ECH North

Performance Report

North East & Gawler Home Services, 1/1 Rellum Road   
GREENACRES SA 5086  
Phone number: 08 8407 5151

**Commission ID:** 600097

**Provider name:** ECH Inc

**Assessment Contact - Desk date:** 5 June 2020

**Date of Performance Report:** 13 July 2020

# Publication of report

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

# Overall assessment of this Service

|  |  |
| --- | --- |
| **Standard 7 Human resources** | **Compliant** |
| Requirement 7(3)(a) | Compliant |

# Detailed assessment

This performance report details the Commission’s assessment of the provider’s performance, in relation to the service, 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.

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 a review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the Assessment Contact - Desk report received 30 June 2020.

# STANDARD 7 COMPLIANT Human resources

### Consumer outcome:

1. I get quality care and services when I need them from people who are knowledgeable, capable and caring.

### Organisation statement:

1. The organisation has a workforce that is sufficient, and is skilled and qualified, to provide safe, respectful and quality care and services.

## Assessment of Standard 7

The Quality Standard is assessed as Compliant as one of the five specific Requirements has been assessed as Compliant. An overall assessment of all Requirements in this Standard was not completed.

The purpose of the Assessment Contact was to assess the performance of the service in relation to Requirement (3)(a) in this Standard. This Requirement was found Non-compliant following a site Assessment Contact on 16 January 2020.

The Assessment Team assessed Requirement (3)(a) at this Assessment Contact. All other Requirements in this Standard were not assessed. The Assessment Team recommended Requirement (3)(a) as met and I agree with the Assessment Team’s findings and find the service Compliant with this Requirement. I have provided reasons for my decision below.

## Assessment of Standard 7 Requirements

### Requirement 7(3)(a) Compliant

*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.*

The home service provider developed and implemented a continuous improvement plan to address the issues identified at an Assessment Contact on 16 January 2020 in relation to consumer and/or representative feedback which indicated dissatisfaction with various aspects of staffing numbers and skill mix which was impacting on the quality of care and services. It was also found the home service provider was unable to ensure that where services were cancelled, that there was consideration and/or documentation of rescheduling of the service or communication with consumers and/or representatives. The Assessment Team was provided with evidence of actions taken to rectify the Non-compliance in relation to this Requirement. These actions include but are not limited to:

* The organisation reviewed the staffing model, including the development of a ‘staff sick leave notification’ spreadsheet to guide management processes of unplanned leave.
* The organisation has completed a review of their ‘Neighbourhood Service Delivery Model Business Guidelines’ document which describes the role of each team, outlines key scheduling practices, including information and processes for staff to following for filling shifts/services due to unplanned leave, and flowcharts and information in relation to cancellation or rescheduling requests for consumers.
* The organisation has a scheduling team who are responsible for the scheduling of all shifts including managing unplanned leave and communicating with relevant consumers and/or representatives about changes to staff and are available to discuss with consumers their wishes to either cancel, reschedule or change the time of their services.
* The scheduling team also has access to an electronic dashboard system which provides ‘real time’ data to monitor that staff have arrived and commenced providing services in accordance with the scheduled time. From February 2020, the dashboard timeframes have been colour-coded to improve visibility of commencement of services by staff. An incident report is generated and followed-up where services have not commenced within the expected timeframe.
* Additional and ongoing recruitment has been undertaken to improve staff availability to cover unplanned leave.
* The organisation’s ‘Rescheduling and Cancelling Services Guidelines’ document has been reviewed in consultation with relevant staff to ensure service cancellations are being assigned to the correct category. Staff have been provided with education in relation to the guidelines and formalised training is planned once the draft document is presented to the Care and Services Sub-Committee of the Board in July 2020.
* The organisation has introduced a SMS reminder system for consumers who are provided with centre-based allied health services.

The Assessment Team conducted interviews with consumers, representatives, staff and management and reviewed relevant documentation to inform their recommendation of met with this Requirement. The Assessment Team relevantly found:

* Ten of 10 consumers/representatives interviewed provided positive feedback about the staff providing services, and said staff are wonderful, polite and respectful.
* The majority of the 10 consumers/representatives interviewed confirmed scheduling staff advise them when changes are made to services, including asking whether they wish to re-schedule.
* Staff interviewed confirmed and understood improvement processes in relation to scheduling of unplanned leave and vacant shifts.
* Spreadsheets in relation to cancelled services/appointments demonstrates the home service provider are aware of the reasons for the cancellation. It shows the home service provider are monitoring and consulting with consumers/representatives in relation to rescheduling.

The home service provider submitted a response to the Assessment Team’s report which indicates they agree with the Assessment Team’s findings.

Based on the Assessment Team’s report and the approved provider’s response I find the home service provider, in relation to ECH North, are compliant with Standard 3 Requirement (3)(b).

# 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.