Performance

Report

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| Name of service: | Rivulet |
| Service address: | 14 Gore Street SOUTH HOBART TAS 7004 |
| Commission ID: | 8051 |
| Approved provider: | Southern Cross Care (Tas) Inc |
| Activity type: | Assessment Contact - Site |
| Activity date: | 8 August 2023 to 9 August 2023 |
| Performance report date: | 11 September 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 Rivulet (**the service**) has been prepared by D. Fekonja, 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.

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,

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 3** Personal care and clinical care | **Not applicable as not all requirements have been assessed** |
| **Standard 6** Feedback and complaints | **Not applicable as not all requirements have been assessed** |
| **Standard 7** Human resources | **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 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 |

Findings

The service ensures consumer assessment and planning is individualised, risks are considered, and care plans are reviewed when changes occur. Consumers and/or representatives admitted to the service on respite, are confident that assessment and planning considers risks to the health and well-being of consumers. Clinical and care staff demonstrated knowledge of consumers’ risk and specialised care needs. Care planning documentation reflects the outcome of risk assessments undertaken in relation to skin integrity, nutrition, hydration, and falls.

Files reviewed by the Assessment Team identified that assessments and planning were conducted as required in all cases bar one. In this case, the consumer did not have their weight recorded as per the procedure. However, this consumer was weighed 7 days after being admitted to the service and again just prior to the Assessment Contact and there had been no weight loss identified and therefore no negative impact occurred to the consumer in this case. The service at the time acknowledged the gap in the process.

As this does not appear to be a systemic issue as other consumers on respite had all assessments conducted as required.

I find the service compliant with this Requirement.

# 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)(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 |

Findings

The Assessment Team assessed Requirements 3(3)(a) and 3(3)(d) during this visit following referrals received by the Commission.

Consumers are satisfied with the care they are receiving in clinical and personal care, and documentation demonstrates that consumer wounds and pain associated with wounds and skin integrity are effectively managed. The service demonstrated consultation and consideration of consumer and representative preferences in wound care and associated pain management to deliver individualised personal and clinical care that is safe and right.

One of four consumers reviewed was not satisfied with their wound care and the products used. The consumer declined the review by a wound specialist and wished to continue to have their wounds dressed as per the initial plan. Although the wound dressings used were different from the ones previously indicated in the wound care plan, there was photographic evidence that the wound was healing. The service has subsequently supplied the dressings as per the consumer’s request and clinical staff will follow the wound plan as indicated.

The service has a current pain management policy to guide staff on the service’s expectation of care delivery in relation to pain management. Consumer files evidence effective pain assessment, pain monitoring, care planning, and management with regular review and input from a medical officer. Consumers are satisfied with the way the service manages their pain and adhere to their pain management preferences.

Skin integrity assessments evidenced individualised considerations with identified person-centred, safe, and appropriate strategies, informing care planning. Staff had appropriate knowledge and employed best practice principles in regard to skin integrity. Consumers were satisfied with the care provided.

The service demonstrated how deterioration or change in the consumer’s condition is recognised and responded to in a timely manner. Clinical and care staff were able to describe a range of signs related to deterioration, including changes in weight, acute changes, and changes in mood and behaviours. A consumer’s weight measurement frequency is assessed and depends on the individual risks associated with their weight loss or weight gain or as per a medical directive. Consumers who lose more than two kilograms in one month or exhibit steady weight loss over several months are monitored weekly and referred to their medical practitioner or a dietitian.

Changes in physical condition or behaviour are identified in a timely manner and consumers are referred to medical practitioners for review where required. The service has a ‘Deteriorating Resident Policy’ to guide staff practices for monitoring health deterioration.

Based on the evidence provided I find the service is compliant with Requirements 3(3)(a) and 3(3)(d).Standard 6

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| Feedback and complaints | |  |
| Requirement 6(3)(c) | Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong. | Compliant |

Findings

The service demonstrated, complaints and feedback are documented, and appropriate action is taken to resolve complaints and inform continuous improvement. Six of 6 consumers and/or representatives interviewed were satisfied with the service’s management of complaints and feedback. Clinical and care staff demonstrated an understanding of open disclosure and explained how this is practiced at the service.

The Assessment Team provided a number of examples of complaints raised by consumers and representatives and all except one were happy with the process. The service at the time of the assessment contact stated they would reach out to this consumer’s representative.

A review of the service’s feedback and complaints register showed that feedback and complaints are recorded along with outcomes/actions taken, and where the complaint is still open, an estimated timeframe in which the complaint will be resolved is included.

Based on the information provided in the Assessment Contact report I find the service compliant with this Requirement.

# 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 |

Findings

A focused assessment of this requirement was conducted between 8 August to 10 August 2023, following information received by the Commission in relation to inadequate staffing to meet the needs and preferences of consumers in relation to timely wound care and wound-associated pain management.

The Assessment Team found the service demonstrated it had a planned workforce with appropriate numbers and skill mix for the delivery of safe care and services. Four consumers interviewed were not satisfied with the staffing numbers and 1 consumer stated it had affected the care they received in relation to wound care and receiving pain medication on time, however, most consumers stated they did not have to wait long for staff to respond to call bells. Staff felt that the service employed sufficient staff to enable them to deliver safe care. As per the information provided in Requirement 3(3)(a), there has been no negative outcome in relation to wound care, and issues surrounding the time wound care is provided, are to be discussed at the affected consumer's next care plan partnership meeting.

The service demonstrates an ongoing process for workforce planning and filling unplanned leave with rostering considerate of staff consistency, skill mix, and current consumer requirements. The organisation has an ongoing national and international recruitment strategy to attract qualified staff to enhance service delivery further. The service has recently recruited a second clinical care coordinator with wound care expertise and is looking to review overnight staffing in relation to registered nursing staff.

The Assessment Team’s review of personnel in the service the week prior to the Assessment Contact shows the service currently provides care for 116 consumers. There is registered nurse coverage for each shift, 7 days per week, with an average of 27 nursing and care staff rostered in the mornings, 20 in the evening, and 7 at night. The review confirms that only one registered nurse is currently rostered for night duty.

Based on the information I find the service does have sufficient and qualified staff to provide safe and quality care and services. There has been no adverse impact on consumers in relation to the issues raised.

I find the service compliant with this Requirement.

1. The preparation of the performance report is in accordance with section 68A of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)