Performance

Report

**1800 951 822**

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| Name: | Port Pirie Regional Health Service - Hammill House |
| Commission ID: | 6302 |
| Address: | The Terrace, PORT PIRIE, South Australia, 5540 |
| Activity type: | Assessment contact (performance assessment) – site |
| Activity date: | 19 August 2024 |
| Performance report date: | 9 September 2024 |
| Service included in this assessment: | Provider: 9694 Yorke and Northern Local Health Network Incorporated  Service: 7963 Port Pirie Regional Health Service - Hammill House |

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 Port Pirie Regional Health Service - Hammill House (**the service**) has been prepared by Dee Kemsley, 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 (performance assessment) – site report was informed by a site assessment, observations at the service, review of documents and interviews with staff, consumers/representatives and others
* the provider’s response to the assessment team’s report received 29 August 2024
* the Monitoring assessment contact record dated 23 July 2024 was informed by a desk audit conducted on the same day, in relation to the service’s vaccination program.

# Assessment summary

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| Standard 2 Ongoing assessment and planning with consumers | Not applicable as not all requirements have been assessed |
| **Standard 8** Organisational governance | **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)(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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

At the Assessment Contact conducted 19 August 2024, the service demonstrated assessment and planning identified and addressed consumers’ current needs goals and preferences, including end of life considerations and planning. Consumers and their representatives said they were consulted regarding consumers’ personal care needs and preferences. This included assessment and consent for COVID-19 and influenza vaccines, and antiviral treatments. The service had processes to remain current with health department recommendations regarding these vaccinations. Clinical staff and medical officers had spoken to consumers about the recommendations, and care plans reflected consumers’ updated vaccination status. Vaccination programs were delivered via clinics at the service, clinical staff had timely access to antiviral medications, and staff regularly revisited consumers’ vaccine requirements as part of ongoing care plan review processes. Risks related to consumers declining vaccination were explained, documented and respected.

The service had 24/7 access to medical care including co-located services at Port Pirie Regional Health Service, the local hospital and pharmacy. Staff were guided by comprehensive clinical care procedures when undertaking assessments, which included clinical considerations, dietary and lifestyle needs, and end of life wishes. End of life pathways recorded consumer individual needs and preferences, and included their advanced health care directives where applicable.

I find Requirement 2(3)(b) is compliant

# Standard 8

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| Organisational governance | |  |
| 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 |

Findings

The Quality Standard was not fully assessed, and therefore has not received a compliance rating. One of the five specific Requirements has been assessed and found compliant.

The service demonstrated the governing Board promoted a culture of safe, inclusive, and quality care and services, and was accountable for their delivery. The governing Board was supported by various senior leadership positions and sub-committees, including a community engagement committee, which provided feedback or monitored and evaluated care and service. A range of reporting channels ensured information was given to the Board, including regarding clinical, hospitality and financial services. Documented reports and meeting minutes showed the governing Board was aware of the service’s operations and continuous improvement initiatives.

Governance of aged care immunisation and infection control compliance had been identified by the organisation as areas for improvement. The approved provider, in their response to the Assessment Contact report, clarified that the longstanding infection control committee that oversees infection controls at all sites, had recently implemented additional new processes for the governing and monitoring of aged care infection control compliance. This included pre-seasonal audits, vaccination compliance monitoring and reporting (staff and consumer), and monthly aged care infection control reporting; these changes to infection control monitoring had been added to the service’s continuous improvement register.

The service demonstrated further infection control measures that included health declarations made by visitors on entry, hygiene signage around the facility, accessible alcohol hand rub stations and wash basins, appointment of an infection prevention and control lead, an outbreak management plan, stocks of personal protective equipment, regular cleaning conducted by staff, and staff training in hygiene, infection control and use of personal protective equipment.

I find Requirement 8(3)(b) is compliant

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)