified in the care plan. Where required, residents are referred to a continence clinic for comprehensive assessment and care planning. The physiotherapist assessed residents for transfer and mobility issues that may require assistive devices including over toilet chairs and rails to assist in maintaining continence. Residents and relatives confirm that residents’ continence issues are well managed and staff assist as necessary. The home has adequate stores of supplies and equipment for the care residents’ continence issues.

2.13 Behavioural management

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

Team’s recommendation

Does comply

Care management strategies are documented on care plans from assessed needs of residents. Behaviour assessments identify challenging behaviours, strategies and successful interventions for the management of these behaviours, however triggers for behaviour are not consistently documented. Review and evaluation of behaviour management includes ongoing monitoring of resident incidents with diversional and individual management strategies utilised. Restraint use is assessed and evaluated by staff in conjunction with relatives and medical practitioners. Staff attend in-service education in relation to the management of residents with dementia and other challenging behaviours. The team observed caring interactions between staff and

residents and a calm environment. Psychogeriatric specialists are also available for resident referral when required. Resident files identify input from mental health services and training records confirm the attendance at specific education sessions related to challenging behaviours.

2.14 Mobility, dexterity and rehabilitation

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

Team’s recommendation

Does comply

Residents’ mobility needs, falls risk assessment, mobility equipment, safety requirements and transferring assistance are assessed by a physiotherapist following entry to the home and as required. The physiotherapist develops a therapy plan with clear diagrams and care staff implement the program and sign a daily implementation chart. Relatives confirm satisfaction with the maintenance of mobility and the therapy programs available. Falls are recorded and tracked for trends and corrective actions are implemented to minimise the risk of recurrence. Hand rails are available throughout the home and sensor mats and movement sensor alarms have been implemented where required.

2.15 Oral and dental care

This expected outcome requires that “residents’ oral and dental health is maintained”.

Team’s recommendation

Does comply

On entry to the home, residents oral and dental hygiene needs are determined and reviewed frequently. The care plan developed includes level of assistance required to maintain oral and dental health. Staff assist residents to access dental hygiene services of their choice. Residents with dentures have their own containers and cleansing agents. Residents and relatives report satisfaction with the support of staff in achieving the oral and dental care needs of residents.

2.16 Sensory loss

This expected outcome requires that “residents’ sensory losses are identified and managed effectively”.

Team’s recommendation

Does comply

On entry residents’ sensory status is determined with baseline assessment of hearing, vision, speech and comprehension. Sensory needs and losses are identified and communication strategies are noted on individualised care plans, including interventions such as aids and frequency of assistance required to maximise the residents functioning. Glasses were observed to be clean and well maintained. Residents report they are able to attend optometry and hearing services and staff support them to organise appointments if required. An aromatherapy sensory room is available for residents. Resident and relatives stated that they were satisfied with the services provided.

2.17 Sleep

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

Team’s recommendation

Does comply

A sleep assessment chart is commenced after entry to the home with information identified during the assessment phase including positional changes required, settling habits and preferences, choice of settling and rising times and rest period noted on the care plan. Information on settling routines and daily rest periods are reflected in the care plan. Non-medication interventions and strategies are promoted such as food and fluid, aromatherapy and re-direction. Where sleeping patterns of the resident alter, staff document and observe for causative factors and record strategies implemented to promote comfort through analgesia, hygiene attendance, positional changes and other opportunities to enhance settling. Residents report that the home is generally quiet at night and that they are supported to achieve a natural sleep pattern.

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 recommendation

Does comply

The home has systems and processes in place to identify, act upon and provide feedback to relatives, residents and staff on improvement initiatives or opportunities. There is evaluation of the monitoring activities or improvement initiatives such as policy and procedure review, audit results, surveys, incidents, hazards and ideas for improvement. Management maintain quality action plans, which are regularly reviewed and updated. Minutes of meetings highlight the improvement and monitoring activities of the home and indicate that all stakeholders share knowledge of and input into the home’s continuous improvement system and processes. The 2006 resident satisfaction survey indicated a high level of satisfaction with care and all services provided. Staff stated that management is highly supportive of their improvement ideas and responsive to all issues raised.

In 2005/2006 specific improvements relating to this standard have focussed on:

- an aromatherapy course completed by the lifestyle coordinator
- the development of more comprehensive activity program to ensure that residents’ religious and cultural needs are met including the introduction of a Coptic/Egyptian menu following the residents’ religious calendar of feasts
- the development of a partnership with the local school enabling students to undertake a community module with the residents at the home
- the revamping of the beauty and hairdressing room with additional furniture and equipment items.

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 recommendation

Does comply

The residents receive a privacy brochure as part of their admission information kit. All residents/families are offered a resident agreement. The residents' information booklet has documented the residents' charter of rights and responsibilities and how to make a complaint. Management stated that all relevant legislation is accessible to staff and the team noted copies of legislation and regulations. Staff are made aware of changes and access to them via memoranda and staff meetings. Staff described and demonstrated awareness of legislation and regulatory requirements affecting their work.

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 recommendation

Does comply

The education and staff development program includes an orientation to the service, buddy support and an ongoing educational program. Competency training is also undertaken on appointment and annually for emergency procedures, manual handling infection control, cardiopulmonary resuscitation, medication administration, blood sugar levels and food handling. Apart from information gleaned from the continuous improvement monitoring system, staff undertake an annual appraisal to assist management with the planning of the educational program and to provide formal feedback to staff. Staff are also encouraged to provide evaluations after each education session. A particular feature of the education program is the number of staff undertaking external education in areas such as lifestyle and leisure, health support services and certificate four in aged care.

In 2005 and 2006 specific education relating to this standard have focussed on Arabic classes for non Arabic speaking staff, grief awareness, beyond words (dementia communication) and the lifestyle coordinator undertaking an aromatherapy certificate.

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 recommendation

Does comply

Prior to entry a pre-admission interview is conducted and prospective residents are given information on the complaints process, charter of residents rights, information related to admission, a handbook and a tour of the home. Care staff orientate new residents and diversional therapy staff support residents with one to one sessions and care planning with new residents including social, cultural and religious support to assist in adapting to the new environment. Assessments are conducted to determine the needs of the resident and important events in the resident's history are recorded through consultation with the resident /relatives to ensure staff are able to deliver

consistent care and support. Residents described the high level of support provided by staff to help them in the transition to their new life at the home.

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 recommendation

Does comply

Residents are encouraged to maximise their independence according to their needs and preferences, including the choice of health care providers, management of finances, flexible and relatively unrestricted visiting hours and support to continue external associations. Lifestyle assessments identify residents' abilities, interests, and lifestyle choices and activity care plans document the friendships or community activities they wish to maintain with the availability of a facility bus and linkage with courtesy transport buses to shopping centres and entertainment venues. The activities program shows scheduled activities including frequent visits from entertainers, church groups and community groups, such as schools and regular strengthening and exercise programs. Residents commented that they are encouraged to maintain friendships, associations and interests outside the home and that their independence is respected and encouraged by staff and management. A number of private lounge areas and an external paved area is available for residents to meet with family and friends.

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 recommendation

Does comply

Residents' privacy and dignity during care interventions is facilitated through the provision of single rooms with en-suites, with access to a number of communal sitting areas for residents and their friends and families to use, and to have privacy if desired. Personal telephone connections are available or a public phone is provided in a discrete area. Residents are encouraged to personalise their rooms and the area around their beds. Staff were observed to knock on residents' doors and ask permission prior to entry and treat residents with dignity including addressing residents in culturally appropriate terms. Handover is conducted discretely in the carers office, with resident documentation securely stored to ensure confidentiality. Residents confirmed that staff are always mindful of their privacy.

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 recommendation

Does comply

The home obtains information from residents on entry to determine their preferred choice of interests and activities. A lifestyle care plan is then developed to ensure that residents are supported to maintain their interests. Review of activity planners and monthly calendars showed a range of in-house, community and celebratory events

were offered with therapy goals developed based on residents' identified interests and preferences. Multi-denominational church services are offered for residents and a chapel is available for orthodox residents. Attendance in activities is monitored through participation records and programs are evaluated for effectiveness and suitability for individual residents. Notice boards around the home advertise the current program and special events and invite interested parties to attend. Information is provided in English and Arabic for residents. Residents reported they were happy with the activities program and were consulted about what activities they enjoyed.

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 recommendation

Does comply

Residents' spiritual beliefs and their preferences for observing individual interests and customs are identified and documented and residents confirm that these are acknowledged and respected. Special orthodox and Christian religious days are celebrated and various non-denominational and ecumenical services and devotions are held frequently within the home. The catering team prepare special culturally requested meals and bilingual and multilingual diversional therapy and care staff are available to spend time with residents. The home accommodates residents from a wide range of cultural backgrounds and has established links with the relevant community service organisations and the migrant resource centre. Church services and bible studies are provided and the ministers provide pastoral care if required. Residents were satisfied with the range of significant days being celebrated and with their ability to participate in religious services of their choice.

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 recommendation

Does comply

Residents are encouraged to participate in decisions about their lifestyle through the comments, suggestions and complaints process, meetings and surveys, and are also informed on how to access advocacy services in the residents' information handbook. Residents forums are scheduled monthly with a three monthly newsletter produced by the home. Residents confirm their input is acknowledged and responded to and that they feel comfortable in these forums. Residents' preferences are identified and documented on admission and updated as required. Residents confirm that they are offered choice in relation to meals, personal hygiene and rising and settling times. Residents are also encouraged to personalise their rooms with their own belongings and are consulted regarding care planning.

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 recommendation

Does comply

There is an admission process, which includes an enquiry package and a tour of the home prior to admission. The charter of residents' rights and responsibilities and complaint and comments information is displayed within the hostel. A resident information booklet details the accommodation, care, lifestyle and services offered to residents. All written information is provided in Egyptian and many staff are bilingual and bicultural.

Residents have security of tenure (for low care) and are offered residential care service agreements. Management stated that all residents have signed agreements. Information in the agreement includes conditions of termination, dispute resolution, leave entitlements, fees and charges, specified care and services and rights and responsibilities for low care residents only. Residents and relatives said that they felt secure at the service and that they are consulted about all aspects of their care.

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 recommendation

Does comply

The home has systems and processes in place to identify, act upon and provide feedback to relatives, residents and staff on improvement initiatives or opportunities. There is evaluation of the monitoring activities or improvement initiatives such as policy and procedure review, audit results, surveys, incidents, hazards and ideas for improvement. Management maintain quality action plans, which are regularly reviewed and updated. Minutes of meetings highlight the improvement and monitoring activities of the home and indicate that all stakeholders share knowledge of and input into the home’s continuous improvement system and processes. The 2006 resident satisfaction survey indicated a high level of satisfaction with care and all service provided. Staff stated that management is highly supportive of their improvement ideas and responsive to all issues raised.

In 2005/2006 specific improvements relating to this standard have focussed on:

- the appointment of an occupational health and safety representative after the completion of an authorised course
- the commencement of the refurbishment of the home with the recarpeting of all residents’ rooms and the communal areas
- a chemical dispensing system installed in the laundry
- an upgrade of the fire sprinkler system and installation of break glass alarms in each corridor
- the appointment of a regular maintenance contractor
- the upgrading of the nurse call bell system to include annunciators, pagers for all staff and toggle cord systems in resident rooms to enable access to call bells for residents at all times.

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 recommendation

Does comply

There are policies and procedures for occupational health and safety, infection control, and fire and food safety. Regular food safety, infection control and work environmental audits monitor compliance in these areas. The kitchen has current registration with the local council. The 2006 food safety indicated a high standard of food safety compliance. There is a trained food safety supervisor and a care staff member has completed an authorised occupational health and safety course. The building meets building certification requirements.

Management demonstrated that staff are provided with the relevant information and education on regulatory requirements for this standard. Staff were able to describe their roles in monitoring compliance through incident reports, hazard alerts, adherence to the food safety program, infection control and safe work practices.

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 recommendation

Does comply

The education and staff development program includes an orientation to the service, buddy support and an ongoing educational program. Competency training is also undertaken on appointment and annually for emergency procedures, manual handling infection control and food handling. Apart from information gleaned from the continuous improvement monitoring system, staff undertake an annual appraisal to assist management with the planning of the educational program and to provide formal feedback to staff. Staff are also encouraged to provide evaluation after each education session. Staff were able to demonstrate that they understood the requirements of their work areas and stated that management was supportive of their education requirements.

In 2005 and 2006 specific education relating to this standard have focussed on: chemical usage and handling, fire training, use of new equipment, and an occupational health and safety course for the staff representative.

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 recommendation

Does comply

Residents are accommodated in single rooms with external door access with private ensuites in a modern purpose built facility. The home is divided into accommodation wings with small private lounge areas available in all wings and an orthodox chapel. A

central dining and lounge area is comfortably furnished, and the home is odour free and well maintained. Residents' rooms are personalised, with residents able to regulate the climate with individually adjustable heaters. A private area in the lounge displays an Egyptian theme and was observed to be well utilised by residents and families. Audits are undertaken to monitor safety and cleanliness, and residents and relatives expressed high levels of satisfaction with the living environment.

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 recommendation

Does comply

There is a trained occupational health and safety representative and occupational health and safety issues are reported on and discussed at the monthly staff meeting. Regular safety inspections and audits take place and identified issues are rectified so that a safe working environment is maintained. All staff incidents and accidents are reviewed and actioned appropriately by management.

Staff are aware of safe practices via compulsory occupational health and safety training, ongoing risk and workplace assessments and detailed occupational health information available. There is adequate and appropriate equipment and the team observed staff undertaking safe practices in their respective areas.

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 recommendation

Does comply

The building meets building certification and fire and safety requirements. An external contractor undertakes fire safety and inspection reports according to an inspection schedule. There is a program of preventive and corrective maintenance system and the maintenance officer is available out of business hours if required. Emergency procedures and evacuation plans are displayed throughout the building. Fire evacuation practice takes place every year and staff undertake a follow up fire questionnaire. Staff interviewed were aware of the emergency procedures and their responsibilities. Chemicals are stored in locked areas and are clearly labelled with appropriate first aid information sheets available. The home has perimeter fencing to ensure privacy and security.

4.7 Infection control

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

Team's recommendation

Does comply

Processes and systems are in place to identify and record infections and collate information on monthly infections and trend analysis to prevent cross infection. A designated staff member manages the surveillance of infections and reports the incidents to management and data is reported at the staff committee meetings and tabled on the quality board in the carers office. Tracking of infection outcomes is

conducted to ensure resolution. Cross contamination is minimised with the availability of protective personal equipment, such as gloves, aprons and of access to anti-microbial lotions. Hand-washing facilities are available in the staff room and kitchen. Audits are conducted on the environment and to follow-up staff practice, processes and staff knowledge. A pest control program is operational and the home has undertaken education in infection control procedures.

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 recommendation

Does comply

There are two menus namely mainstream and Egyptian. Residents have substantial input into the compilation of the four weekly and seasonally adjusted menus and individual preferences are acknowledged and respected. Residents and families stated that the meals are always a highlight and meet their every culinary wish. The dining room and settings are conducive to a pleasant dining experience.

Residents' personal laundry is laundered onsite and is undertaken by the night personal care staff. Some residents have a preference for undertaking their personal laundry and do so in the laundry. The laundry is domestic in size and there are plans to upgrade the laundry when building extensions commence. Management stated that the laundry linen contractors meet all laundry standards and they are very satisfied with the services that they provide. Residents and relatives confirmed this.

The building presented as meticulously clean, dust and odour free. Rostered cleaning occurs Monday to Friday and residents stated that they are very happy with the cleaning service.