



Performance Report

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Name:	Longridge Aged Care
Commission ID:	6069
Address:	900 Attiwill Street, NARACORTE, South Australia, 5271
Activity type:	Assessment contact (performance assessment) – site
Activity date:	on 23 January 2024
Performance report date:	19 February 2024
Service included in this assessment:	Provider: 1693 Naracoorte Home for the Aged Inc Service: 4086 Longridge Aged Care

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 Michelle Glenn, 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.

Material relied on

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

- the assessment team's report for the Assessment contact (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others.

The provider did not submit a response to the assessment team's report.

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 2 Ongoing assessment and planning with consumers	Not applicable as not all requirements were assessed
Standard 3 Personal care and clinical care	Not applicable as not all requirements were assessed
Standard 7 Human resources	Not applicable as not all requirements were assessed

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

Areas for improvement

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

Standard 2

Ongoing assessment and planning with consumers		
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

Care and service plans are regularly reviewed at least six monthly, as needs change or following incidents. Where changes in consumers' circumstance or incidents occur, reassessments are completed, additional monitoring implemented and referrals, including to allied health professionals, initiated. Care files demonstrate care plans are updated to reflect current management strategies, including recommendations made following allied health professional reviews. Clinical staff provided examples of when a review of consumers' care would be undertaken, such as increase in pain, weight loss, and falls. Consumers and representatives said they are informed of all changes and confirmed review of care and service plans following incidents, such as following behaviour and fall incidents.

Based on the assessment team's report, I find requirement (3)(e) in Standard 2 Ongoing assessment and planning with consumers compliant.

Standard 3

Personal care and clinical care		
Requirement 3(3)(b)	Effective management of high impact or high prevalence risks associated with the care of each consumer.	Compliant

Findings

Consumers and representatives are satisfied consumers receive the care and services they need and with how the service manages individual risks. The service utilises and regularly reviews assessments, care plans and charting to identify, assess, plan for and monitor risk to consumers. Care files demonstrate effective management of risks relating to pain, wounds, swallowing and pressure injuries. Care files also demonstrate involvement of allied health professionals in the assessment and management of identified risks. Clinical and care staff are knowledgeable of consumers' high-impact or high-prevalence risks and described how they identify, assess, and manage such risks through increased monitoring, reassessment, review and referrals to allied health professionals, where required.

Based on the assessment team's report, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

Standard 7

Human resources		
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

Findings

All consumers and representatives said staff know what they are doing when providing personal and clinical care, and hospitality and lifestyle staff perform their roles well. The organisation has policies and procedures in place to monitor and ensure all staff have the appropriate qualifications and registrations required for their role. Following onboarding and training processes, staff competency is monitored through direct observation, feedback from consumers, representatives and other staff, training, skills competency results and staff performance appraisals. Where changes to clinical practices or other incident or complaints occurs, staff practice is reviewed and training and development opportunities identified to improve future practice. The service has an appointed infection prevention control lead who is trained and provides training and guidance to staff. Staff feel supported by management and said they have sufficient training and tools to effectively undertake their roles.

Based on the assessment team's report, I find requirement (3)(c) in Standard 7 Human resources compliant.