

**Performance Report**

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| Name: | Linsell Lodge Aged Care Facility |
| Commission ID: | 6084 |
| Address: | 2-16 Cardigan Street, ANGLE PARK, South Australia, 5010 |
| Activity type: | Site Audit |
| Activity date: | 20 November 2024 to 22 November 2024 |
| Performance report date: | 11 December 2024 |
| Service included in this assessment: | Provider: 53 The Salvation Army (South Australia) Property Trust Service: 4101 Linsell Lodge Aged Care Facility |

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 Linsell Lodge Aged Care Facility (**the service**) has been prepared by M Glenn, delegate of the Aged Care Quality and Safety Commissioner (Commissioner)[[1]](#footnote-1).

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

# Material relied on

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

* the Assessment Team’s report for the site audit report, which was informed by a site assessment, observations at the service, review of documents and interviews with consumers, representatives, staff, management and others;
* an email from the provider received 30 November2024 accepting the Assessment Team’s report and indicating a response will not be provided; and
* a performance report dated 19 April 2024 for an assessment contact – site undertaken from 29 February 2024 to 1 March 2024.

# Assessment summary

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| Standard 1 Consumer dignity and choice | Compliant |
| **Standard 2** Ongoing assessment and planning with consumers | **Compliant** |
| **Standard 3** Personal care and clinical care | **Compliant** |
| **Standard 4** Services and supports for daily living | **Compliant** |
| **Standard 5** Organisation’s service environment | **Compliant** |
| **Standard 6** Feedback and complaints | **Compliant** |
| **Standard 7** Human resources | **Compliant** |
| **Standard 8** Organisational governance | **Compliant** |

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 1

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| 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: 1. make decisions about their own care and the way care and services are delivered; and
2. make decisions about when family, friends, carers or others should be involved in their care; and
3. communicate their decisions; and
4. make connections with others and maintain relationships of choice, including intimate relationships.
 | 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 and representatives interviewed said consumers are treated with dignity and respect, and care and services provided are culturally safe. Cultural assessments are conducted on entry to identify consumers’ individual cultural preferences and religious beliefs. Care files sampled include a ‘what is important to me’ section, detailing personal information to inform staff about each consumer’s diversity and individual needs. Staff interviewed are familiar with consumers' cultural backgrounds and described how they actively promote cultural awareness in their daily practices.

Consumers said they are supported to exercise choice and independence, make decisions about their care and services, and choose who is involved in the decision-making process, with their decisions respected. Two consumers also described how the service supports existing and development of new relationships. Care files show how consumers’ individual preferences regarding when care and services are delivered, who is involved in their care, and how consumers are supported in maintaining relationships, are discussed and documented.

Consumers and representatives are satisfied consumers are supported to take risks to live the best life they can. Staff provided examples of consumers who wish to take risks and how the consumer is supported to understand the benefits and possible harm when they make decisions about taking risks. Where consumers choose to partake in an activity which includes an element of risk, dignity of risk assessments are completed detailing consumers’ chosen activities, discussions about associated risks, and strategies to mitigate those risks.

Consumers described various communication methods used by the service, including memoranda, newsletters, lifestyle calendars, and meetings, enabling them to make informed decisions. Staff described how they ensure information is understood, including for consumers with cognitive impairment, sensory deficits and language barries, such as use of translators, whiteboards, and involving representatives. Consumers and representatives said discussions regarding privacy and confidentiality occur on entry, enabling them to determine information access, including sharing internally and with external organisations.

Based on the Assessment Team’s report, I find all requirements in Standard 1 Consumer dignity and choice compliant.

# Standard 2

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| Ongoing assessment and planning with consumers |  |
| Requirement 2(3)(a) | Assessment and planning, including consideration of risks to the consumer’s health and well-being, informs the delivery of safe and effective care and services. | Compliant |
| 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) | The organisation demonstrates that assessment and planning:1. 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
2. includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
 | 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

**Requirement (3)(a)** was found non-compliant following an assessment contact undertaken in February/March 2024 as assessment and planning did not inform delivery of safe and effective care. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, a 3-monthly care plan review schedule; a customer risk assessment alongside a dignity of risk form; collaboration with allied health regarding risk to consumers; and a dedicated documentation registered nurse to review assessment requirements and complete admissions.

At the site audit, a range of assessments relating to personal, clinical and lifestyle aspects of care were found to be completed on entry and ongoing. An admission checklist is completed which assists to identify risk using validated assessment tools. Information gathered through assessment processes and discussions with consumers or representatives is used to develop individualised care plans to guide staff in provision of care and services. Care files sampled include personalised needs, goals and preferences, as well as advance care planning or end of life care planning if the consumer wishes. Consumers and representatives interviewed confirm involvement in assessment and care planning and said staff identify and discuss potential and actual risks to consumers’ health and implement appropriate interventions.

Consumers and representatives said they are involved in care and service planning and described how care plans help meet consumers’ goals through involvement of internal and external staff, such as allied health professionals. Care files evidence regular case conferences with representatives and involvement from other organisations and service providers.

Consumers and representatives said staff communicate the outcomes of assessment and planning to them and are satisfied with how care and services are reviewed and evaluated. Care plans are reviewed 3-monthly or sooner as indicated. Care files show care and services are reassessed and care plans updated in response to changing circumstances. Clinical staff described informing consumers and representatives about consumer care needs through case conferences, care plan reviews, email, phone or face-to-face when consumers experience an incident or change in condition, and copies of the care plan are offered. Staff have access to care plans through the electronic care system and staff handover processes.

Based on the Assessment Team’s report, I find all requirements in Standard 2 Ongoing assessment and planning with consumers compliant.

# Standard 3

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| 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:1. is best practice; and
2. is tailored to their needs; and
3. optimises their health and well-being.
 | 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:1. standard and transmission based precautions to prevent and control infection; and
2. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.
 | Compliant |

Findings

**Requirement (3)(b)** was found non-compliant following an assessment contact undertaken in February/March 2024 as effective processes to identify, mitigate, and manage high impact risks associated with administration of time critical medications was not demonstrated. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, increasing monitoring of time critical medication administration; introducing a medication competent care staff; conducting time critical medication toolbox sessions with staff and agency staff; and auditing time critical medications.

At the site audit, consumers and representatives said consumers receive safe and effective personal and clinical care that is tailored, and staff are aware of their preferences. Care files evidence tailored, personalised care relating to falls and specialised nursing care needs. There are processes to identify, assess, manage, monitor and review high impact or high prevalence risks relating to consumers’ care. Care files and interviews with consumers and representatives evidence effective management of risks relating to behaviours, restrictive practices, pain, nutrition and hydration, and pressure injuries. Staff are knowledgeable of consumer needs, goals and preferences, as well as high impact or high prevalence risks, and described how they tailor care accordingly.

A range of policies, procedures and pathways are available to guide and support staff in providing holistic, person-centred end of life care. Clinical staff described how they maximise consumer privacy, comfort, and dignity during active end of life care by monitoring pain and symptoms through conservative and pharmacological interventions. A care file for a consumer who recently passed away following active end of life care, shows they passed away comfortably with dignity and their personal preferences and wishes were maintained. Person-centred, family-centred, holistic and a multidisciplinary approach to care was provided, tailored to the consumer’s individual needs, including effective management of pain and symptoms.

Care files show deterioration or change in consumers’ condition is recognised and responded to in a timely manner, including through initiating referrals to general practitioners, specialist services or allied health professionals or, where required, transferring the consumer to hospital for further investigation. Clinical and care staff described how they recognise and respond to deterioration or change in consumers’ condition, including by following the service’s policies, procedures and escalation pathways. Care files show effective sharing of information within the service and where responsibility for care is shared. Progress notes and external documentation, such as transfer letters and reviews by specialist doctors are regularly reviewed to ensure consumers’ care documentation is current and communicated appropriately to staff and others, as required.

There are processes to support the minimisation of infection-related risks, and promote appropriate use of antibiotics, supported by guidelines, policies, procedures, training, and outbreak management plans. Staff described and are familiar with additional infection control strategies implemented during outbreaks, transmission-based precautions, and personal protective equipment. Cleaning staff described additional cleaning methods when an infectious disease is confirmed.

Based on the Assessment Team’s report, I find all requirements in Standard 3 Personal care and clinical care compliant.

# Standard 4

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| 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:1. participate in their community within and outside the organisation’s service environment; and
2. have social and personal relationships; and
3. do the things of interest to them.
 | 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 and representatives expressed confidence in the safe and effective services provided, noting how staff assist consumers in pursuing their desired activities, which contribute to improving their autonomy and overall wellbeing. Care files include details regarding consumers’ spiritual, emotional needs, and life narratives to gather a deeper understanding of any psychological challenges consumers might face. Consumers identified during daily handover as needing extra assistance, are offered individualised, daily support. The chaplain completes a spiritual assessment on entry and ongoing, attending daily handover to identify consumers who may need additional spiritual support, particularly in cases of family loss or clinical decline. A chapel is available within the service for consumers and representatives, offering a service every Sunday.

Consumers described how they participate in activities of interest to them, have opportunities to form relationships and feel part of a community. The service offers 2 activities programs, including one tailored for consumers in the memory support unit, aligning with the consumers’ recorded personal interests. Programs are developed and reviewed regularly in collaboration with consumers or their representatives and reflect supports provided to assist consumers. Consumers are encouraged to engage with their community through various cultural and community events, as well as referrals to external organisations, including volunteers.

Information about consumers is communicated effectively within the organisation and with others where responsibility for care is shared. Staff have access to consumer information through daily handover processes, an electronic care system and care plans. Consumers and representatives said staff know consumers well and do not feel they have to repeat their story or their preferences to multiple staff. They feel they are fully informed and able to consent to information being shared with others.

Meals are provided in line with a seasonal, 4-week rotating menu developed in consultation with a dietitian and consumers. Resident meetings and food focus meetings are conducted regularly, with consumer feedback regarding food as a standing agenda item. Consumers said they enjoy the meals provided, and where required, alternative options are offered, and they feel supported and encouraged to provide feedback and make suggestions regarding meal choices.

Equipment provided is safe, suitable, clean and well maintained.

Based on the Assessment Team’s report, I find all requirements in Standard 4 Services and supports for daily living compliant.

# Standard 5

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| 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:1. is safe, clean, well maintained and comfortable; and
2. enables consumers to move freely, both indoors and outdoors.
 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant |

Findings

Consumers and representatives said the service environment is welcoming and enables consumers to foster a sense of independence and belonging. The entrance to the service includes a reception area with a café for consumers and visitors. The service is spread across one level, including a memory support unit, with wayfinding features, and handrails throughout the corridors. There are 6 courtyard areas accessible to consumers, featuring shaded seating areas and levelled pathways. Consumer rooms are personalised and reflect individual preferences. Care staff described strategies to assist consumers in navigating the service where needed.

The service environment is safe, clean and well maintained, and consumers can move freely both indoors and outdoors. Cleaning of consumer and common areas is undertaken in line with a schedule, and established processes for reactive and preventative maintenance processes are in place. Staff are aware of reporting mechanisms for maintenance requests and hazards. Ongoing scheduled maintenance, and cleaning processes ensures oversight and maintenance of furniture, fittings, and equipment.

Based on the Assessment Team’s report, I find all requirements in Standard 5 Organisation’s service environment compliant.

# Standard 6

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| 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. | Compliant |

Findings

Consumers and representatives feel encouraged and supported to provide feedback and make complaints through a variety of avenues, including meal score cards, meeting forums, feedback forms, surveys and case conferences. Care staff described how they assist consumers to provide feedback or make complaints, including raising feedback to management or by assisting consumers to complete feedback forms.

On entry, consumers are provided a resident handbook which includes information for internal and external complaints mechanisms, advocacy and language interpreting services. Related information is also displayed and accessible to consumers throughout the service. The organisation employs an advocacy manager who is independent of all services and can be engaged at any time to support consumers requiring assistance to raise or resolve a complaint.

Consumers and representatives said their concerns are handled well and addressed in a timely manner, and the service apologises or expresses regret at these times. They said they have noticed changes to care and services based on the feedback they have provided. Staff are guided in complaints management processes by a feedback and complaints procedure and are familiar with open disclosure principles. A feedback and complaints register is maintained and shows appropriate action taken in response to complaints, with the use of open disclosure. There are processes to ensure feedback received is identified, captured, actioned, reviewed and used to identify trends and opportunities to improve the quality of care and services.

Based on the Assessment Team’s report, I find all requirements in Standard 6 Feedback and complaints compliant.

# Standard 7

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| 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 said staffing levels and mix are sufficient to meet consumers’ needs, stating calls for assistance are responded to quickly, medication is administered on time, and staff are available and have time to help with tasks when needed. Local and organisational processes, including monitoring of feedback, complaints and incident data, consumer acuity, occupancy levels, staff allocations, care and registered nurse minutes ensure sufficient staff numbers are deployed. Staff across various areas confirm there is enough staff rostered to allow them to undertake their duties in a timely manner and there are processes to manage planned and unplanned staff leave.

Consumers and representatives said staff are always kind, caring, respectful and understanding, and they would alert management to any staff who are disrespectful or dismissive of consumers’ needs. Staff are expected to work within the principles outlined in the aged care code of conduct, and ongoing monitoring processes ensure staff interactions with consumers are appropriate and respectful.

A centralised human resources team facilitates the recruitment process which is undertaken in conjunction with key personnel on site. Screening processes are undertaken prior to employment, and induction and orientation consists of local and organisational onboarding programs which include education sessions on a wide range of topics. Monitoring processes identify potential gaps in staff knowledge, with ad hoc training implemented to address deficits. Management determine whether staff are competent and capable in their role through daily monitoring, performance appraisal processes, monitoring of professional registrations, mandatory training, and additional education. Staff demonstrated sufficient knowledge of age-related care needs, and consumers and representatives said staff are competent and know what they are doing.

There are processes to ensure regular assessment, monitoring and review of each staff member’s performance. Staff appraisals are undertaken annually, with staff performance monitored ongoing through direct observations. Informal and formal conversations are conducted with staff identified as requiring further direction. Consumers and representatives said they are regularly encouraged to provide feedback on staff performance directly to management through formal and informal conversations or feedback mechanisms.

Based on the Assessment Team’s report, I find all requirements in Standard 7 Human resources compliant.

# Standard 8

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| 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) | Effective organisation wide governance systems relating to the following:1. information management;
2. continuous improvement;
3. financial governance;
4. workforce governance, including the assignment of clear responsibilities and accountabilities;
5. regulatory compliance;
6. feedback and complaints.
 | Compliant |
| Requirement 8(3)(d) | Effective risk management systems and practices, including but not limited to the following:1. managing high impact or high prevalence risks associated with the care of consumers;
2. identifying and responding to abuse and neglect of consumers;
3. supporting consumers to live the best life they can
4. managing and preventing incidents, including the use of an incident management system.
 | Compliant |
| Requirement 8(3)(e) | Where clinical care is provided—a clinical governance framework, including but not limited to the following:1. antimicrobial stewardship;
2. minimising the use of restraint;
3. open disclosure.
 | Compliant |

**Findings**

**Requirement (3)(d)** was found non-compliant following an assessment contact undertaken in February/March 2024 as risk management systems and practices relating to managing high impact or high prevalence risks and managing and preventing incidents were not effective. In response to the non-compliance, the provider has implemented a range of improvements, including, but not limited to, a high risk register; attendance of the management team at handovers and daily huddles to ensure close monitoring and management of high risk consumers; and weekly high risk meetings to discuss monitoring and management of high risk consumers.

At the site audit, consumers and representatives were found to be supported and engaged in the development, delivery and evaluation of care and services through various avenues, including meeting forums, feedback processes, and surveys. Management have attempted to establish a consumer advisory body, however, attempts have been unsuccessful. Posters are located throughout the service encouraging consumers and representatives to establish a consumer advisory body.

The organisation is governed by a board who are supported in their role by various sub-committees designed to conduct initial analysis of quality indicators of care and service data, implement management strategies, and report actions to the governing body at regular intervals. Board members visit the organisation’s services regularly to view for themselves how services are being managed and to meet with the stakeholders accessing these services to gauge satisfaction. Additionally, the board review high-level reports from all service types throughout the organisation to ensure oversight, accountability and decision-making to deliver the objectives and priorities of the organisation. Consumers and representatives said the service is well run and management listen and are receptive to feedback.

A governance structure is in place to support all aspects of the organisation, including information management, continuous improvement, financial governance, workforce and clinical governance, regulatory compliance and feedback and complaints. The structure defines the rules, relationships, systems, and processes by which authority is exercised and controlled within the organisation. There are effective risk management systems and practices in relation to managing high impact or high prevalence risks; identifying and responding to abuse and neglect of consumers; supporting consumers to live the best life they can and managing and preventing incidents, including use of an incident management system. A clinical governance framework is supported by policies, procedures and training to guide staff practice, including in relation to antimicrobial stewardship, minimising use of restraint and open disclosure. Awareness of organisational policies and procedures relating to clinical governance was further demonstrated through evidence presented in other Standards.

Based on the Assessment Team’s report, I find all requirements in Standard 8 Organisational governance complaint.

1. The preparation of the performance report is in accordance with section 40A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)