



# Performance Report

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**Name of service:**

Longridge Aged Care

**Commission ID:**

6069

**Approved provider:**

Naracoorte Home for the Aged Inc

**Performance report date:**

5 October 2022

**Activity type:**

Site audit

**Activity date:**

23 August 2022 to 25 August 2022

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 Longridge Aged Care (**the service**) has been considered by Kathryn Spurrell, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)<sup>1</sup>.

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 Site Audit, the Site Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives, and others.
- the provider's response to the assessment team's report received 20 September 2022.
- other information and intelligence held by the Commission in relation to the service.

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<sup>1</sup> The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018.

## Assessment summary

<b>Standard 1</b> Consumer dignity and choice	<b>Compliant</b>
<b>Standard 2</b> Ongoing assessment and planning with consumers	<b>Compliant</b>
<b>Standard 3</b> Personal care and clinical care	<b>Compliant</b>
<b>Standard 4</b> Services and supports for daily living	<b>Compliant</b>
<b>Standard 5</b> Organisation's service environment	<b>Compliant</b>
<b>Standard 6</b> Feedback and complaints	<b>Non-compliant</b>
<b>Standard 7</b> Human resources	<b>Compliant</b>
<b>Standard 8</b> Organisational governance	<b>Non-compliant</b>

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

## Areas for improvement

Areas have been identified in which **improvements must be made to ensure compliance with the Quality Standards**. This is based on non-compliance with the Quality Standards as described in this performance report.

- **Requirement 6(3)(d)** – The service ensures feedback and complaints are reviewed and used to improve the quality of care and services.
- **Requirement 8(3)(c)** – The service ensures effective organisation wide governance systems relating to information management, continuous improvement, financial governance, workforce governance, regulatory compliance and feedback and complaints.

## Standard 1

Consumer dignity and choice		
Requirement 1(3)(a)	Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.	Compliant
Requirement 1(3)(b)	Care and services are culturally safe	Compliant
Requirement 1(3)(c)	Each consumer is supported to exercise choice and independence, including to: <ul style="list-style-type: none"> <li>(i) make decisions about their own care and the way care and services are delivered; and</li> <li>(ii) make decisions about when family, friends, carers or others should be involved in their care; and</li> <li>(iii) communicate their decisions; and</li> <li>(iv) make connections with others and maintain relationships of choice, including intimate relationships.</li> </ul>	Compliant
Requirement 1(3)(d)	Each consumer is supported to take risks to enable them to live the best life they can.	Compliant
Requirement 1(3)(e)	Information provided to each consumer is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice.	Compliant
Requirement 1(3)(f)	Each consumer's privacy is respected and personal information is kept confidential.	Compliant


### Findings

Consumers said staff treat them with respect and felt their individual identity, diversity and dignity was valued. Staff were observed to treat consumers respectfully and displayed an understanding of awareness of consumers' backgrounds, identity, and lifestyle choices. The Assessment Team reviewed the service's diversity and inclusion policy which supports staff to provide culturally safe care.

Consumers expressed that they are supported to make decisions about their own care, the way care and services are delivered and when other people are involved in their care. Care planning documentation showed examples of consumers' representatives being involved in consumer's care.

Consumers and representatives said consumers are supported to take risks to enable them to live the best life they can. Staff confirmed they assist consumers to understand risks and discuss mitigation strategies with them. Care planning documentation evidenced examples of consumers being supported to take risks and demonstrated collaboration with consumers, their representatives, medical officers, and allied health practitioners.

Consumers and representatives indicated they receive information that is current, accurate and timely, which is communicated clearly and enables them to exercise choice. Staff described



how they appropriately communicate with consumers who have cognitive impairments or difficulty communicating.

Consumers felt that their privacy was respected by staff and described how staff knock on their doors prior to entering and pulling curtains closed when providing personal cares. Staff described further practical ways they respect consumers' privacy including not discussing consumers in public areas and using passwords to access consumers' personal information on the electronic case management system.

## Standard 2


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
Requirement 2(3)(b)	Assessment and planning identifies and addresses the consumer's current needs, goals and preferences, including advance care planning and end of life planning if the consumer wishes.	Compliant
Requirement 2(3)(c)	<p>The organisation demonstrates that assessment and planning:</p> <ul style="list-style-type: none"> <li>(i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and</li> <li>(ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.</li> </ul>	Compliant
Requirement 2(3)(d)	The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.	Compliant
Requirement 2(3)(e)	Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.	Compliant

### Findings

The service demonstrated assessment and care planning included a consideration of risks to consumers' health and well-being and informed the delivery of safe and effective care and services. Staff described assessment and planning and said risk tools are utilised and assessment outcomes are documented in the care planning documentation, which reflected the individual's current needs and an individualised consideration of risks.

Care documentation demonstrated assessment and planning identified and addressed consumers' individual needs, preferences and goals, including advanced care planning. Consumers and representatives said that staff discuss consumers' needs goals and preferences on entry to the service and on an ongoing basis.

Consumers and representatives said they are involved in the process of care planning and assessment and the care planning documentation reflected input from medical officers and other allied health practitioners. Consumer care planning documentation is readily accessible to consumers and their representatives, staff, medical officers, and other allied health professionals involved in the delivery of care and services.



Consumers and representatives said they are notified when an incident or a change in consumers' condition or circumstances occurs. Care planning documentation evidenced reviews occur when there is a change in consumers' condition or circumstances.

## Standard 3

Personal care and clinical care		
Requirement 3(3)(a)	Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: <ul style="list-style-type: none"> <li>(i) is best practice; and</li> <li>(ii) is tailored to their needs; and</li> <li>(iii) optimises their health and well-being.</li> </ul>	Compliant
Requirement 3(3)(b)	Effective management of high impact or high prevalence risks associated with the care of each consumer.	Compliant
Requirement 3(3)(c)	The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.	Compliant
Requirement 3(3)(d)	Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.	Compliant
Requirement 3(3)(e)	Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.	Compliant
Requirement 3(3)(f)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant
Requirement 3(3)(g)	Minimisation of infection related risks through implementing: <ul style="list-style-type: none"> <li>(i) standard and transmission based precautions to prevent and control infection; and</li> <li>(ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.</li> </ul>	Compliant


### Findings

Consumers and representatives confirmed that consumers receive person and clinical care, which is safe, effective, and tailored to their individual needs and preferences and optimises their health and well-being. The Assessment Team reviewed clinical documentation and the service's policies, procedures and tools which demonstrated appropriate assessment and monitoring processes which are tailored to the needs of consumers.

The service demonstrated effective management of high impact or high prevalence risks associated with the care of each consumer. The review of care planning documentation confirmed effective risk management strategies are implemented for sampled consumers.

Care planning documentation recorded the needs, goals, and preferences for consumers nearing the end of their life and provided guidance to staff to ensure comfort and dignity of





consumers. Consumers and representatives confirmed the service has spoken to them about advanced care planning and their end-of-life preferences and are satisfied that care delivered is personalised to consumers' needs, goals, and preferences.

Deterioration and changes in consumers' health and condition were identified quickly and responded to in a timely manner. This was evident in care planning documentation reviewed by the Assessment Team and confirmed by consumers and representatives.

Information about consumers' care, condition, needs, and preferences were documented and effectively communicated with staff, external allied health practitioners and representatives. Care planning documentation demonstrated sharing of information to support effective and appropriate care of consumers.

Consumers' care planning documentation showed input from medical officers and other allied health practitioners such as podiatrists, physiotherapists, dietitians, speech pathologists and pharmacists. Consumers and representatives expressed satisfaction with access and referral processes to doctors and allied health practitioners.

The service has documented policies and procedures to support the minimisation of infection related risks through the implementation of infection control principles and the promotion of antimicrobial stewardship. Staff stated they have received training in antimicrobial stewardship and infection control procedures including hand hygiene, the correct use of personal protective equipment, cough etiquette and cleaning processes.

## Standard 4

Services and supports for daily living		
Requirement 4(3)(a)	Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.	Compliant
Requirement 4(3)(b)	Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.	Compliant
Requirement 4(3)(c)	Services and supports for daily living assist each consumer to: <ul style="list-style-type: none"> <li>(i) participate in their community within and outside the organisation's service environment; and</li> <li>(ii) have social and personal relationships; and</li> <li>(iii) do the things of interest to them.</li> </ul>	Compliant
Requirement 4(3)(d)	Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.	Compliant
Requirement 4(3)(e)	Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	Compliant
Requirement 4(3)(f)	Where meals are provided, they are varied and of suitable quality and quantity.	Compliant
Requirement 4(3)(g)	Where equipment is provided, it is safe, suitable, clean and well maintained.	Compliant


### Findings

Consumers said they receive safe and effective services and supports for daily living that meet their needs, goals, and preferences. Care planning documentation identified consumers' individual needs, goals, preferences and backgrounds and staff were able to demonstrate an understanding of these.

Consumers expressed satisfaction with the services and supports available to support consumers' emotional, spiritual, and psychological well-being. Staff described emotional and psychological supports used to assist consumers who are feeling low.

Consumers said they are supported to participate in their community, within and outside the service and are supported to maintain social and personal relationships. Staff described how they support consumers to do things of interest to them and to maintain social and personal relationships.

Consumers indicated their condition, needs and preferences are effectively communicated within the service, and with others responsible for care or services. Staff described how changes to consumers' care and services are communicated through handover processes, progress notes and the electronic case management system.



The service demonstrated timely and appropriate referrals of consumers to other organisations, individuals and providers of other care and services. Review of care planning documentation showed the service engages external providers to support the diverse needs and preferences of consumers.

Consumers and representatives expressed satisfaction with the quality and quantity of meals and stated consumers have access to additional food outside of the meal services. The Assessment Team reviewed systems which enable staff to communicate consumers' dietary requirements and observed consumers enjoying the meal services.

Consumers said they can access equipment to assist with their activities for daily living, and confirmed the equipment is safe, clean, and maintained. The Assessment Team reviewed the maintenance log which demonstrated regular testing and servicing of equipment.

## Standard 5

Organisation's service environment		
Requirement 5(3)(a)	The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.	Compliant
Requirement 5(3)(b)	The service environment: <ul style="list-style-type: none"> <li>(i) is safe, clean, well maintained and comfortable; and</li> <li>(ii) enables consumers to move freely, both indoors and outdoors.</li> </ul>	Compliant
Requirement 5(3)(c)	Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.	Compliant

### Findings

Consumers considered the service environment to be welcoming, easy to navigate and comfortable. The service has shared areas for consumers to interact, including indoor and outdoor garden communal areas. The Assessment Team observed navigational aids being displayed in common areas.

The service environment was observed to be safe, clean, and well-maintained. Staff described the processes for ensuring the service environment is safe, clean, and well-maintained and said faults and maintenance issues are acted on in a timely manner. The Assessment Team observed staff assisting to consumers to access the outdoor areas of the service environment.

Generally, furniture, fittings, and equipment within the service were safe, clean, and well-maintained, however the Assessment Team found the service was awaiting the repair of one of the two washing machines in the laundry. The Approved Provider's response received on 20 September 2022 confirmed the washing machine is now in working order and a purchasing policy and procedure has been developed to ensure efficiency. The service ensured preventive and reactive maintenance is conducted regularly by maintenance staff. The service's furniture, fittings and equipment are safe and suitable for the needs of consumers.

## Standard 6

Feedback and complaints		
Requirement 6(3)(a)	Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.	Compliant
Requirement 6(3)(b)	Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.	Compliant
Requirement 6(3)(c)	Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.	Compliant
Requirement 6(3)(d)	Feedback and complaints are reviewed and used to improve the quality of care and services.	Non-compliant

### Findings


I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

- Feedback and complaints are reviewed and used to improve the quality of care and services.

The Assessment Team found the service did not document, review and use feedback and complaints to improve the quality of care and services delivered. Management confirmed that at the time of the Site Audit, the service did not review, trend, or analyse feedback and complaints. The Assessment Team reviewed consumer meeting minutes which demonstrated consumers have raised feedback relating to the size and temperature of meals and a request for an electric fireplace. The review of the service's plan for continuous improvement did not reflect these items.

The Approved Provider's written response, received 20 September 2022, acknowledged that feedback was not consistently documented in the feedback log and the Approved Provider has included planned actions to rectify this gap in the service's plan for continuous improvement (PCI). The planned actions include the chief executive officer (CEO) discussing the feedback and complaints policy, which requires feedback and complaints to be entered into the feedback and complaints register, at the next management meeting and a standing agenda item relating to feedback, trends and analysis has been added to all future management meetings. Further planned actions include the establishment of a regular process for an administration manager to regularly review compliments and complaints and ensure they are logged in the feedback and complaints register. The PCI reflects that an amendment has been made to the feedback and complaints policy to include a responsibility for the management team to review all complaints within one week of receipt of feedback or complaints and managers have been made aware of their responsibilities to ensure feedback and complaints are logged. The PCI also reflects that an improved feedback log has been implemented and training provided to staff relating to its use.

Whilst I acknowledge the action taken by the Approved Provider I have also considered that the actions will take time to establish and take effect. At the time of the Site Audit, the service did



not demonstrate that feedback and complaints were reviewed and used to improve the quality of care and services. Therefore, I find Requirement 6(3)(d) is non-compliant.

I am satisfied the remaining three requirements of Quality Standard 6 are compliant.

Consumers and representatives knew how to raise feedback or make complaints and felt safe, encouraged, and supported to do so. Most staff were aware of how services' feedback and complaints process worked and described how they would support a consumer to provide feedback or make a complaint.

Consumers and staff were aware of advocacy and translation services and other external complaint mechanisms available to consumers and representatives. Information regarding internal and external complaints and feedback processes and advocacy services were displayed on noticeboards and brochures in the communal areas of the service and contained within the consumer handbook.

Consumers and representatives expressed satisfaction that the service responds to their feedback and complaints, or incidents. The service has documented policies and procedures to guide staff in response to feedback and complaints, including an open disclosure framework. Staff demonstrated an understanding of open disclosure processes and appropriate response to feedback or complaints.

## Standard 7

Human resources		
Requirement 7(3)(a)	The workforce is planned to enable, and the number and mix of members of the workforce deployed enables, the delivery and management of safe and quality care and services.	Compliant
Requirement 7(3)(b)	Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.	Compliant
Requirement 7(3)(c)	The workforce is competent and the members of the workforce have the qualifications and knowledge to effectively perform their roles.	Compliant
Requirement 7(3)(d)	The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.	Compliant
Requirement 7(3)(e)	Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken.	Compliant

### Findings

Consumers and representatives were satisfied with the number of available staff at the service and considered call bells to be responded to in a timely manner. Consumers and representatives said the way staff provide care and services to consumers to be kind, gentle, and respectful.

Consumers and representatives reported that consumers receive quality care and services from staff who are capable and sufficiently skilled. The service demonstrated staff qualifications, registrations, police checks, and ongoing training are monitored by the organisation.

The service demonstrated it maintains position descriptions for each role which include key competencies and qualifications relevant for each role. Staff are supported with mandatory training, orientation and buddy shifts when commencing at the service. Review of staff training records confirmed that staff are completing mandatory training in accordance with the training schedule.

The service had an effective performance and professional development system which includes annual performance appraisals. Review of relevant documentation demonstrated that performance appraisals, and competency assessments are completed annually.

## Standard 8

Organisational governance		
Requirement 8(3)(a)	Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.	Compliant
Requirement 8(3)(b)	The organisation's governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.	Compliant
Requirement 8(3)(c)	<p>Effective organisation wide governance systems relating to the following:</p> <ul style="list-style-type: none"> <li>(i) information management;</li> <li>(ii) continuous improvement;</li> <li>(iii) financial governance;</li> <li>(iv) workforce governance, including the assignment of clear responsibilities and accountabilities;</li> <li>(v) regulatory compliance;</li> <li>(vi) feedback and complaints.</li> </ul>	Non-compliant
Requirement 8(3)(d)	<p>Effective risk management systems and practices, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>(i) managing high impact or high prevalence risks associated with the care of consumers;</li> <li>(ii) identifying and responding to abuse and neglect of consumers;</li> <li>(iii) supporting consumers to live the best life they can</li> <li>(iv) managing and preventing incidents, including the use of an incident management system.</li> </ul>	Compliant
Requirement 8(3)(e)	<p>Where clinical care is provided—a clinical governance framework, including but not limited to the following:</p> <ul style="list-style-type: none"> <li>(i) antimicrobial stewardship;</li> <li>(ii) minimising the use of restraint;</li> <li>(iii) open disclosure.</li> </ul>	Compliant

### Findings

I have assessed this Quality Standard as non-compliant as I am satisfied the following requirement is non-compliant:

- Effective organisation wide governance systems relating to the following:
  - (i) information management;



- (ii) continuous improvement;
- (iii) financial governance;
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities;
- (v) regulatory compliance;
- (vi) feedback and complaints.

The Assessment Team found deficiencies in the governance system relating to continuous improvement, regulatory compliance and feedback and complaints. The Assessment Team reviewed the service's plan for continuous improvement during the Site Audit and identified that feedback and complaints raised, incidents and risks identified, and external complaints are not analysed, trended, or used to improve the quality of care and services delivered.

The Assessment Team observed that a keypad was installed on the service's exit, without a code readily accessible and the service had not identified whether the placement and use of the keypad is an environmental restraint for any consumers. The Assessment Team observed care planning documentation for two named consumers who were potentially environmentally restrained as a result of this practice, which had not been identified by the service.


The Approved Provider's written response received 20 September 2022 provided a PCI which outlined the actions taken in response to the findings of the Assessment Team. The organisation has scheduled training for staff and management in October 2022 relating to 'understanding how to manage quality and safety through the PCI'. The PCI reflects that all staff have received basic training relating to open disclosure and more comprehensive training is being obtained through an external provider. All feedback and complaints have now been added to the service's PCI and a standing agenda item in management meetings prompts trending and analysis of complaints and feedback. The CEO now presents a trend analysis at board of governance meetings.

The PCI provided with the Approved Provider's response reflects that the service has provided all consumers who are capable of safely leaving the service environment with the access code for the exit by displaying it on the keypad and documents that the clinical nurse manager has developed behaviour support plans for the two named consumers who are considered environmentally restrained, in consultation with the consumers and their substituted decision maker.

Whilst I acknowledge the actions taken by the Approved Provider to address the issues identified by the Assessment Team at the time of the Site Audit the service demonstrated deficiencies in continuous improvement, feedback and complaints management and regulatory compliance relating to restrictive practices. Therefore, I find Requirement 8(3)(c) is non-compliant.

I am satisfied that the remaining four requirements of Quality Standard 8 are compliant.

The service demonstrated that consumers are engaged in the development, delivery, and evaluation of cares and services. Consumers and representatives reported they feel involved in the development and delivery of the cares and services they are provided and said the service sought input in a variety of ways.



The organisation was able to demonstrate how the governing body promotes a culture of safe, inclusive, and quality care and services. The board satisfies itself that the Quality Standards are being met through meetings with the CEO and the clinical care manager, where agenda items such as Commission complaints, staffing and recruitment, COVID-19 management plans, policy and procedure updates and finance management are discussed.

The service had effective risk management systems and practices, including management of high impact or high prevalence risks associated with the care of consumers, identifying and responding to abuse and neglect of consumers, supporting consumers to live the best life they can and managing and preventing incidents through the use of an incident management system. Staff demonstrated an understanding of various risk minimisation strategies, including those to prevent falls and infections, managing challenging behaviours and minimising the use of restrictive practices.

The service demonstrated the organisation's clinical governance system and framework ensures the quality and safety of clinical care, and promotes antimicrobial stewardship, the minimisation of restrictive practices, and the use of an open disclosure process.