**Performance**

**Report**

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| Name: | Rise Home Care Services |
| Commission ID: | 500045 |
| Address: | 12 Leslie Road, MIDDLE SWAN, Western Australia, 6056 |
| Activity type: | Quality Audit |
| Activity date: | 23 February 2024 to 27 February 2024 |
| Performance report date: | 11 April 2024 |

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.

# Service included in this assessment

Home Care Packages (**HCP**) included:  
Provider: 1492 Rise Network Inc  
Service: 19189 Rise  
  
Commonwealth Home Support Programme (**CHSP**) included:  
Provider: 8420 RISE NETWORK INC  
Service: 25187 RISE NETWORK INC - Care Relationships and Carer Support  
Service: 27141 RISE NETWORK INC - Community and Home Support

**This performance report**

This performance report for Rise Home Care Services (**the service**) has been prepared by T Wilson, 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 Quality Audit report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others.

# Assessment summary for Home Care Packages (HCP)

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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** |

# Assessment summary for Commonwealth Home Support Programme (CHSP)

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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 | | HCP | CHSP |
| Requirement 1(3)(a) | Each consumer is treated with dignity and respect, with their identity, culture and diversity valued. | Compliant | Compliant |
| Requirement 1(3)(b) | Care and services are culturally safe | Compliant | 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 | Compliant |
| Requirement 1(3)(d) | Each consumer is supported to take risks to enable them to live the best life they can. | Compliant | 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 | Compliant |
| Requirement 1(3)(f) | Each consumer’s privacy is respected and personal information is kept confidential. | Compliant | Compliant |

Findings

This Quality Standard is compliant as six of six Requirements have been found compliant.

Consumers sampled said staff treat them with dignity and respect when they attend their homes and communicate with them by telephone. Staff were knowledgeable about each consumer’s preferences and they could describe how they uphold consumer’s dignity and privacy.

Consumers confirmed staff understand their needs and preferences and know what to do to make sure they are valued and safe when receiving care and services. Staff could describe how they tailored care and services for consumers with specific cultural needs. The service engages consumers during the assessment to ensure they capture and maintain their culture, beliefs and traditions. There are organisational policies to guide staff to provide culturally safe care. Consumers confirmed they exercise choice and independence and make decisions about the way their care and services are delivered and who should be involved. Staff could describe how they support consumers with their choices to receive care how they would like to. Care planning information reflects current individual choices how care is provided.

Consumers confirmed they are supported to take choices to live the best life they can. Risk assessments are undertaken and include discussions with consumers and their families about mitigating the risks to ensure their safety. Staff could describe the risks consumers wish to take and the mitigating strategies for the risk.

Consumers confirmed they are provided with information on commencement and financial statements monthly. Information and resources is provided to consumers including newsletters, activities schedules, consumer surveys and other documents which are clear and enable consumers to exercise choice. Documentation showed home care package statements were clearly set out including charges throughout the month itemised, opening and closing balances, for HCP income tested fees listed.

Consumers confirmed staff provide care and services in a way that respects their privacy. Staff described how they uphold consumer privacy and confidentiality as part of service delivery. Documentation demonstrated that the service has procedures for staff to follow to ensure confidentiality and security of personal information.

# Standard 2

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| Ongoing assessment and planning with consumers | | HCP | CHSP |
| 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 | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers confirmed staff take time to discuss the help they want to receive and how the service can support them to continue to live safely at home. Staff described and documentation showed, risks are identified by utilising information from previous assessments and by observation of the consumer and their environment during the initial face to face visit. Validated risk assessments are completed by external clinical and allied health professionals, following referral from the care coordinator. Assessment and care planning documents were seen to identify known risks to consumer’s wellbeing, including risks in relation to health, behaviour and environmental and home safety concerns that may impact the ability of staff to deliver safe and effective care to the consumer.

Consumers confirmed they are included in the process to identify what is important to them and how they want their care to be delivered. Staff described how consumers are supported to identify goals and preferences during the intake process and as care delivery progresses. Sampled care plans identified consumers’ current needs, goals and preferences, in relation to mobility, activity and service delivery preferences.

Consumers and representatives said they initially meet with the care coordinator to discuss their specific needs and preferences in order to set up the care support plans together and they can easily contact the care coordinator to discuss any changes to their needs or preferences. Staff described how they spend time getting to know the consumer and collaborating with them to create a plan of care and only commence services once an agreed plan is in place. Care planning showed that other providers of care are involved delivering care and services and regular liaison occurs with the consumer and external agencies.

Consumers and representatives confirmed they are satisfied with the communication from the service about the outcomes of assessment and planning. Staff described and documentation showed consumers and representatives are kept informed of the outcome of discussions and assessments.

Consumers and representatives confirmed the service discusses changes with them following incidents or changes in the consumer’s health or ability. All consumers and representatives interviewed could describe their involvement in the ongoing process of discussion and care plan review. Staff stated, and documentation showed, care plans are updated in response to changes including when there is a decline in health, incidents have occurred, following discharge from hospital and when there are changes in preferences.

# Standard 3

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| Personal care and clinical care | | HCP | CHSP |
| 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 | Compliant |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant | 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 | 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 | 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 | Compliant |
| Requirement 3(3)(f) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | 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 | Compliant |

Findings

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

Consumers and representatives confirmed they get the care they need and provided examples of how it is tailored to their needs and optimises their health and well-being. Staff could describe how they provide safe personal care tailored to the needs and preferences of consumers. Management stated, staff described, and documentation showed, coordinators have a clear understanding of the level of oversight the service needs to have of brokered services that are delivering clinical intervention.

Staff described how they identify consumers at risk and ensure strategies are documented and implemented to mitigate these risks. documentation showed, the main risks for the sampled consumers and how these are managed including appropriate identification and escalation of risks, reviews post incident and implementation and evaluation of strategies to reduce the risk of reoccurrence.

The service understands the importance of recognising the goals, needs, and preferences of consumers nearing the end of life to maintain consumers’ dignity and comfort. Staff describe how they work in conjunction with palliative care specialists and representatives to ensure care is delivered how they would like.

Consumers and representatives confirmed they are confident in the service ability to respond appropriately in the event of a change or deterioration. Representatives described receiving regular communication from staff in relation to any incidents that have occurred or where staff have noticed changes in the consumers condition or behaviour. Staff described their roles and responsibilities including identifying and reporting signs of deterioration. Systems and processes are available to support staff to recognise and respond to a consumer whose function, capacity or health condition changes or deteriorates.

Consumers and representatives confirmed they are satisfied the service captures information about their needs, preferences and choices and communicates this effectively to staff. Staff described the communication methods to assist with the timely transfer of information and escalation of issues. Documentation reviewed showed information regarding care and services provided by external consultants are communicated to the service in a formal report, following a referral and incorporated into the consumer’s care record.

Consumers and representatives confirmed organisations are involved in care and could describe the services they receive from external providers. Staff could describe the process to refer consumers for other providers of care and stated they have close working relationships with a wide range of providers to ensure consumer receive the best care. Care records confirmed that timely referrals to individuals, other organisations and providers of other care and services occurs.

Staff confirmed they are satisfied with the access to personal protective equipment (PPE) supplies and described regular training undertaken in relation to infection prevention and control and could describe appropriate antibiotic prescribing. The service has policies and procedures that direct staff in the event of an outbreak, including isolation and testing requirements.

# Standard 4

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| Services and supports for daily living | | HCP | CHSP |
| 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 | Compliant |
| Requirement 4(3)(b) | Services and supports for daily living promote each consumer’s emotional, spiritual and psychological well-being. | Compliant | 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 | 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 | Compliant |
| Requirement 4(3)(e) | Timely and appropriate referrals to individuals, other organisations and providers of other care and services. | Compliant | Compliant |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant | Compliant |
| Requirement 4(3)(g) | Where equipment is provided, it is safe, suitable, clean and well maintained. | Compliant | Compliant |

Findings

This Quality Standard is compliant as seven of seven Requirements have been found compliant.

Consumers and representatives confirmed they are satisfied the service takes time to get to know them, to find out what is important to them and how they can maintain their independence. Staff could describe how consumers are supported to identify their goals for maintaining independence with daily living activities. Care planning documentation demonstrated goals for consumer care and support are identified and recorded.

Consumers confirmed staff are friendly and supportive, and they can always talk to someone if they need to. Staff described how the service identifies consumers who may require additional support through grief, loss, or anxiety due to deterioration and how they support them.

Consumers confirmed they are satisfied with the outings provided the connection to other people this has enabled which is important to them. Staff said the day centre activity programs are constantly evolving and activities are directly driven by the interests and feedback from consumers. Activities include intergenerational activities with local schools, ladies and men’s specific groups, craft and art groups, support group and art group for Aboriginal consumers, shopping trips and evening outings.

Consumers confirmed staff know their needs and preferences in relation to assist with managing daily living tasks. Staff said information about the consumers’ needs and preferences about daily living supports are documented in the consumers’ care plan, and accessed via their mobile phone or a hard copy in the consumer’s home. Documentation showed that important information is shared between other service providers responsible for delivering care to consumers.

Consumers confirmed they are satisfied the service makes prompt referrals to appropriate providers of other services when required. Staff could describe the process for identifying when and how to make referrals to other providers. Documentation confirmed the service makes referrals to a variety of different providers.

Consumers confirmed they enjoy the meals including those who attend the social centres or have meals delivered at home. Contractors delivering home meals have been selected for nutritional value with clients choosing a meal plan from a menu.

Consumers said they are satisfied with equipment provided which included, walking aids, shower chairs, wheelchairs, falls alarms. Support workers stated if they observed any equipment in a consumer’s home to be broken or unsafe, they would immediately inform the consumer’s coordinator. Documentations showed all equipment supplied is assessed for suitability by a relevant allied health or nursing professional.

# Standard 5

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| Organisation’s service environment | | HCP | CHSP |
| 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 | 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 | Compliant |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Compliant | Compliant |

Findings

This Quality Standard is compliant as three of three Requirements have been found compliant.

The service runs six social centres across the Perth metropolitan area that provide day and respite services. Facilities observed were welcoming and demonstrated the service considered the safety and mobility needs for consumers to effectively utilise the space.

Consumers report the facilities are clean and welcoming. The facilities observed are fit for purpose and they support consumers with different mobility needs and they support consumers independence and comfort and were clean and well maintained.

Maintenance staff confirmed their process for keeping the facility in good condition and how any reported problems could be fixed. Furniture has been assessed for suitability to the consumers and observations showed the room is well maintained and has fittings for ease of use of the bathroom and toilet for consumers who need assistance.

# Standard 6

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| Feedback and complaints | | HCP | CHSP |
| Requirement 6(3)(a) | Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints. | Compliant | 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 | 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 | Compliant |
| Requirement 6(3)(d) | Feedback and complaints are reviewed and used to improve the quality of care and services. | Compliant | Compliant |

Findings

This Quality Standard is compliant as four of four Requirements have been found compliant.

Consumers said they are encouraged to provide feedback and complaints and feel comfortable to do that. Staff described ways in which consumers are supported and encouraged to provide complaints and feedback. Documentation showed a complaints information sheet is provided to consumers and written in easy to understand language, There is a complaints and feedback policy and procedure for staff to follow.

Consumers said they are given information relating to advocacy and language services and other methods for raising and resolving complaints. Documentation provided to consumers included contact details for advocacy services and external complaints options.

Consumers were satisfied with actions taken in response to feedback and complaints and said staff were open and transparent when dealing with their concerns. Staff said they understood complaints processes and could identify when matters needed to be escalated to management. The service has policies in place for complaints management including open disclosure principles.

There is a system in place to review feedback and complaints in order to improve the quality of care and services. The process includes weekly reviews along with a three monthly thorough review by management. All serious incidents and complaints are reported to upper management who monitor those to ensure they are being effectively managed.

# Standard 7

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| Human resources | | HCP | CHSP |
| 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 | Compliant |
| Requirement 7(3)(b) | Workforce interactions with consumers are kind, caring and respectful of each consumer’s identity, culture and diversity. | Compliant | 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 | Compliant |
| Requirement 7(3)(d) | The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards. | Compliant | Compliant |
| Requirement 7(3)(e) | Regular assessment, monitoring and review of the performance of each member of the workforce is undertaken. | Compliant | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers confirmed they have regular staff to undertake their care as is their preference, and the staff are not rushed during the service. Staff stated they felt there was enough staff do undertake all the tasks and there was enough skilled staff to meet the needs of their consumers. Systems and processes are in place, to inform and review staffing skills, and staffing resources required to deliver safe and effective care for new consumers and adjust and meet increases to care needs for existing consumers.

Consumers state their care is provided by kind, respectful and caring workforce members. Staff onboarding includes training on diversity and the service has policies to support staff in providing care to consumers with dignity and respect. Staff could provide examples of how the care they provide respectful to consumer wishes.

Consumers reported they feel safe and received care from appropriately skilled and competent staff. Staff said they feel supported to understand their roles and responsibilities and they are kept up to date with changes they need to know. Staff are supported when they have learnt new competencies by senior staff.

Consumer confirmed they are confident the workforce undertaking their care and services are adequately skilled and trained in undertaking support services. Staff interviewed advised training requests can be lodged any time and added to toolbox training or if there are trending issues that is delivered at team meetings for everyone. There is an annual training calendar in place for all staff, and an educator specifically to support clinical training requirements with external training providers engaged where necessary.

Staff confirmed there is an appraisal process and that supports their outcomes and learning needs. There is a quarterly appraisal process for staff performance along with policies and procedures to guide management and its workforce through all aspects of performance and incident management.

# Standard 8

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| Organisational governance | | HCP | CHSP |
| Requirement 8(3)(a) | Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement. | Compliant | 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 | 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 | 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 | 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 | Compliant |

Findings

This Quality Standard is compliant as five of five Requirements have been found compliant.

Consumers confirmed their suggestions and feedback have resulted in improvements to their care. Consumers are encouraged to provide feedback through multiple avenues including a bi-annual client survey, with outcomes and feedback discussed at board meetings. Staff interviewed stated they seek feedback and suggestions at every contact, and it is embedded into their assessment review process to seek consumer input on care and service delivery.

There is a mission statement and overarching governance that supports inclusivity and quality care services. Meetings inform the Board of trends and areas for improvement through the information provided to them. Sub-contractor organisations and staff are informed and contractually obligated through agreements to adhere to the code of conduct whilst performing services and care.

There are governance and support systems in place for all areas of operation including information systems, continuous improvement, financial and workforce governance, complaints, and feedback. The service ensure they are up to date with legislative requirements by being on mailing lists, attending forums, through government websites and updates.

There are effective systems and processes in place to manage risk, including a risk register and assessment tools available to support staff. There is training and guidance for staff to identify and respond to abuse and neglect along with an effective incident management system for the management and prevention of incidents. The service holds whole of organisation risk meetings to discuss risk and mitigation strategies including high impact or high prevalence risks to consumers. Clinical policies and procedures support staff in identifying and managing risks for consumers in their homes.

There is a clinical governance framework that guides staff, sets out responsibilities, accountabilities, as to how the service will deliver safe and quality clinical care for consumers. The framework includes processes for antimicrobial stewardship, minimising the use of restrictive practices and open disclosure. Although the service does not provide clinical care, the organisation maintains effective clinical governance provided by brokerage services by recognising that clinical matters can impact consumer wellbeing and risk in relation to the delivery of all care and services.

1. The preparation of the performance report is in accordance with section 57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)