Group Homes Australia

Performance Report

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| **Address:** | Suite 1204, Level 12, 275 Alfred Street NORTH SYDNEY NSW 2060 |
| **Phone:** | 1300 015 406 |
| **Commission ID:** | 201312 |
| **Provider name:** | Group Homes Australia Pty Ltd |
| **Activity type:** | Assessment Contact - Desk |
| **Activity date:** | 6 September 2022 |
| **Performance report date:** | 23 September 2022 |

# Performance report prepared by

A. Grant, delegate of the Aged Care Quality and Safety Commissioner.

# Publication of report

This Performance Report **will be published** on the Aged Care Quality and Safety Commission’s website under the Aged Care Quality and Safety Commission Rules 2018.

**Services included in this assessment**

**Home Care:**

* Group Homes Australia, 26454, Suite 1204, Level 12, 275 Alfred Street, NORTH SYDNEY NSW 2060

# Overall assessment of Service

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| --- | --- | --- |
| Standard 1 Consumer dignity and choice | HCP | Not Applicable |
| Requirement 1(3)(e) | HCP | Compliant |
|  |  |  |
| Standard 8 Organisational governance | HCP | Not Applicable |
| Requirement 8(3)(b) | HCP | Compliant |

# Detailed assessment

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

As not all requirements within each standard have been assessed an overall Compliant finding is unable to be made.

The report also specifies areas in which improvements must be made to ensure the Quality Standards are complied with.

The following information has been taken into account in developing this performance report:

* the Assessment Team’s report for the Assessment Contact - Desk; the Assessment Contact - Desk report was informed by review of documents and interviews with staff, consumers/representatives and others

# STANDARD 1 Consumer dignity and choice

# HCP

### Consumer outcome:

1. I am treated with dignity and respect, and can maintain my identity. I can make informed choices about my care and services, and live the life I choose.

### Organisation statement:

1. The organisation:
2. has a culture of inclusion and respect for consumers; and
3. supports consumers to exercise choice and independence; and
4. respects consumers’ privacy.

## Assessment of Standard 1

Evidence analysed by the Senior Quality Assessor showed the service has processes and procedures in place to provide consumers and/or representatives with information that is current, accurate and timely, and communicated in a way that is clear, easy to understand and enables them to exercise choice, where applicable.

The head of care and health when interviewed by the Senior Quality Assessor stated they have robust entry processes, including a tour of the service with the view of matching the ‘right house' to the right resident'. The Senior Quality Assessor noted a draft contract and a welcome pack are provided. Evidence analysed by the Senior Quality Assessor showed on admission, an assessment and interim care plan is developed, and further assessments are conducted within a month of admission and a care plan is developed and made available to both parties.

Evidence analysed by the Senior Quality Assessor showed communication with consumer representatives is undertaken via email and telephone calls, where required. The Senior Quality Assessor noted the service also distributes a monthly newsletter.

The head of care and health when interviewed by the Senior Quality Assessor stated while the staff have benefited from the SCHADS award and associated increases, there were no changes or charges passed onto consumers. The head of care and health stated during interviews consumers are permanently accommodated in a ‘house’ of between six to ten consumers, 24 hours a day, 7 days a week. The ‘house’ staff ratio has remained as one care staff member to three consumers. The head of care and health stated during interviews no communication was undertaken directly with consumers (primarily due to the confusion that might occur due to their cognition), or their representatives, as nothing has changed for either party.

**Assessment of Standard 1 Requirements**

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| --- | --- | --- |
| Requirement 1(3)(e) | HCP | Compliant |

*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.*

# STANDARD 8 Organisational governance

# HCP

### Consumer outcome:

1. I am confident the organisation is well run. I can partner in improving the delivery of care and services.

### Organisation statement:

1. The organisation’s governing body is accountable for the delivery of safe and quality care and services.

## Assessment of Standard 8

Evidence analysed by the Senior Quality Assessor showed the service has processes and procedures to ensure the governing body promotes a culture of safe, inclusive and quality of care and services and is accountable for its delivery. As described in Requirement 1 3(e), there have been no changes to consumer hours, fees or charges therefore there have been no changes to consumer care plans or the need for informed consent.

The chief executive officer during interviews with the Senior Quality Assessor stated as a result of the introduction of the SCHADS award there has been increased payment to care staff, although the service continues to pay above award pay rates, beyond the SCHADS stipulated rate, as a means of recognising and retaining staff.

The chief executive officer during interviews with the Senior Quality Assessor stated the service is in a healthy financial position and any and all increases as a result of the introduction of the SCHADS award have been agreed by the Board to be internally absorbed and not passed onto consumers. The chief executive officer stated during interviews the service will review the staff rosters and pay rates on a two weekly basis to ensure the service has met all of the award requirements.

## Assessment of Standard 8 Requirements

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| --- | --- | --- |
| Requirement 8(3)(b) | HCP | Compliant |

*The organisation’s governing body promotes a culture of safe, inclusive and quality care and services and is accountable for their delivery.*

# 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, however, required to actively pursue continuous improvement in order to remain compliant with the Quality Standards.