



Performance Report

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Name of service:	Longridge Aged Care
Service address:	900 Attiwill Street NARACOORTE SA 5271
Commission ID:	6069
Approved provider:	Naracoorte Home for the Aged Inc
Activity type:	Assessment Contact - Site
Activity date:	29 March 2023
Performance report date:	3 May 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 Longridge Aged Care (**the service**) has been prepared by M Roach, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)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; and
- the performance report date 5 October 2022 for a site audit undertaken from 23 August 2022 to 25 August 2022.

¹ The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018.

Assessment summary

Standard 6 Feedback and complaints	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 6

Feedback and complaints		
Requirement 6(3)(d)	Feedback and complaints are reviewed and used to improve the quality of care and services.	Compliant

Findings

Requirement 6(3)(d) was previously found Non-compliant following a site audit conducted from 23 August 2022 to 25 August 2022 as the provider was unable to demonstrate that all feedback and complaints were documented, reviewed, trended or analysed to improve the quality of care and services provided to consumers. On 29 March 2023, the assessment team found the provider had successfully implemented actions to rectify deficiencies, these include:

- An ongoing agenda item relating to feedback and related data analysis has been included in regular management meetings.
- A regular monitoring process has been established to ensure all sources of feedback and complaints are captured and documented.
- The feedback and complaints policy has been amended to include management responsibilities in relation to reviewing complaints in a timely manner, which guides managers' practice.
- Feedback documentation and management training was provided and managers interviewed confirmed their understanding of the process and responsibilities.

The assessment team also identified:

- Consumers and representatives interviewed described feedback and complaints being lodged. A review of the service's complaints register data indicated this information had been appropriately captured and the complaints were reviewed and actioned by the provider efficiently.
- Staff gave examples of how consumers' feedback and complaints were managed in a timely manner. A review of the feedback and complaints trended information confirmed the examples are documented with information analysed.
- A review of feedback and complaints trending and analysis for the first quarter of 2023 showed the provider captures feedback and complaints from a board range of sources and this information has been used to identify main areas of concerns that require remedial action to improve the quality of care and services for consumers.

As the provider demonstrates feedback and complaints from diverse sources are captured, reviewed and used to improve the quality of care and service delivery to consumers, I find Standard 6 Requirement (3)(d) compliant.

Standard 8

Organisational governance		
Requirement 8(3)(c)	<p>Effective organisation wide governance systems relating to the following:</p> <ul style="list-style-type: none"> (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. 	Compliant

Findings

Requirement 8(3)(c) was previously found Non-compliant following a site audit conducted from 23 August 2022 to 25 August 2022 as the provider was unable to demonstrate effective organisation wide governance systems relating to continuous improvement, regulatory compliance and feedback and complaints. On 29 March 2023, the assessment team found the provider had successfully implemented actions to rectify deficiencies, these include:

- Department managers who are responsible for and contribute to the Plan for Continuous Improvement (PCI) process and support feedback management processes had completed relevant training. The service captures feedback and complaints from a board range of sources and this information is reviewed and actioned in a timely manner. This is further discussed in Standard 6 Requirement 6(3)(d).
- Regarding regulatory compliance and restrictive practice management, the service has a Restraint Register in place which includes restraint information with applicable consents or dignity of risk measures in practice.
- Board members attended a training session to improve their understanding and obligations regarding Standard 8 of the Quality Standards. The Chief Executive Officer (CEO) provides a monthly trends and analysis to the Board to support effective organisational governance.

The assessment team also identified:

- Information management systems and processes are in place to facilitate access to relevant and timely information to enable to staff and management to perform their role/s.
- Management explained the financial planning and expenditure process, including annual independent auditing and the role of the Financial Director.
- Processes are in place to support the recruitment, screening, and retention of the workforce, with job specifications for each role with consideration for skills and mix of staff to deliver safe and quality care and services.
- The organisation engages with the region's local health network and liaises with peak bodies and independent consultants for changes and updates in legislation and/or regulatory requirements.

- Consumers and representatives confirmed they feel comfortable and are encouraged to participate in feedback, complaints, and the continuous improvement process. Management of feedback and complaints is overseen by the CEO, with contributions by each department manager, with relevant information being reported to the Board on a monthly basis.

As the provider is able to demonstrate effective organisation wide governance systems, I find Standard 8 Requirement (3)(c) compliant.