**Performance**

**Report**

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| Name: | Bannister In Home Care |
| Commission ID: | 201380 |
| Address: | Suite 202, Level 2, 410 Elizabeth St, SURRY HILLS, New South Wales, 2010 |
| Activity type: | Quality Audit |
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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: 7254 Bannister Technical Pty Limited  
Service: 26224 Bannister In Home Care

**This performance report**

This performance report for Bannister In Home Care (**the service**) has been prepared by V Stephens, 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 | **Not assessed** |
| **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 |
| 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 reported they feel respected and valued by staff and management. Support workers stated that they can access consumer information via a mobile telephone application which provides information regarding the consumer’s background and care directives which include dignity requirements and beliefs.

Consumers and representatives described how consumer preferences, including their background and culture, informs the services consumers receive. Consumers described feeling safe, welcomed, supported, valued and respected. Staff spoke respectfully about consumers and showed an appreciation for each consumer’s individual identity and background. Care co-ordinators stated that during initial assessments, consumer care plans are tailored to accommodate any individual identity or cultural needs.

Consumers and representatives are satisfied they can independently make and communicate choices and decisions about how services are delivered and who is involved in consumer care. Consumers stated that they are involved in decision-making about their care and services and feel empowered. Staff discussed how information is gathered and documented during initial assessment and review processes. Care co-ordinators discussed how they offer support to consumers, including providing information regarding available services.

Consumers stated they are encouraged to do the things they want to do and are provided with equipment that assists them to maintain their independence. Staff discussed how they support consumers to live their best life by linking them with services that meet their needs. Care staff described support and assistance measures to maximise consumer safety. Management discussed their understanding, approach to, and review of consumers’ dignity of risk including awareness of the consumers’ right to take risks. They described how individual care plans support consumer independence and self-determination.

Consumers and representatives stated they receive information about the care and services available, have copies of their care plan, schedule of services, budget and receive a monthly statement. The Assessment Team viewed a selection of consumer invoices, monthly statements and budgets that showed that financial information provided to consumers is clear and easy to understand. A review of progress notes confirmed a timely flow of information between consumers and staff about changes to their scheduled services.

Consumers expressed satisfaction that their personal information remains private and is respected by staff delivering care and services. Staff described ways in which they protect consumer information and ensure information is protected when attending to care needs. The service has policies and procedures in place to ensure consumer information is kept confidential and only shared with the consent of the consumer. Staff and management are required to complete training in privacy, confidentiality and information handling.

# Standard 2

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

Consumers stated services and supports meet their current needs and assist them to remain living independently. Care coordinators, clinical staff and support workers demonstrated extensive knowledge of consumer care needs and potential risks associated with each consumer's care. Tailored care and service plans were documented for each sampled consumer and care needs and goals reflected detailed risk assessments.

Consumers advised they receive services that meet their current needs, goals, and preferences. Customer care managers and support workers provided examples of consumer assessment and planning to meet the needs, goals and preferences of consumers.

Consumers and representatives stated staff have raised advance care planning with them and confirmed receiving information on end-of-life care. Documentation review demonstrated the service consistently raises advance care planning and end-of-life wishes with consumers and their representatives.

Consumers and their representatives confirmed the service and their care team involve the people most important to consumers in decision-making. Consumers advised that the service seeks permission before involving others and reported the process was easy. The Assessment Team reviewed consumer care planning documents which evidenced that the service documents key roles and responsibilities and the involvement of others in consumer care.

Consumers and representatives confirmed receiving a copy of the care plan, and staff explained and provided information regarding fees and the support available. Management advised consumers and representatives receive information about the assessment process, including its purpose and outcome. Management stated care plans are updated to reflect changes and that changes are communicated to care staff and other organisations.

Consumers stated that if their circumstances changed, the service would work with them to get the best outcome. The Assessment Team sighted consumer care plans and assessment documents that demonstrated the service regularly reviews and completes reassessments in response to changes in consumer condition.

# Standard 3

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| Personal care and clinical care | | HCP |
| 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

Consumers and representatives provided positive feedback and expressed satisfaction with clinical and personal care received and that care reflects individual needs and circumstances. Consumers reported that their personal and clinical care is usually provided by the same person and confirmed they have a designated care team. Consumers, their representatives and support workers described strategies used to deliver personal and clinical care, which the Assessment Team observed to align with care planning and assessment documentation.

The service demonstrated consumers living with high-impact and/or high-prevalence risks are appropriately assessed and supported. Consumers confirmed the service undertakes initial and ongoing risk assessments. The service’s incident register showed detailed information regarding the risk and impact to the consumer involved and how the service responded to mitigate and minimise risk. The Assessment Team reviewed relevant care planning documents for consumers recorded on the incident register, which demonstrated the service appropriately monitors and adjusts care practices as required.

Consumers advised that they felt confident that the service would support them when they were nearing the end of life. Sampled staff described care delivery changes for consumers nearing the end of life. The service demonstrated appropriate processes for connecting consumers with specialist palliative care providers.

Consumers and representatives expressed confidence that staff would know if there was a change in consumer condition and staff described how they would respond if they recognised changes. The Assessment Team sighted consumer care planning documents that demonstrated regular adjustments in care plans in response to changes in consumer condition.

Consumers advised that staff understood their care needs and noted staff completed a range of care planning and assessment documents. Staff said support workers and representatives are provided with care plans and assessments with consumer consent. Management and staff stated new care plans, assessments, case notes, and service plans are readily available to staff at the point of service. The Assessment Team reviewed sampled consumer care planning and assessment documents, finding all were sufficiently detailed and that information was consistent and current across various documents.

Consumers and representatives advised that the service regularly communicates with general practitioners and makes referrals to other care and support services as required. Clinical staff stated that recommended treatments for consumers are provided to allied health professionals, other relevant parties involved in care where appropriate and that referrals are made with the consumer's consent.

Consumers expressed satisfaction with the precautions staff take to prevent and control infection when providing care and services in their home. Consumer care planning and assessment information contained individualised infection control measures tailored to each consumer's health conditions. The service demonstrated through care planning documentation that appropriate practices are applied to reduce the risk of increased resistance to antibiotics.

# Standard 4

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| Services and supports for daily living | | HCP |
| 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 stated the service listens to them and provides services and supports that maximise their independence. Staff described how they support independence, health, and well-being by providing support to access the community, including social support services and access to mobility aids and equipment. A review of care planning documentation by the Assessment Team identified examples of services that support consumers to maintain their independence and quality of life.

Consumers advised that the services and support received promotes spiritual, emotional, and psychological well-being and staff described how they have supported these needs. A review of care documentation demonstrated identification of consumers’ unique emotional, spiritual, and psychological needs and that this information is used to plan services and supports.

All consumers said the service enables them to take part in their community, do things of interest to them, and maintain social and personal relationships. Staff interviewed showed they were familiar with consumer interests and gave examples of ways consumers are supported.

Consumers stated they usually receive support and services from the same staff who know them and understand their needs. Staff are emailed and/or phoned with updates if care and support requirements change.

Consumers and representatives, when asked if the service supports connecting consumers with other lifestyle services and supports, said that in general terms, supports are available and offered. However, many choose to manage this independently. Staff could describe the referral process, including ensuring that referrals are completed in consultation with the consumer. A review of care planning documents demonstrates that timely referrals have been made as appropriate.

Consumers advised they are responsible for ordering their meals from the service and stated meals are varied and of good quality. Consumers said meals met their dietary needs and they could ask for alternatives by calling the service. Staff are guided by consumer care planning documents for dietary needs and preferences and use this information to assist consumers with shopping or meals.

All consumers expressed satisfaction with equipment. Staff explained that equipment is selected for safety and suitability following the recommendation of allied health professionals. Care documentation demonstrated equipment purchases were consistent with allied health advice. The Assessment Team sighted evidence of an equipment register that that included information detailing when equipment was maintained and/or serviced.

# Standard 5

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| Organisation’s service environment | | HCP |
| 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. | Not assessed |
| 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. | Not assessed |
| Requirement 5(3)(c) | Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer. | Not assessed |

Findings

Standard 5 was not assessed as the service does not provide services to consumers at its premises.

# Standard 6

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| Feedback and complaints | | HCP |
| 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 understood how to provide feedback through their care coordinator or via phone. Staff advised they provided consumers with information during their initial assessment and subsequent visits regarding providing feedback and suggestions. Care coordinators and staff regularly seek feedback from consumers during telephone or face-to-face contact in addition to reviewing their care needs.

Consumers and representatives reported feeling safe raising concerns and accessing advocacy services and avenues for external complaints. Welcome information packs given to consumers by the service includes internal and external complaint contacts and information on advocacy services.

Consumers and representatives reported actions were taken to promptly resolve complaints. They described being kept informed during the process and of the actions taken to address their concerns. Consumers and representatives were mostly satisfied that any concerns raised are actioned to their satisfaction. Management was able to provide several examples of open disclosure. The feedback system demonstrates complaints are recorded and trends are identified.

Most consumers and representatives interviewed are satisfied the service listens to their feedback and makes changes. Management stated that their risk management system captures all incidents, feedback and complaints. Actions taken are registered on an electronic management system, monitored and regularly reported to the board. The service demonstrated they regularly seek input and feedback from consumers via feedback forms and surveys and this feedback is used to improve services.

# Standard 7

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| Human resources | | HCP |
| 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 stated the workforce is planned and they generally have the same support workers or support workers of their choice providing care and services. A contracted worker advised they access consumer information securely through their mobile device or via an email from the brokered provider and this assists service delivery. Management discussed using their 2023/24 Strategic Plan for their annual workforce planning which determines the number and mix of staff by reviewing each service.

All consumers and representatives interviewed are mostly satisfied with staff, stating they are respectful, kind and caring. Staff demonstrated they are familiar with the cultural needs of individual consumers. The service has a diversity and inclusion framework.

The majority of consumers and representatives expressed satisfaction that staff are competent. Management stated they monitor staff qualifications and use information from observations and feedback to identify workforce competency. Allied health professional registrations are monitored by managers.

All consumers and representatives stated staff are well-trained and have the ability to deliver quality care and services. All staff interviewed were satisfied with the training the service provides and the communication and support received from management. The Assessment Team reviewed the service’s training modules and plan, employee handbook and staff training records.

# Standard 8

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| Organisational governance | | HCP |
| 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

Most consumers and representatives stated they have opportunities to provide feedback regarding service development, delivery and evaluation. Management and staff described ways consumers are supported to be engaged in service development, evaluation and delivery. The service engages consumers and representatives through surveys, the organisation’s website, service feedback systems including complaints management, incident reporting and trending feedback. Management advised service improvements are proactively actioned as a result of feedback and complaints, risk analysis trends and clinical indicator trending.

The governing body promotes safe and quality care through the use of internal audits, feedback and complaints mechanisms, consumer surveys, clinical indicators and quality reports from sub‑committees. Review of committee meeting minutes and monthly reports identified results from audits, incident data, complaints and feedback, workforce planning, key performance indicators and risk are discussed.

Review of documentation demonstrated the service has organisational wide governance systems to monitor processes including information management, financial management, workforce governance and feedback and complaints. Management and staff reported that they have access to information that is relevant to them when they need it and informs delivery of care and services. Continuous improvement opportunities are identified through internal and external audits, key performance indicators, quality activities and trend analysis of complaints, feedback and incidents. Discussions with management, staff, consumers and representatives demonstrate improvements are ongoing.

Financial governance is overseen by the organisation’s chief operating officer and the governing body. There are a range of human resource processes including established recruitment processes, staff education and a staff performance management system. Position descriptions specify staff responsibilities and accountabilities to support quality care. There is management oversight of the workforce, and processes for monitoring the performance of contracted and subcontracted staff. Review of documentation confirmed the service has processes in place for monitoring regulatory compliance. Complaints registers were reviewed and discussion with management demonstrated that feedback, suggestions and complaints are escalated as necessary and actioned.

Management discussed managing high-impact or high-prevalence risks associated with the care of consumers. Falls are a high risk and falls risk assessments are conducted initially and in an ongoing capacity. Referrals are sent to relevant allied health services for assessment after the initial assessment. Staff interviewed said they know how to respond to, and report suspected elder abuse if identified. The service has policies and procedures on elder abuse and appropriate reporting to guide staff. In relation to supporting consumers to live the best life they can, consumer feedback was positive and evidenced how the care and services received assists consumers to remain independent. All incidents are registered and resolutions are documented.

The organisation has a clinical governance framework that includes the definition and scope of clinical governance. Monthly meetings discuss clinical incidents and identify high risk consumers or trends. Clinical issues are reported to the governing body and incidents are reported, trended and discussed. The service tracks antibiotic use through its incident management system. Staff are trained in infection control. Management and staff are aware of the need for antimicrobial stewardship and the organisation has principles and guidelines to guide staff approach. Management was able to provide several examples of the service practising open disclosure.

1. The preparation of the performance report is in accordance with section s57 of the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)