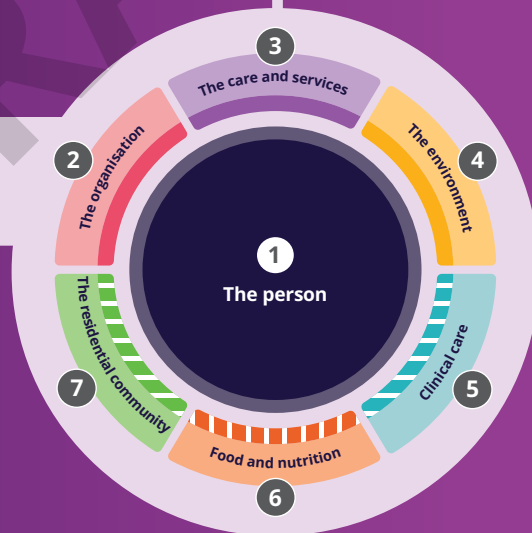




# Draft Worker Guidance

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

January 2024



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Please note the draft strengthened Quality Standards referred to in this document are not yet in operation. This draft is intended for consultation purposes only.

# Purpose of the guidance

The Aged Care Quality and Safety Commission is committed to supporting the aged care sector to be ready for the implementation of the [strengthened Aged Care Quality Standards](#).

This guidance is intended to provide workers with an overview of what the strengthened Quality Standards mean for how they deliver aged care services.

This material is not a prescriptive guide. It is not intended to provide a detailed description of how workers deliver aged care services. Aged care providers are responsible for developing detailed policies and procedures and training staff in how to deliver aged care services in line with the Quality Standards as relevant to the services being provided and the environmental context.

## Who this guidance applies to

This guidance applies to all aged care workers, ie. anyone employed or engaged by a registered provider to deliver aged care services to older people. This includes – for example – volunteers, care managers/coordinators, clinicians, care workers, cleaning, kitchen and lifestyle/activities staff and people in management or administrative roles.

While the strengthened Quality Standards only apply to providers delivering aged care services in categories 4 to 6, this guidance describes good practice for workers across all registration categories and service types.

## Consultation

We are consulting on the draft guidance material for aged care workers. Your insights will help to make our guidance materials are:

- fit for purpose across service types
- practical and easy to understand
- useful tools for continuous improvement

We invite you to consider the below statements and questions when reading through this document:

- The draft worker guidance has improved my understanding of how to deliver aged care services.
- The draft worker guidance clearly explains what the strengthened Standards mean for me in my role.
- The draft worker guidance will support my organisation to maintain systems to meet the strengthened Quality Standards.
- Is there anything else that could be included in the worker guidance?  
If yes, please specify and tell us what you would like included.

You can provide your feedback by [filling in this feedback form](#) or using the QR code on this page before midday (AEST) on 19 May 2024.



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**Note:** This guidance has been developed such that it may sit within the broader provider guidance or could be pulled out as a separate document targeted specifically to workers. It is recommended this be separated into guidance specifically for workers as this may increase the likelihood of workers reading it. If separated, there may also be value in including each standard (with supporting outcomes and actions) within this guidance.

## The strengthened Quality Standards

The strengthened Aged Care Quality Standards (strengthened Quality Standards) set out the standards that need to be met by registered providers to deliver aged care services to older people.

The strengthened Quality Standards describe a range of outcomes that providers must achieve to deliver safe and quality aged care services that meet the older person’s needs, goals and preferences. There are seven strengthened Quality Standards (Figure 1), and each Standard has a set of outcomes and actions describing expectations of providers.

The strengthened Quality Standards apply to all registered aged care providers in categories 4, 5 and 6. Providers are required to demonstrate their performance against the strengthened Quality Standards at market entry (i.e. to become a registered provider) and also at certain intervals following market entry (i.e. at re-registration).

Providers are responsible for establishing and maintaining systems to ensure they meet the strengthened Quality Standards at all times. This includes developing and implementing policies and procedures, training, educating and supporting workers to deliver care in line with the strengthened Quality Standards and monitoring outcomes to continuously improve care and services.



Figure 1: The strengthened Quality Standards

## Other relevant obligations

The strengthened Aged Care Quality Standards should be considered alongside your other obligations, including:

- **the Code of Conduct for Aged Care (the Code)**
  - [The Code](#) describes how aged care workers (including volunteers) must behave and treat people receiving aged care. Workers must always act in a way that's respectful, kind and consistent with the Code.
- **Statement of Rights**
  - The [Statement of Rights](#) describes what older people can expect when accessing aged care services. Knowing the rights of older people helps you to deliver care in line with those rights.
- **Worker screening**
  - Workers are required to meet [worker screening requirements](#). You cannot be engaged or employed to work in aged care unless you meet these requirements.

## Structure of this document

The guidance material is intended to help support delivery of person-centred quality care and outcomes. For each strengthened Quality Standard it details what older people will expect from that particular Standard and what this means for aged care workers. Some key concepts are explained in more detail and we have included tips for different types of workers to support workers in specific roles.

We are also developing examples and other key resources that can be used as a further guide to ensure best practice in person-centred care. These will be made available at a later stage.

# Standard 1: The Person

## What will older people expect?

Older people will expect to be treated with dignity and respect and to live free from any form of discrimination. Older people will expect to make decisions about their care and services, with support when they want it. They will expect their identity, culture and diversity to be valued and supported, and they will expect to be able to live the life they choose. They will expect that providers understand who they are and what is important to them, and that this determines the way their care and services are delivered.

## What does this mean for workers?

Standard 1 is critical for all aged care workers and central to the delivery of aged care services. It intersects closely with worker obligations under the Code and Statement of Rights and underpins the way that you are expected to treat older people.

Regardless of your role, this involves delivering care in line with the following principles.

- **Engage with older people in a way that is respectful and kind** – Treat older people in a way that shows they are valued and supported. Genuine and honest communication is key to building trust and respect. Listen to the older person and engage with them in a friendly and positive manner.
- **Build trusting professional relationships with older people** – Building human connections with the older people you deliver care to helps you to deliver care and services that meet their needs and can improve outcomes and satisfaction for both them and you. Taking an interest in who they are will help you to understand what is important to them and to connect and build trusting professional relationships.

### Person-centred care

Person-centred care places the older person at the centre of their care, allowing their choices, needs, values and preferences to drive the way care is delivered. Person-centred care is a foundation to safe and quality care.

The person-centred approach treats each person respectfully as an individual human being. It involves seeking out and understanding what is important to the older person, their families, carers and loved ones, fostering trust and establishing mutual respect.

Your organisation will have policies regarding how you deliver person-centred care; however, some simple ways you can embed person-centred care in your day-to-day interactions with older people may include:

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- smile and introduce yourself
  - wear a name tag that people can see and read
  - explain your role to the older person
  - ask the older person how they are feeling today / about themselves
  - treat the older person as an equal partner
  - listen to the older person and respect the knowledge they bring about their own care and services
  - listen to their family, carers and loved ones
  - make sure the older person has all the information they need to make informed choices.
- 
- **Tailor your communication style to suit the needs and preferences of the older person** – Many older people experience barriers to effective communication, including for example, hearing impairment, cognitive impairment or dementia, language barriers, difficulty speaking, etc. You may need to adapt the way you speak with them. This may involve speaking slowly and clearly, using a translator or interpreting services where appropriate, using technology, using pictures, diagrams or signs, etc.
  - **Support older people to feel welcome, included and safe** – It can be intimidating for older people to have workers they don't know delivering aged care services – whether they are welcoming strangers into their own home or entering an unfamiliar residential environment. This is particularly the case for older people who may have experienced trauma or discrimination in their lives (including First Nations older people, LGBTIQ+ older people, people from culturally and linguistically diverse backgrounds) and people with cognitive impairment or dementia. Workers should engage with older people in a way that supports them to feel safe.

## Trauma aware and healing informed care

Trauma aware care recognises that older people may have experienced trauma (such as the loss of a loved one, abuse, assault, serious accidents, war or natural disasters) and that this can impact on the way they behave.

Trauma can remove a person's sense of safety or control. Delivering aged care in a trauma aware and healing informed way is about supporting older people to feel safe and offering them a choice in the way care is delivered. This includes asking permission, describing what you're going to do and following through in a way that is predictable and reliable. Consistent with person-centred care, it involves understanding and respecting a person's choices, preferences and life experiences.

## Culturally safe care

All older people have the right to culturally safe care. Culturally safe care recognises, respects and supports the unique cultural identities of older people by meeting their needs and expectations and upholding their rights. It is accessible, responsive to different needs and free from judgement, discrimination racism.

Cultural safety requires you to listen and learn from the older people you provide care to, including to develop shared respect, meaning and knowledge.

Cultural safety is an ongoing learning journey, requiring you to be self aware about your own culture, values and attitudes and unlearn unconscious bias. Only the person receiving care can determine whether it is culturally safe – this means you have to engage with them, listen to them and provide care in a way that is right for them.

Your organisation must provide you with ongoing training and support regarding cultural safety and how this should be applied in your day-to-day role.

- **Recognise the autonomy of older people** – Older people are free to live the way they choose. Older people have the right to make their own decisions and to have the same rights and freedoms as any other member of the community. This includes who they have intimate relationships with, what they eat and drink, what they do for fun, etc. Even if you disagree with an older person's lifestyle or choices, it is not your place to express judgement or criticism.

## Supported decision making

Every older person has the right to make decisions about their life, the care and services they receive and the risks they are willing to take. This includes people living with dementia or other forms of cognitive impairment.

There may be instances where an older person wants or needs support to make certain decisions. A person's decision-making capacity will fluctuate over time, as will the support they need to make different types of decisions. Strategies for supporting decision making may include:

- clearly setting out a person's options (and what it means in practice for them) in a way the person can understand
- building the older person's skills and knowledge to make decisions
- working with the older person's carers, families and loved ones to build their capacity to support the older person to make decisions.

Supported decision-making requirements vary between jurisdictions and your organisation will have policies to support this. It is important you understand these policies and your role in supporting older people to make decisions.



## Tips for different types of workers

### **For workers involved in care planning and assessment:**

- Empowering older people to actively participate in the care planning process is essential to providing person-centred care. Older people must feel safe to disclose their identity and know that they are valued, respected and understood. See [Standard 3](#).

### **For workers delivering care in an older person's home:**

- Welcoming a stranger into their home can be intimidating for some older people. In this setting, it is particularly important for you to introduce yourself to the older person and explain your role and what you will be doing each time you attend their home.
- When you enter a person's home, you are in their private space. Respect their belongings, privacy and the relationships of importance to them.

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# Standard 2: The Organisation

## What will older people expect?

The organisation is well run. I can contribute to improvements to care and services. My provider and workers listen and respond to my feedback and concerns. I receive care and services from workers who are knowledgeable, competent, capable and caring.

## What does this mean for workers?

Standard 2 focuses on the systems and governance required to deliver safe and quality care and services and continuously improve. This includes requirements relating to:

- organisational culture – focused on safety, quality and inclusion – and how the organisation partners with older people to continuously improve care and services
- management of risks, feedback and complaints, incidents, information and emergency and disaster management
- workforce planning and human resource management.

While many of these requirements are more relevant to the governing body and management, there are a number of ways in which you contribute to the organisation's governance, regardless of your role.

- **Provide feedback and raise any concerns or opportunities for improvement** – You can help to build an organisational culture that embraces diversity and prioritises the rights, safety and wellbeing of older people and the workforce. This may involve:
  - identifying new and different ways of doing things that may lead to better outcomes for older people and the workforce
  - escalating issues, concerns or opportunities for improvement to the appropriate person in your organisation so action can be taken
  - recognising errors or mistakes and taking prompt action to address these
  - identifying areas in which you may need additional training or support and raising these with your manager or supervisor.

You should feel confident to raise any feedback (both positive and negative) without fear of retribution.

## Quality and safety culture

Your organisation should support you to contribute to an organisational culture of safety and quality, including through:

- acknowledging the high-risk, error-prone nature of delivering aged care
  - ensuring you feel safe and supported to raise concerns and fostering a blame-free environment where you can report errors or near misses without fear of reprimand
  - collaborating across all areas and levels of the organisation to seek solutions and improve the quality of care
  - directing resources to deal with safety and quality concerns.
- 
- **Support and empower older people to provide feedback and make complaints** – Feedback and complaints are a key source of information to help the organisation continuously improve. It is important that older people feel safe, supported and encouraged to provide both positive and negative feedback on their care and services.
    - Older people may not always have the capacity or feel comfortable to raise a complaint directly with the provider. As such, it is important that you support older people to make complaints, including by:
      - providing them with information about how to make a complaint
      - linking them to advocates or languages services (such as t interpreters) who can support them to make a complaint
      - supporting them to make a complaint to the [Aged Care Quality and Safety Commission](#).
    - When an older person provides feedback, you should acknowledge and validate their feedback, using an open disclosure process. Let them know how you will escalate their complaint and how long they can expect to wait for a response.

## Open disclosure

Open disclosure is the open discussion that an aged care provider has with consumers when something goes wrong that has harmed or had the potential to cause harm to a consumer. Open disclosure typically involves:

- identifying when things go wrong – e.g. when an older person makes a complaint or a mistake has been made in delivering their care
- addressing immediate needs and providing support – making sure the older person is safe and providing practical and emotional support in line with the person's preferences

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- acknowledging and apologising or expressing regret – this is important, even where no one is at fault
- finding out and explaining what happened – gathering all information to determine what went wrong and explaining this to the older person
- learning from the experience and making improvements – this gives your organisation the opportunity to learn make improvements to current systems, practice or culture, including to prevent mistakes from happening again.

Honest and timely disclosure to consumers is not only ethically, morally and professionally expected but is also important for fostering an organisational culture of continuous learning and service improvement in partnership with older people. Through improved transparency it also enhances trust between older people, workers and the organisation more broadly.

- **Identify, report and respond to risks and incidents** – Risk and incident management are key to providing safe and quality care.
  - Workers delivering care directly to older people will often be the first to identify things that may put the older person at risk of harm. You may also notice risks to your safety (or that of your colleagues) or risks that may impact the ability of the organisation to effectively operate (for example, resourcing risks). Where you identify risks, you should:
    - escalate this to the appropriate person within your organisation
    - communicate this risk to the older person, recognising that they have autonomy to live the way they choose, including living with risk
    - adjust the way care and services are delivered, in line with any adjustments to the person's care plan to manage identified risks.
  - You are also most likely to identify or witness an incident related to a person's care.

## Incident management

Effective incident management supports you to provide safe, quality care and services for older people.

An incident is any act, omission, event or circumstance that occurs in connection with the provision of care or services that has (or could reasonably be expected to have) caused harm to a consumer or another person (such as a staff member or visitor).

Your organisation should have an incident management system (IMS) and policies and procedures relating to incident management. Your organisation is responsible for training you in the use of its IMS and ensuring you know how to respond to incidents.

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While your role in relation to incident management will vary depending on your organisation's IMS, it is important you know how to:

- identify when an incident has (or may have) occurred
- respond to an incident, including to immediately support those affected
- escalate / report the incident to the appropriate person within your organisation.

Depending on the incident and its cause, your organisation may identify opportunities to improve the way care and services are delivered and reduce the risk of harm to older people. As such, it is important you are kept informed of updates to organisational policies and procedures and any updates or changes to an older person's care plan.

- **Comply with your organisation's information management system** – Your organisation will have a system to manage information relevant to the delivery of care and services to older people. It is important that you:
  - comply with privacy and security protocols to ensure confidentiality of older peoples' information
  - maintain the accuracy, currency and completeness of information
  - ensure that you have access to the information you need to deliver care safely, in line with the older person's preferences.
- **Participate in training and performance development** – Your organisation will have systems to ensure you are appropriately trained, educated and supported to undertake your role. It is critical that you participate in mandatory training and regular performance reviews, including to continuously improve your skills and knowledge to deliver safe and quality care. When you identify areas where you may need more training or help or would like to further develop your skills, you should raise these with your manager to ensure you can be provided with the support you need to deliver quality care.

# Standard 3: The Care and Services

## What will older people expect?

The care and services I receive:

- are safe and effective
- optimise my quality of life, including through maximising independence and reablement
- meet my current needs, goals and preferences
- are well planned and coordinated
- respect my right to take risks.

## What does this mean for workers?

Standard 3 describes how providers should engage with older people to undertake assessment and planning, effectively communicate and coordinate across and within their organisation to support the delivery of care.

Regardless of your role, this involves delivering care in line with the following principles.

- **Deliver care in line with each older person's care and services plan** – You are responsible for ensuring you understand how to deliver care in line with the older person's needs, goals and preferences and to manage risks associated with the person's care. A person's care plan should guide this. Care plans may be available as physical documents or through your organisation's care management system. Different information may be available to you depending on the care and services you are delivering and the older person's preferences. Where you identify that care planning information is inaccurate or incomplete, you should escalate this to the appropriate person within your organisation.

### Care and service plans

Care and service plans are a document (or set of documents) describing the care and services a person is receiving – this includes information about a person's needs, goals and preferences, risks relevant to the delivery of care and strategies for managing these, and describe how and when services are delivered in line with these. Care plans should represent the 'source of truth' about a person's care needs and should direct how to deliver care. Care plans are dynamic documents and will be reviewed and updated as a person's needs, circumstances and care and services change.

- **Deliver care and services in a way that is culturally safe, trauma aware and healing informed** – See [Standard 1](#).
- **Empower older people to take supported risks, make choices about their care and optimise their quality of life** – Older people have the right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. You must respect the autonomy of older people in delivering their care and services. Where an older person makes a choice that involves some risk, you should support this while ensuring the older person understands the risks. You should also work with the person to put agreed strategies in place to mitigate risk.

## Supporting older people living with dementia

Your organisation should have systems and strategies for supporting people living with dementia to live well. It is important to understand that there are many different types of dementia and dementia can impact people in very different ways.

You can improve the way you support a person living with dementia by getting to know them, including how their dementia impacts them, their strengths and the things they enjoy. Providing person-centred, culturally safe, trauma aware and healing informed care is particularly important for people living with dementia (see [Standard 1](#)). Getting to know their carers and families and recognising them as key partners in the older person's care is also helpful.

- **Recognise and respond to deterioration** – Deterioration refers to physiological, psychological or cognitive changes that may indicate a significant worsening of the older person's health, condition or wellbeing. Your organisation must ensure you are trained to identify signs of deterioration and respond appropriately. Where you identify deterioration, it is important to escalate this so the person's needs can be reassessed, and their care plan reviewed.
- **Effectively communicate about a person's care within your organisation and with others involved in the person's care** – There may be a range of parties involved in a person's care, including other workers, health professionals, other service providers (in the home), volunteers, family and carers. It is critical that you communicate important information about a person's care to those who need it. Your organisation should have a system that enables you to record notes, observations, progress and other updates to ensure relevant information is communicated and shared in a timely way.

## Tips for different types of workers

For workers responsible for assessment and care planning:

- As part of **assessment**, you must:
  - ensure you are appropriately skilled, qualified and trained to undertake the assessment
  - use appropriate and validated assessment tools to assess the needs, conditions and abilities of older people. This includes using tailored tools or providing additional supports for people with specific needs or diverse backgrounds (for example, people with cognitive impairment or dementia, First Nations people, people from culturally and linguistically diverse backgrounds, etc.).
- As part of **care planning**, you must:
  - build trust and ensure older people feel safe to disclose their identity
  - support older people to communicate their needs, goals and preferences, including where they may have challenges communicating or need support to make decisions (see Standard 1)
  - partner with older people, the people important to them and others involved in their care in planning and reviewing their care and services
  - talk to older people about their options and any risks associated with their care
  - respect the autonomy of older people in directing their care and services and making choices about what is important to them (linked to Standard 1)
  - offer older people the option to participate in advance care planning.
- As part of **developing and maintaining care plans**, you must:
  - offer older people a copy or summary version of their care plan and provide this to them where they want it
  - ensure care plans contain detailed, accurate and current information to enable workers to deliver care in line with each person's specific needs, goals and preferences
  - ensure workers can access and understand care plans and use them to guide their delivery of care and services
  - review care plans regularly to ensure they continue to meet the older person's needs, goals and preferences and when their circumstances change.
- Where the person is receiving clinical care or care is being provided in a residential environment, also see [Standard 5](#), [Standard 6](#) and [Standard 7](#).



# Standard 4: The Environment

## What will older people expect?

I feel safe when receiving care and services. Where I receive care and services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. Equipment is safe, appropriate and well-maintained and precautions are taken to prevent the spread of infections.

## What does this mean for workers?

Standard 4 describes requirements relating to the physical environment in which care is delivered, including infection prevention and control and safe use of equipment.

Regardless of your role, this involves delivering care in line with the following principles.

- **Supporting older people to move freely and feel comfortable in the residential environment** – Where you are delivering care in a residential environment, you may identify hazards or issues that impact on the safety and comfort of older people and workers. It is important that you escalate any concerns within your organisation so timely action can be taken to address these. You may also have ideas for how the service environment could be adapted to make it more welcoming, enjoyable and accessible for older people – you are encouraged to share these within your organisation.
- **Identifying risks in a person's home** – Where you are delivering care in an older person's home, you may notice risks that put the older person or you (and other workers) at risk of harm. It is important these are escalated within your organisation so they can be discussed with the older person, and strategies identified to mitigate risks (in line with the older person's preferences).
- **Safe use of equipment** – Whether delivering care in the home or residential setting, it is critical that you are appropriately trained and competent to use equipment required for a person's care. Where you don't feel confident to use certain types of equipment, escalate this within your organisation so you can be provided with the necessary training and support. You may also be responsible for identifying issues associated with equipment, for example, where it is malfunctioning, requires maintenance or cleaning or does not meet the older person's needs.
- **Practising infection prevention and control (IPC)** – Your organisation should have detailed IPC procedures that cover matters such as:
  - hand hygiene
  - cleaning and maintenance of equipment and the physical environment
  - disinfection methods
  - respiratory hygiene and cough etiquette
  - waste management
  - handling of linen

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- use of Personal Protective Equipment (PPE)
- outbreak management.

It is critical that you are familiar and comply with these procedures in all aspects of care delivery.

### **Infection prevention and control**

In aged care settings, IPC protects older people and workers by reducing the risk of transmission of infections and the development of antimicrobial resistance.

Infections can spread in any environment. Older people may be more vulnerable to infection for a number of reasons, including being older, having been in hospital or having chronic diseases. Infection prevention and control is an essential part of care and the responsibility of all staff providing care to older people.

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# Standard 5: Clinical Care

## What will older people expect?

I receive evidence based, safe, effective, and person-centred clinical care by qualified health professionals and competent workers that meets my changing clinical needs and is in line with my goals and preferences.

## What does this mean for workers?

Standard 5 sets out requirements for the delivery of safe and quality clinical care whether this is provided in an older person's home or in a residential environment.

Regardless of your role, this involves delivering care in line with the following principles.

- **Understand your role and scope of practice in delivering clinical care** – To enable the delivery of safe and quality clinical care, it is important you understand your role in the organisation, including how this intersects with the role of others and the activities you are able to perform within the organisation. Your organisation will maintain a clinical governance framework that sets out governance, roles and responsibilities across the organisation for delivering safe and quality clinical care.
- **Participate in continuous professional development and maintain competencies as relevant to your role** – Your organisation will have systems to ensure you are appropriately trained, educated and supported to undertake your role. It is critical that you participate in training and regular performance reviews, including to continuously improve your skills and knowledge to deliver clinical care. Where you identify areas in which you may need more training or help or would like to further develop your skills, you should raise these with your manager to ensure you can be provided with the support you need to deliver quality clinical care.
- **Deliver clinical care in line with each older person's care and services plan** – You are responsible for ensuring you understand how to deliver clinical care in line with the older person's needs, goals and preferences and to manage risks associated with the person's clinical care. A person's care plan should guide this. Care plans may be available as physical documents or through your organisation's care management system.
- **Deliver clinical care in a way that is culturally safe, trauma aware and healing informed** – See [Standard 1](#).
- **Empower older people to take risks, make choices about their care and optimise their quality of life** – Older people have the right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves. You must respect the autonomy of older people in delivering their clinical care. Where an older person makes a choice that involves some risk, you should support this while ensuring the older person understands the risks. You should also work with the person to put agreed strategies in place to mitigate risk.

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- **Recognise and respond to deterioration** – Deterioration refers to physiological, psychological or cognitive changes that may indicate a significant worsening of the older person’s health, condition or wellbeing. Your organisation must ensure you are trained to identify signs of deterioration and respond appropriately. Where you identify deterioration, it is important to escalate this so the person’s needs can be reassessed, and their care plan reviewed.
- **Effectively communicate about a person’s clinical care** – There may be a range of parties involved in a person’s clinical care, including other workers, health professionals, other service providers (in the home), volunteers, family and carers. It is critical that you communicate important information about a person’s clinical care to those who need it (and in line with the person’s preferences). Your organisation should have a system that enables you to record clinical information to ensure relevant information is communicated to those who need it in a timely way.

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# Standard 6: Food and Nutrition

## What will older people expect?

I receive plenty of food and drinks that I enjoy. Food and drinks are nutritious, appetising and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging.

## What does this mean for workers?

Standard 6 describes requirements for providing older people with enjoyable food, drink, nutrition and dining experiences in the residential environment.

### For workers involved in assessment and planning:

- You should seek to identify the older person's needs and preferences in relation to food, nutrition, drink and the dining experience, including:
  - clinical and other physical issues that impact a person's ability to eat, include oral health, ability to chew and swallow, the impact of medications on appetite, dementia that can impact appetite, dysphagia and dexterity, etc.
  - dietary needs and modifications, including nutritional needs, allergies and intolerances, texture, cultural and religious needs, etc.
  - preferences, including what they like and dislike, favourite foods, etc.
  - the level / type of support an older person needs to eat or drink, including seating and positioning requirements, dexterity, physical assistance needed to eat and drink, whether they might need someone to prompt or remind them to eat, someone to cut up their food for them, specialised mealtime assistance, etc.

Also see [Standard 3](#).

### Dignity of risk

Dignity of risk supports the older person's independence and self-determination to make their own choices, including to take some risks in life. If an older person's choices are possibly harmful to them, you are expected to help them understand the risk and how it could be managed to help them live the way they choose.

Some older people may choose to consume food and drink that have been identified as a risk to them. Those risks could be health related, such as sugar, salt, fat, serving size, 'fast food', food cooked by family or food that puts them at risk of swallowing difficulty or choking. Older people can choose to accept these risks so they can enjoy their meals and you must respect their decision.

Supporting older people to make informed choices about all aspects of their food, drink and the dining experience is a key part of maintaining their quality of life in residential aged care.

**For workers involved in menu development and cooking:**

- Your organisation should have mechanisms for actively involving people in designing menus, including identifying foods and drinks that should be on offer and to develop an enjoyable dining experience.
- You should consider how you can present food and drink to older people in an appealing and appetising way. This may include, for example, consideration of presentation, temperature, plating and improving presentation of texture modified foods (including through use of moulds, piping or scoops).

**Creating appetising foods**

Food, drink and the dining experience can have a huge impact on a person's quality of life.

As people age, they may lose their appetite, become less sensitive to flavour or experience conditions that impact on their ability to eat and drink. As such, delivering nutritious, flavourful and appetising meals that meet peoples' diverse needs can be a challenge. Food is personal, preferences are complex and can be affected by various factors and what is appealing to one person, may not be appealing to another.

Engaging with older people to understand their likes and dislikes and ways that you can improve their enjoyment of food is key.

- You should offer choice and variety for older people, including for example by:
  - offering a variety of options for every meal
  - having different condiments or sides available to accompany meals
  - changing the menu regularly
  - including special occasion meals, such as themed events
  - enabling people to prepare their own basic snacks and meals when they want to.
- You should have snacks or alternatives available for older people who want to eat between meals and formal snack times or who don't want to eat what's on the menu.
- You should provide opportunities for older people to share food and drinks with their loved ones, including enabling food to be brought in from outside the service and enabling loved ones to join meals at the residential care home.

## The dining experience

The dining experience is a combination of the food and drinks provided, the service and the atmosphere. This experience impacts on an older person's quality of life and wellbeing.

The dining experience may include consideration of:

- table and seating arrangements and opportunities for social interaction
- music, temperature, lighting and ambience
- how the food is presented, including plating, serving size, temperature and smell
- how workers interact with older people to provide support to eat.

An enjoyable dining experience can bring pleasure to a person's day, enhance their wellbeing and quality of life and increase the chances of a person eating their meals.

### **For workers involved in supporting people to eat and drink:**

- You should know each individual's needs and preferences in relation to food, drink and the dining experience, including for example:
  - whether they need to be prompted or supported to eat or drink
  - whether they have particular seating requirements or need certain utensils
  - where they like to eat and who they like to eat with.

It is important that older people receive the help they need to eat and drink, otherwise they can be at risk of malnutrition or dehydration. Your organisation should ensure sufficient workers are available to support older people to eat and drink in line with their needs and preferences and at a pace that suits them.

- You should recognise where an older person has not eaten much and enquire as to why this is. This could be because they didn't like the food, it was not served at the right temperature or in an appealing way, they did not have the support they need to eat or drink, or this could be indicative of other issues (for example, where they are not feeling well or they are upset). It is important to provide feedback and monitor/document where older people are not finishing their meals or escalate this as appropriate so such issues can be addressed.

# Standard 7: The Residential Community

## What will older people expect?

I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation.

## What does this mean for workers?

Standard 7 describes requirements for supporting older people to feel safe and optimise their quality of life in the residential environment.

### For workers involved in assessment and planning:

- You should seek to identify what is important to the older person and the things they like to do, including:
  - relationships of importance to them, including intimate relationships, family, carers and friends
  - communities and connections outside the service
  - hobbies and activities they like to participate in
  - skills, strengths, their past work life and positive experiences.

Also see [Standard 3](#).

### For workers involved in designing lifestyle activities:

- It is important to work in partnership with older people to identify and design lifestyle activities that are meaningful and enjoyable for them. Draw on peoples' skills, strengths and past positive experiences to identify activities that have purpose (i.e. are not just a diversion). Support people to participate in activities outside of the residential service and maintain connections to communities, places and people outside of the residential service. Activities may include, for example:
  - **Domestic activities:** baking, preparing morning tea, setting tables, clearing and wiping tables, washing dishes, folding washing, dusting.
  - **Outdoor activities:** walking, raking the leaves, sweeping up, gardening, feeding chickens or pets, small repair jobs, doing woodwork in an outdoor shed.
  - **Social activities:** shopping, outings like visiting a park, going to the beach, seeing a film, attending a concert, games, exercise.
  - **Artistic activities:** painting and drawing, crafts like knitting, crocheting, decorating placemats, papier mâché work, making cards, flower arranging.



## Draft: Worker guidance

Guidance material for the strengthened Aged Care Quality Standards for review and discussion

- **Personal activities:** facials, hand massages and manicures, life review, looking at photos, pet visits.
- **Individual activities:** activity board projects, sorting objects, reading, writing letters or cards.
- **Work activities:** working at a desk, using a computer, other tasks related to past occupations.
- **Physical activities:** Tai Chi, strength training, standing and seated exercises.
- Provide opportunities for older people to participate in activities that would be a normal part of their life at home. For example, helping with food preparation, cooking and meal service, setting tables, doing laundry, arranging flowers, gardening, etc.
- Ensure there are opportunities and spaces for older people to invite family and loved ones to visit them, including both communal and private spaces and in older peoples' rooms.

### For workers supporting older people in the residential environment:

- Foster a safe and inclusive residential environment, including by treating everyone (older people and workers alike) with respect and kindness (see [Standard 1](#)).

## The residential community

The residential community can be complex, involving diverse members from different cultures, backgrounds and experiences. It is important that each older person's culture and differences are respected and valued so they feel included, safe and at home in the residential care home.

You may identify or witness incidents, including instances of violence, abuse, racism, neglect, exploitation and discrimination. Where this is the case, you should provide immediate support to those who may have been harmed or upset by the incident and escalate to the appropriate person within your organisation so steps can be taken to prevent this from occurring again (see incident management under [Standard 2](#)).

It is critical that older people feel safe and at home in the residential community.

- Engage older people in conversations and activities that relate to their interests, skills and strengths.
- You should support older people to build and maintain relationships of their choosing, including intimate and sexual relationships. You should also respect the privacy of older people and the right of older people to entertain visitors in private (free from bias, discrimination or judgement).

**For workers involved in transitions:**

- Planned and coordinated transitions are key to ensuring continuity of care for older people. Transitions may occur between the residential care home and hospitals, community care settings, the home of a carer, family member or loved one, etc. It is important that everyone involved in caring for the older person has the information they need to deliver care in line with their needs, goals and preferences and that risks related to transition are effectively managed. To enable this you should:
  - identify those involved in the transition (from both the discharging and receiving organisation or home)
  - ensure clear roles and responsibilities for the person’s transition and ongoing care
  - ensure the person has access to sufficient quantities of their medication throughout the transition
  - provide accurate, complete and up to date information about the person’s care needs to the receiving organisation
  - update care planning documents in line with any instructions from the discharging organisation.

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*The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.*



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