Performance

Report

**1800 951 822**

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| Name of service: | Carinya Residential Care Centre |
| Service address: | 39 Fisher Street MYRTLE BANK SA 5064 |
| Commission ID: | 6762 |
| Approved provider: | RSL Care RDNS Limited |
| Activity type: | Assessment Contact - Site |
| Activity date: | 17 July 2023 |
| Performance report date: | 21 August 2023 |

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 Carinya Residential Care Centre (**the service**) has been prepared by M Glenn, 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.

# Material relied on

The following information has been considered in preparing the performance report:

* the Assessment Team’s report for the Assessment Contact - Site; the Assessment Contact - Site report was informed by a site assessment, observations at the service, review of documents and interviews with consumers/representatives, staff and management.

The provider did not submit a response to the Assessment Team’s report.

# Assessment summary

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| Standard 3 Personal care and clinical care | Not applicable as not all requirements have been assessed |
| **Standard 4** Services and supports for daily living | **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 3

|  |  |  |
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| Personal care and clinical care | |  |
| Requirement 3(3)(b) | Effective management of high impact or high prevalence risks associated with the care of each consumer. | Compliant |

Findings

High impact or high prevalence risks associated with the care of consumers are identified through entry screening processes and management strategies are developed and documented in care plans to ensure care and services are delivered in line with consumers’ assessed needs and preferences. Care files demonstrated appropriate assessment and management of risks related to diabetes, weight loss, falls and restrictive practices and evidenced involvement of Medical officers and allied health specialists in consumers’ care. Staff were knowledgeable of sampled consumers and the strategies and interventions in place for risk prevention management.

For the reasons detailed above, I find requirement (3)(b) in Standard 3 Personal care and clinical care compliant.

# Standard 4

|  |  |  |
| --- | --- | --- |
| Services and supports for daily living | |  |
| Requirement 4(3)(f) | Where meals are provided, they are varied and of suitable quality and quantity. | Compliant |

Findings

Consumers were happy with the quality and quantity of the meals provided and said they can choose what they would like to eat for each meal, and whether they prefer to eat in their room or in the dining area. Food is cooked and chilled at a central kitchen, then heated at the service, and management explained ways in which these meals are adjusted to meet the preferences of individual consumers. There are processes to communicate changes to consumers’ dietary needs to catering staff to ensure consumers receive meals in line with their preferences and assessed needs. The dining experience was observed to be relaxed and pleasant, and staff described ways in which they ensure consumers have a positive dining experience.

For the reasons detailed above, I find requirement (3)(f) in Standard 4 Services and supports for daily living compliant.

1. The preparation of the performance report is in accordance with section 68Aof the Aged Care Quality and Safety Commission Rules 2018. [↑](#footnote-ref-1)