



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Guidance and Resources

for Providers to support
the Aged Care Quality
Standards

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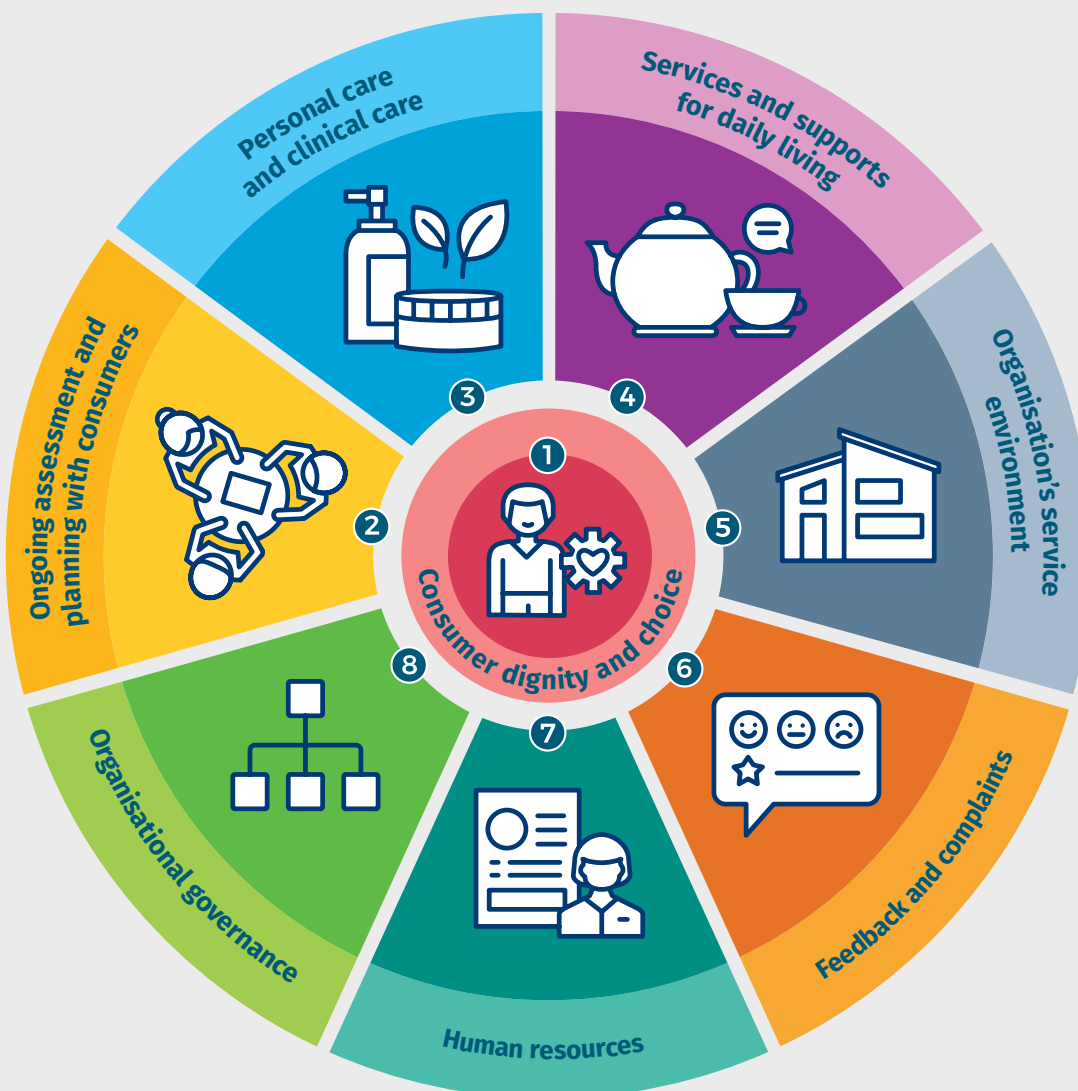
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Introduction

About the Aged Care Quality Standards



Organisations providing Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards (Quality Standards) from 1 July 2019. Organisations will be assessed and must be able to provide evidence of their compliance with and performance against the Quality Standards.

The Quality Standards focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care services.

The Quality Standards are made up of eight individual Standards:

1. Consumer dignity and choice
2. Ongoing assessment and planning with consumers
3. Personal care and clinical care
4. Services and supports for daily living
5. Organisation's service environment
6. Feedback and complaints
7. Human resources
8. Organisational governance.



Introduction

About the Aged Care Quality Standards

Each of the Standards is expressed in three ways:

- a statement of outcome for the consumer
- a statement of expectation for the organisation
- organisational requirements to demonstrate that the Standard has been met.

Compliance with the Quality Standards is mandatory from 1 July 2019. Organisations are required to demonstrate performance on an ongoing basis to meet Australian Government requirements. The Australian Government may take action when providers do not comply. This includes under aged care legislation or through the funding agreement with the organisation.

The Quality Standards provide a framework of core requirements for quality and safety. Some Standards will apply differently to organisations, depending on the types of care and services they provide. Many organisations will go beyond these core requirements to provide a higher quality of care and services for consumers.

About this Guidance material

This Guidance material is intended to assist organisations to implement and maintain their compliance with the Quality Standards. It describes the intent of the Standards and expectations of performance, along with supporting information, and examples of evidence of compliance. This also provides an indication of the matters that Aged Care Quality Assessors (quality assessors) consider in assessing compliance. This Guidance material is not a legal document and does not form part of the Quality Standards. It guides compliance with the Quality Standards but does not purport to provide comprehensive guidance

in relation to best practice provision of aged care services. Further, compliance with the Quality Standards in accordance with this Guidance material does not relieve organisations of their obligation to comply with all relevant laws of the jurisdiction in which they operate. Organisations are also expected to take account of other recognised guidance that might be specific to the services they deliver. This includes guidance produced by the Department of Health, and other relevant authorities.

Using the Guidance material

This Guidance material has been written for organisations that provide Commonwealth subsidised aged care services. It is designed to support organisations and their workforce to:

- understand the Quality Standards and what is expected when the Standards are assessed
- reflect on everyday practice and areas for improvement
- know when they are being achieved
- undertake ongoing performance reviews against the Quality Standards.

In relation to each of the Standards, this Guidance material provides:

- some background information about each Standard
- the intent of each Standard and how it supports the consumer outcome
- key resources relevant to each Standard
- legislation relevant to each Standard.

This Guidance material also provides (described as part of each Standard):

- the intent of the requirement and how it supports the consumer outcome
- reflective questions on everyday practice



Introduction

About the Aged Care Quality Standards

- examples of the types of evidence that an organisation may use to demonstrate that it is meeting the requirements
- case studies.

The organisation is responsible for meeting the Quality Standards and deciding how to do this. They are expected to show how their approach enables them to meet the requirements of the Quality Standards. Aged care organisations vary in size and structure and will have different ways of meeting the Quality Standards. This Guidance material doesn't cover all possible strategies or sources of evidence that could be used by an organisation. Examples of strategies and evidence that are not listed can also be used to demonstrate performance. Each organisation should interpret the Guidance material considering its own service delivery model.

Importantly the Guidance material is not prescriptive, nor is it clinical guidance. It doesn't include instructions or 'how to' information on the different aspects of care. Organisations are expected to take account of other recognised guidance that might be specific to the services they deliver. This includes guidance produced by the Department of Health, and relevant authorities.

Aged Care Quality and Safety Commission assessment of performance

The structure of the Quality Standards allows quality assessors' processes for assessment and monitoring to focus on consumer outcomes and consider evidence of the consumer's experience and the systems and processes that the organisation has in place to support the provision of safe and quality care and services.

For each of the requirements, quality assessors expect the organisation and their workforce to demonstrate that they:

- understand the requirement
- apply the requirement, and this is clear in the way they provide care and services
- monitor how they are applying the requirement and the outcomes they achieve
- review outcomes and adjust practices based on these reviews to keep improving.

Quality assessors are proportionate in how the Quality Standards are applied to different types of services. Quality assessors consider the size and type of services and the relevance of the requirement to the service provided. The strategies used to achieve the outcomes will vary in complexity, scope and scale, based on the type of organisation, the consumer profile, and the risk to the safety, health and well-being of consumers.

The Aged Care Quality and Safety Commission will consider this Guidance so that the intent of the Standard is applied consistently when deciding whether an organisation meets the requirements of the Quality Standards.

Subcontracted services will not be separately assessed against the Quality Standards. The organisation that receives funding directly from the Australian Government is expected to ensure its workforce (including subcontractors) meets its responsibilities. This is because ultimately the funded organisation will be held responsible for the delivery of safe and quality care and services in accordance with the Quality Standards.



Consumer dignity and choice

Standard 1 |





Consumer dignity and choice

Standard 1 |

Consumer outcome

- 1(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(2) *The organisation:***
- 1(2) (a) *has a culture of inclusion and respect for consumers; and***
- 1(2) (b) *supports consumers to exercise choice and independence; and***
- 1(2) (c) *respects consumers' privacy.***

Requirements

- 1(3)** The organisation demonstrates the following:
- 1(3)** (a) Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.
- 1(3)** (b) Care and services are culturally safe.
- 1(3)** (c) Each consumer is supported to exercise choice and independence, including to:
- (i) make decisions about their own care and the way care and services are delivered; and
 - (ii) make decisions about when family, friends, carers or others should be involved in their care; and
 - (iii) communicate their decisions; and
 - (iv) make connections with others and maintain relationships of choice, including intimate relationships.
- 1(3)** (d) Each consumer is supported to take risks to enable them to live the best life they can.
- 1(3)** (e) 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.
- 1(3)** (f) Each consumer's privacy is respected and personal information kept confidential.



Consumer dignity and choice

Standard 1 |

Purpose and scope of the Standard

Standard 1 is a foundation Standard that reflects seven important concepts. These concepts recognise the importance of a consumer's sense of self. They also highlight the importance of the consumer being able to act independently, make their own choices and take part in their community. These are all important in fostering social inclusion, health and well-being.

Dignity and respect

Being treated with dignity and respect is essential to quality of life. It includes actions to recognise consumer's strengths and empower them to be independent. It means communicating respectfully and recognising and respecting a consumer's individuality in all aspects of care and services. Dignified and respectful care and services will help consumers to live their lives the way they choose, including social and intimate relationships.

Identity, culture and diversity

All aged care organisations are expected to deliver care and services that are inclusive and do not discriminate. Care and services are expected to be responsive, inclusive and sensitive to culturally and linguistically diverse consumers. They are also expected to be responsive, inclusive and sensitive to consumers who are lesbian, gay, bisexual, transgender and intersex. They are also expected to be responsive, inclusive and sensitive to consumers who are Aboriginal and Torres Strait Islander.

The consumer defines their own identity and this should be respected and not questioned. Respecting the identity, culture and diversity of a consumer, means understanding their needs and preferences. Organisations are expected to provide care and services that reflect a consumer's social, cultural, language, religious, spiritual, psychological and medical needs.

Cultural safety

The consumer defines what cultural safety is. It's their experience of the care and services they are given and how able they feel to raise concerns. The key features of cultural safety are; understanding a consumer's culture, acknowledging differences, and being actively aware and respectful of these differences in planning and delivering care and services.



Consumer dignity and choice

Standard 1 |

Choice

The consumer's right to make informed choices, to understand their options, and to be as independent as they want, all affect quality of life. The organisation needs to provide genuine options that support choice. The workforce needs to involve, listen to and respect the consumer's views and communicate with the consumer about their choices.

Consumers who need support to make decisions are expected to be provided with access to the support they need to make, communicate and take part in decisions that affect their lives. When a representative is appointed to make decisions for a consumer, it's expected that an organisation manages this according to relevant law and best practice guidance.

Providing choice also includes care and services that the organisation might not provide itself, that it could help the consumer to access. These services could be from other specialist providers or individuals, or they could be services from other organisations that are better placed to support the consumer's needs.

The location or environment may limit access to particular care and services. There may also be situations where consumers won't be able to have unlimited choice, such as if their choice negatively affects other people. In these situations, it's expected that the organisation will take reasonable steps to find alternatives that can help meet the consumer's needs and preferences.

In all cases, it's expected that organisations manage consumer choices in line with the Aged Care Charter of Rights, their agreement with the consumer and other responsibilities under the *Aged Care Act 1997*, as well as their obligations under competition and consumer law.

Dignity of risk

Dignity of risk is about the right of consumers to make their own decisions about their care and services, as well as their right to take risks. Organisations need to take a balanced approach to managing risk and respecting consumer rights. If a consumer makes a choice that is possibly harmful to them, then the organisation is expected to help the consumer understand the risk and how it could be managed. Together, they should look for solutions that are tailored to help the consumer to live the way they choose.

Organisations have other responsibilities for the health and safety of the workforce and others in the service environment. In meeting these obligations the organisation is expected to show how they involve the consumer and look for solutions that have the least restriction on the consumer's choices and independence.



Consumer dignity and choice

Standard 1 |

Information

Giving consumers timely information in a form and language that they understand is vital to their ability to make an informed choice and make sure they can get the most out of their care and services. The needs and abilities of each consumer will affect the kind of information and how it's communicated. Organisations are expected to address barriers to effectively communicating information, taking into account health status, cognitive or sensory ability, and language.

Personal privacy

A key part of treating a consumer with dignity and respect is making sure their privacy is respected. The organisation needs to make sure the behaviour and interactions of the workforce and others don't compromise consumer privacy. Organisations are also expected to respect each consumer's right to privacy in how they collect, use and communicate the consumer's personal information and manage this according to relevant law and best practice guidance.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Consumer dignity and choice

Standard 1 |

Linked Standards

Standard 1 supports all of the other Quality Standards and is essential to providing consumer-centred care.

Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- *Aged Care Act 1997 (section 11.3) Meaning of people with special needs*
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*

Resources and references

- Aged Care Sector Committee Sub-Group (2017). *Aged Care Diversity Framework*¹
- Aged Care Sector Committee Sub-Group (2019). *Aged Care Diversity Framework action plans*²
- Australian Health Ministers' Advisory Council (2016). *Cultural Respect Framework for Aboriginal and Torres Strait Island Health 2016-2026*³
- Centre for Cultural Diversity in Ageing, *Inclusive Service Standards*⁴
- Cognitive Decline Partnership Centre (2018). *Supported decision-making in aged care: A policy development guideline for aged care providers in Australia. (2nd edition)*⁵
- La Trobe University (2013). *Sexuality Assessment Tool (SexAT) for residential aged care facilities*⁶
- La Trobe University (2016). *The Rainbow Tick Guide to LGBTI Inclusive Practice*⁷

1 <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework>

2 <https://agedcare.health.gov.au/support-services/people-from-diverse-backgrounds/aged-care-diversity-framework-action-plans>

3 <http://healthbulletin.org.au/articles/cultural-respect-framework-2016-2026-for-aboriginal-and-torres-strait-islander-health/>

4 <http://www.culturaldiversity.com.au/service-providers/inclusive-services-standard>

5 <http://sydney.edu.au/medicine/cdpc/documents/resources/SDM-Policy-Guidelines.pdf>

6 https://www.latrobe.edu.au/__data/assets/pdf_file/0008/746711/DCRC-Sexuality-Assessment-Tool-SexAT.pdf

7 <https://www.latrobe.edu.au/arcshs/health-and-wellbeing/lgbti-ageing-and-aged-care/resources-reports-and-training>

Standard 1

Requirement (3)(a)



Each consumer is treated with dignity and respect, with their identity, culture and diversity valued.



Consumer dignity and choice

Standard 1 | Requirement (3)(a)

Intent of this requirement

People are all shaped by personal characteristics, experiences, values and beliefs. Aged care consumers have the same diversity of characteristics and life experiences as the rest of the community. Each consumer has social, cultural, language, religious, spiritual, psychological and medical needs that affect the care, services and supports they need.

No two consumers' lived experiences are the same. What is respectful or dignified for one consumer might not be for another. This means organisations need to take the time to listen to and understand each consumer's personal experience. They need to work with consumers in an inclusive and respectful way, using a consumer-focused approach.

It's important for an organisation to address diversity, whether or not a consumer has told them about their unique life experiences or characteristics. Using strategies to support the organisation's commitment to diversity helps consumers to feel confident sharing their identity and helps the workforce to see them as a whole person.

Reflective questions

How does the workforce support the rights of consumers in line with the Charter of Aged Care Rights?

How would a consumer know that the organisation is inclusive and would support them to express their culture, diversity and identity if they wanted?

Does the organisation collaborate with others or look for expert advice to support it respond to a consumers' diverse needs?

How does the organisation support the workforce to understand how their own culture, personal attitudes, values and beliefs affect the way they deliver care and services?

Are there ways for consumers to report disrespectful care or discrimination in how their care and services are delivered? What processes does the organisation have for handling consumer-to-consumer discrimination while maintaining the dignity of all involved?



Consumer dignity and choice

Standard 1 | Requirement (3)(a)

Examples of actions and evidence

Consumers

- Consumers say they are treated with dignity and respect at all times.
- Consumers say they feel accepted and valued whatever their needs, ability, gender, age, religion, spirituality, mental health status, ethnicity, background or sexual orientation.
- Consumers say they are treated fairly and don't experience discrimination.

Workforce and others

- The workforce can describe what treating consumers with dignity and respect means in practice and what they would do if they thought a consumer's dignity wasn't being upheld.
- The workforce can describe how they respect and promote cultural awareness in their everyday practice.
- The workforce show how they recognise, promote and value diversity, including differences in culture, beliefs, relationships and sexuality.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Strategic documents, policies and procedures have an inclusive, consumer-centred approach to delivering care and services. They explain the organisation's commitment to diversity.
- A diversity action plan, or similar document, shows that the workforce has put strategies in place for inclusive care and service delivery and these are followed.
- Records show how consumers are involved in defining dignity and respect, and ways they believe dignity and respect can be maintained.
- Evidence that the organisation tells consumers about their rights, including their right to have their dignity maintained, be treated with respect and how it supports the identity, culture and diversity of consumers when delivering care and services.

Standard 1

Requirement (3)(b)



***Care and services
are culturally safe.***



Consumer dignity and choice

Standard 1 | Requirement (3)(b)

Intent of this requirement

Delivering culturally safe care and services is about recognising, respecting and supporting the unique cultural identities of consumers by meeting their needs and expectations and recognising their rights. An understanding of a consumer's cultural identity can lead to better care and service outcomes for consumers. What is culturally safe for one consumer can be different to what is culturally safe for another consumer. This can be true even among people who identify as being from the same group. Delivering care and services that are culturally safe, means working with the consumer, and any other people they want to involve, so that their cultural preferences and needs can be understood. It goes further than just respecting diversity. It means that organisations know what to do to make each consumer feel respected, valued and safe. Achieving culturally safe care and services means that an organisation must demonstrate its inclusive care and support for cultural diversity for each consumer throughout the Quality Standards.

Reflective questions

How does the organisation consider family and community connections, and support cultural customs, beliefs, needs and practices when planning care and services?

How does the management of the organisation communicate to the workforce about culturally safe service practices in relation to the unique needs of their consumers?

Is the organisation's commitment to cultural safety clear to consumers, potential consumers and the workforce?

How has the organisation embedded safe and inclusive practices in how it delivers care and services and within its service environment?

Do forms, surveys and information use inclusive and gender-neutral language?

Do forms, surveys and information provide options that allow people to share their identity and their health and support needs?



Consumer dignity and choice

Standard 1 | Requirement (3)(b)

Examples of action and evidence

Consumers

- Consumers say members of the workforce delivering care and services understand their needs and preferences and know what to do to make sure they feel respected, valued and safe.
- Consumers can give examples of ways that members of the workforce have delivered care so that they feel comfortable and safe (for example, respecting their ethnicity, spirituality, culture, sexuality and relationship status).
- Consumers say the workforce make all their visitors feel welcome. Consumers feel that people who are significant in their life are also comfortable displaying affection and support in front of the workforce and others.
- Consumers say they have been asked to share their experiences of care and services, and they have given feedback on whether the organisation has met their expectations of cultural safety.

Workforce and others

- The workforce can describe how they adapt the way care and services are offered so they are culturally safe for each consumer.
- The workforce can describe how they address misconceptions, bias, stereotypes and other barriers to delivering culturally safe care and services.
- Management of the organisation shows a clear understanding of events and preferences that may affect what is culturally safe for people with special needs, as identified in the *Aged Care Act*.
- Workforce orientation, training or other records that show how the organisation supported the workforce to deliver culturally safe care and services and to meet this requirement.

Organisation

- Evidence that strategic documents, policies and procedures have an inclusive, consumer-centred approach to organisational practices and care and service delivery.
- Evidence that the organisation is proactive rather than responsive to cultural safety issues and supports the workforce to work in cross-cultural settings in a positive way.
- Management of the organisation has asked for and considered the opinions of consumers and their representatives when reviewing how they can improve the cultural safety of care and services.
- Records show that the organisation has delivered care and services in a way that reflects what culturally safe care means for individual consumers. For example, demonstrate the steps taken to meet the consumer's preference for the gender of the care worker to deliver the care or service.

Standard 1

Requirement (3)(c)



Each consumer is supported to exercise choice and independence, including to:

- (i) make decisions about their own care and the way care and services are delivered; and***
- (ii) make decisions about when family, friends, carers or others should be involved in their care; and***
- (iii) communicate their decisions; and***
- (iv) make connections with others and maintain relationships of choice, including intimate relationships.***



Consumer dignity and choice

Standard 1 | Requirement (3)(c)

Intent of this requirement

This requirement recognises that making decisions about life, and having those decisions respected, is an essential right of each consumer. This principle means as much as possible that decisions are made by consumers themselves.

A consumer may choose to involve others as representatives in making their decision. For example, the consumer may choose to have a relative, partner, friend as a representative involved in decisions about their care. Where a consumer lacks the capacity to make decisions they may have a court or tribunal-appointed guardian to make decisions on their behalf.

Organisations are expected to recognise the consumer's social networks, and support each consumer to choose their social connections, including their close or intimate relationships.

Wherever consumer choice is mentioned in this document, it includes the need for consumers to have options and information to support their choice. There may also be situations where consumers won't be able to have unlimited choice, such as if their choice negatively affects other people. In these situations, it's expected that the organisation will take reasonable steps to find alternatives that can help meet the consumer's needs and preferences.

In all cases, it's expected that organisations manage consumer choices in line with the Aged Care Charter of Rights, their agreement with the consumer and other responsibilities under the *Aged Care Act 1997*, as well as their obligations under competition and consumer law.

Reflective questions

How does the organisation support each consumer to make decisions about the way they live and understand the care and service options available to them?

How does the organisation make sure the workforce doesn't limit a consumer's choices because they have made a judgement about the wisdom of that choice or what the outcome will be?

How does the organisation support the workforce to manage issues of consent and work out a consumer's ability to make decisions?

If a consumer wants to pursue an intimate or sexual relationship, how would the organisation support them to do this? How would the consumer know the organisation supports this?



Consumer dignity and choice

Standard 1 | Requirement (3)(c)

Examples of actions and evidence

Consumers

- Consumers say the organisation supports them to make and communicate decisions affecting their health and well-being and that they can change these decisions at any time.
- Consumers say they are recognised as an expert in their own experiences, and their personal preferences, lifestyle and care and services choices are respected.
- Consumers say they have as much control over the planning and delivery of care and services as they want to.
- Consumers say the workforce respect their independence, including their right to intimacy and sexual expression.

Workforce and others

- The workforce can describe how they have achieved the level of skills or knowledge they need to support consumers to exercise choice.
- The workforce can give examples of how they help consumers make day-to-day choices and help with access to any support the consumer needs to make or communicate decisions, such as an interpreter.
- The workforce can describe the problem-solving steps they take to reach an outcome for a consumer when they aren't able to meet the consumer's choice or when a consumer's choice affects the rights or well-being of others.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Evidence of how the organisation manages situations where the consumer's decision is different to what another person, such as a family member, might think is in their 'best interest'.
- Evidence of how the organisation supports consumer choice and independence, and how agreements are reached if they aren't able to meet a consumer's choice.
- Records include details of consumer's representatives and show the key decisions that consumers have made about care and services.
- Evidence the information that the organisation provides to consumers and their representatives, supports their ability to understand the choices available to them.

Standard 1

Requirement (3)(d)



Each consumer is supported to take risks to enable them to live the best life they can.



Consumer dignity and choice

Standard 1 | Requirement (3)(d)

Intent of this requirement

All adults have an equal right to make decisions about things that affect their lives and to continue to make those decisions as they get older. Making decisions in everyday life involves risks. This requirement is about how the organisation respects a consumer's wishes and preferences relating to the risks they choose to take.

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

Organisations have other responsibilities under law to manage risks to the health and safety of the workforce and others in the service environment. In meeting these obligations the organisation is expected to show how they involve consumers and look for solutions that are the least restrictive of their choice and independence.

Reflective questions

How does the organisation plan, adopt and review ways to support consumer choice and decision-making, including when it involves risk?

What methods or strategies does management of the organisation and the workforce use to support consumers to make choices, including when a choice may include risks to the consumer?

Do interactions between consumers and the workforce show that they support consumers to make choices which involve risk?
Do these interactions show that they respect the consumer's decisions?

How does the organisation review risks that they have identified?
How do they use risk mitigation to inform future risk management approaches and problem solving to improve outcomes for consumers?

How does the organisation support the workforce to respect a consumer's decisions and choices, even when they feel uncomfortable about the risk involved?



Consumer dignity and choice

Standard 1 | Requirement (3)(d)

Examples of actions and evidence

Consumers

- Consumers say the workforce understand what is important to them and aren't judgemental about choices they make.
- Consumers say they feel heard when they tell members of the workforce what matters to them and what they want.
- Consumers say they are supported to understand benefits and possible harm when they make decisions about taking risks in day-to-day life and over the long term.
- Consumers say they are an active partner in decisions that involve risk and problem-solving solutions to reduce risk where possible.

Workforce and others

- The workforce can describe how they use problem-solving solutions to minimise risk and tailor solutions to help the consumer live the life they choose.
- The workforce can describe examples of how the organisation has supported consumers to have choice and control, including when that choice involves risk.
- The workforce can describe how the organisation takes reasonable care to avoid risks without limiting the ability of consumers to take responsibility for their own decisions and choices.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Evidence of policies and procedures that support the workforce to manage any tension between consumers taking risks, or refusing care or services, and their professional or legal obligations.
- Examples of problem-solving tools or decision support processes that combine a consumer's values, goals and preferences with information about benefits and risks, to achieve consumer-centred solutions.
- If a consumer's choices and preferences are restricted, there are policies and procedures that make sure these restrictions are limited and tailored and proportionate to the risk.

Standard 1

Requirement (3)(e)



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.



Consumer dignity and choice

Standard 1 | Requirement (3)(e)

Intent of this requirement

Timely and easily understood information is vital for consumers to be able to make informed choices. It's expected that organisations communicate clearly and supply helpful resources about their care and services, including the care and services they offer, commitments and obligations.

Each consumer's needs and ability will affect the kind of information they need and the way it needs to be communicated. Sensory impairments, such as vision or hearing loss, are common in older people. This means it's vital to provide help or communication aids to make sure sensory impairments do not affect a consumer's ability to exercise choice and be a partner in the care and services choices they make.

Providing information in an appropriate format, through different channels and in languages consumers understand, will help consumers get the most out of their care and services.

Reflective questions

How does the organisation identify the communication needs of consumers?

How does the organisation communicate information to consumers with low literacy levels, sensory or hearing impairments, language barriers or poor cognition?

What strategies and communication aids does the organisation use to adapt communication to meet the diverse needs of consumers?

Do members of the workforce who provide information to consumers have knowledge and understanding of the care and services on offer?

Can they answer any questions consumers have?

How does the organisation involve consumers in developing information-based resources, for example, through focus groups or consultations?



Consumer dignity and choice

Standard 1 | Requirement (3)(e)

Examples of actions and evidence

Consumers

- Consumers say they get the right information, at the right time and in a way they can understand.
- Consumers say they can access translation services and communication tools when they need to and members of the workforce support them to use these.
- Consumers say they are involved in discussions or meetings and are encouraged to ask questions.
- Consumers say they can make choices and get information about risks, possible outcomes and options when making decisions that can involve balancing risk and quality of life.

Workforce and others

- The workforce can describe different ways information is communicated to make sure it's easy to understand and accessible to diverse consumers.
- Management of the organisation can describe how often they review the information provided to consumers, so it's current and relevant.
- The workforce can describe how information is combined when multiple organisations provide care and services, so that each organisation has access to current, accurate and timely information.
- The workforce can describe strategies to communicate information to consumers with poor cognition. They can also describe strategies to communicate information to consumers who need visual aids or hearing assistance.
- Workforce orientation, training or other records that show how the organisation supported the workforce to communicate with diverse consumers and to meet this requirement.

Organisation

- Evidence that each consumer or their representative has all the information they need to make informed choices and decisions about all aspects of care and services.
- Evidence of accurate, timely and relevant recording and communication of information.
- Evidence that the organisation provides each consumer, or potential consumer, with information in a way that meets their needs. This allows them to make informed choices, understand their rights and the services available to them.

Standard 1

Requirement (3)(f)



***Each consumer's
privacy is respected
and personal information
kept confidential.***



Consumer dignity and choice

Standard 1 | Requirement (3)(f)

Intent of this requirement

A key aspect of dignity and respect is making sure a consumer's privacy is respected. The organisation needs to make sure communication, behaviour and interactions of the workforce and others don't compromise a consumer's privacy. For example, if the workforce talk about the consumer to others not involved in providing care and services without consent or are careless about how they enter the consumer's room or home, this can affect the consumer's dignity.

Organisations have access to a range of personal information about a consumer. This includes health information which is regarded as one of the most sensitive types of personal information. It is essential that organisations respect a consumer's right to privacy, in how they collect, use and communicate personal information.

The Privacy Act 1988 and the *Aged Care Act 1997* both permit the disclosure and sharing of health information if the information is necessary to provide health services to individuals, for example, between aged care services and hospital services.

Reflective questions

Do day-to-day interactions between consumers, the workforce and others show respect for consumer privacy and confidentiality?

How does the organisation make sure other consumers, families and visitors also respect each consumer's privacy and confidentiality?

Does the workforce know each consumer's preferences for personal privacy, for example, showering or entering their room (including when they are with visitors)?

What practical steps does the organisation take to make sure consumer's information is kept confidential and only those who need to know have access to the information?

What practical steps does the organisation take to ensure accurate health information is safely transferred to those providing health care?



Consumer dignity and choice

Standard 1 | Requirement (3)(f)

Examples of actions and evidence

Consumers

- Consumers say the organisation protects the privacy and confidentiality of their information.
- Consumers are satisfied care and services, including personal care, are undertaken in a way that respects their privacy.
- Consumers say the workforce and others consistently respect their privacy and confidentiality in how they communicate and interact with them.
- Consumers say the organisation respects their personal space and privacy when their friends, partners or significant others visit.

Workforce and others

- Observed delivery of care and services is respectful of consumer privacy.
- The workforce can describe how they support consumers to communicate their preferences for how they want their privacy maintained (including their information, their space, and how they are treated or cared for).
- The workforce can give examples of how they maintain the privacy of individuals in the delivery of care and services, and demonstrate their understanding that consumers receiving personal care can feel vulnerable.
- The workforce can show they clearly understand the importance of confidentiality and describe (relevant to their role) how they collect, use and communicate any personal information to maintain privacy.
- Workforce orientation, training or other records that show how the organisation supported the workforce to respect a consumer's right to privacy and to meet this requirement.

Organisation

- The workforce can describe how the organisation maintains and shares records to protect privacy and confidentiality, in line with consumer preferences.
- Evidence that information is available to relevant members of the workforce and others providing care in a timely manner and is provided in a way that protects the confidentiality and integrity of the information.
- Processes or procedures support the workforce to manage requests for information from others, such as family members or significant others, in a consistent, professional, sensitive and appropriate way.



Ongoing assessment and planning with consumers

Standard 2 |

2





Ongoing assessment and planning with consumers

Standard 2 |

Consumer outcome

- 2 (1) ***I am a partner in ongoing assessment and planning that helps me get the care and services I need for my health and well-being.***

Organisation statement

- 2 (2) *The organisation undertakes initial and ongoing assessment and planning for care and services in partnership with the consumer. Assessment and planning has a focus on optimising health and well-being in accordance with the consumer's needs, goals and preferences.*

Requirements

- 2 (3) The organisation demonstrates the following:
- 2 (3) (a) Assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services;
- 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;
- 2 (3) (c) Assessment and planning:
- (i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and
 - (ii) includes other organisations, and individuals and providers of other care and services, that are involved in the care of the consumer.
- 2 (3) (d) The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided;
- 2 (3) (e) Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.



Purpose and scope of the Standard

Standard 2 builds on the foundations of Standard 1 and includes requirements for organisations to work in partnership with consumers. This Standard describes what organisations need to do to plan care and services with consumers. The planned care and services should meet each consumer's needs, goals and preferences and optimise their health and well-being. While a consumer might have some challenges with their health and abilities, they still have goals they want to achieve, roles that have meaning, and want to live as well as they can. This means organisations need to listen to what the consumer wants and look at what they can do (their abilities). Organisations can then focus on planning care and services to ensure that consumers can still get to where they need to go, do what they need to do and have opportunities for participation and growth. The plan needs to be regularly reviewed so that changes in a consumer's health or abilities are picked up and care and services are identified and put in place to minimise the impact of any loss of ability, and to support consumers to live their day-to-day lives with dignity. The level of assessment and planning will depend on the level of care and services the organisation is providing and the risks of delivering care and services for the consumer. For example, an organisation providing weekly cleaning services to a consumer in their home, would need less assessment and planning than an organisation providing residential aged care services.

It's expected that an appropriately skilled and qualified workforce undertakes assessment and planning. Assessment and planning undertaken should be in addition to and compliment any Aged Care Assessment Team or Regional Assessment Service assessments.

Assessment and care planning is expected to provide access to advance care planning including the completion of legally binding advance care directives, and end of life planning if the consumer wants this.

Organisations need to document the outcomes of assessments and discussions with the consumer in a care and services plan and set an agreed review date. Care and services plans may include advance care planning, advance care directives, and end of life planning documents. The plan should be available to the consumer and to those providing care to the consumer. It also needs to be updated on an ongoing basis as the consumer's needs, goals or preferences change, and after any transition between services.

In line with Standard 1, it's expected when planning or making changes to care and services plans, consumers are given options and helped to make informed decisions about their options. This includes how much they want to be involved in managing these options themselves.



Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**

Linked Standards

Standard 2 links to:



Standard 1

All aspect of assessment and care and services planning needs to treat consumers with dignity and respect and support them to make choices. It's also important that assessment and care planning occurs in a way that is culturally safe.



Standard 3

Assessment and planning of the consumer's needs, goals and preferences supports the delivery of tailored personal and clinical care. If care planning includes advance and end of life care planning this will be delivered in line with consumers wishes.



Standard 4

Assessment and planning of the consumer's needs, goals and preferences enables the delivery of safe and effective services and supports.



Standard 7

Workforce interactions with consumers need to be kind, caring and respectful of each consumer's identity, culture and diversity. In particular the workforce needs to have the competency, qualifications and knowledge to develop a care and services plan which meets the consumer's needs, goals and preferences.



Standard 8

The organisation's governing body is accountable for the delivery of safe, effective and quality care and services as assessed and planned.



Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*
- State and Territory privacy and health records legislation
- State and Territory work health and safety legislation
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/advance care planning legislation

Resources and references

- Advance Care Planning Australia¹
- Cognitive Decline Partnership Centre (2018). *Supported decision-making in aged care: A policy development guideline for aged care providers in Australia. (2nd edition)*²
- Council of the Ageing (2017). *Home Care Today Resources*³
- End of Life Directions for Aged Care Resources⁴
- Palliative Care Australia (2018). *National Palliative Care Standards (5th edition)*⁵
- Palliative Care Australia (2017). *Principles for Palliative and End-of-Life Care in Residential Aged Care*⁶
- Victorian Government, Department of Health, *Participating with consumers information sheets*⁷
- World Health Organisation (2017). *WHO Integrated care for older people: guidelines on community-level interventions to manage declines in intrinsic capacity*⁸

1 <https://www.advancecareplanning.org.au>

2 <http://sydney.edu.au/medicine/cdpc/documents/resources/SDM-Policy-Guidelines.pdf>

3 <https://www.cota.org.au/information/aged-care-for-providers/home-care-today-providers/>

4 <https://www.eldac.com.au/>

5 <http://palliativecare.org.au/standards>

6 http://palliativecare.org.au/wp-content/uploads/dlm_uploads/2017/05/PCA018_Guiding-Principles-for-PC-Aged-Care_W03-002.pdf

7 <https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/participating-with-consumers>

8 <http://www.who.int/ageing/publications/guidelines-icope/en/>

Standard 2

Requirement (3)(a)

2

Assessment and planning, including consideration of risks to the consumer's health and well-being, informs the delivery of safe and effective care and services.





Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(a)

Intent of this requirement

This requirement is about making sure that assessment and planning are effective. These processes will support organisations to deliver safe and effective care and services.

Relevant risks to a consumer's safety, health and well-being need to be assessed, discussed with the consumer, and included in planning a consumer's care. This supports consumers to get the best possible care and services and makes sure their safety, health and well-being aren't compromised.

To assess, plan and deliver care and services that are safe and effective, members of the workforce need to have the relevant skills, qualifications and knowledge to assess individual consumers' needs and to understand their needs, goals and preferences.

Where consumers have lost their decision making capacity and have an advance care directive in place, health professionals have obligations to access and enact the advance care directive. It should be available at the point of care and shared across service providers.

Where a consumer has requested care or services which may pose a risk to their safety, health or well-being, such as the use of a physical restraint for comfort, organisations are expected to discuss the risks and alternative solutions with the consumer, so the consumer can make an informed decision about their care and services. Arrangements to protect consumers require assessment, documentation in care and services plans, informed consent and regular monitoring and review, in line with best practice and legislation.

When two or more organisations share the care and services for a consumer, or where

there are integrated care and services, there need to be arrangements in place to share and combine relevant information. This includes information about any risks to the consumer's safety, health and well-being.

Reflective questions

What assessment and planning processes enable consumers, their representatives, the workforce and others, to work together in developing a safe and effective care and services plan?

How does the organisation use information from other sources, such as government assessment services, when developing assessment and planning methods?

**Do the workforce use validated risk assessment and planning tools?
Do they ask for input from relevant, qualified practitioners about assessing and managing specific and common risks for older people?
This may include diseases or conditions such as incontinence, hearing loss or cognitive impairment, high-impact or high-prevalence risks, or the use of restrictive practices.**

How does the organisation define advance care planning policy and ensure consumers are using quality and complete statutory advance care directive forms?

How does the organisation know and measure whether assessment and planning processes are resulting in safe and effective care and services?

How does the organisation monitor how effective the care and services plan is in meeting the consumer's goals?



Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(a)

Examples of actions and evidence

Consumers

- Consumers say their care is well planned to meet all their needs.
- Consumers say they feel safe and confident because members of the workforce took the time to listen and understand how to support their health and well-being.
- Where it applies, consumers can give examples of how their care and services plan includes input from relevant practitioners to work out the help they need for day-to-day living activities.
- Where physical or chemical restraint is in use, consumers or their representatives say they have given informed consent, consistent with state and territory law.
- Consumers describe how the workforce took a problem-solving approach to managing or minimising risk or meeting their needs, goals and preferences where a solution wasn't obvious.

Workforce and others

- The workforce can describe advance care planning and advance care directives.
- Evidence that advance care directive documentation informs end-of-life care and decisions.
- The workforce can describe the assessment and care planning processes and how they inform how care and services are delivered.
- The workforce can describe how they assess risk, and how they work together with consumers to minimise risk.
- The workforce can describe how they can access appropriately skilled individuals or service providers to contribute to assessing and planning safe and effective care. (For example, input into planning for emotional health and well-being, clinical and personal care, continence management, dietary requirements, eating aids and assistance, mobility aids and assistance, and hearing, visual or communication assistance).
- The workforce can describe how consumers, and others who contribute more broadly to care and services (such as medical professionals), work together to deliver a tailored care and services plan, and monitor and review the plan as needed.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.



Organisation

- Evidence of how the organisation makes sure the workforce has undertaken advance care planning training and has policy to inform advance care directive documentation; ensuring documentation is accurate, up-to-date, complete, shared and stored with relevant healthcare providers.
- Evidence that shows members of the workforce are clear on who is accountable within the organisation for assessing, planning and reviewing the care and services needs of consumers.
- Records that show how members of the workforce consider risk with the consumer during assessment and planning to make sure care and services are safe and effective.
- Evidence of how the organisation makes sure workforce assessment and planning skills match the type and complexity of the consumer's needs, such as specialised clinical skills or particular cultural skills.
- Evidence that when validated assessment tools are available (including risk assessments), they are used by the workforce in assessment and planning for consumers' care and services.
- Evidence of guidance for relevant members of the workforce on undertaking assessment and planning in a culturally safe way, tailored to the needs of each consumer.
- Evidence of how assessment and planning processes (and documents) inform safe and effective care and services, including where care and services are shared with other organisations.
- Evidence of the organisation monitoring assessment and planning tools and processes to make sure they are effective and are identifying and addressing the needs of consumers.
- Records that show how the organisation monitors, reports and continuously improves assessment and planning of care and services.

Standard 2

Requirement (3)(b)

2

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.





Intent of this requirement

For this requirement, organisations are expected to do everything they reasonably can to plan care and services that centre on the consumer's needs and goals and reflect their personal preferences. This means:

- considering the consumer's condition and functional abilities and identifying what help they need to live as well as they can
- listening to and understanding what is important to the consumer and working out how their goals and preferences can be met
- tailoring an approach to fit the consumer's cultural and personal preferences and how they want to have care and services delivered.

If an organisation can't meet a consumer's preferences for care and services, they will need to explain why, so the consumer can understand the reasons and look at other options. This allows the consumer to make an informed decision about their care and services.

Through this requirement, it's expected that advance care planning including completion of advance care directives, and end of life planning happen in line with the consumer's preference. These conversations are often left too late. It can cause distress for the consumer's representatives, family and carers and members of the workforce when the consumer's wishes are unknown. The consequence may be that the consumer does not have the end of life experience they would have wanted.

As part of advance care planning, consumers may wish to complete an advance care directive detailing their care preferences or appointment of a substitute decision-maker. Advance care directives are legally binding documents, which can only be completed by a competent consumer who still has decision-making capacity.

If a consumer is unable to document an advance care directive due to lack of decision making capacity, a medically driven document outlining the plan of care in relation to emergency treatment or severe clinical deterioration can be useful (e.g. acute resuscitation plan, do not resuscitate order). This document should be developed in consultation with the substitute decision-maker of a consumer without decision making capacity.

Where a consumer lacks the capacity to make decisions providers will need to check if they have previously appointed a substitute decision-maker (e.g. attorney, guardian). All states and territories have a default decision-maker (e.g. partner, eldest child, or carer) with the exception of the Northern Territory. If no substitute decision-maker can be identified, they will require a court or tribunal appointed guardian to make medical decisions.



Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(b)

Reflective questions

What systems and processes does the organisation use to support a consumer-centred assessment of the needs, goals and preferences of each consumer?

Does the organisation evaluate whether assessment processes are identifying consumer needs, goals and preferences? Are these documented in a care and services plan?

How does the organisation access a skilled and qualified workforce to assess and plan care and services, including advance care planning and end of life care planning?

How does the organisation make sure they give consumers culturally safe and supportive opportunities to talk about dying so they can make their wishes known? How is this done in a way that meets the needs of a diverse range of consumers?

How does the organisation monitor that a consumer's assessment and care planning includes the consumer's social, cultural, language, religious, spiritual, psychological and medical needs?



Examples of actions and evidence

Consumers

- Consumers have access to advance care planning and end-of-life planning.
- If a consumer chooses to complete an advance care directive, it is done while they still have decision making capacity.
- Consumers say they have been listened to and their care and services are planned around what is important to them, such as their intimate relationships, spirituality and culture.
- Consumers are happy with their care and services plan and feel it covers how they want their care and services delivered.
- Consumers say they didn't feel judged or uncomfortable when talking about the care and services they need and how they want these delivered.

Workforce and others

- The workforce can describe advance care planning and understand the substitute decision-maker should be consulted in medical decisions including consent, refusal and/or withdrawal of treatment.
- Advance care directive documentation should be accurate, up-to-date, complete, shared and stored with relevant care and service providers.
- The workforce involved in assessment and planning can describe how it's undertaken to meet the consumer's needs, goals and preferences.
- The workforce can provide examples of inclusive care planning which is tailored to meet the particular cultural preferences of consumers from diverse backgrounds.
- Members of the workforce know how to access people with the relevant knowledge or qualifications to provide

information to consumers on end of life planning or palliative care if the consumer wishes to include these in their care and services plan.

- Workforce, orientation, training or other records that show how the organisation supports the workforce to identify consumer's needs, goals and preferences through assessment and care planning and meet this requirement.

Organisation

- Evidence of strategies, policies and procedures that support a consumer-centred approach to assessment and planning for care and services.
- Policies and processes that describe how assessment and care planning are to be undertaken and the matters to be taken into account, such as the consumer's need for communication assistance.
- Records of appropriately skilled and qualified members of the workforce being involved in the assessment of a consumer's needs, goals and preferences.
- Evidence that shows individual, tailored care and services plans are documented for each consumer.
- Policies and processes that provide consumers with opportunities to have safe and supported conversations about death and dying, to make their end of life and palliative care wishes known to the organisation.
- Evidence that there is clear guidance for members of the workforce on decision-making processes when a consumer's wishes and preferences are not known. This includes wishes that were documented in the past, advance directives, and the role of representatives.

Standard 2

Requirement (3)(c)

2



Assessment and planning:

- (i) is based on ongoing partnership with the consumer and others that the consumer wishes to involve in assessment, planning and review of the consumer's care and services; and***
- (ii) includes other organisations and individuals and providers of other care and services, that are involved in the care of the consumer.***



Intent of this requirement

For this requirement, it's expected that an organisation will carry out ongoing assessment and planning with the consumer, their representatives and others who the consumer wants to involve in assessment and planning of their care and services.

Partnering involves ongoing sharing of information, asking for feedback from the consumer, and supporting and encouraging consumers to take part in assessing and planning their own care and services. This approach recognises that making decisions about their own life, and having those decisions respected, is an essential right of each consumer, improves their health and well-being and shows the organisation values the consumer.

The consumer can decide to be involved as much or as little as they want to be in the assessment and planning process. A consumer may choose to involve others as representatives in making their decisions. For example, the consumer may choose to have a relative, partner, or friend as a representative involved in decisions about their care. Where a consumer lacks the capacity to make decisions they may have a court or tribunal-appointed guardian to make decisions on their behalf.

Assessment and planning are also expected to include other organisations, individuals or service providers involved in caring for consumers. This requires effective communication with other service providers. Consumers may also be receiving care and support from unpaid carers, such as family and friends. These people may have been supporting the consumer over a period of time, before they accessed care and services. Involving them in assessment and planning (if the consumer wishes) can help the organisation to get to know the consumer's needs, goals and preferences and help continuity of care and services for the consumer.

Organisations will need to comply with obligations relating to privacy of information when coordinating care with other organisations, individuals or service providers.



Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(c)

Reflective questions

Do the organisation's policies guide the workforce in how to involve, listen to, and respect the views of the consumer and how to include them as much as possible in planning their care and services?

Does the organisation guide the workforce on how to involve others (such as family or other carers) in a consumer's assessment and care planning if the consumer wants to assign some or all of, their care and services planning to others?

How does the organisation support consumers who need help with communicating to take part in planning their care and services?

How do the organisation's practices encourage consumers to tell the organisation when their needs, goals and preferences have changed?
How does the organisation respond when this happens?

What systems does the organisation have in place to identify other organisations, individuals or service providers that are involved in the care of the consumer, or should be involved in their care (to be able to meet the needs, goals and preferences of the consumer)?

How does the workforce involve the consumer's medical practitioner and other preferred service providers, such as those providing dental care, hearing aids or glasses?

How does the organisation bring together those involved in a consumer's care (including other organisations, individuals and specialist service providers) to talk about and coordinate care and service delivery and to make sure the consumer's care and services are seamless and focused?

If an organisation can't meet all of the consumer's expectations, how do they communicate this to the consumer?
How does the organisation support a consumer's access to other service providers?



Examples of actions and evidence

Consumers

- Consumers say they are actively involved in the assessment, planning and review of their care and services. They can describe their care and services plan and how it helps them to meet their goals.
- Consumer representatives (including carers) say they are actively involved, with the consumer's consent, in the assessment, planning and review of care and services.
- Consumer representatives (including carers) say the organisation makes it easy for them to be involved in the assessment, planning and review of the consumer's care and services.
- Where a number of organisations provide care and services, the consumer says the organisation has helped them to understand how they fit together. And they know which organisation is responsible for different aspects of their care and services, and who to contact in different situations.
- Consumers say their assessment and care planning is coordinated and they are satisfied the right people are involved.

Workforce and others

- Members of the workforce can describe what it means to partner with consumers to assess, plan and review care and services.
- The workforce and others delivering care and services describe how they work collaboratively.
- Management can describe innovative and effective ways they have coordinated care and services for consumers where the organisation itself has been unable to meet a consumer's needs, goals or preferences.

- Members of the workforce who share information about consumers with other organisations, individuals or service providers describe how they meet obligations relating to privacy of information when coordinating care.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- Evidence of consumer information and support to help consumers take part in assessing and planning their care and services.
- Evidence that information and resources are available in appropriate formats and language translations to help consumers partner in assessment and planning.
- Clear lines of workforce responsibility for the assessment, planning and review of care and services plans and what each element involves.
- Evidence the skills and qualifications of the workforce are appropriate for the type and complexity of the assessment and planning of care and services being undertaken.
- Resources and tools that support shared decision-making for care and services planning.
- Care and services plans for consumers show integrated and coordinated assessment and planning involving all relevant organisations, individuals and service providers.
- Evidence of arrangements or agreements with those outside the service involved in planning care and services, to meet the consumer's needs, goals and preferences.

Standard 2

Requirement (3)(d)

2

The outcomes of assessment and planning are effectively communicated to the consumer and documented in a care and services plan that is readily available to the consumer, and where care and services are provided.





Intent of this requirement

A care and services plan is expected to be documented and reflect the outcomes of assessment and planning for each consumer. Accurate and up-to-date care and services plans are important for delivering safe and effective care and services, as well as positive outcomes for consumers.

A care and services plan, which includes a person's needs, goals and preferences, should be available to the consumer in a way they can understand. This may involve support to have information in an accessible language and format, or to help consumers understand the content. It may include involving consumers in discussions, inviting them to meet and encouraging them to ask questions about their care and services plan. This will help consumers understand and have ownership of the care and services plan as they are entitled to have.

The care and services plan can take different forms. It can be a single document or several documents that show an overview of the care and services to be delivered. Care and services plans may include advance care planning, advance care directives, or end of life planning documents. It should be available to those providing care and services to the consumer. This doesn't mean the care and services plan needs to be available at all times and to all members of the workforce, but the relevant information must be available when and where it is needed to support safe and effective care and services.

Relevant risks to a consumer's safety, health and well-being need to be documented in the care and services plan to make sure their safety isn't compromised. This includes things such as allergies and other risks relating to the consumer's needs.

When two or more organisations, individuals or service providers share a consumer's care and services, or where there are integrated services, the care and services plan and outcomes from assessment and planning need to be shared. Information sharing needs to happen promptly and comply with obligations relating to privacy of information.



Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(d)

Reflective questions

How does the organisation communicate assessment and planning information in a way the consumer understands?

When a consumer asks for a copy of their care and services plan, how promptly does the organisation provide it?
Is it in a format they understand?

When a consumer has trouble understanding outcomes of assessment and planning, how does the organisation support the consumer?
Are interpreters available when explaining the plan?
How are the consumer's representatives involved?

How does the organisation document care and services plans?
Are they in plain English?

What systems are in place to make sure relevant information for delivering a consumer's care and services is available where the care or service is actually delivered?

What processes are there to communicate critical information in a care and services plan to the workforce, including information alerts and risks?

Is the level of detail in the care and services plans enough to enable the appropriate and correct delivery of care and services to the consumer to optimise consumer health and well-being?
For example, the consumer's preferences for personal hygiene, oral health care, taking medication, how to check a hearing device is working properly and where glasses are kept.



Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(d)

Examples of actions and evidence

Consumers

- Consumers say they know how to get a copy of their care and services plan if they want it. They say it will be in a format they can understand and they will get it in a timely manner.
- Consumers say they have been supported to understand their care and services plan and can describe how it meets their needs, goals and preferences.
- Consumers can describe the details of their care and services plan and who will provide the care and services.
- Consumers confirm they are involved if changes are made to their care and services plan, and they understand the changes.

Workforce and others

- The workforce can describe processes for documenting the outcomes of assessment and planning in a care and services plan.
- The workforce can describe how they access the care and services plan and how they use the information in it that is relevant to their role to deliver safe and effective care and services.
- The workforce can describe how changes to the care and services plan are communicated and say they receive updated information promptly.
- The workforce say care and services plans are current and contain enough detail to deliver appropriate and correct care and services for the consumer.
- Workforce orientation, training or other records that show how the organisation supports the workforce to document and communicate the results of assessment and planning and meet this requirement.

Organisation

- Policies and procedures explain the organisation's systems, so that outcomes of assessment and planning are fully documented and are available where care and services are delivered.
- Evidence that care and services plans are accurate and reflect the outcomes of the most up-to-date assessments and reviews of consumer needs, goals or preferences.
- Evidence the consumer or their representative is involved in developing and reviewing the care and services plan.
- Evidence of how the organisation monitors the effectiveness of the care and services plan and documents assessment and planning process to improve outcomes for consumers.

Standard 2

Requirement (3)(e)

2

Care and services are reviewed regularly for effectiveness, and when circumstances change or when incidents impact on the needs, goals or preferences of the consumer.





Ongoing assessment and planning with consumers

Standard 2 | Requirement (3)(e)

Intent of this requirement

Through this requirement, organisations are expected to regularly review the care and services they provide to consumers. This is important to make sure that the:

- care and services plans are up-to-date and meet the consumer's current needs, goals and preferences
- care and services the organisation provides meet the consumer's needs safely and effectively
- care and services the organisation provides are updated to apply better practice when available.

All care and services plans are expected to include an agreed review date. How often a review is done depends on the needs of each consumer and on the nature and type of services the organisation is providing. However, in addition to the reviews that are scheduled, a consumer's care and services plan should be reviewed when:

- the consumer's condition changes (for example, physical or mental health)
- situations change (for example, if the organisation's arrangements for a service changes)
- incidents or accidents happen (for example, if a consumer has fallen).

Reflective questions

How does the organisation respond to adverse incidents and near misses? How does it learn from these events to update the way care is planned and delivered?

What systems are in place to recognise and respond to changes in a consumer's condition? What processes does the organisation then use to update care and services plans and make sure consumers are safe, and risks are minimised?

How does the organisation identify when a consumer wishes to change the care and services that are provided, or the way the care and services are provided?

What processes does the organisation use to include evidence of better practice when reviewing how effective care and services are?



Examples of actions and evidence

Consumers

- Consumers say the organisation regularly communicates with them about their care and services, seeks feedback and makes changes to meet their current needs, goals and preferences.
- Consumers say when something goes wrong, or things change, the organisation communicates with them about this and seeks their input to update their care and services plan to ensure safe and effective care and services can be delivered.

Workforce and others

- The workforce can describe when and how they reassess a consumer's needs, goals and preferences, how they involve the consumer and how reassessment information is used to update care and services plans.
- The workforce can describe examples of reviewing care and service practices due to adverse incidents or near-miss events.
- The workforce can describe how these reviews capture all aspects of a consumer's health and well-being, including emotional, spiritual and psychological.
- The workforce can describe how regular reviews of a consumer's care and services can identify ways to respect the dignity of consumers, such as new dentures, hearing aid maintenance or an assistive device for eating.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Documented care and services plans that show the organisation conducts regular reviews, including risk assessments.
- Evidence that members of the workforce with relevant skills and qualifications review the plans regularly.
- Policies and procedures that describe the need for regularly reviewing how effective the care and services plan is, and whether consumer outcomes are being achieved.
- Evidence of how the organisation monitors reports and keeps improving outcomes for consumers through effective assessment and planning.



Personal care and clinical care

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Consumer outcome

- 3 (1) *I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.***

Organisation statement

- 3 (2) *The organisation delivers safe and effective personal care, clinical care, or both personal care and clinical care, in accordance with the consumer's needs, goals and preferences to optimise health and well-being.***

Requirements

- 3 (3)** The organisation demonstrates the following:
- 3 (3)** (a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:
- (i) Is best practice; and
 - (ii) tailored to their needs; and
 - (iii) optimises their health and well-being.
- 3 (3)** (b) Effective management of high-impact or high-prevalence risks associated with the care of each consumer.
- 3 (3)** (c) The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.
- 3 (3)** (d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.
- 3 (3)** (e) Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.
- 3 (3)** (f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
- 3 (3)** (g) Minimisation of infection-related risks through implementing:
- (i) standard and transmission-based precautions to prevent and control infection; and
 - (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.



Purpose and scope of the Standard

Consumers and the community expect the safe, effective and quality delivery of personal and clinical care. The Standard applies to all services delivering personal and clinical care specified in the Quality of Care Principles 2014. Personal and clinical care and services can include:

- supervising or helping with bathing, showering, personal hygiene and dressing
- providing personal mobility aids and communication assistance for consumers with impaired hearing, sight or speech
- nursing services, such as catheter care and wound management
- services aimed at getting back or improving a consumer's independence or daily living activities
- specialised therapy services, such as support for consumers living with cognitive impairment.

Most aged care organisations deliver good outcomes for consumers. However, consumers don't always receive care from organisations in a safe and effective way. Harmful events that organisations could have prevented continue to happen in aged care service delivery. This Standard highlights several key areas where organisations need to do more and be proactive in their preparations to minimise the risk of an outbreak and ensure they keep consumers safe and that they receive the best possible care and services.

The guidance in this Standard is not clinical guidance. It doesn't include instructions or 'how to' information on the different aspects of care. Organisations need to develop and implement an approach that makes sure they are providing safe and effective personal and clinical care to consumers. This approach needs to be in line with best practice evidence and meet the consumer's needs, goals and preferences. The organisation is expected to then have policies and procedures that support the workforce to deliver care and treatment in line with this approach. This includes, for residential aged care services, a dedicated clinical staff member responsible to support the design, implementation and continuous improvement of infection prevention and control policies, procedures and practices.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Personal care and clinical care

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Linked Standards

Standard 3 links to:



Standard 1

All aspects of personal and clinical care need to treat consumers with dignity and respect and support them to make choices. It's also important that personal and clinical are delivered in a way that is culturally safe.



Standard 2

Assessment and the development of a care and services plan that reflects the consumer's needs, goals and preferences supports the delivery of tailored personal and clinical care. The consumer's advance care and end of life care wishes can be delivered if these are planned.



Standard 7

Workforce interactions with consumers need to be kind, caring and respectful of each consumer's identity, culture and diversity. In particular, the workforce needs to have the competency, qualifications and knowledge to deliver safe and effective personal and clinical care and promote consumers' health, well-being and cultural safety.



Standard 8

The organisation's governing body is accountable for the delivery of safe and quality care. Including the effectiveness of clinical governance and risk management systems and practices, to manage high-impact and high-prevalence risks associated with the care of consumers.

Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- *Aged Care Legislation Amendment (Quality Indicator Program) Principles 2019*
- *Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles*
- *Quality of Care Amendment (Minimising the Use of Restraints) Principles 2019*
- State and Territory work health and safety legislation
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/advance care planning legislation



Resources and references

- Alzheimer's Australia (2014). *The use of restraints and psychotropic medications in people with dementia*¹
- Aged Care Quality and Safety Commission, Clinical Governance resources²
- Australian Commission on Safety and Quality in Health Care (2016). *Antimicrobial Stewardship Clinical Care Standard*³
- Australian Commission on Safety and Quality in Health Care (2016). *Delirium Clinical Care Standard*⁴
- Australian Commission on Safety and Quality in Health Care (2009). *Guidebook for Preventing Falls and Harm From Falls in Older People*⁵
- Australian Commission of Safety and Quality in Health Care (2015). *National consensus statement: essential elements for safe and high-quality end-of-life care*⁶
- Australian Government, Department of Health & Department of Agriculture (2015). *Responding to the threat of antimicrobial resistance: Australia's first National Antimicrobial Resistance Strategy 2015–2019*⁷
- Australian Wound Management Association (2012). *Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injury*⁸
- Deafness Forum Australia (2018). *Good Practice Guide, Reference Resources for Aged Care Hearing Assistance Programs*⁹
- Department of Health (2012). *Decision-making tool: supporting a restraint-free environment in residential aged care*¹⁰
- Department of Health (2012). *Guiding principles for medication management in residential aged care facilities*¹¹

1 <https://www.dementia.org.au/files/NATIONAL/documents/Alzheimers-Australia-Numbered-Publication-38.pdf>

2 <https://www.agedcarequality.gov.au/providers/quality-care-resources/clinical-governance>

3 <https://www.safetyandquality.gov.au/publications/antimicrobial-stewardship-clinical-care-standard/>

4 <https://www.safetyandquality.gov.au/publications/delirium-clinical-care-standard/>

5 <https://www.safetyandquality.gov.au/publications/guidebook-for-preventing-falls-and-harm-from-falls-in-older-people-australian-residential-aged-care-facilities-2009/>

6 <https://www.safetyandquality.gov.au/wp-content/uploads/2015/05/National-Consensus-Statement-Essential-Elements-for-safe-high-quality-end-of-life-care.pdf>

7 <https://www.amr.gov.au/resources/national-amr-strategy>

8 <https://www.woundsaustralia.com.au/Web/Resources/Publications/Publications.aspx>

9 <https://www.deafnessforum.org.au/resources/training-resources-in-hearing-assistance-in-aged-care-services-and-hospitals/>

10 <https://agedcare.health.gov.au/publications-articles/resources-learning-training/decision-making-tool-supporting-a-restraint-free-environment>

11 <http://www.health.gov.au/internet/main/publishing.nsf/Content/nmp-pdf-resguide-cnt.htm>



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- Department of Health (2016). *National Aged Care Quality Indicator Program | Resource manual for residential aged care facilities*¹²
- Department of Health, *National Framework for Action on Dementia 2015–2019*¹³
- Diabetes Australia, *Diabetes management in aged care – A practical handbook*¹⁴
- Dying to talk, *Aboriginal and Torres Strait Islander Discussion Starter*¹⁵
- Guideline Adaptation Committee (2016). *Clinical Practice Guidelines and Principles of Care for People with Dementia*¹⁶
- End of Life Directions for Aged Care Resources¹⁷
- Macular Disease Foundation Australia, *Aged care resources*¹⁸
- National Ageing Research Institute, *Resources for Health Professionals, Falls and balance*¹⁹
- National Diabetes Services Scheme and Diabetes Australia, *Healthy eating – A guide for older people living with diabetes*²⁰
- NSW Health (2015). *Best Practice Food and Nutrition Manual for Aged Care Facilities*, (2nd edition)²¹
- National Health and Medical Research Council (2010). *Australian guidelines for the prevention and control of infection in healthcare*²²
- The Australian Pain Society (2018). *Pain in Residential Aged Care, Management Strategies*, (2nd edition)²³
- Victorian Government, Department of Health, *Nutrition and swallowing*²⁴
- Victorian Government, Department of Health (2014). *Recognising and Responding to Clinical Deterioration*²⁵
- Victorian Government, Department of Health, *Residential aged care services – Standardised care processes*²⁶

12 <https://agedcare.health.gov.au/ensuring-quality/quality-indicators/national-aged-care-quality-indicator-program-resource-manual-for-residential-aged-care-facilities>

13 <https://agedcare.health.gov.au/ageing-and-aged-care-older-people-their-families-and-carers-dementia/national-framework-for-action-on-dementia-2015-2019>

14 <https://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/01ebfd4b-99b9-439e-8c19-126090cbb9c3.pdf>

15 <http://dyingtotalk.org.au/aboriginal-torres-strait-islander-discussion-starter/>

16 <http://sydney.edu.au/medicine/cdpc/resources/dementia-guidelines.php>

17 <https://www.eldac.com.au/>

18 <https://www.mdfoundation.com.au/content/aged-care-resources>

19 <https://www.nari.net.au/resources/health-professionals/falls-and-balance>

20 <http://static.diabetesaustralia.com.au/s/fileassets/diabetes-australia/1581db13-3932-40fe-a46b-fcd719c60bdf.pdf>

21 <https://www.cclhd.health.nsw.gov.au/wp-content/uploads/BestPracticeFoodandNutritionManualforAgedCareEdition2.1.pdf>

22 <https://www.nhmrc.gov.au/guidelines-publications/cd33>

23 <https://www.apsoc.org.au/publications>

24 <https://www2.health.vic.gov.au/hospitals-and-health-services/patient-care/older-people/nutrition-swallowing>

25 <https://www2.health.vic.gov.au/about/publications/policiesandguidelines/nshqs-online-learning-st9-clinical-deterioration>

26 <https://www2.health.vic.gov.au/ageing-and-aged-care/residential-aged-care/safety-and-quality/improving-resident-care/standardised-care-processes>

Standard 3

Requirement (3)(a)

3

Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that:

- (i) is best practice; and***
- (ii) is tailored to their needs; and***
- (iii) optimises their health and well-being.***



Intent of this requirement

This requirement sets out the expectation that organisations do everything they can to provide safe and effective personal and clinical care. This means organisations make sure that the personal and clinical care they provide is:

(i) **best practice**

Organisations are expected to refer to relevant national guidance about how to deliver safe and effective care and to implement this in their services. It's understood that there isn't always strong evidence for all aspects of clinical and personal care. However, where there is evidence, services should use this to provide best practice care. This provides the best possible basis for decisions about the type of care provided to meet consumers' identified needs, as well as the way the organisation provides that care.

(ii) **tailored to their needs**

Organisations are expected to make sure that personal and clinical care is tailored and based on an assessment of a consumer's needs, goals and preferences. This means working with the consumer, making any reasonable changes to tailor care and providing support to help consumer's understand and make informed decisions about their options. This includes how much they want to manage these options themselves. There may be times when an organisation can't meet a consumer's needs and preferences. In these cases, the organisation should explain this to the consumer and discuss how it will affect them so that the consumer can understand the reasons and look at other options. This is to help the consumer make an informed decision about their care and services.

(iii) **optimising the consumer's health and well-being**

Safe and effective personal or clinical care improves the consumer's well-being, including:

- physical and mental state
- spiritual and emotional life (feelings, thoughts, beliefs, attitudes)
- social life (relationships, attitudes, cultural values and the influences of those around them, such as family and community).



Personal care and clinical care

Standard 3 | Requirement (3)(a)

Reflective questions

What systems does the organisation have to identify and apply up-to-date guidance on best practice for delivering personal or clinical care?

How do the organisation's policies, procedures, and care models reflect this?

How does the organisation monitor whether they tailor and deliver personal and clinical care in line with the consumer's needs, goals and preferences?

How does the organisation make sure that they have sufficient numbers and the right mix of workforce members, with the right skills, to meet consumers' personal and clinical care needs?

How does the organisation ask for feedback from consumers and their representatives, about how the personal and clinical care delivered meets their needs and optimises their health and well-being?
How can the service show that they acted in response to any negative feedback?

How does the organisation provide or help consumers to access other providers, organisations or individuals to improve their health and well-being?
(Such as allied health and other therapies.)

Does the organisation monitor how effective their care practices are in meeting this requirement?

How is the delivery of personal and clinical care reviewed and improved in response to any deficits?

How does the organisation develop the competency and knowledge of the workforce to provide personal and clinical care that is tailored to the consumer and reflects best practice?

What processes are in place to provide personal and clinical care in line with the Charter of Aged Care Rights?
This includes practices that make sure consumers have information and support to make decisions about their care.



Examples of actions and evidence

Consumers

- Consumers say they are confident they are getting care that is safe and right for them.
- Consumers say they are getting care that reflects their individual needs and situation.
- Consumers say the personal or clinical care received supports their health and well-being.

Workforce and others

- Management of the organisation can describe how they deliver personal and clinical care in line with the service's practices and policies for safe and effective care.
- Management of the organisation can describe how they deliver personal and clinical care in line with the consumer's needs, goals and preferences.
- The workforce can give examples of how the organisation tailored personal or clinical care to optimise the consumer's health and well-being.
- The workforce can describe how they set up and monitor that the personal and clinical care they provide is best practice and where they go to get information or advice on best practice.
- The workforce can describe how the organisation supports them to deliver personal and clinical care that is best practice and meets the needs of each consumer. They can also describe what they would do if they weren't able to deliver best practice care or saw others delivering care that wasn't best practice.
- The workforce can describe the communication processes the organisation uses to provide updates on new or revised practices for safe and effective care.

Organisation

- Policies, procedures and assessment tools show that best practice guides the personal and clinical care that the workforce provides.
- Evidence that the organisation's approach to providing personal and clinical care meets the needs of diverse consumers. This includes Aboriginal and Torres Strait Islander consumers.
- Evidence that the organisation has reviewed or audited service delivery records to make sure they are in line with best practice guidelines and the needs, goals and preferences of consumers.
- Records reflect how the organisation makes decisions about best practice guidelines for personal and clinical care and ways to meet best practice approaches.
- Evidence of how the organisation keeps improving its performance against this requirement. This includes how it changes its policies, procedures and practices based on best practice evidence.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Standard 3

Requirement (3)(b)

3

Effective management of high-impact or high-prevalence risks associated with the care of each consumer.



Intent of this requirement

To meet this requirement, organisations need to do all they can to manage risks related to the personal and clinical care of each consumer. This means following best practice guidance and applying measures to make sure the risk is as low as possible, whilst supporting a consumer's independence and self-determination to make their own choices, including to take some risks in life.

Effective management of risks is underpinned by clinical governance systems for safety and quality. This includes reviewing how personal and clinical care is delivered to apply new practices and responding appropriately and promptly to a consumer's changing needs.

For high-impact or high-prevalent risks related to the personal and clinical care of each consumer, organisations are expected to use risk assessments to find ways to reduce these risks. They should do these assessments in consultation with the consumer. This can involve the organisation's service environment, equipment, workforce training, systems, processes or practices that affect any aspect of how they deliver personal and clinical care to consumers.

Organisations are expected to manage risks related to the care of each consumer in line with the consumer's care and services plan. This is so that the organisation supports them to safely maintain their best possible level of independence and function.

For example, if there is a risk that a consumer may fall, the care and services plan would include what assistance or mobility aid the organisation will provide to help the consumer to move about safely.

The organisation is expected to educate and support its workforce to minimise risks to consumers. Members of the workforce providing personal and clinical care to consumers also need to have the right qualifications, knowledge and experience to deliver care safely. To develop strategies to minimise the affect and number of risks for consumers, organisations can use advice from allied health practitioners and others.

Organisations need to deliver personal or clinical care and manage risk in a way that balances the consumer's rights and preferences with their safety and the safety of others. This includes managing challenging behaviours in ways that involve the consumer and respects their rights, dignity and independence. This means organisations can manage risk and provide personal and clinical care in the least restrictive way and least restrictive service environment, while keeping consumers, the workforce and others safe.

Dementia affects many consumers receiving care and services. There are some gaps between what generally happens now and what is best practice care for consumers living with dementia. Although antipsychotic medicines may be appropriate for adults with severe mental health issues or long-term mental illness, there is concern that these medicines are being prescribed inappropriately in people aged 65 years and over for their sedative effects – that is, as a form of chemical restraint for people with psychological and behavioural symptoms of dementia or delirium.



Understanding and applying best practice in care and services for consumers living with dementia is vital to delivering safe and effective care and services that meet the consumer's needs, goals and preferences. Consumers living with dementia are also at higher risk of harm from the points listed below.

While organisations need to manage all risks related to the personal and clinical care for each consumer, some risks are more common and have a higher impact on the health and well-being of consumers. Preventable harm from these risks continues to happen in aged care. This includes:

Managing hydration and nutrition

This is important for a consumer's quality of life. It helps to minimise the risk of infections, pressure injuries, anaemia, hypotension, confusion and impaired cognition, decreased wound healing and fractures.

Managing risks of choking

Swallowing difficulties are common among consumers. If a service doesn't manage swallowing problems, it can lead to death from choking.

Managing medications safely

Consumers can have multiple medical conditions and use several drugs together. This means that they are at high risk of medication mistakes. These mistakes can result in hospital visits that could have been avoided, illness and death. This risk can be minimised through effective policies and procedures that support safe use of medicines.

Managing pain

If pain isn't managed, it can make consumers confused, they can have interrupted sleep, not get the nutrition they need, be less mobile, feel depressed and isolated and take longer to get better.

Preventing and managing pressure injuries

When consumers can't move around on their own, they can get pressure injuries. Factors such as poor nutrition, poor skin health and lack of oxygen to tissues can also cause pressure injuries.

Minimising restrictive practices

These interventions have high potential for harm and are practices that organisations can avoid with positive changes in how they assess, plan and deliver personal and clinical care for consumers. If an organisation uses restrictive practices such as physical or chemical restraint, these are expected to be consistent with best practice and used as a last resort, for as short a time as possible and comply with relevant legislation.

Managing delirium

This is a common and serious problem for consumers that isn't well understood. Not recognising the signs of delirium can prevent organisations from providing quality personal and clinical care, and impact the consumer's well-being.

Managing hearing loss

Hearing loss is a common condition in consumers. There is a clear link between hearing assistance and improving a consumer's quality of life. This includes less social isolation, stress and frustration, as well as reducing the risk of consumers developing medical conditions, such as depression.

These examples are not all the risks that an organisation may need to manage for consumers. However, there are some of the common risks that organisations need to identify and manage. If organisations appropriately manage risks, a consumer's care and services should be safe and effective and improve their health and well-being.



Personal care and clinical care

Standard 3 | Requirement (3)(b)

Reflective questions

How does the organisation tell the workforce about relevant legislation and best practice standards for managing high-impact or high-prevalence risks when caring for consumers?

What processes are in place to make sure that evidence-based documents and tools for managing high-impact or high-prevalence risks are up-to-date and in line with best practice?

How does the organisation make sure that the workforce is following best practice guidelines and tools to prevent and manage high-impact or high-prevalence risks?

What assessment tools or processes does the organisation use to monitor and respond to high-impact or high-prevalence risks to consumers?

How are consumer care and services plans and risks communicated to members of the workforce who deliver personal and clinical care?

What systems are in place to gain access to relevant health professionals' assessments that can help prevent and manage high-impact or high-prevalence risks for consumers?

What information and support does the organisation provide to consumers about preventing and managing high-impact and high-prevalence risks related to their personal and clinical care?

How does the organisation evaluate and review how they manage high-impact or high-prevalence risks in the personal and clinical care they deliver for consumers?



Examples of actions and evidence

Consumers

- Consumers say their care is safe and right for them.
- Consumers say members of the workforce explain risks to their well-being and they get to have input into the steps to reduce the risks.

Workforce and others

- Members of the workforce can describe how they identify, assess and manage high-impact or high-prevalence risks to the safety, health and well-being of each consumer when delivering personal or clinical care.
- The workforce can describe how they get information or advice on best practice to manage high-impact or high-prevalence risks.
- The workforce can describe how the organisation supports them to identify and manage the high-impact or high-prevalence risks to the safety, health and well-being for each consumer.
- Workforce orientation, training or other records that show how the organisation supported the workforce to understand their roles and responsibilities to prevent and reduce harm from high-impact or high-prevalence risks and meet this requirement.

Organisation

- Policies and procedures describe how the organisation manages high-impact or high-prevalence risks to the safety, health or well-being of consumers.
- The organisation uses best practice guidelines, decision-making tools and protocols to manage high-impact or high-prevalence risks to consumers.
- Documented risk assessments and care and services plans for each consumer and evidence that the organisation delivers personal and clinical care in line with these assessments and care and services plans.
- Records of relevant allied health input to preventing and managing high-impact or high-prevalence risks for consumers.
- Records of 'near-misses' and incidents and actions taken to address risks are documented.
- Communications that show that the organisation updates the workforce on new or changed practices to assess and manage high-impact or high-prevalence risks to consumers' safety, health and well-being.
- Evidence of continuous improvement, including how the organisation reviews its policies, procedures and practices based on evidence. As well as how it learns from what's not working.
- Evidence of monitoring and reporting of performance against this requirement.

Standard 3

Requirement (3)(c)

3

The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.



Personal care and clinical care

Standard 3 | Requirement (3)(c)

Intent of this requirement

This requirement focuses on how personal and clinical care is delivered at the end of a consumer's life. Organisations are expected to recognise the needs, goals and preferences of consumers who are nearing the end of their life. Communication with the consumer and a care and services plan that reflects their needs, goals and preferences will support this requirement.

An understanding that dying and death are part of each consumer's human experience, not just a biological or medical event, needs to underpin all end of life care. Organisations that take the right approach will deliver care that is culturally safe, provide it in the most suitable setting, and deliver it in a timely manner.

To maximise the consumer's comfort and maintain their dignity at end of life organisations need access to an appropriately skilled and qualified workforce. There needs to be a timely response if a consumer is in physical, psychosocial or spiritual distress to ensure suffering is prevented or relieved and their dignity is maintained at their end of life. How an organisation does this will depend on the setting, the needs of consumers and what specialist resources and members of the workforce they have available. It will also need to be in line with relevant national practice guidelines and state and territory programs.

Involving a consumer's representative in their end of life care decisions must be in line with a consumer's wishes. Where a consumer lacks the capacity to make decisions they may have a court or tribunal-appointed guardian to make decisions on their behalf. When this is the case an organisation needs to manage this according to relevant law and best practice guidance.

Reflective questions

How are the consumer's needs, goals and preferences for their end of life care reflected in their care and services plan, including the situation, environment and place where they wish to die?

What processes are in place to support conversations with the consumer, and others the consumer wants involved, about their cultural, spiritual and physical needs?

How does the organisation make sure that they promptly recognise when the consumer is moving to the terminal phase of life?

And how do they communicate this to the consumer, others the consumer wants involved and relevant health professionals?

How does the organisation work with others outside the service (such as palliative care specialists) to improve the consumer's end of life care?

How does the organisation evaluate and review end of life services to make sure they are effective and meet the needs and preferences of consumers?



Examples of actions and evidence

Consumers

- Consumers say they feel confident that when they need end of life care, the organisation will support them:
 - to be as free from pain as possible
 - to have those important to them with them
 - to die in line with their social, cultural and religious and spiritual preferences.
- Consumer representatives say they feel positive about their experience with the organisation and the workforce at the time of the consumer's death.

Workforce and others

- Relevant members of the workforce say they feel well prepared and supported to have conversations with consumers about end of life care.
- Relevant members of the workforce can describe how they support consumers at the end of their lives. This includes being as free from pain as possible, having those important to them with them, and dying in line with their social, cultural and religious and spiritual preferences.
- Evidence that the workforce, through their education and experience, recognise end of life signs and can review a consumer's needs, goals and preferences in line with their wishes.
- Members of the workforce are respectful and can describe how they have supported a range of consumers to make end of life choices. This includes situations where the consumer's wishes have been different to what the workforce member or organisation believes.

- The workforce can describe how they support consumers to direct their own end of life care where possible.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Care and services plans reflect changes in care and services, in line with the consumer's end of life care needs, goals and preferences. This includes advance care planning when this has occurred.
- Examples of the use of tools and resources for supported decision-making with consumers, representatives and others they want to involve in decisions about their end of life care.
- Policies and procedures for end of life care document how to recognise when consumers are at the end of life and what supervision and support is provided to members of the workforce providing end of life care.
- Examples of activities the organisation has implemented to balance end of life care with consumer goals and best practice and how these activities have been evaluated.
- Evidence of how the organisation monitors and reports its performance against this requirement.

Standard 3

Requirement (3)(d)

3

Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.



Intent of this requirement

This requirement explains how organisations are expected to respond to deterioration or change in a consumer's mental health, cognitive or physical function, capacity or condition.

A consumer may experience health conditions or impairments that restrict their capacity or abilities. How these restrictions affect the consumer's day to day activities or function also depends on the consumer's personal circumstances and environment. The right care and services can support the consumer's day to day function, their activity and participation in the community. However, the balance can change quickly due to changes in the consumer's circumstances, environment or health status. It is important that organisations pick up these changes because:

- if the consumer's loss of function is temporary, it can be improved or reversed with the right care and services
- a higher level of ongoing care and services may be needed to meet the consumer's needs
- further health complications for the consumer can be avoided by intervening early.

However there is evidence that warning signs of a consumer's changing or deteriorating function, capacity or condition is not always recognised or acted upon promptly or in the right way. Changes may be mental, cognitive or physical in nature. Identifying changes or deterioration early can improve outcomes and mean that consumers need less intervention in the future.

Organisations are expected to have systems and processes, relative to the services they deliver, that support the workforce to recognise, and respond to a consumer whose function, capacity or health condition changes or deteriorates. This includes ways for the workforce, consumers, and others to identify and escalate concerns so that the organisation can assess the situation and take action.



Personal care and clinical care

Standard 3 | Requirement (3)(d)

Reflective questions

What systems and policies are in place in the organisation to recognise and respond to changes or deterioration in the health or function of a consumer?

How is the workforce supported to recognise and respond to a sudden or unexpected deterioration of a consumer's mental health, cognitive or physical condition, function or capacity? For example, how do members of the workforce recognise signs and symptoms of deterioration and what to do?

Are there any gaps or delays in identifying, communicating and responding to deterioration between providers, organisations or individuals providing care and services?

How can consumers, the workforce and others who review systems and processes, improve early recognition and response to deterioration or loss in a consumer's health or function?

How does the organisation provide information to consumers and representatives on recognising changes or deterioration in health or function? This includes how important recognising it can be. And how does the organisation support consumers and representatives to understand how they can raise concerns about possible changes or deterioration?



Examples of actions and evidence

Consumers

- Consumers say they are confident that members of the workforce providing their care and services know them and would pick up a change in their condition, health or abilities. They also say the members of the workforce providing their care and services would know what to do about a change in their condition, health or any loss of abilities.
- Consumers and representatives say that they understand how to raise concerns about any deterioration in condition, health or ability which occurs.
- Consumers and their representatives say that the organisation responded well to a change or deterioration in condition, health or ability when they needed to.

Workforce and others

- The workforce can describe the different situations where a change in a consumer's condition, health or abilities should be identified and what response they should take.
- The workforce can describe how they should communicate information about a consumer's condition, health or abilities deteriorating, who should be involved and what actions they should take.
- The workforce can describe how they identify signs of deterioration. They can also describe their understanding of their role and the organisation's processes for communicating and escalating any concerns.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Evidence that the workforce who deliver care and services, document routine observations in line with the care and services plan and relevant policy and procedures. They also respond to triggers to escalate care when a consumer deteriorates.
- Consumer records show critical information about a change in a consumer's condition, health or abilities provided by members of the workforce, the consumer or their representative is acted on by the organisation.
- Roles, responsibilities and accountabilities for members of the workforce for recognising and responding to a consumer's deterioration are documented.
- Policy and procedures document the organisation's processes for responding to deterioration or change in a consumer's condition, health or abilities, relevant to the services they provide. This includes how to communicate appropriately and involve consumers, their representatives and others including carers and families.
- Examples of documents about recognising and responding to deterioration. This can include advance care plans, documented needs, goals and preferences and documented discussions with consumers their representatives and others.
- Evidence of improvements adopted after incident reports, investigations or feedback. This can include records from an incident management system about incidents or 'near misses' where the service didn't recognise a consumer's deterioration.
- Evidence of how the organisation monitors and reports its performance against this requirement.

Standard 3

Requirement (3)(e)

3

Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.



Intent of this requirement

This requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective personal and clinical care and understanding the consumer's condition, needs, goals and preferences. The information the workforce has access to should help them provide and coordinate care that respects the consumer's choices. Good information management systems mean the consumer doesn't have to keep repeating their story.

If organisations transfer important information about a consumer's care within and between organisations that are responsible for the consumer's care and services, they can improve outcomes for the consumer. If the consumer's condition, needs, goals and preferences are known to those involved in the consumer's care it will:

- improve the safety, effectiveness and consistency of care and reduce the risk of harm
- improve the consumer's experience of care and deliver care which reflects their choices.

There are many different situations where this requirement applies. Including how an organisation communicates information about a consumer's condition, needs, goals and preferences:

- if their regular member of the workforce changes
- when members of the workforce change between work shifts
- when a consumer is transferred to hospital for specialist treatment
- when the consumer's condition, needs, goals or preferences have changed.

How information is communicated can vary, but the method needs to be efficient and fit the situation. Organisations need to collect and share consumer's personal information in a way that complies with relevant privacy legislation. The organisation is also expected to find ways to include consumers, their representatives and others the consumer wants involved, in communication processes.



Personal care and clinical care

Standard 3 | Requirement (3)(e)

Reflective questions

What communication systems does the organisation use to make information easily available to relevant agency staff, substitute general practitioners, paramedics and others?
This is vital for anyone who needs to provide personal or clinical care without already knowing the consumer.

When two or more organisations share care, or where there are integrated services, what arrangements does the organisation have to share relevant information promptly?
How do they plan and deliver care?
How does handover occur?

What tools and supports does the organisation provide for the workforce to understand and communicate consumer-centred information?
This should provide a complete picture of a consumer's care needs and preferences.

How does the organisation support the workforce to see that part of their job is to work together to improve day-to-day care and be clear on instructions on how to best support consumers?

What systems does the organisation have in place to include consumers, representatives and others they want to include, in communications about their care?



Examples of actions and evidence

Consumers

- Consumers say they are fully informed and able to consent to information being shared with others about them.
- Consumers say their personal or clinical care is consistent. They have continuity of care and don't have to repeat their story or their preferences to multiple people.
- Consumers say the organisation coordinates their personal or clinical care well. They benefit from different organisations working together and sharing information about them.
- Consumers say they have quality personal or clinical care because the workforce and relevant others have correct and up-to-date information. This includes replacement workforce members and those from different organisations.
- Consumer representatives say that the organisation has processes to support continuity of care. It also has processes to communicate important information about a consumer's care and how it delivers it.

Workforce and others

- The workforce can describe how the organisation tells them about a consumer's condition, needs, goals and preferences as it relates to their own roles, duties and responsibilities. The workforce can also describe how they share this information.
- Relevant members of the workforce show a clear understanding of information sharing and different types of consent.
- Relevant members of the workforce can describe how accurate, up-to-date and relevant information is shared with others as consumers move between care settings, such as between home and hospital.
- The workforce can describe the different

situations where they shared care documents or communicated information about the consumer's condition, needs and preferences and how they complied with relevant privacy obligations.

- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Evidence of an effective system to manage information that keeps suitable controls over privacy and is in line with relevant legislation.
- Evidence that the organisation is actively communicating with others, internally and externally, to make sure that care and services are delivered without any disruptions.
- Evidence that the organisation monitors how the workforce manages information in relation to information gaps, pending and missing information and that follow up occurs.
- Records reflect how the organisation asks for consent to release or share information using methods suitable for each consumer and in accordance with Privacy legislation.
- Evidence that relevant members of the workforce have access to consumer records.
- Consumer care and service plans show evidence of updates, reviews and communication alerts. This includes information from multiple sources, updates from reassessments and their results.
- Policies and procedures that show how the organisation communicates important information about a consumer when they share the responsibility for their care with other providers, or have transferred a consumer to another organisation.

Standard 3

Requirement (3)(f)

3

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.



Personal care and clinical care

Standard 3 | Requirement (3)(f)

Intent of this requirement

Organisations that provide care and services are expected to consult with the consumer and make appropriate referrals to other individuals, organisations or providers that can provide a care and services that meets the consumer's needs. This is to make sure that the care and services meet the consumer's needs, goals and preferences and improves their health and well-being. After finding out what a consumer's needs, goals and preferences are for independence, health and well-being, an organisation may decide that specialist providers will be better able to give the consumer the particular care they need. Specialist services can include allied health, hearing, dental, medical or psychiatric services or other specialised therapy services.

Having an active network of other individuals, organisations or providers, they can refer or collaborate with, means the organisation can meet the diverse needs of consumers. It is expected that organisations do this in line with the *Quality of Care Principles, 2014*.

Organisations will need to meet obligations relating to privacy of information when co-ordinating care with other providers, organisations or individuals.

Reflective questions

How has the organisation identified individuals, organisations or providers that can deliver care, services and supports to better meet consumer choices?

When more than one organisation is responsible for a consumer's, is it clear to everyone who is responsible for providing personal or clinical care at any point in time?

If their condition deteriorates, what services may the consumer need that can't be safely managed within the organisation? What systems does the organisation have to make timely referrals, if this is in line with the consumer's preference?

What are the organisation's barriers to timely referrals and does it actively work to remove these barriers?



Examples of actions and evidence

Consumers

- Consumers say that where the organisation has been unable to provide suitable care they have helped organise someone else to provide it.
- Consumers say the organisation has referred them to the appropriate providers, organisations or individuals to meet their changing personal or clinical care needs.
- Consumers believe referrals happen promptly when their personal or clinical needs change.
- Consumers say they are satisfied with the care delivered by those they've been referred to. They also say the care from the other individuals, organisations or providers are delivered in a culturally safe way.

Workforce and others

- The workforce can identify other individuals, organisations or providers they can make referrals to and any referral criteria that applies.
- The workforce can describe how they refer consumers to other individuals, organisations or providers and how they collaborate to meet the diverse needs of consumers.
- The workforce can describe how the consumer is actively involved in decisions and about referrals and how consent is obtained.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- The organisation's strategic and operational planning describes activities that maintain a network of individuals, organisations or providers they can refer consumers to.
- Evidence that the organisation has links with other individuals, organisations or providers to make sure consumers can access a range of care and services, for example memorandums of understanding.
- Policy documents for referrals to other individuals, organisations or providers that include arrangements for services that the organisation doesn't provide. This includes contacts, roles and responsibilities of the workforce when making referrals, and involving consumers and their representatives.
- Consumers' care and services plans show that the organisation collaborates with other individuals, organisations or providers to support the diverse needs of consumers.
- Records that show the organisation regularly reviews the individuals, organisations or providers they refer consumers to, to make sure their services remain safe and effective and quality care and services are being delivered.
- Consumer records show the organisation makes timely referrals to health practitioners, specialised allied health, or other services, to meet the care needs of consumers.
- Evidence of referral processes, outcomes for consumers, and projects that show quality improvement.

Standard 3

Requirement (3)(g)

3

Minimisation of infection-related risks through implementing:

- (i) standard and transmission-based precautions to prevent and control infection; and***
- (ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.***



Intent of this requirement

Organisations are expected to minimise infection-related risks in two ways.

Infection control

Organisations are expected to assess the risk of, and take steps to prevent, detect and control the spread and severity of infections. To minimise the risk of transmission, severe illness, hospitalisation or even death, precautionary infection control measures should be prioritised, including standard and transmission-based precautions and facilitating timely access to relevant vaccinations including for COVID-19.

Organisations providing residential aged care need to offer the workforce influenza vaccinations and keep records of these vaccinations. They also need to promote the benefits of influenza and coronavirus (COVID-19) vaccinations to both residents and staff. Residential care services, home care services and flexible care services providing transition care and short-term restorative care need to keep records and report on workforce and consumer coronavirus (COVID-19) vaccinations. This information should inform infection prevention and control planning.

If community transmission starts to occur in your area, you must increase your vigilance and escalate your response, particularly around infection prevention and control.

It's expected that organisations develop and implement an effective infection prevention and control program that is in line with current national guidelines, recommendations or advice. This may include information from the Infection

Control Expert Group, Communicable Disease Network Australia (CDNA), Australian Health Protection Principal Committee (AHPPC), Australian Technical Advisory Group on Immunisation (ATAGI) and the Chief Medical Officer.

Infection prevention and control programs will vary in scope and complexity depending on the nature of the care and services the organisation provides. Organisations must demonstrate infection prevention and control expertise, such as appointment of infection prevention control (IPC) lead(s), meeting (ongoing) training requirements around infection prevention and control, which should be available to all staff. Processes for routinely screening staff and visitors on entry to a residential care facility are important where there is any risk of infectious disease being introduced to the facility.

Residential aged care services are required to appoint at least one clinical staff member as infection prevention and control IPC lead(s). This ensures that these organisations are prepared to prevent and respond to infectious diseases, including coronavirus (COVID-19) and influenza. The IPC lead(s) must be a designated member of the nursing staff who has completed an identified IPC course.

Antibiotic resistance

Ideal use of antibiotics means treating consumers 'with the right antibiotic to treat their confirmed condition, the right dose, by the right route at the right time and for the right duration based on accurate assessment and timely review'.²²

22 <https://www.safetyandquality.gov.au/wp-content/uploads/2014/11/Antimicrobial-Stewardship-Clinical-Care-Standard-web.pdf>



Personal care and clinical care

Standard 3 | Requirement (3)(g)

Using antimicrobials incorrectly, including antibiotics, can cause antimicrobial resistant (AMR) infections. AMR infections affect consumers' safety and well-being because treatments are more complex and longer and can cause more disease and deaths. AMR infections not only affect the individual consumer, but can also spread and affect other people. Good use of antimicrobials makes sure they continue to be effective. This is key to providing safe and effective care to consumers. It also reduces the growth in resistant organisms.

Organisations providing care and services need to help to minimise the development and spread of antimicrobial resistance in line with the national guidelines.²³

Reflective questions

What systems and processes has the organisation implemented to prevent and control infection and to support appropriate use of antimicrobials?

How does the organisation know whether hand washing practices are effective and in line with national hand hygiene guidelines?

What are the influenza and COVID-19 immunisation rates for consumers and the workforce in residential services? How does this information inform infection prevention and control planning?

What is the organisation's plan for managing an infectious outbreak including for coronavirus (COVID 19)? Are there systems in place for managing consumers with known infections? Are there processes for communicating protocols where the care takes place and between the workforce or providers, organisations or individuals where care and services are shared?

How does the organisation apply risk management principles to implement systems for a clean environment and equipment?

How does the organisation promote infection control and appropriate antibiotic prescribing practices to the workforce, consumers and others to enhance effectiveness?

Are there agreed processes for access to other providers, organisations or individuals, such as general practitioners, nurse practitioners or public health units and community pharmacies for timely prescriptions in the event of an outbreak?

Who in the organisation provides advice and oversight as part of ongoing, day-to-day operations of infection prevention and control?

How does the organisation demonstrate that it uses and references national accepted guidelines for infection prevention and control, including those provided during the coronavirus (COVID-19) pandemic?

23 <https://www.amr.gov.au/resources/national-amr-strategy>



Personal care and clinical care

Standard 3 | Requirement (3)(g)

Can the organisation's infection control processes be quickly escalated in line with the current situation?

Does the organisation communicate regularly with staff regarding expectations around cohorting, physical distancing, staying home when unwell and the importance of infection prevention and control?

Examples of actions and evidence

Consumers

- Consumers are confident in the organisation's ability to manage an infectious outbreak.
- Consumers and their representatives have been given information on how to minimise the spread of infections, such as hand washing.
- Consumers' and representatives' observations of members of the workforce confirm that they practice good hand hygiene and help consumers to do the same.

Workforce and others

- Staff say the organisation has told them about the benefits of the influenza vaccination and offered them an influenza vaccination each year.
- The workforce can describe the practical steps they take to reduce the risk of increasing resistance to antibiotics.
- The organisation's management describe how it supports members of the workforce to understand and promote appropriate prescribing of antibiotics.

- Records show that the organisation educates relevant members of the workforce in antimicrobial resistance and strategies to reduce the risk of increasing resistance to antibiotics.
- Records show that the organisation has appointed an IPC lead(s) that must be engaged onsite and dedicated to a facility.
- Records show that the IPC lead(s) have completed at least the minimum requirements of the Department's coronavirus COVID-19 focused and specified training modules.
- Records show that policies and procedures are contemporary and refer to best practice guidance, including those specific for outbreak prevention and management, that staff are aware of these policies and procedures, and supports and services have been planned and practised for a potential outbreak.
- Workforce orientation and training or other records that show how the organisation supports the workforce to follow the organisation's infection prevention and control program and how to meet this requirement.



Organisation

- Evidence of a documented infection prevention and control program.
- Records evidencing workforce influenza immunisation program, up-to-date records of staff flu vaccinations, and evidence of methods to promote the benefits of vaccination to staff.
- An outbreak management plan, such as for COVID-19, gastroenteritis or influenza, that explains how the organisation will prepare for, identify and manage any outbreaks. Evidence of how the organisation will educate the workforce on outbreak management and their roles and responsibilities.
- Evidence of IPC training delivered to all staff when they begin employment at the facility and ongoing training annually or more frequently as required.
- Care and services plans that identify consumer infections and any transmission based precautions implemented by the workforce. Relevant details of how a consumer's infectious status is clearly and sensitively communicated if care is shared.
- A current list of infectious diseases that the organisation needs to tell government authorities about. Contacts at relevant state or territory government departments that can help prepare for, identify and manage any outbreaks are documented and readily available to relevant members of the workforce.
- Evidence of antimicrobial stewardship policy and processes to support appropriate administration of antibiotics.
- Evidence of care strategies used to minimise the need for antibiotics (such as measures to reduce the risk of urinary tract infections or treat minor skin infections).
- Policy documents that detail infection prevention and control procedures that include risk assessment and risk management strategies, and instructions for the workforce.
- Data that is used to monitor infections and resolution rates and the effectiveness of the infection prevention and control program.
- Action plans for improvement based on the risk assessment of the organisation's infection prevention and control systems.



Services and supports for daily living

Standard 4 |

4





Services and supports for daily living

Standard 4 |

Consumer outcome

- 4 (1) ***I get the services and supports for daily living that are important for my health and well-being and that enable me to do the things I want to do.***

Organisation statement

- 4 (2) *The organisation provides safe and effective services and supports for daily living that optimise the consumer's independence, health, well-being and quality of life.*

Requirements

- 4 (3) The organisation demonstrates the following:
- 4 (3) (a) Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.
- 4 (3) (b) Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.

- 4 (3) (c) Services and supports for daily living assist each consumer to:
- (i) participate in their community within and outside the organisation's service environment; and
 - (ii) have social and personal relationships; and
 - (iii) do the things of interest to them.
- 4 (3) (d) Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.
- 4 (3) (e) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.
- 4 (3) (f) Where meals are provided, they are varied and of suitable quality and quantity.
- 4 (3) (g) Where equipment is provided, it is safe, suitable, clean and well maintained.

Meaning of services and supports for daily living

Services and supports for daily living include, but are not limited to, food services, domestic assistance, home maintenance, transport and recreational and social activities.



Purpose and scope of the Standard

A consumer might have some challenges in their health and abilities, but they still have goals they want to achieve. They also have roles that have meaning, and they want to manage their day-to-day life and live as well as they can. Services and supports for daily living cover a wide range of options that aim to support consumers live as independently as possible and enjoy life. They may be any services (other than clinical or personal care services) that an organisation provides under the *Quality of Care Principles, 2014*.

Examples of services and supports for daily living include:

- domestic help, such as cleaning, laundry, gardening and home maintenance services
- food services, including meals, food advice, delivery and preparation
- services to encourage and support consumers to take part in social and other activities they are interested in, including community life.

Delivering services and supports to improve a consumer's well-being and quality of life requires a consumer-centred approach.

This means treating the consumer as a whole person and considering their physical and mental health, and spiritual, emotional and social life. Their relationships, attitudes, cultural values and the influences of those around them, including family and community are all important.

Socially including consumers isn't just about giving them opportunities to join in on activities that the organisation provides. It's also about making sure that consumers feel socially connected, can have relationships they choose, have control over their lives, have privacy and are able to contribute.

Care and services are expected to be delivered in a way that enables all a person's needs to be met. This includes making sure that enough time is allocated to allow staff to provide care and treatment in accordance with the person's assessed needs and preferences. There should be policies and procedures that support staff to deliver care and treatment in accordance with the requirements detailed in the care and services plan.

Organisations are expected to provide services and supports in line with the consumer's assessed needs, goals and preferences, and any care and services plan, or service agreement in place with the consumer. An organisation may not directly provide all the services and supports that are important to the consumer's well-being. However, it's expected that the organisation would help the consumer to access other services or supports, including those that the wider community may provide.



Services and supports for daily living

Standard 4 |

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- understand the requirement
- apply the requirement, and this is clear in the way they provide care and services
- monitor how they are applying the requirement and the outcomes they achieve
- review outcomes and adjust their practices based on these reviews to keep improving.

Linked Standards

Standard 4 links to:



Standard 1

All aspects of services and supports for daily living needs to treat consumers with dignity and respect and support them to make choices. It's also important that services and supports are delivered in a way that is culturally safe.



Standard 2

Assessment and planning of the consumer's needs, goals and preferences promotes the delivery of safe and effective services and supports.



Standard 7

Workforce interactions with consumers need to be kind, caring and respectful of each consumer's identity, culture and diversity. In particular, the workforce needs to have the competency, qualifications and knowledge to deliver safe and effective services and supports for daily living and promote consumers' health, well-being and cultural safety.



Standard 8

The organisation's governing body is accountable for the delivery of safe and quality services and supports.



Relevant legislation

- Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019
- Privacy Act 1988 (Cth), Schedule 1, Australian Privacy Principles
- Anti discrimination legislation nationally
- Work health and safety legislation nationally
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/advance care planning legislation
- State and Territory food safety and handling legislation and regulations

Resources and references

- Australian Meals and Wheels Association (2016). *National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians*¹
- Beyondblue (2014). *What works to promote emotional well-being in older people: A guide for aged care staff working in community or residential settings*²
- Dieticians Association Australia, *Healthy Eating, Healthy Ageing*³
- International Dysphagia Diet Standardisation Initiative⁴
- Meaningful Ageing Australia (2016). *National Guidelines for Spiritual Care in Aged Care*⁵
- Meaningful Ageing Australia, *Quality Standards spirituality videos*⁶
- New South Wales Government, *Eating Well – A nutrition resource for older people and their carers*⁷
- Victorian Government, Department of Health, *Well for life*⁸
- Tasmanian Government, Department of Health, *Malnutrition in older people online training*⁹

1 <http://www.mealsonwheels.org.au/wp-content/uploads/2016/10/NationalMealsGuidelines2016.pdf>

2 <https://das.bluestaronline.com.au/api/BEYONDBLUE/document?token=BL/1263A>

3 <https://daa.asn.au/marketplace/publications/resources-available-for-purchase/>

4 <https://iddsi.org/>

5 <https://meaningfulageing.org.au/wp-content/uploads/2016/08/National-Guidelines-for-Spiritual-Care-in-Aged-Care-DIGITAL.pdf>

6 <https://meaningfulageing.org.au/product/short-animations-aged-care-quality-standards-spiritual-care/>

7 <https://www.cclhd.health.nsw.gov.au/services/nutrition/nutrition-resources/>

8 <https://www2.health.vic.gov.au/ageing-and-aged-care/wellbeing-and-participation/healthy-ageing/well-for-life>

9 https://www.dhhs.tas.gov.au/healthyageing/online_training/for_healthcare_workers_supporting_people_with_malnutrition

Standard 4

Requirement (3)(a)

4

Each consumer gets safe and effective services and supports for daily living that meet the consumer's needs, goals and preferences and optimise their independence, health, well-being and quality of life.



Services and supports for daily living

Standard 4 | Requirement (3)(a)

Intent of this requirement

Receiving safe and effective services and supports for daily living can help consumers to be as independent as possible and maintain a sense of well-being. When these are tailored to their needs, goals and preferences, this helps to improve the consumer's quality of life.

The level and number of services and supports for daily living a consumer uses will vary. What's valuable and important to one consumer isn't always important to another. It's expected that the consumer's services and supports for daily living are safe and effective and delivered in line with their assessed needs, goals and preferences. Safe and effective services and supports includes effective management of incidents and 'near misses' and documentation and review of these to inform continuous improvement.

Risks associated with the services and supports of each consumer should be managed in line with the consumer's care and services plan. This is so that the organisation supports them to safely maintain their best possible level of independence and function. For example, catering services may need to avoid particular foods for some consumers (due to allergies, diabetes or cultural needs). Or, the texture of food might need to be changed for consumers who have difficulty swallowing.

Reflective questions

How does the organisation know that the services and supports for daily living it provides are in line with the consumers care and services plan?

How does the organisation know that the services and supports are safe and effective?

What networks has the organisation developed to help provide services and supports for daily living to meet a consumer's needs goals and preferences?

How does the organisation measure how safe and effective their services and supports are in improving a consumer's independence, health, well-being and quality of life?

How does this occur when care is shared?

Does the organisation apply a problem-solving approach to manage risks to consumers?

Does the organisation take a balanced approach to reducing risks to maintain the safety of consumers, the workforce and others, while supporting consumer preferences?



Services and supports for daily living

Standard 4 | Requirement (3)(a)

Examples of actions and evidence

Consumers

- Consumers say they are satisfied that the services and supports for daily living they receive and the services and supports help them do the things they want to do.
- Consumers can explain how the services and supports for daily living have improved their independence, health, well-being and quality of life.
- Consumers say they feel safe in the way services and supports are delivered and when using any equipment, device or item.
- Consumers say members of the workforce are flexible and can modify services and supports so they can continue to do things of interest to them, including at times when they feel less able to participate fully.
- Consumers can describe how they provide feedback to change the services and supports they receive.

Workforce and others

- The workforce can describe how they come to understand what consumers want to continue to do for themselves. They can also describe what the consumer needs to do to stay safe and well, and what they want to be able to do or keep doing.
- The workforce can describe how the organisation tailors the delivery of services and supports for daily living to meet the consumer's needs, goals and preferences.
- The workforce can describe how they work with consumers to help them do as much as they can for themselves and maintain their independence and quality of life.

- The workforce can describe how they know the services and supports they deliver are safe and effective.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Consumer needs, goals and preferences are documented and made available to the workforce to inform the type of services and supports provided to the consumer, and the way that they are provided.
- Records reflect that the consumer and others they want to involve, are involved in deciding how the organisation delivers their services and supports.
- Records reflect strategies and options to deliver services and supports for daily living that reflect the diverse needs and characteristics of consumers.
- Records reflect processes in place to support problem solving, including where risks arise, so that consumers optimise their independence, health, well-being and quality of life.
- Records of incidents and 'near misses' and actions taken in response are documented.
- Evidence of improvements adopted after reports of incidents or 'near misses' investigations or feedback.
- Evidence of how the organisation's approach to providing services and supports for daily living, helps consumers stay active, involved and doing as much for themselves as possible.

Standard 4

Requirement (3)(b)

4

Services and supports for daily living promote each consumer's emotional, spiritual and psychological well-being.



Services and supports for daily living

Standard 4 | Requirement (3)(b)

Intent of this requirement

This requirement focuses on how an organisation's services and supports for daily living can promote the emotional, spiritual and psychological well-being of consumers. This involves understanding and meeting the goals, needs and preferences of the consumer and delivering services and supports for daily living in a culturally safe way. This is important for consumers to realise their potential and have quality of life.

Consumers who need help to stay at home or who live in residential care may be experiencing challenges, change or loss, including to relationships, independence, self-worth, mobility and flexibility. They could also be experiencing a reduced sense of purpose and meaning. Approaches that promote emotional, spiritual and psychological well-being will minimise the risk of stress, depression or anxiety, and help consumers experience meaning and purpose. This could be through specific pastoral care, cultural, or religious activities that are meaningful to the individual consumer, or through everyday encounters that promote a sense of connection and community.

How an organisation achieves this, will depend on the consumer's experience, values and beliefs and their personal situation. It will also depend on the type of services and supports being provided by the organisation. Promoting empathy, compassion and connection between the consumer and members of the workforce in their day to day interactions, will support this approach.

Reflective questions

How is the understanding of the consumer as a person, with their own story and experiences, used to provide opportunities for growth, reflection, sense of connectedness and fulfilment?

How does the organisation support the workforce to understand, value and support consumers' emotional, spiritual and psychological well-being?

How does the workforce build and maintain trust with each consumer?

Do interactions between consumers and the workforce show that consumers receive services and supports that meet their emotional, psychological and spiritual needs, goals and preferences?

How does the organisation help consumers access a diverse range of spiritual care practitioners to meet their needs, goals and preferences?

This may include community leaders, cultural or religious communities, chaplains or pastoral care practitioners.



Services and supports for daily living

Standard 4 | Requirement (3)(b)

Examples of actions and evidence

Consumers

- Consumers say they feel connected and engaged in meaningful activities that are satisfying to them.
- Consumers say they can acknowledge and observe sacred, cultural and religious practices. They can also celebrate days that are meaningful to their culture or religion.
- Consumers say that their services and supports promote their spiritual, emotional and psychological well-being.

Workforce and others

- Members of the workforce describe how they have supported the emotional, psychological and spiritual well-being of consumers.
- The workforce can give examples of cultural awareness in their everyday practice and how they recognise diversity to provide services that are meaningful to the consumer.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.

Organisation

- Strategic documents, policies and procedures show how the organisation provides services and supports to help consumers' emotional, psychological and spiritual well-being.
- Records show that the organisation delivers services and supports in line with the consumer's emotional, spiritual and psychological needs, goals and preferences.
- Evidence that shows how the organisation uses cultural and other expertise to help the workforce interact with consumers and promote emotional, spiritual and psychological well-being.
- Evidence of how the organisation monitors, reports and keeps improving its performance against this requirement.

Standard 4

Requirement (3)(c)

4

Services and supports for daily living assist each consumer to:

- (i) participate in their community within and outside the organisation's service environment; and***
- (ii) have social and personal relationships; and***
- (iii) do the things of interest to them.***



Services and supports for daily living

Standard 4 | Requirement (3)(c)

Intent of this requirement

Consumers' well-being and quality of life are improved by their relationships with others and doing things they enjoy and find meaningful, providing a sense of purpose and identity. However, declining health and changed life circumstances, such as the loss of a partner or becoming less mobile, can lead consumers to be less socially involved.

The way each consumer wants to interact or take part in their community, or with others, will be different. How often consumers want to interact with others will also be different. It's important to understand the consumer's situation. This includes personal and social relationships that are important to them and their existing supports and networks. This will help organisations tailor and coordinate the services and supports they, and other organisations or community networks, provide for the consumer.

Reflective questions

How engaged is the organisation with its local community?

Does it ask for the advice of consumers and others on how to change, innovate and improve its services and supports to meet changing consumer needs?

Do the activities offered within the organisation provide meaning and a sense of purpose?

Are there opportunities for unplanned and self-directed activities?

How is the workforce supported to recognise and engage with consumers who are at risk of being socially isolated or feeling lonely?

When a consumer can't manage day to day activities like they used to, does the organisation take a reablement approach to delay decline?

Does it help the consumer stay engaged in the community and in meaningful activities?



Services and supports for daily living

Standard 4 | Requirement (3)(c)

Examples of actions and evidence

Consumers

- Consumers say they get the most out of their social life and can follow their interests.
- Consumers say they are supported to maintain personal relationships to the level they wish.
- Consumers say they can take part in community and social activities the way that they want to and as much as they want.
- Consumers say they have day-to-day control over what they take part in, how they take part and who they socialise with.
- Consumers say members of the workforce and the organisations who provide their services and supports understand what's important to them.

Workforce and others

- The workforce can describe how they work with other organisations, advocates, community members or groups to help consumers follow their interests, social activities and continue community connections.
- The workforce tackles barriers that prevent consumers from being active in their communities. They also tackle barriers preventing consumers from connecting socially, maintaining personal relationships and doing what interests them.
- The workforce can provide examples of how the organisation adapts services and supports when a consumer's situation changes. This makes sure they are still meeting the consumer's needs, goals and preferences for social connection and meaningful relationships.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- Evidence of how the organisation has maintained social supports for consumers and increased opportunities for social interaction.
- Evidence of how the service has tackled barriers that prevent consumers from taking part in their community and other activities.
- Records show that the organisation designs services and supports with the consumer and that they adjust these to reflect the consumer's changing needs, goals and preferences.
- Evidence that the organisation works with external groups offering tailored and culturally safe services and supports to a consumer or group of consumers.

Standard 4

Requirement (3)(d)

4

Information about the consumer's condition, needs and preferences is communicated within the organisation, and with others where responsibility for care is shared.



Services and supports for daily living

Standard 4 | Requirement (3)(d)

Intent of this requirement

This requirement focuses on the communication processes that organisations are expected to have, so that their workforce has information about delivering safe and effective service and supports for daily living and understanding the consumer's condition, needs, goals and preferences. The information the workforce has access to should help them provide and coordinate services and supports that respects the consumer's choices. Good information management systems mean the consumer doesn't have to keep repeating their story.

If organisations transfer important information about a consumer's services and supports within and between organisations that are responsible for the consumer's services and supports, they can improve outcomes for the consumer. If the consumer's condition, needs, goals and preferences are known to those involved in the consumer's care it will:

- improve the safety, effectiveness and consistency of care and reduce the risk of harm
- improve the consumer's experience of care and deliver care which reflects their choices.

There are many different situations where this requirement applies. Including how an organisation communicates information about a consumer's condition, needs, goals and preferences:

- if their regular member of the workforce changes
- when members of the workforce change between work shifts
- when a consumer is transferred to hospital for specialist treatment
- when the consumer's condition, needs, goals or preferences have changed.

How information is communicated can vary, but the method needs to be efficient and fit the situation. Organisations need to collect and share the consumer's personal information in a way that complies with relevant privacy legislation. The organisation is also expected to find ways to include consumers, their representatives and others the consumer wants involved, in communication processes.



Services and supports for daily living

Standard 4 | Requirement (3)(d)

Reflective questions

When two or more organisations deliver services and supports, is it clear which organisation needs to communicate changes about a consumer's condition, needs, goals and preferences? Is it clear who this should be communicated to?

When two or more organisations share services and supports, or where there are integrated services, what arrangements does the organisation have to share relevant information promptly? How do they plan and deliver services and supports?

What tools and supports does the organisation provide for relevant members of the workforce to understand and communicate information about the consumer's services and supports needs and preferences?

How does the organisation support the workforce to see that part of their job is to work together to improve day-to-day services and supports and be clear on instructions on how to best support consumers?

What systems does the organisation have in place to include consumers, and others they want to include, in communication about their services and supports?



Services and supports for daily living

Standard 4 | Requirement (3)(d)

Examples of actions and evidence

Consumers

- Consumers say they are fully informed and able to consent to information being shared with others about them.
- Consumers say that their services and supports are consistent. They have continuity of services and supports and don't have to repeat their story or their preferences to multiple people.
- Consumers say the organisation coordinates their services and supports well. They benefit from different organisations working together and sharing information about them.
- Consumers say they have quality services and supports because all members of the workforce involved have correct and up to date information. This includes replacement members of the workforce and those from different organisations.
- Consumer representatives say that the organisation has processes to support continuity of services and supports. It also has processes to communicate important information about a consumer's services and supports and how to deliver them.

Workforce and others

- The workforce can describe how the organisation tells them about a consumer's condition, needs, goals and preferences as it relates to their own roles, duties and responsibilities. The workforce can also describe how they share this information.
- Relevant members of the workforce show a clear understanding of information sharing and different types of consent.
- Relevant members of the workforce can describe how accurate, up-to-date and relevant information is shared with others as consumers move between care settings, such as between home and hospital.
- The workforce can describe the different situations where they shared documents or communicated information about the consumer's services and supports and how they complied with relevant privacy obligations.
- Workforce orientation, training or other records that show how the organisation supports the workforce to effectively coordinate care and to meet this requirement.



Services and supports for daily living

Standard 4 | Requirement (3)(d)

Organisation

- Evidence of an effective system to manage information that keeps suitable controls to maintain privacy and is in line with relevant legislation.
- Evidence that the organisation is actively communicating with others, internally and externally, to make sure that service and supports are delivered without any disruptions.
- Evidence that the organisation monitors how the workforce manages information in relation to information gaps, pending and missing information and that follow up occurs.
- Records reflect how the organisation asks for consent to release or share information using methods suitable for each consumer and in accordance with privacy legislation.
- Evidence that relevant members of the workforce have access to consumer records.
- Consumer care and service plans show evidence of updates, reviews and communication alerts. This includes information from multiple sources, updates from reassessments and their results.
- Policies and procedures that show how the organisation communicates important information about a consumer when they share the responsibility for services and supports with other service providers, or have transferred a consumer to another organisation.

Standard 4

Requirement (3)(e)

4

Timely and appropriate referrals to individuals, other organisations and providers of other care and services.



Services and supports for daily living

Standard 4 | Requirement (3)(e)

Intent of this requirement

An organisation may not be able to provide all the services and supports for daily living that a consumer needs to have meaning, purpose and connectedness in their life. However, it's expected that organisations support and help the consumer to follow activities they are interested in, take part in social activities and maintain and develop social and personal relationships. To do this, organisations can connect consumers with services and supports that others in the wider community provide.

Other individuals, organisations or specialist providers may be better able to deliver specific services and supports safely and effectively and which better line up with consumer choices. Organisations that provide aged care services and supports are expected to refer consumers to other individuals, organisations or providers as needed.

Having an active network of other individuals, organisations or providers they can refer or collaborate with, means the organisation can meet the diverse needs of consumers. It is expected that organisations do this in line with the *Quality of Care Principles, 2014*. Organisations will need to meet obligations relating to privacy of information when co-ordinating care with other organisations, services or individuals.

Reflective questions

How has the organisation identified individuals, organisations or providers that can deliver services and supports to better meet consumer choices?

When more than one organisation is responsible for the services and supports of a consumer, is it clear to everyone who is responsible for providing the service or support at any point in time?

What are the barriers to timely referrals? Does the organisation actively work to remove these barriers?



Services and supports for daily living

Standard 4 | Requirement (3)(e)

Examples of actions and evidence

Consumers

- Consumers say that where the organisation has been unable to provide a suitable service or support they have helped organise someone else to provide it.
- Consumers say the organisation has referred them to the appropriate individuals, organisations or providers to meet their changing services and supports needs.
- Consumers believe referrals happen promptly when their needs, goals or preferences change.
- Consumers say they are satisfied with the services and supports delivered by those they've been referred to. They also say the services and supports from the other individuals, organisations or providers are delivered in a culturally safe way.

Workforce and others

- The workforce can identify individuals, organisations or providers they can make referrals to and any referral criteria that applies.
- The workforce can describe how they refer consumers to other individuals, organisations or providers and how they collaborate to meet the diverse needs of consumers.
- The workforce can describe how the consumer is actively involved in decisions and about referrals and consent is obtained.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- The organisation's strategic and operational planning describes activities that maintain a network of individuals, organisations or providers they can refer consumers to.
- Evidence that the organisation has made links with individuals, organisations or providers, to make sure consumers have access to a range of service and supports for example memorandums of understanding.
- Consumers' care and services plans show that the organisation collaborates with other individuals, organisations or providers to support the diverse needs of consumers.
- Records that show the organisation regularly reviews the individuals, organisations or providers they refer to, to make sure their services remain safe and effective and quality care and services are being delivered.
- Consumer records show that the organisation makes timely referrals to other individuals, organisations or providers to meet the services and supports needs of consumers.
- Evidence of referral processes, outcomes for consumers, and projects that show quality improvement.

Standard 4

Requirement (3)(f)

4

Where meals are provided, they are varied and of suitable quality and quantity.



Services and supports for daily living

Standard 4 | Requirement (3)(f)

Intent of this requirement

The intention of this requirement is to make sure that consumers have enough nutrition and hydration to maintain life and good health and reduce the risks of malnutrition and dehydration. Meals and the dining experience are a very significant part of day-to-day life. They play an important role in connecting consumers socially and supporting a sense of belonging.

This requirement applies when an organisation provides the nutritional or hydration needs of a consumer as part of their care or services. Where it's part of their role, organisations are expected to make sure that consumers have enough to eat and drink to meet their nutrition and hydration needs and to provide consumers with the support they need to eat and drink. This is expected to be based on assessed needs and address:

- what is needed to sustain life and support ongoing good health
- any dietary intolerances, allergies or medication contraindications
- the level of support or help the consumer needs
- consumer's preferences, and religious and cultural considerations
- timing of meals.

It's expected that organisations monitor nutritional and hydration intake to prevent dehydration, weight loss or weight gain.

Food can be a powerful social symbol for connecting consumers with moods, emotions and rituals related to their identity. Mealtime habits built over time can inspire feelings of comfort and familiarity for consumers. This is why it's important for an organisation to take into account a consumer's preferences, religious and cultural backgrounds when providing food and drinks or hosting meals.



Services and supports for daily living

Standard 4 | Requirement (3)(f)

Reflective questions

How does the organisation make sure nutrition and hydration needs are met?
How does the organisation make sure these needs are reviewed?
Does the provision of meals and drinks recognise any risks relating to a consumer's nutritional and hydration status?

How is the workforce supported to know when a referral for specialist nutritional advice is needed?
How is this advice accessed and how does the organisation make sure it is followed?

How does the organisation optimise the benefits of mealtimes?
This can include the atmosphere, interpersonal and social aspects of the dining experience.

How does the organisation involve the consumer in menu planning or food preparation?
How does the organisation know it's meeting the consumer's medical, cultural, religious or other meal needs?

How does the organisation make sure the presentation of each meal, such as its texture, flavour, smell and appearance, support good appetite and good food consumption?



Services and supports for daily living

Standard 4 | Requirement (3)(f)

Examples of actions and evidence

Consumers

- Consumers say they can choose from suitable and healthy meals, snacks and drinks. They can also take part in planning their menu.
- Consumers say that the organisation consistently provides their meal and drink preferences and menu selections. They say the menu also meets their medical, cultural, religious or other needs.
- Consumers feel their dining experience is comfortable and not rushed. They also feel that any help they need to eat and drink is readily available and provided in a dignified way.
- Consumers are satisfied that they receive, or are helped to prepare, a variety of well proportioned, quality meals. They say the dining experience supports their quality of life.
- Consumers say if they are hungry or thirsty a member of the workforce will get them something to eat or drink.
- Observations that food and drink are put within the reach of consumers and given in a way that the consumer can eat and drink. This may include finger food, cut up or modified meals or thickened drinks, where appropriate.

Workforce and others

- The workforce can describe how they create an engaging mealtime experience that encourages consumers to eat and drink.
- The workforce can describe how they assess food and drinks outside of normal catering hours.
- Members of the workforce can describe how they make sure that meals vary and are of suitable quality and quantity.
- The workforce can demonstrate that they know consumers' nutrition and hydration needs and preferences and how to support consumers' independence. This includes preferred meal size, dietary or cultural needs and any support they need to prepare food or drinks.
- The workforce can describe when specialist nutritional advice is required and how to access it.
- The workforce know how to report any changes to a consumer's appetite or eating habits, or concerns about weight loss or dehydration.
- The workforce can describe how to make any changes to meals or drinks the consumer requests and say that changes are made in a timely manner.
- Workforce orientation, training or other records that show how the organisation supported the workforce to meet this requirement.



Services and supports for daily living

Standard 4 | Requirement (3)(f)

Organisation

- Evidence of processes in place to plan and deliver nutrition and hydration in line with consumers' needs and preferences.
- Evidence of how a range of consumers are consulted in developing menus. This makes sure that the menu includes varied meals and reflects the diversity of consumers.
- Systems that demonstrate ordering, storing and preparation of food and drinks occurs in a way that maintains their freshness and quality.
- Evidence of an individual and flexible approach to preparing and delivering meals and for vulnerable consumers. This includes consumers living with dementia or receiving palliative care.
- Records reflect menus have been reviewed for nutritional balance.
- Records confirm food safety and any other legislative requirements are met.

Standard 4

Requirement (3)(g)

4

Where equipment is provided, it is safe, suitable, clean and well maintained.



Services and supports for daily living

Standard 4 | Requirement (3)(g)

Intent of this requirement

Equipment that organisations provide for consumers to use outside the service environment (for example the consumers' own home) needs to be fit for purpose. This means it needs to be safe, suitable, clean and well maintained.

This includes equipment for routine and specialised care, consumer lifestyle, housekeeping and cleaning, gardening, transport and maintenance. Each consumer's equipment needs and preferences will vary. They will be based on their care, lifestyle, mobility, communication, housekeeping and other needs, goals and preferences.

The organisation is responsible for making sure that third parties who may be subcontracted, have the equipment they need to meet this requirement. For example, a subcontracted transport service must have a safe and suitable wheelchair ramp to access the vehicle if they provide services and supports to consumers who use a wheelchair.

If a consumer owns the equipment they need in delivery of services and support, the organisation needs to take reasonable steps to make sure that it's clean, safe and suitable for the consumer to use. This would include raising any concerns with the consumer, or their representative, so that the equipment can be maintained, cleaned or reassessed.

Reflective questions

How does the organisation assess and plan how they provide equipment in a way that makes sure consumers have safe and suitable equipment that meets their needs?

**Are all members of the workforce using the equipment trained in its use?
How do members of the workforce know when the equipment is no longer safe or suitable?**

Are manufacturers' instructions on use, storage, maintenance and cleaning available and followed?

How does the organisation communicate to the consumer what their responsibilities are for cleaning, maintaining and storing the equipment?



Services and supports for daily living

Standard 4 | Requirement (3)(g)

Examples of actions and evidence

Consumers

- Consumers say they feel safe when they are using the equipment and they know how to report any concerns they have about safety.
- Consumers say that the equipment the organisation provides is suitable, meets their needs and they can access it when they need.
- Consumers are satisfied the equipment is clean and well maintained.

Workforce and others

- The workforce can describe how the organisation has trained them to safely use the equipment. They can also describe any responsibilities they share with the consumer for safety, cleanliness and maintenance.
- The workforce can explain how they would identify any potential risks to the safe use of the equipment. They can also describe how they would report when the equipment was no longer suitable for a consumer.
- Management of the organisation can describe how the organisation plans and follows maintenance and cleaning routines for equipment.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- The organisation has suitable arrangements for purchasing, servicing, maintaining, renewing and replacing equipment.
- Evidence that the organisation does risk and other assessments before they give equipment to consumers.
- Evidence that equipment is used, stored and maintained in line with manufacturers' instructions.
- Evidence that equipment is used for its intended purpose and the consumer who it's provided for is the one that uses it.
- Contract management or other documents show how the organisation ensures that sub-contractors have equipment to meet this requirement
- Clear responsibilities are documented for the safe use, ongoing suitability, cleanliness and maintenance of equipment where these are shared between the organisation and the consumer or a third party.



Organisation's service environment

Standard 5 |

5





Organisation's service environment

Standard 5 |

Consumer outcome

- 5 (1) ***I feel I belong and I am safe and comfortable in the organisation's service environment.***

Organisation statement

- 5 (2) *The organisation provides a safe and comfortable service environment that promotes the consumer's independence, function and enjoyment.*

Requirements

- 5 (3) The organisation demonstrates the following:
- 5 (3) (a) The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.
- 5 (3) (b) The service environment:
- (i) is safe, clean, well maintained and comfortable; and
 - (ii) enables consumers to move freely, both indoors and outdoors.
- 5 (3) (c) Furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.

Meaning of service environment

An organisation's service environment means the physical environment through which care and services are delivered, but does not include an individual's privately owned or occupied home at which in-home services are provided.



Purpose and scope of the Standard

Standard 5 applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It doesn't apply to home care services where the environment is the consumer's home. And it doesn't apply to other environments that consumers visit, such as bowling clubs or libraries.

This Standard is for organisations providing a physical service environment. It makes sure that the service environment, furniture and equipment support a consumer's quality of life, as well as their independence, ability and enjoyment. This means that the service environment suits the consumer's needs and is clean, comfortable, welcoming and well maintained. It includes how the safety and security, design, accessibility and layout of the service environment encourage a sense of belonging for consumers.

This Standard covers how an organisation's service environment:

- supports the consumer's ability to take part in the community and engage with others
- minimises confusion so consumers can recognise where they are and see where they want to go
- encourages consumers to make their living areas more personal
- welcomes consumers and their family or visitors and provides spaces for culturally safe interactions with others
- is safe, well maintained and clean
- helps consumers to move freely in the environment (including access to outdoor areas)
- subtly reduces risk where needed so safety features don't dominate the environment
- provides security arrangements in line with best practice to protect consumers when lawful and necessary.

The furniture, fittings and equipment provided at the service are also covered by this Standard. It is expected that these are safe, clean, well maintained and suitable for the consumer.

This Standard doesn't replace work, health and safety laws, or requirements under building legislation.



Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**

Linked Standards

Standard 5 links to:



Standard 1

A well considered service environment promotes consumers' independence, privacy and cultural safety.



Standard 7

The workforce focus on maintaining a physical environment which is safe, comfortable and welcoming promotes consumers enjoyment of their surroundings.



Standard 8

The organisation's governing body is accountable for the delivery of safe and quality care, services and supports, including the physical environment in which these are delivered.



Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*

Resources and references

- Dementia Training Australia (2017). *Environmental Design Resources*. Richard Fleming and Kirsty Bennett. University of Wollongong.¹
- 'Long-term care for people with dementia: environmental design guidelines', *International psychogeriatric*, vol. 22, no. 7, pp. 1084-96, 2010. Richard Fleming and Natin Purandare. University of Wollongong.²
- Victorian Government, Department of Health. *Dementia Friendly Environments*³
- Alzheimer's WA, *How to design dementia-friendly care environments*⁴

¹ https://www.dta.com.au/wp-content/uploads/2017/02/Intro_Resource1-31.1.17.pdf

² <https://pdfs.semanticscholar.org/49bf/a44d8a5cb54943a6bea071f9fc1e6347bb5f.pdf>

³ <https://www2.health.vic.gov.au/ageing-and-aged-care/dementia-friendly-environments>

⁴ https://www.alzheimerswa.org.au/wp-content/uploads/2017/06/Helpsheet-Environment03_HowToDesign_english.pdf

Standard 5

Requirement (3)(a)

5

The service environment is welcoming and easy to understand, and optimises each consumer's sense of belonging, independence, interaction and function.





Organisation's service environment

Standard 5 | Requirement (3)(a)

Intent of this requirement

This requirement is about creating a service environment that is well designed and welcoming for all consumers and encourages a sense of belonging.

Consumers will experience service environments differently, depending on their backgrounds, situations and what they expect from an organisation. A service environment that's designed to be inclusive helps all consumers feel welcome. A service environment that looks familiar to a consumer helps them feel that the organisation is welcoming them. It lets them know they can be themselves in the service environment.

The physical, emotional and social features of a space are all important parts of creating a welcoming service environment for consumers. This includes design, the feeling of being supported, and the quality of the relationships consumers develop with the workforce and other consumers and visitors to the service environment.

A service environment that's easy to understand is particularly important. Age-related changes and disabilities can make it more difficult for consumers to understand and get around in buildings and spaces. Such impairments can include hearing or sensory loss, and declining mobility and cognitive impairment. For example, the service environment can help maximise a consumer's function by reducing the level of unnecessary or competing noise or clutter.

Reflective questions

How does the organisation ask for advice to create a welcoming and easy-to-understand service environment for all consumers?

How have they used this advice?

What signals does the service environment give about who the organisation accepts and provides care and services for? Do the posters, photographs, artwork, magazines or reading materials in public areas show that this is an inclusive service environment?

How does the organisation make sure the service environment maximises support for consumers' independence and ability? What environmental strategies are in place to improve function and independence for consumers with sensory loss, such as hearing or vision loss or a cognitive impairment? For example, noise management, lighting, colour contrast, signage, textures and design.

How does the organisation deal with any challenges that consumers are having getting around the service environment?



Examples of actions and evidence

Consumers

- Consumers say the service environment is welcoming to them, their friends, family visitors (and pets where agreed). They say the service environment encourages a sense of belonging.
- Consumers say they have spaces to interact with others and spaces for quiet reflection. They also have spaces for religious or cultural practices and private spaces if they need them.
- Consumers say they can find their way around easily and can easily get to key locations, such as dining areas or a suitable bathroom.
- Consumers say they decide on the decoration, furnishings and layout of their bedroom. This includes bringing their own furniture and fittings (where agreed).

Workforce and others

- The workforce can describe how the organisation removes barriers that might exclude some consumers. This makes sure the service environment is welcoming to all consumers.
- The workforce can describe strategies to support consumers to get around the service environment at their own pace and with dignity.
- The workforce can show how different consumers can use the service environment in different ways. This means the service environment supports all consumers' independence and ability.
- Workforce orientation, training or other records that show how the organisation supports the workforce in this requirement.

Organisation

- Observations of the service environment show that consumers' rooms have a personal character and feel
- Evidence that the organisation takes steps to understand how consumers experience the service environment.
- Evidence that the organisation monitors and can adapt the service environment to support a consumer's changing needs such as a decline in mental or physical ability. This means the consumer can continue to do the things that are important to them.

Standard 5

Requirement (3)(b)

5

The service environment:

- (i) is safe, clean, well maintained and comfortable; and***
- (ii) enables consumers to move freely, both indoors and outdoors.***



Organisation's service environment

Standard 5 | Requirement (3)(b)

Intent of this requirement

This requirement is about the expectation that the service environment is safe, clean, well maintained and comfortable. It also covers the need for consumers to be able to move freely around the service environment, indoors and outdoors.

The service environment is expected to be fit for purpose in line with statutory requirements and national best practice. Each service environment is different. This means that organisations should consider the layout, the potential number of consumers using the service, and their needs to make sure the service environment is safe, clean, well maintained and comfortable. It can include buildings, access points, parking areas, gardens and the service environment's general appearance and homeliness.

The service environment is expected to promote the free movement of consumers (including to access outdoor areas). It may be important that the service environment is secure or access to certain areas are restricted to help create a safe service environment for consumers. Arrangements to protect consumers require assessment, documentation in care and services plans, informed consent from the consumer and regular monitoring and review, in line with best practice and legislation.

If third parties provide maintenance or other services, the organisation should clearly define their responsibilities in regard to the service environment. Organisations are responsible for monitoring and dealing with any issues that come up with contracted services.

Reflective questions

How does the organisation avoid environmental risks to keep consumers safe?

How does the organisation monitor and fix any safety issues, obstacles, barriers, poor lighting, glare or hazards?

How does the organisation look after the safety of each consumer?

For example, how would a consumer who is hearing impaired know an emergency alarm is going?

Can the atmosphere, size and shape of spaces in the service environment be changed?

Can the service environment be controlled so that the level of stimulation in spaces meets consumers' diverse sensory and comfort needs?

How do workforce attitudes and their understanding of risk and safety, affect a consumer being able to move freely in the service environment, indoors and outdoors?

How do workforce attitudes and their understanding of dignity of risk, affect a consumer being able to move freely indoors and outdoors?

Is the level of security in place in balance with the care and services being delivered?



Examples of actions and evidence

Consumers

- Consumers say the service environment makes them feel welcome.
- Consumers say they feel safe in the service environment and know how to let the workforce know if they don't feel safe.
- Consumers say the service environment is clean, well maintained and comfortable.
- Consumers say the service environment has plenty of natural light and fresh air and they can change the lighting, air flow and heating to make the service environment more comfortable.
- Consumers say they can move freely within the service environment and access the parts of the service they use independently, including the outdoor environment.

Workforce and others

- The workforce can describe their responsibilities to protect consumers from avoidable harm.
- The workforce demonstrates their knowledge of how to respond to a safety incident, hazard or emergency.
- The workforce can describe strategies to make sure consumers who can't move about on their own can access the outdoors if they wish.
- The workforce can explain how landmarks in the service environment help consumers find their way around and support consumers' independence. For example how discrete safeguards mean consumers living with dementia can safely access areas, such as kitchenettes.
- Workforce orientation, training or other records that show how the organisation has supported the workforce in this requirement.

Organisation

- Evidence the organisation has a range of strategies to create a relaxed, welcoming, peaceful, safe and comfortable service environment in line with consumers' needs and preferences.
- Observations that risks to consumers are unobtrusively managed and any security measures in place in the service environment reflect the consumer's assessed needs.
- Observations that the service environment enables consumers to move safely about the service indoors and out.
- Evidence that the organisation asks for consumers' opinions when making decisions about the layout of the service environment.
- Evidence that the organisation asks for consumers' opinions about how space in the service environment is used so that consumers can keep active and move around as much as possible.
- Evidence that any restriction in place at the service environment which impacts a consumer is based on the least restrictive option. The basis for any restriction is also up-to-date, evidence-based, transparent and able to be reviewed.
- Evidence the organisation has arrangements to maintain the internal and external service environment. This makes sure the environment is comfortable, safe and secure.
- Records that the organisation has arrangements for cleaning the internal and external service environment. This includes removing general and hazardous waste.

Standard 5

Requirement (3)(c)

5

***Furniture, fittings
and equipment are safe,
clean, well maintained and
suitable for the consumer.***





Organisation's service environment

Standard 5 | Requirement (3)(c)

Intent of this requirement

This requirement covers the need for furniture, fittings and equipment in the service environment to be safe, clean, well maintained and suitable for consumers to use.

The furniture, fittings and equipment in each service environment are different. This means that organisations should consider how they will make sure equipment is safe, clean, well maintained and suitable.

If a consumer owns the equipment they need, the organisation needs to make every effort to make sure that it's clean, safe and suitable for the consumer to use. This would include raising any concerns with the consumer, or their representative, so that the equipment can be maintained, cleaned or reassessed.

Reflective questions

How does the organisation assess and plan what furniture, fittings and equipment they provide to make sure consumers have suitable and safe items?

How do furniture design and the layout of furniture and fittings help consumers who are frail, less flexible and less mobile to be comfortable and independent?

How does the organisation ask for and consider consumers' opinions about furniture, fittings and equipment?

What are the systems for ensuring that any equipment used in the course of the provision of care and services, including equipment owned by the consumer, is clean safe and well maintained?



Examples of actions and evidence

Consumers

- Consumers say they have access to a range of good-quality equipment and furnishings that meet their needs and preferences.
- Consumers say they feel safe when using the furniture, fittings and equipment.
- Consumers are confident the workforce knows how to safely operate the equipment they use to support their health and well-being.
- Consumers say the design of furniture and fittings helps them to be independent and adds to the comfort of the service environment.

Workforce and others

- The workforce can describe the organisation's options for adapting or replacing furniture, fittings or equipment that doesn't suit the consumer's needs. They can also describe how they assess this.
- The workforce understands that when multiple consumers use equipment and devices, they must be cleaned and disinfected between each use. They also understand that single-use and single-consumer devices mustn't be reused or shared.
- The workforce says that equipment is suitable and there's enough equipment to support them to deliver quality service.
- Evidence that suitably qualified members of the workforce are involved in the assessment of suitability of furniture, equipment and fittings to meet consumers' needs.
- Workforce orientation, education other records show that the organisation supports the workforce in this requirement.

Organisation

- Observations that the furniture, fittings and equipment are safe, clean, well maintained and suitable for the consumer.
- Evidence that the organisation can purchase, service, maintain, renew and replace indoor and outdoor, furniture, fittings and equipment.
- Evidence that the organisation acts promptly when furniture, fittings and equipment need to be maintained or replaced.
- Records of arrangements with third-party contractors and the systems in place to make sure any safety, cleaning or maintenance of the service environment undertaken by third-party contractors is delivered as arranged.
- Records of arrangements with third-party contractors and the systems in place to make sure any furniture, fittings or equipment provided by third-party contractors meet the organisation's specifications.



Feedback and complaints

Standard 6 |

6



Feedback and complaints

Standard 6 |

Consumer outcome

- 6 (1) ***I feel safe and am encouraged and supported to give feedback and make complaints. I am engaged in processes to address my feedback and complaints, and appropriate action is taken.***

Organisation statement

- 6 (2) *The organisation regularly seeks input and feedback from consumers, carers, the workforce and others and uses the input and feedback to inform continuous improvements for individual consumers and the whole organisation.*

Requirements

- 6 (3) The organisation demonstrates the following:
- 6 (3) (a) Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.
 - 6 (3) (b) Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.
 - 6 (3) (c) Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.
 - 6 (3) (d) Feedback and complaints are reviewed and used to improve the quality of care and services.



Purpose and scope of the Standard

Standard 6 requires an organisation to have a system to resolve complaints. The system must be accessible, confidential, prompt and fair. It should also support all consumers to make a complaint or give feedback. Resolving complaints within the organisation can help build the relationship between the consumer and the organisation. It can also lead to better outcomes.

The Standard covers key elements of an effective complaints management system that:

- encourages consumers to give positive and negative feedback to their organisation about the care and services they receive
- responds to feedback and complaints consumers and others make formally and informally, written or verbally to the organisation
- helps organisations keep improving, informs improvements to care and services and resolves issues for consumers and others.

Organisations are expected to demonstrate open disclosure. This is in line with up-to-date practices of open communication and transparent processes. It includes acknowledging and apologising when the organisation has made mistakes.

Consumers should feel safe and comfortable giving feedback to the organisation. Some consumers have barriers that make it difficult for them to raise complaints. These could be cognitive or communication difficulties, language or cultural differences. The nature of a complaint can also be particularly sensitive or private. Organisations are expected to look for ways to tackle these barriers and create a culture that welcomes feedback and supports consumers to make complaints.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Feedback and complaints

Standard 6 |

Linked Standards

Standard 6 links to:



Standard 1

All aspect of care and services need to treat consumers with dignity and respect and support them to make choices. It's also important that care and services are delivered in a way that is culturally safe. Feedback and complaints systems support the consumers to let the organisation know when this does not occur.



Standard 7

Workforce interactions with consumers need to be kind, caring and respectful of each consumer's identity, culture and diversity. In particular, the workforce needs to be capable of supporting consumers to raise feedback and complaints about any aspect of these Standards.



Standard 8

The organisation's governing body is accountable for the delivery of safe, and quality care, services and supports. It is expected organisation wide governance systems include feedback and complaints. The systems should support a culture of open disclosure and continuous improvement.

Relevant legislation

- Aged Care Act 1997 (Cth), *User Rights Amendment (Charter of Aged Care Rights) Principles 2019*

Resources and references

- Aged Care Quality and Safety Commission *Fact Sheet – Resolving concerns about aged care*¹
- Aged Care Quality and Safety Commission, *Open Disclosure Framework*²
- Commonwealth Ombudsman (2009). *Better Practice Guide to Complaint Handling*³
- Department of Health, *The National Aged Care Advocacy Program*⁴
- Department of Social Services, *Better Practice Guide to Complaint Handling in Aged Care Services*⁵
- Older Persons Advocacy Network (2018). *National Elder Abuse Prevention and Advocacy Framework*⁶
- Victorian Government, Department of Health, *Open Disclosure Following Adverse Events in Hospitals*⁷

1 https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_resolving-concerns-factsheet_0.pdf

2 <https://www.agedcarequality.gov.au/resources/open-disclosure>

3 <http://www.ombudsman.gov.au/publications/better-practice-guides>

4 <https://agedcare.health.gov.au/support-services/the-national-aged-care-advocacy-program>

5 <https://agedcare.health.gov.au/programs-services/complaint-handling-toolkit/better-practice-guide-to-complaint-handling-in-aged-care-services>

6 <https://opan.com.au/elder-abuse/>

7 <https://www2.health.vic.gov.au/hospitals-and-health-services/quality-safety-service/clinical-risk-management/open-disclosure>

Standard 6

Requirement (3)(a)

6

Consumers, their family, friends, carers and others are encouraged and supported to provide feedback and make complaints.



Feedback and complaints

Standard 6 | Requirement (3)(a)

Intent of this requirement

This requirement describes how organisations need to welcome feedback and complaints as an opportunity to learn about ways in which they can improve outcomes for consumers.

Organisations must recognise that consumers have the right to raise concerns and make complaints about the care and services they receive from the organisation. The organisation must have in place best practice complaint handling and resolution systems that facilitate and support consumers to make complaints. Once made, the system follows principles of procedural fairness and natural justice and is managed in line with better practice guidelines.

The organisation is expected to demonstrate that they encourage and support consumers and their representatives to provide feedback or complain about the care and services they receive. This is based on consumers' trust and confidence that there won't be negative consequences if they raise concerns or complain.

It is expected consumers are made aware of and supported to access alternative, external complaints handling options, including the role of the Aged Care Quality and Safety Commissioner.

Reflective questions

How does the organisation make sure everyone is aware of their right to provide feedback or make a complaint to the organisation?

How is the complaint handling process publicised?

How does the organisation make sure everyone knows how to use advocacy and complaint agencies outside of the organisation?

How are advocacy services publicised?

Are tools and information about feedback and complaints handling and resolution systems in plain English?

Or in the consumer's language?

Are they presented in a format that can be easily understood?

How does the organisation support diverse and vulnerable groups to give feedback and make complaints about their care and services?

Does the workforce know how to access translation services and other communication and hearing support services to help consumers give feedback and make complaints?



Feedback and complaints

Standard 6 | Requirement (3)(a)

Examples of actions and evidence

Consumers

- Consumers and their representatives understand how to give feedback or make a complaint.
- Consumers and their representatives say when they give feedback or make a complaint they feel comfortable and safe and aren't treated in a negative way because of their feedback or complaint.
- Consumers and their representatives can describe what has been done in response to their feedback or complaint.

Workforce and others

- The workforce can describe how they encourage and support consumers to provide feedback and make complaints.
- The workforce demonstrate they are aware of and understand the operation of the organisation's complaint handling system.
- The workforce can describe what they do when they receive feedback or a complaint and how the complaint handling process is in line with best practice complaint management.
- The workforce can describe how they are able to provide feedback where they identify issues in the delivery of care and services by the organisation.
- Workforce orientation, training or other records that show how the organisation has supports the workforce in how to handle feedback and complaints and the systems for complaints resolution.

Organisation

- Evidence of the organisation's approach to feedback and complaints that describe the way it encourages and supports consumers, their representatives, the workforce and others to give feedback and make complaints.
- Evidence that the organisation prioritises appropriate receipt and management of complaints by consumers, their representatives, the workforce and others.
- Policy or process about the organisation's system to manage complaints, including what consumers, their representatives, the workforce and others can expect when they provide feedback or make a complaint.
- Evidence that shows how the organisation protects the identity of those who want to give anonymous or confidential feedback or make an anonymous or confidential complaint.
- Availability of information about complaints and how complaints are managed by the organisation, that consumers, their representative, the workforce and others can easily access.
- Complaints records or other evidence that show how the organisation has applied best practice in handling complaints.
- Evidence that the organisation monitors, reports and continuously improves its performance against this requirement.

Standard 6

Requirement (3)(b)

6

Consumers are made aware of and have access to advocates, language services and other methods for raising and resolving complaints.



Feedback and complaints

Standard 6 | Requirement (3)(b)

Intent of this requirement

This requirement is intended to make sure that all consumers can easily make a complaint, whatever their culture, language or ability. The organisation's complaints system should give every consumer equal access to make a complaint.

Consumers may have barriers to using the complaints system, such as diversity of culture or language. Poor vision, hearing loss, or cognitive impairment can also make it difficult for some consumers to make a complaint.

It is expected consumers are also made aware of and supported to access services that can assist them to make a complaint. This includes support to access alternative, external complaints handling options, including the Aged Care Quality and Safety Commissioner.

Reflective questions

How does the organisation let consumers know about advocacy services?

How does it let consumers know about using external agencies to resolve complaints?

Is information about complaints available in languages and formats consumers can use?

How do members of the workforce recognise when a consumer needs help to use an advocate or other support service?

Do the complaints the organisation receives reflect the diversity of consumers using the service?

If not, are there barriers to some consumers making a complaint or accessing an advocate?



Feedback and complaints

Standard 6 | Requirement (3)(b)

Examples of actions and evidence

Consumers

- Consumers and their representatives know how to access advocates. They know how advocates can help them raise and resolve complaints.
- Consumers can describe how the organisation has used language services, hearing assistance and other communication aids to support them to communicate their complaint directly or via an advocate.

Workforce and others

- Members of the workforce can describe how they identify consumers who may need help to raise a complaint or use an advocate.
- The workforce know how to contact advocacy and language services. Members of the workforce can describe how they have helped consumers to communicate issues and make complaints via advocates and using interpreters.

Organisation

- Evidence that the organisation has involved advocacy services and community groups, which represent the diversity of its consumers, to improve consumers' opportunities to raise issues and resolve complaints.
- Meeting records or other evidence that the organisation actively asks for feedback from advocates and access language services when consumers need assistance.
- Evidence of an effective assessment process that identifies the support that consumers need to make a complaint.
- Evidence of how the organisation monitors, reports and keeps improving its performance against this requirement.

Standard 6

Requirement (3)(c)

6

Appropriate action is taken in response to complaints and an open disclosure process is used when things go wrong.



Feedback and complaints

Standard 6 | Requirement (3)(c)

Intent of this requirement

This requirement covers the actions that an organisation is expected to take in response to complaints. It's expected that the organisation will have a best practice system for managing and resolving complaints for consumers.

To create an environment that reduces harm to consumers, organisations need a culture where people feel supported and are encouraged to identify and report negative events. This gives organisations opportunities to find and act on things that can improve their systems. This includes how the organisation recognises when something has gone wrong that could harm, or has harmed, someone. The organisation is expected to tell the consumer about this, apologise, and explain what has happened. They should also explain why it happened and what they are doing to prevent it from happening again.

Reflective questions

What systems does the organisation have to make sure complaints are followed up and appropriate action is taken?

When things go wrong, how does the organisation go about understanding what has happened?

**How does the organisation involve consumers?
How are consumers able to add to information about a negative event and, where possible, take part in the incident review and in finding solutions and outcomes from complaints?**

When things go wrong, are there clear responsibilities within the organisation for communicating with consumers and their representatives so that they receive the information they need to understand what happened?

**What has the organisation done to promote and support a culture of learning from mistakes?
What has it done to implement and sustain the changes needed in care and services from lessons learned?**

How does the organisation use the advice of advocates and community representatives to understand the best and most appropriate way to resolve a complaint for a consumer?



Feedback and complaints

Standard 6 | Requirement (3)(c)

Examples of actions and evidence

Consumers

- Consumers and their representatives are confident that the organisation acts appropriately and promptly when responding to feedback and complaints.
- Consumers are involved in finding options to resolve a complaint.
- Consumers feel that the organisation has given them an honest explanation from the organisation when things have gone wrong and are reassured that it won't happen again.
- Consumers aren't afraid the organisation will treat them badly after making a complaint.

Workforce and others

- The workforce can describe the complaint handling system in place in the organisation, and give examples of responding to complaints.
- Members of the workforce can provide examples of communicating with a consumer about a complaint and what the organisation is doing to resolve it.
- If something has gone wrong, members of the workforce can describe how the organisation took an open disclosure approach to communicating with consumers, their representatives and others.
- The workforce say the organisation encourages them to acknowledge mistakes without being afraid of the consequences.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.

Organisation

- Records that show application of a best practice complaints management system in operation for the organisation.
- Evidence that shows the organisation has clear responsibilities and timeframes for responding to complaints.
- Documented complaints and incidents. Evidence shows that the organisation has included consumers to find solutions and taken appropriate action.
- Policies and procedures that show how the organisation asks for feedback from consumers and representatives about how satisfied they are with the complaints management system.
- Evidence that communication by the organisation after adverse events is open, honest and timely. This may include communication between consumers, their representatives, members of the workforce and where relevant, between organisations.
- Evidence of how the organisation monitors, reports and keeps improving its performance against this requirement.

Standard 6

Requirement (3)(d)

6

Feedback and complaints are reviewed and used to improve the quality of care and services.



Feedback and complaints

Standard 6 | Requirement (3)(d)

Intent of this requirement

The organisation is expected to have a best practice system to manage feedback and complaints. Organisations should use this system to improve how they deliver care and services.

As well as encouraging complaints and asking for feedback, the organisation should provide timely feedback to the organisation's governing body, its workforce and consumers on complaints and the actions the organisation took. It's expected that the organisation will use information from complaints to make improvements to safety and quality systems and regularly review and improve how they manage complaints.

Reflective questions

How does the organisation monitor, analyse and use feedback and complaint data to improve the quality of its care and services?

How does the organisation share what it has learnt?

How does it share improvements that have come out of feedback or complaints internally and with other relevant organisations?

How does the organisation involve consumers and the workforce in reviewing information from feedback and complaints to improve their care and services?



Feedback and complaints

Standard 6 | Requirement (3)(d)

Examples of actions and evidence

Consumers

- Consumers and their representatives are confident the organisation uses feedback and complaints to improve the quality of their care and services.
- Consumers can describe a range of ways they can be involved in finding solutions to issues that they have raised in feedback or complaints.
- Consumers can describe how the organisation informs them of processes available to escalate complaints if required.
- Consumers can describe ways that the organisation has learnt from complaints and made improvements to their service.

Workforce and others

- The workforce can describe how the organisation records, analyses and acts on feedback and complaints to improve the quality of their care and services.
- The workforce can describe how feedback and complaints are used to improve the quality of care and services delivered.
- Workforce orientation, training or other records show how the organisation supports the workforce in using feedback and complaints to continuously improve the service.

Organisation

- Evidence that the organisation monitors feedback and complaints.
- Evidence that complaints are escalated so that they go to a member of the organisation with authority to make a change.
- Evidence of how the organisation monitors, reports and keeps improving its performance against this requirement.



Human resources

Standard 7 |





Human resources

Standard 7 |

Consumer outcome

- 7(1) *I get quality care and services when I need them from people who are knowledgeable, capable and caring.***

Organisation statement

- 7(2) *The organisation has a workforce that is sufficient, and is skilled and qualified to provide safe, respectful and quality care and services.***

Requirements

- 7(3)** The organisation demonstrates the following:
- 7(3)** (a) 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.
- 7(3)** (b) Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.
- 7(3)** (c) The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.
- 7(3)** (d) The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.
- 7(3)** (e) Regular assessment, monitoring and review of the performance of each member of the workforce.



Purpose and scope of the Standard

This Standard requires an organisation to have and use a skilled and qualified workforce, sufficient to deliver and manage safe, respectful, and quality care and services, which meet the Quality Standards. This Standard includes four key concepts:

The sufficiency of the workforce

Organisations providing care and services are expected to have enough skilled and qualified staff to meet consumers' needs. Organisations are responsible for using Australian Government funding to make sure they have the staff numbers and mix of skills needed to provide consumers with quality care, including engaging or appointing infection prevention control (IPC) lead(s).

The attributes, attitude and performance of the workforce

The workforce need the right skills, qualifications and knowledge. They are expected to be able to do their job effectively and be able to communicate and build positive relationships with consumers. A focus on consumer-centred care encourages the right interactions with consumers to find their strengths and understand their goals.

Organisational support for the workforce

Organisations should respect their workforce for their diverse skills and qualities. They need to support them to deliver the outcomes the Quality Standards describe. Organisational support means that the service gives the workforce the time and the tools needed to deliver quality care to consumers every day, while maintaining the health and safety of their workforce in the event of an outbreak.

This includes delivery of any new or developing training in areas such as, but not limited to, outbreak management and infection

Assessment, monitoring and review

To meet this Standard, an organisation needs to regularly assess, monitor and review its workforce through an effective human resources system. This includes the workforce makeup, suitability and performance. This is vital to delivering safe, respectful and quality care and services that meet consumers' needs and preferences.

Other than noting that compliance by organisations will be required, this Standard does not consider work health and safety or areas of human resources that deal with in other Acts, legislation or codes.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- understand the requirement
- apply the requirement, and this is clear in the way they provide care and services
- monitor how they are applying the requirement and the outcomes they achieve
- review outcomes and adjust their practices based on these reviews to keep improving.



Human resources

Standard 7 |

Linked Standards

Standard 7 supports all of the other Quality Standards. This is because it supports how the organisation focuses on workforce planning to demonstrate it has the capacity to run the organisation and deliver safe, effective and quality care and services, in a safe comfortable environment. It requires the organisation to support the workforce to deliver the outcomes required by these Standards.

Relevant legislation

- *Aged Care Act 1997 (Cth), User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- *Age Discrimination Act 2004 (Cth)*
- *Fair Work Act 2009 (Cth)*
- *Racial Discrimination Act 1975 (Cth)*
- *Sex Discrimination Act 1984 (Cth)*
- State and Territory anti-discrimination and equal opportunity legislation

Resources and references

- Australian Commission on Safety and Quality in Health Care (2015). *Health Literacy Infographics*¹
- Australian Health Professionals Regulation Agency²
- Medical Board of Australia³
- Volunteering Australia, *The National Standards for Volunteer Involvement*⁴

¹ <https://www.safetyandquality.gov.au/publications/health-literacy-infographics/>

² <https://www.ahpra.gov.au/>

³ <http://www.medicalboard.gov.au>

⁴ <https://www.volunteeringaustralia.org/resources/national-standards-and-supporting-material/#/>

Standard 7

Requirement (3)(a)

7

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.





Intent of this requirement

This requirement expects organisations to have a system to work out workforce numbers and the range of skills they need to meet consumers' needs and deliver safe and quality care and services at all times. This system needs to be in line with current legislation and guidance where it applies. The system for managing the workforce may be different for each type of care and service. It's expected that an organisation uses a structured approach for rosters and schedules, hiring and keeping members of the workforce, managing different types of leave and the use of contracted staff. Organisations are expected to consider the different levels of skills and abilities needed to meet consumers' needs. This includes working out the registered professional and support staff needed, and the supervision and leadership needed.

Regularly reviewing workforce levels and their mix of skills is expected. This includes adapting these levels to respond to the changing needs and situations of consumers. As part of this, organisations need to manage growth and changes in workforce needs. The organisation's approach is expected to include ways to promptly identify and manage issues and risks that might result in not having enough members of the workforce, such as an influenza or coronavirus (COVID-19) outbreak. They also need to anticipate and think about ways to deal with shortages across the workforce. In addition to having enough staff to deliver the usual work of the organisation, it is expected that the organisation will have considered its staffing needs during an internal or external emergency.



Human resources

Standard 7 | Requirement (3)(a)

Reflective questions

Is there a system to calculate the workforce numbers and range of skills the organisation needs so they can assess, plan and coordinate care and services to meet the needs of consumers and deliver safe and quality care and services at all times?

How is this worked out?

What processes does the organisation use to enable the workforce to give feedback on the number of staff and mix of skills needed to deliver care and services and any deficits?

What processes does the organisation use to enable volunteer Managers to give feedback on the number of volunteers and mix of skills needed to support person-centred care?

How has the organisation considered the skills needed to meet consumers' needs across the different types of competencies of the workforce?

This includes registered professionals, support workers, supervision and leadership roles.

How does the organisation regularly review and adapt the workforce levels and mix of skills to respond to the changing needs and situations of consumers?

How does the organisation know that the workforce is sufficient and can carry out the care and service needs of consumers?

How does the organisation consider continuity of care and services for consumers in their planning workforce strategies and processes?

How does the organisation identify short or long-term shortages in the capacity or skills of its workforce, and how are these shortages addressed?

Does the organisation use innovative ways of working, tailored to the needs of consumers?

How does the organisation identify contingencies for an outbreak, including finding staff through labour hire agencies and within the wider organisation?

How does the organisation use influenza and coronavirus (COVID-19) vaccination rates to inform workforce planning?



Examples of actions and evidence

Consumers

- Consumers say they know the members of the workforce who care for them and that they have continuity of care.
- Consumers say they get quality care and services.
- Consumers say the organisation delivers their care and services as planned and safely.
- Consumers say members of the workforce have the time to deliver care and services and they don't feel care and services are cut short or rushed.
- Consumers say that they have access to volunteers to feel supported and connected.

Workforce and others

- Observations of workforce numbers and mix deployed at the service in relation to the consumers' care and services plans.
- Observations that the delivery of particular care and services is undertaken by suitably qualified members of the workforce consistent with safe and quality care.
- The workforce say the organisation has enough staff and the right mix of staff to plan and deliver care and services so that consumers get safe and quality care.
- The workforce can describe how the organisation allocates staff to support continuity of care and services and build relationships of trust with consumers.
- The workforce say they know what to do when the organisation is experiencing staff shortages and are confident management will respond.
- The workforce can describe how there are enough staff rostered to meet consumers' preferences. This includes showering at a particular time, or asking for a member of the workforce of a specific gender to care for them.
- Volunteers are aware of, and have access to, available training to support them to perform their roles.

Organisation

- Evidence of a system for planning and managing the workforce that shows the organisation has the right number of workforce members, with the right blend of skills, delivering care and services at any time.
- Work schedules or rosters for the workforce show how the organisation makes sure there are enough workforce members to provide safe and quality care and services every day.
- Records show that when the organisation has a workforce shortage, they act on this promptly. This makes sure consumers receive safe and quality care and services.

Standard 7

Requirement (3)(b)

7

Workforce interactions with consumers are kind, caring and respectful of each consumer's identity, culture and diversity.





Human resources

Standard 7 | Requirement (3)(b)

Intent of this requirement

The way the workforce interacts with consumers can have a big impact on the outcomes of their care and services, including their safety, health and well-being. With this requirement, it's expected that the workforce behaves in a kind, caring and respectful way.

In day-to-day interactions with consumers, the workforce is expected to treat each consumer as an individual with their own unique life experiences, preferences, needs and abilities. A consumer-centred approach needs the workforce to work with consumers in a flexible and responsive way. This means consumers receive the best possible care and services.

Reflective questions

How does the organisation know that the workforce interacts with consumers in a kind, caring and respectful way? How does it drive this culture?

How does the organisation support the workforce with up-to-date information, tools and resources to respond to consumers' life experiences, culture and diversity?

Does the organisation include the behaviours it expects from its workforce in its public documents, job statements and position descriptions?

How does the organisation respond when a member of the workforce does not respect consumers' identity, culture or diversity or show kindness and a caring attitude?

How does the staffing model at the organisation support a culture of care and respect?

Does the staffing model support the consumer's gender and diversity needs and preferences to be met?

Are any workforce policies or practices creating barriers to caring and inclusive care?



Human resources

Standard 7 | Requirement (3)(b)

Examples of actions and evidence

Consumers

- Consumers say members of the workforce treat them with kindness and the workforce cares about them.
- Consumers say that the workforce respects their identity, culture, and diversity and the care and services choices they make.
- Consumers say they have a trusting relationship with members of the workforce supporting them and the relationship is respectful and caring.

Workforce and others

- Observations of the delivery of care and services that show the workforce interacts with consumers in a way that is kind, caring and respectful.
- Management of the organisation can describe how they lead a culture of respect for diversity. They can also describe how they monitor whether consumers have positive interactions with the workforce.
- The workforce can describe how they are proactive about diversity. They can also describe how they respond to the diversity of consumer's needs, backgrounds and identities.
- The workforce can provide examples from their day-to-day practice of respectful care and services.
- The workforce can describe what they would do if they saw other members of the workforce being disrespectful or unkind to consumers.

Organisation

- Evidence of communications that show the organisation is committed to respectful care and services.
- Evidence of the organisation's recruitment processes that consider value based requirements such as a caring and compassionate nature.
- Feedback or records that show consumers have interactions with the workforce that are kind and caring. Interactions are also respectful of their identity, culture and diversity.

Standard 7

Requirement (3)(c)

7

The workforce is competent and members of the workforce have the qualifications and knowledge to effectively perform their roles.





Human resources

Standard 7 | Requirement (3)(c)

Intent of this requirement

This requirement is intended to make sure the workforce has the skills, qualifications and knowledge they need for their role to provide care and services. The requirement covers an organisation's systems to regularly review the roles, responsibilities and accountabilities of their workforce. If personal or clinical care is provided, it's expected that the organisation has systems to monitor whether staff are working within the scope of their practice, responsibilities and skills. The way staff delivering clinical care work needs to be in line with current legislation, guidance and the organisation's clinical governance framework in accordance with relevant public health orders.

Reflective questions

Has the service appointed an infection prevention control (IPC) lead(s), which report to the approved provider?
Has the IPC lead(s) completed an identified IPC course? Has ongoing infection control and prevention training occurred for all staff?

How does the organisation know that only suitably skilled and competent members of the workforce are delivering care and services?

How does the workforce know their responsibilities and accountabilities?
How does the organisation assess the workforce against these?

How does the organisation test the competence and skills of its workforce and ensure they continue to develop skills relevant to their roles?

How does the organisation keep up-to-date on policies and the scope of practice requirements for registered health practitioners?

How is the workforce supported to manage conditions that are common in aged care? For example understanding how to support consumers with memory problems, arthritis, visual or hearing loss?

How does the organisation demonstrate that training for all staff in infection management and control is contemporary and in line with best practice, including those specific requirements for IPC lead(s)?

How do staff access information about and understand their individual role(s) in the Outbreak Management Plan?

Has the service consulted and prepared with their workforce a plan to respond effectively to an outbreak?



Examples of actions and evidence

Consumers

- Consumers say they have confidence in the workforce. They feel the workforce is trained, competent and skilled.
- Consumers say the workforce is able to meet their social, cultural, religious, spiritual, psychological and medical care and support needs.
- Consumers say the organisation has collaborated with other providers when their care and service needs are beyond the ability of the workforce to provide.
- Consumers say the workforce has communicated their outbreak management plan and it is available upon request.
- Consumers feel supported and connected through volunteers.

Workforce and others

- Observations that the delivery of care and services is by suitably competent and qualified members of the workforce consistent with safe and quality care and scope of practice.
- Observations that delivery of care and services is provided by members of the workforce consistent with their assessed needs, goals and preferences and any risks associated with the care and service.
- The workforce can describe how they work within their skills, qualifications and knowledge base.
- The IPC lead(s) can describe how they meet the requirements of their role to support design, implementation and continuous improvement of infection prevention policies, procedures and practices within the service.
- Volunteers are aware of, and have access to, available training to support them to perform their roles.

- Staff, including the IPC lead(s) can describe how outbreak management planning and preparedness occurs within the service, including implementation and quality improvement policies, processes and practices are managed within the service.
- The workforce is satisfied with the supervision and support they receive from the organisation when they are learning new skills.
- The workforce believe that colleagues and subcontractors who deliver care and services have the skills, qualifications and knowledge base to competently perform their roles.
- The workforce can describe regular professional development or training to improve their knowledge so they can effectively perform their roles.
- The workforce feels safe to come to work and confirm that they are supported to undertake their role, particularly in the context of a pandemic.

Organisation

- Evidence of records that show the organisation assesses and checks that members of the workforce, including IPC lead(s), have the skills, qualifications and knowledge to be competent at their job.
- Evidence that systems to identify if the workforce has the right mix of skills, qualifications, knowledge and competencies are operating and gaps identified are addressed.
- Evidence that the organisation acts promptly on any workforce shortages.
- Volunteers feel supported by the organisation to perform their volunteer roles.
- Organisations are proactive in ensuring volunteers have access to training to support the role they undertake in supporting the consumer.

Standard 7

Requirement (3)(d)

7

The workforce is recruited, trained, equipped and supported to deliver the outcomes required by these standards.





Human resources

Standard 7 | Requirement (3)(d)

Intent of this requirement

This requirement covers the organisation's support for the workforce to deliver the outcomes for consumers in line with the Quality Standards. Meeting this requirement will support the workforce in their day-to-day practice and can protect against risk and improve the care outcomes for consumers.

When recruiting, organisations should identify the specific requirements of roles and reflect on the outcomes required by these Standards. It's expected that workforce induction prepares members of the workforce for their role. The organisation needs to make sure members of the workforce are supported, skilled and ready to carry out their roles. Where appropriate, members of the workforce should be supervised until they can show that they have the competence they need to carry out their role unsupervised.

It's expected that members of the workforce receive the ongoing support, training, professional development, supervision and feedback they need to carry out their role and responsibilities.

Organisations need to review the training, learning and development needs of the workforce regularly and when practices change. It's expected that organisations support members of the workforce to take up training, learning and development opportunities, so they can meet the needs of their role.

Reflective questions

Does the organisation's current recruitment, training programs, workforce support and resources meet the outcomes required by these Standards?

Are recruitment processes fair, reasonable and transparent?

When a third party carries out recruitment and checks on new employees, how does the organisation make sure that practices and checks are complete and satisfactory?

How does management of the organisation learn about and respond to members of the workforce who feel they don't have enough training or support to do their job and aren't meeting these Standards?



Human resources

Standard 7 | Requirement (3)(d)

Examples of actions and evidence

Consumers

- Consumers say they are satisfied that the organisation trains, supports and prepares its workforce enough.
- Consumers say they have confidence in the ability of members of the workforce that deliver their care and services.
- Consumers say they can take part in training of members of the workforce who provide their care and services to make sure the way they deliver the care and services meets their needs, goals and preferences.

Workforce and others

- The workforce can describe the training, support, professional development and supervision for them to be able to carry out their role.
- The workforce can describe how they give input and feedback to the organisation about their training and support needs and how to improve the training and support provided.
- Management of the organisation can describe how they work out what training will be needed for the workforce in line with new or the changing needs of their consumers.

Organisation

- Evidence of effective recruitment and selection processes and appropriate checks being undertaken for the workforce. This includes police and reference checks.
- Records of selection and interview processes that check the accuracy of applications.
- Evidence of induction and other training and development programs for all members of the workforce relevant to these Standards.

Standard 7

Requirement (3)(e)

7

***Regular assessment,
monitoring and review
of the performance
of each member
of the workforce.***





Human resources

Standard 7 | Requirement (3)(e)

Intent of this requirement

All members of the workforce are expected to have an appropriate person regularly evaluate how they are performing their role, and identify, plan for and support any training, and development they need. This requirement looks at how organisations need to regularly assess the performance and the capabilities of the workforce as a whole. Performance reviews can also support continuous improvement and development of the members of the workforce.

Reflective questions

Are there policies and procedures to make sure the organisation monitors each member of the workforce's duties and responsibilities?

What about the workforce's overall ability to provide safe and quality care and services?

How does management of the organisation respond when performance reviews find a lack of knowledge, skills and ability in the workforce to deliver care and services against the Standards?

How does the organisation assess and monitor the performance of members of the workforce who are subcontractors?



Human resources

Standard 7 | Requirement (3)(e)

Examples of actions and evidence

Consumers

- Consumers say they are satisfied the workforce providing their care and services perform their roles well.
- The organisation involves consumers with diverse life experiences and characteristics in assessing, monitoring and reviewing the workforce at all levels of the organisation.

Workforce and others

- Members of the workforce can confirm they have had a performance review or have one scheduled.
- Members of the workforce can describe how the organisation's ongoing assessment of their duties, responsibilities and performance happens. They can describe how this links into their performance development.
- Members of the workforce can describe how they assess the safety and quality of the care and services they deliver. They can also describe how they monitor their own work performance and any areas for further training and support.

Organisation

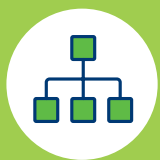
- Evidence that the organisation regularly assesses and monitors the performance of members of the workforce. This includes during probation periods.
- Evidence the organisation uses performance assessments to work out training needs. It also uses performance assessments to review duties and responsibilities, and maintain the workforce's overall ability to provide safe and quality care and services.
- Records or schedules detail the percentage of staff with completed performance reviews and follow up of those who don't take part.



Organisational governance

Standard 8 |

8



Consumer outcome

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

Organisation statement

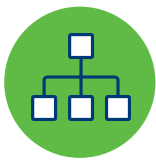
8 (2) *The organisations' governing body is accountable for the delivery of safe and quality care and services.*

Requirements

8 (3) The organisation demonstrates the following:

- 8 (3) (a) Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.
- 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.

- 8 (3) (c) Effective organisation wide governance systems relating to the following:
 - (i) information management
 - (ii) continuous improvement
 - (iii) financial governance
 - (iv) workforce governance, including the assignment of clear responsibilities and accountabilities
 - (v) regulatory compliance
 - (vi) feedback and complaints.
- 8 (3) (d) Effective risk management systems and practices, including but not limited to the following:
 - (i) managing high-impact or high-prevalence risks associated with the care of consumers
 - (ii) identifying and responding to abuse and neglect of consumers
 - (iii) supporting consumers to live the best life they can
 - (iv) managing and preventing incidents, including the use of an incident management system.
- 8 (3) (e) Where clinical care is provided – a clinical governance framework, including but not limited to the following:
 - (i) antimicrobial stewardship
 - (ii) minimising the use of restraint
 - (iii) open disclosure.



Purpose and scope of the Standard

The intention of this Quality Standard is to hold the governing body of the organisation responsible for the organisation and the delivery of safe and quality care and services that meet the Standards.

The governing body sets the strategic priorities for the organisation. It's expected to promote a culture of safety and quality, and to include this in the organisation's governance systems. The governing body is expected to drive and monitor improvements to make sure the organisation is committed to quality care and services and the best interests of consumers. Including, a clear understanding of the risks at the service.

While governance systems are a foundation for most businesses, this Standard is focused on how these systems support the delivery of safe and quality aged care services. It's expected the organisation has governance systems in place to assess, monitor and drive improvement in the quality and safety of the care and services they provide. This includes making sure consumers have a quality experience. Organisations are expected to plan for, and manage internal and external emergencies and disasters and have effective infection prevention and control procedures in place.

There are also particular requirements related to the following key areas:

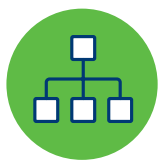
- managing high-impact or high-prevalence risks in the care of consumers
- identifying and responding to abuse and neglect of consumers
- antimicrobial stewardship
- minimising the use of restraint
- practicing open disclosure.

How the governing body and governance structures are organised will depend on the organisation's setting, size and the nature of care and services being provided. It will also depend on the level of responsibility and control the organisation has for consumer outcomes and the risks involved in delivery of care and services. The evidence needed to meet this Standard will reflect these things.

Assessment against this Standard

For each of the requirements, organisations need to demonstrate that they:

- **understand the requirement**
- **apply the requirement, and this is clear in the way they provide care and services**
- **monitor how they are applying the requirement and the outcomes they achieve**
- **review outcomes and adjust their practices based on these reviews to keep improving.**



Linked Standards

Standard 8 supports all of the other Quality Standards. This is because it supports how the organisation focuses on the requirements of each Standard strategically to make sure they run the organisation well.

Relevant legislation

- *Aged Care Act 1997* (Cth)
- *Accountability Principles 2014*
- *User Rights Amendment (Charter of Aged Care Rights) Principles 2019*
- Anti discrimination legislation nationally
- *Privacy Act 1988* (Cth), *Schedule 1, Australian Privacy Principles*
- *Records Principles 2014*
- *Quality of Care Principles 2019*
- State and Territory food safety and handling legislation and regulations
- State and Territory mental health, guardianship and administration, enduring power of attorney and medical directive/advance care planning legislation
- State and Territory Public Health Orders
- State and Territory work health and safety legislation

Resources

Antimicrobial stewardship

- Australian Government, Department of Health & Department of Agriculture (2015).
- Responding to the threat of antimicrobial resistance: Australia's first National Antimicrobial Resistance Strategy 2015-2019¹

Governance

- Aged Care Quality and Safety Commission – Clinical Governance resources²
- Aged Care Quality and Safety Commission, Open Disclosure Framework
- Department of Health and Ageing (2012). Decision-making tool: Supporting Restraint Free Environment in Residential aged care
- Aged Care Quality and Safety Commission, Effective incident management systems: Best practice guidance (2021)
- Aged Care Quality and Safety Commission, Serious Incident Response Scheme: Guidelines for residential aged care providers (2021)
- Department of Health, Guide for reporting reportable assaults
- National Health and Medical Research Council (2010). Australian guidelines for the prevention and control of infection in healthcare
- Aged Care Quality and Safety Commission – Webinar: Accountability of Governing Bodies in Aged Care³
- Australian Commission on Safety and Quality in Healthcare – Resources⁴
- Australian Institute of Company Directors – Good Governance Principles and Guidance for Not for Profit Organisation⁵
- Australian Institute of Company Directors – Not-for-profit Governance Principles⁶

1 <https://www.amr.gov.au/resources/national-amr-strategy>

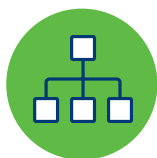
2 <https://www.agedcarequality.gov.au/providers/quality-care-resources/clinical-governance>

3 <https://www.youtube.com/watch?v=5OjL5FeQ-f4&feature=youtu.be>

4 <https://www.safetyandquality.gov.au/publications-and-resources/resource-library?f%5B0%5D=topics%3A42>

5 <http://www.companydirectors.com.au/~media/cd2/resources/director-resources/nfp/pdf/nfp-principles-and-guidance-131015.ashx>

6 <https://aicd.companydirectors.com.au/resources/not-for-profit-resources/not-for-profit-governance-principles>



Managing infection-related risks

- Australian Health Protection Principal Committee⁷
- Australian Health Sector Emergency Response Plan for Novel Coronavirus, Department of Health⁸
- Coronavirus Disease 2019 (COVID-19) Outbreaks in Residential Care Facilities, Communicable Diseases Network Australia (CDNA)⁹
- Coronavirus resources, Department of Health¹⁰
- COVID-19 Escalation Tiers and Aged Care Provider Responses¹¹
- Coronavirus (COVID-19) National aged care guidance aged care visitation guidelines¹²
- Guidelines for the Prevention and Control of Infection in Healthcare, National Health and Medical Research Council¹³
- Infection Control Expert Group (ICEG)¹⁴
- National Guidelines for Public Health Units in the Series of National Guidelines, Communicable Diseases Network Australia (CDNA)¹⁵
- Communicable Diseases Information, Transmission of respiratory diseases and managing the risk, Department of Health¹⁶
- COVID-19 and the Commonwealth Home Support Programme – information for clients, families and carers, Department of Health¹⁷
- Communicable Diseases Information, How to wash and dry hands, Department of Health¹⁸
- Communicable Diseases Information, How to clean hands using an alcohol based liquid or hand rub, Department of Health¹⁹
- 5 moments for hand hygiene, Hand hygiene Australia²⁰
- Outbreak management planning in aged care, Aged Care Quality and Safety Commission²¹

7 <https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>

8 <https://www.health.gov.au/resources/publications/australian-health-sector-emergency-response-plan-for-novel-coronavirus-covid-19>

9 <https://www.health.gov.au/resources/publications/cdna-national-guidelines-for-the-prevention-control-and-public-health-management-of-covid-19-outbreaks-in-residential-care-facilities-in-australia>

10 <https://www.health.gov.au/resources/collections/novel-coronavirus-2019-ncov-resources>

11 <https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-national-aged-care-guidance-escalation-tiers-and-aged-care-provider-responses.pdf>

12 <https://www.health.gov.au/sites/default/files/documents/2020/11/coronavirus-covid-19-national-aged-care-guidance-aged-care-visitation-guidelines.pdf>

13 <https://www.nhmrc.gov.au/health-advice/public-health/preventing-infection>

14 <https://www.health.gov.au/news/australian-health-protection-principal-committee-ahppc-statement-on-the-infection-control-expert-group>

15 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-novel-coronavirus.htm>

16 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/transmission-of-respiratory-diseases-and-managing-the-risk>

17 https://www.health.gov.au/sites/default/files/documents/2020/09/covid-19-and-the-commonwealth-home-support-programme-information-for-clients-families-and-carers_0.pdf

18 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/how-to-wash-and-dry-hands>

19 <https://www1.health.gov.au/internet/main/publishing.nsf/Content/how-to-clean-hands-using-an-alcohol-based-liquid-or-hand-rub>

20 <https://www.hha.org.au/hand-hygiene/5-moments-for-hand-hygiene>

21 https://www.agedcarequality.gov.au/sites/default/files/media/acqsc_omp_v12.pdf

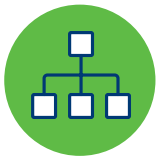
Standard 8

Requirement (3)(a)

8

Consumers are engaged in the development, delivery and evaluation of care and services and are supported in that engagement.





Organisational governance

Standard 8 | Requirement (3)(a)

Intent of this requirement

Organisations are expected to have an organisation wide approach to involve consumers in developing, delivering and evaluating their care and services. This is an essential part of an organisation's governance for a consumer-centred aged care service.

Organisations are expected to ask for input from a wide range of consumers about their experience and the quality of the care and services they have received. Organisations are expected to review and respond to the information they get from consumers. This includes addressing, and working to fix, any issues consumers raise, and using the information to plan improvements and show that they have been made.

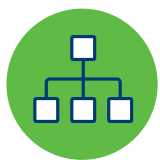
Reflective questions

How does the organisation involve a diverse range of consumers in developing, designing and evaluating their care and services?

**Does the organisation have a range of ways consumers can provide feedback?
Do the feedback options help consumers from diverse backgrounds to take part?**

What systems are in place to ask for, and act on, feedback from consumers to keep evaluating and improving the service?

**What relationships does the organisation have with consumer advocates and community representative groups?
How does it involve them in developing, delivering and evaluating care and services?**



Examples of actions and evidence

Consumers

- Consumers can describe how the organisation supports and encourages them to be involved in designing and improving care and services. They can also describe how this has made a difference.
- Consumers can describe a range of ways they can take part in influencing how care and services are developed, delivered and evaluated. They also say how these meet their diverse needs.

Workforce and others

- Management of the organisation can describe the different ways the organisation involves consumers in developing, delivering and managing care and services. They can also describe how it has made a difference to their approach.
- The workforce can demonstrate they understand the organisation's commitment to and processes for involving consumers.
- The workforce can provide examples of how the organisation uses the results of consumer feedback to improve how they deliver care and services.
- Workforce orientation, training or other records that show how the workforce is supported to involve consumers and the ways members of the workforce can help consumers to be involved.

Organisation

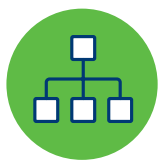
- Records that show the organisation involves consumers in the development, delivery and evaluation of care and services.
- Planning or budget documents that have identified effective times and places to engage with consumers.
- Evidence that shows groups responsible for directing development and redesign projects include consumer representatives who can reflect what consumers want and need.
- Records of meetings, consultations or forums with consumers and their community about issues important to them (this could cover any issues such as the cultural safety of care and service programs, quality of meals or the arrangement of the service environment).
- Evidence and examples of how the organisation shows, monitors and reports how it has performed against this Standard. Examples of continuous improvement against this requirement.

Standard 8

Requirement (3)(b)

8

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



Organisational governance

Standard 8 | Requirement (3)(b)

Intent of this requirement

This requirement states the governing body of the organisation is responsible for promoting a culture of safe, inclusive and quality care and services in the organisation. The governing body of the organisation is also responsible for overseeing the organisation's strategic direction and policies for delivering care to meet the Quality Standards.

A culture of safe inclusive and quality care and services is one that is embedded in all aspects of organisational life and owned by everyone. It is the organisation's governing body that enables this through its leadership, decisions made and directions set for the organisation. It will be reflected in how the organisation communicates its meaning and purpose to the workforce, consumers and those outside the service.

Reflective questions

How has the governing body shown it's committed to, and leads, a culture of safety and quality improvement in the organisation?

How is the extent of this culture in the organisation known?

Has the governing body communicated the importance of their workers being vaccinated against influenza and coronavirus (COVID-19) to promote the key role vaccination plays in the delivery of safe, inclusive and quality care and services?

What priorities and strategic directions has the governing body set and communicated to the organisation for safe, inclusive and quality care and services?

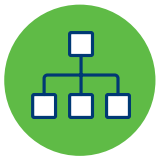
How are priorities reviewed and communicated during emergencies and disasters, including during infectious outbreaks?

How does the governing body promote timely access to precautionary infection control measures including COVID-19 vaccinations and, in the event of an outbreak, timely access to prescriptions?

What information does the governing body ask for about the organisation's performance and continuous improvement to meet the Quality Standards?

How does the governing body look at how inclusive the organisation's care and services are for a diverse range of consumers?

How does the governing body know it is meeting what consumers, the workforce, the community and others expect for safe, inclusive and quality care and services from the organisation?



Examples of actions and evidence

Consumers

- Consumers are confident the organisation is run in their best interests and their views and needs shape how the organisation is run.
- Consumers feel the service culture (the way things get done) supports their health, safety and well-being and is inclusive of their identity, culture and diversity.
- Consumers can describe ways the organisation asks for their opinions to improve the service culture.

Workforce and others

- The workforce can describe how the governing body promotes a culture of safe, inclusive and quality care and services. They can also describe how the governing body tries to understand how things are done in the organisation.
- The workforce describes how management of the organisation demonstrates the behaviours and values the governing body promotes. They say this gives them confidence to do the same.
- The workforce can describe the organisation's vision, aims or strategic objectives that affect their practice. They say the organisation is run in a way that supports consumer outcomes.
- The workforce can give examples that show how the organisation includes safe, inclusive and quality care and services in the organisation.

Organisation

- Evidence that members of the governing body have the right experience to govern an organisation providing care and service to vulnerable consumers.
- Evidence of how the governing body decides, explains, assigns and puts their quality, safety and cultural goals into action within the organisation.
- Evidence that the governing body asks for and receives the information and advice it needs to meet its responsibilities under this requirement.
- Strategic, business and diversity action plans that describe the priorities and strategic directions for inclusive care endorsed by the governing body. Evidence of how the organisation implements, monitors and improves these.
- Evidence that the governing body understands and sets priorities to improve the performance of the organisation against the Quality Standards and consistent with the Charter of Aged Care Rights.

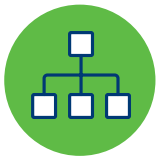
Standard 8

Requirement (3)(c)

8

Effective organisation wide governance systems relating to the following:

- (i) information management*
- (ii) continuous improvement*
- (iii) financial governance*
- (iv) workforce governance, including the assignment of clear responsibilities and accountabilities*
- (v) regulatory compliance*
- (vi) feedback and complaints.*



Intent of this requirement

Organisation wide governance is about how the organisation applies and controls authority below the level of the governing body. Authority flows from the governing body to the Chief Executive Officer (or similar role), then, to the executive or management team and throughout the organisation. This requirement lists the key areas that an organisation needs for effective organisation wide governance systems. These systems should take into account the size and structure of the organisation. They should also help to improve outcomes for consumers.

The key areas for organisation wide governance systems are:

(i) Information management

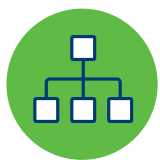
Effective information management systems and process give appropriate members of the workforce access to information that helps them in their roles. It also makes sure consumers can access information about their care and services. These systems cover how an organisation maintains, stores, shares and destroys information and how it controls privacy and confidentiality. Information that supports consumers to make decisions should be relevant and accurate and provided in a timely manner.

(ii) Continuous improvement

Continuous improvement systems and processes assess, monitor and improve the quality and safety of the care and services provided by the organisation. This includes the experiences of consumers. These systems help the organisation to identify where quality and safety is at risk. They also help an organisation to respond appropriately and promptly to these risks. Organisations must have a plan for continuous improvement and check their progress against this plan to improve the quality and safety of care services.

(iii) Financial governance

Financial governance systems and processes manage the finances and resources that the organisation needs to deliver safe and quality care and services. Organisations are expected to include the capital and revenue costs of maintaining safety and quality in their financial planning. Effective financial management and reporting systems give the governing body the assurance they require to be satisfied of compliance with this requirement.



Organisational governance

Standard 8 | Requirement (3)(c)

(iv) Workforce governance – including assigning clear responsibilities and accountabilities

Workforce governance systems and process make sure workforce arrangements are consistent with regulatory requirements. They also need to make sure the organisation has enough skilled and qualified members of the workforce, including a designated member of the nursing staff who has completed an identified IPC course. The organisation must support and develop its workforce to deliver safe and quality care and services. Members of the workforce need to have clear responsibility and accountability for managing the safety and quality of care and services, and sufficient authority to do this.

(v) Regulatory compliance

Regulatory compliance systems and process make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards and guidelines. This requirement doesn't measure how an organisation complies with other legislative frameworks, but provides an understanding of whether the organisation itself undertakes this task.

(vi) Feedback and complaints

Feedback and complaints systems and processes actively look to improve results for consumers. The system used is relevant and proportionate to the range and complexity of care and services the organisation delivers, as well as its size and scale. The system follows principles of transparency, procedural fairness and natural justice and meets best practice guidelines.

Reflective questions

Does the organisation have a documented whole-of-organisation governance framework, which includes personal and clinical care if delivered?

Does the governance framework focus on strategic needs?

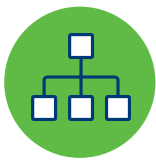
Does the organisation have systems to monitor and evaluate how they perform against strategic and other objectives for safe and quality care and services?

Does the organisation support a culture of evaluation that includes transparency, openness and a two-way sharing of information and advice across the organisation?

If services are not performing at peak level, does the organisation move resources to ensure appropriate consumer outcomes?

What measures are in place for the organisation to effectively monitor IPC practices to determine where shortfalls may exist? What processes are in place to ensure changes are made when a shortfall is identified?

How does the organisation demonstrate that policies and procedures are contemporary and in line with best practice documents, including those which outlines requirements for IPC lead(s) and outbreak management?



Organisational governance

Standard 8 | Requirement (3)(c)

How does the organisation demonstrate that an outbreak management plan is in place, and that staff are aware of their roles and responsibilities as part of that plan, including when any changes are made?

Does the organisation use regular reviews and evaluation to identify new needs and tackle current continuous improvement priorities?

How do the organisation's risk and responsibility systems and processes include ethical decision-making in the organisation?

Where the organisation uses services from other specialist providers, are the different levels of responsibility for governance and monitoring clear to everyone?

What systems are in place to manage communications and engagement with families of residents and community?

Does the organisation undertake audits of all key aspects of their outbreak management plan, including testing organisational processes, staff knowledge and practices, consumer outcomes and regulatory compliance?

Does the organisation have effective governance systems relating to regulatory compliance, which includes compliance with jurisdictional public health orders, and record-keeping and reporting requirements under the Accountability Principles 2014 and Records Principles 2014?

Are there effective organisation-wide systems for preventing, managing and controlling infections?

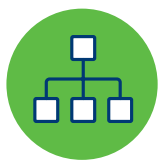
Examples of actions and evidence

Consumers

- Consumers say the organisation asks for their opinions about the care and services, listens to them and makes improvements as a result.
- Consumers say they are confident their care and services are well managed.
- Consumers say the organisation has made changes when something has gone wrong to prevent it happening again.
- Consumers say they can review information on the safety and quality of care and services the organisation delivers.

Workforce and others

- Management of the organisation can describe their role in developing governance frameworks to support the governing body's strategies for safe, inclusive and quality care and services.
- The workforce can describe how the organisation supports openness, discussion, engagement, respect, trust and a culture of good governance.
- The workforce can describe how they take part in activities that identify, measure and evaluate problems within the organisation and in the care and services it delivers to consumers. They can also describe how improvements are made.
- Members of the workforce are clear on their authority to make decisions to meet the strategic or planned objectives of the organisation. They say policies that inform decisions are easy to understand and accessible to all members of the workforce.
- Members of the workforce can describe how the organisation makes sure the processes in their particular areas are efficient and effective. They say the organisation prevents, responds to and manages risks appropriately.



Organisational governance

Standard 8 | Requirement (3)(c)

- Demonstrate that the IPC lead(s) has the level of clinical expertise and influence at a service.
- Workforce orientation, training or other records that show how the organisation supports the workforce to meet this requirement.
- Members of the workforce can describe different channels of communication and providing updates to staff from the organisation and governing body.
- Evidence of continuous improvement across the organisation.
- Evidence that the organisation is mindful of the key risks associated with the service and the individual people receiving care at the service and can demonstrate how this has influenced their outbreak management planning and response.

Organisation

- Evidence of systems and processes, from the care and service level through to the governing body level, for managing and governing all aspects of care and services.
- Performance monitoring records given to the governing body show whether the organisation is performing at peak level and meeting its policy, planning and operational goals.
- Evidence the IPC lead(s) reports to the organisation, which retains overall responsibility for compliance with IPC requirements.
- Evidence that the organisation has systems in place to support outbreak management planning and practices, including it remains aligned with contemporary best practice, and is practiced within the service environment.
- Committee and meeting records show management of the organisation and the governing body have information, data and options to make informed decisions.
- Evidence of policies and instruments of delegation that make it clear to the workforce, and help them to understand, the organisation's compliance and other obligations.

Standard 8

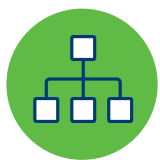
Requirement (3)(d)

8

Effective risk management systems and practices, including but not limited to the following:

- (i) managing high-impact or high-prevalence risks associated with the care of consumers*
- (ii) identifying and responding to abuse and neglect of consumers*
- (iii) supporting consumers to live the best life they can*
- (iv) managing and preventing incidents, including the use of an incident management system.*





Intent of this requirement

Organisations are expected to have systems and processes that help them identify and assess risks to the health, safety and well-being of consumers. If risks are found, organisations are expected to find ways to reduce or remove the risks in a timeframe that matches the level of risk and how it's affecting consumers.

It's expected that the organisation's risk management system identifies and evaluates incidents and 'near misses' (both clinical incidents and incidents in delivering care and services). A near miss is when an occurrence, event or omission happens that does not result in harm (such as injury, illness or danger to health) to a consumer or another person but had potential to do so. It's also expected that the organisation uses this information to improve its performance and how it delivers quality care and services.

Organisations are expected to escalate risks to the health, safety and well-being of their consumers within the organisation or to a relevant external service or organisation. It's also expected that organisations continue to monitor risks to consumers and others and take action if a risk has increased.

Effective risk management systems and practices encompass requirements in the following areas:

(i) **Managing high-impact or high-prevalence risks associated with the care of consumers**

While organisations need to manage all risks related to care and services, some risks are more common and have a higher impact on the health and well-being of consumers. Preventable harm from these risks continues to happen in aged care. Sound governance systems are required to support the delivery of care under Standard 3 – Personal and Clinical Care.

(ii) **Identifying and responding to abuse and neglect of consumer**

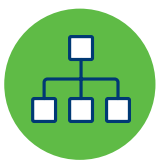
All Australians have rights, which do not diminish with age, to live dignified, self-determined lives, free from exploitation, violence and abuse. The organisation is expected to have systems to provide appropriate protections and safeguards around the delivery of care and services, to respond effectively to incidents of abuse, to report this according to the law, and to raise awareness in the organisation to lower the risk of elder abuse.

(iii) **Supporting consumers to live the best life they can**

Organisations are expected to have systems and processes to reduce the possibility of risks and the impact they have on consumers however, this should be in consultation with consumers to support them to live the best life they can. These systems underpin outcomes under Standard 1 and delivery of care and services under Standards 3 and 4.

(iv) **Managing and preventing incidents, including the use of an incident management system**

Organisations are expected to effectively prevent and manage incidents, including through the use of an incident management system that enables incidents to be identified, responded to, and notified to the Commission (as required). Incidents should be resolved in consultation with consumers and staff, and incident data should be used to identify trends, drive continuous improvement to improve the quality of the care and services, and prevent similar incidents from occurring.



Organisational governance

Standard 8 | Requirement (3)(d)

Reflective questions

Does the organisation have systems for identifying risks and incidents, minimising and managing risks and responding to incidents to support the safety and well-being of consumers?

What are the systems to manage high-impact, high-prevalence risks and how are these systems reviewed to keep improving outcomes for consumers?

How does the organisation make information about current procedures and guidance for managing risks and incidents available to consumers, representatives the workforce and others?

Does the workforce know what harm, abuse and neglect look like?
How does the organisation support its workforce to understand their roles and responsibilities for preventing and reporting abuse?

Does the organisation have strategies to make sure that responses to allegations of harm use the principles of natural justice?
Does the organisation support all parties during an investigation?

How does the organisation support the workforce to use a problem-solving approach to respect a consumer's wishes to act independently, but also to identify and reduce risks so they can support their independence as safely as possible?

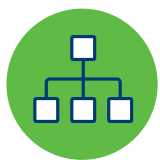
How does the organisation escalate incidents and near misses to understand and respond to risks? How is incident data used to drive continuous improvement and to prevent similar incidents occurring in future?

How are consumers and their representatives involved in understanding risk, identifying and responding to incidents and driving continuous improvement? How does communication occur with consumers and their representatives when incidents happen? Are open disclosure processes used?

Examples of actions and evidence

Consumers

- Consumers say organisational decisions on how to reduce possible or real risks are made with them and they feel their opinions are heard.
- Consumers say the organisation responds promptly to incidents, or concerns about harm, abuse and neglect.
- Consumers feel comfortable with how the organisation balances risks and quality of life. They feel they are living the best life they can.
- Consumers say that if they are involved in an incident, the organisation communicates with them and engages them in the resolution of the incident, including how similar incidents will be prevented in future.



Workforce and others

- The workforce can describe how they try to reduce common and high-impact or high-prevalent risks to health and well-being. They can also describe how the way they do this supports consumers' dignity and quality of life.
- The workforce can describe how the systems and processes for safely delivering clinical care are reliable. They also say they have the chance to take part in designing, monitoring and evaluating these systems
- The workforce can demonstrate their knowledge of the organisation's legislative requirements to report incidents as these relate to their role and responsibilities.
- The workforce can describe the organisation's reporting systems for 'near misses' and incidents, including of harm, abuse and neglect. They can also describe the processes for managing risks and responding to incidents and near misses related to their role in the organisation.
- Evidence that the organisation's training around safeguarding is delivered in a way that is relevant to different roles. The workforce can describe how they are able to recognise different types of abuse or neglect and the ways they can report concerns and use the organisation's incident management system to record and respond to incidents.
- The workforce can give examples of respecting consumers' wishes and how they have identified and reduced risks to support their independence as safely as possible.
- The workforce can give examples of how they identify and manage incidents using the organisation's incident management system, including how incident data has been used to prevent similar incidents recurring.

Organisation

- Records show how staff are trained and supported to assess or evaluate the use of restraints in order to minimise or eliminate their use.
- Evidence of how the organisation monitors and reports on the use of restraints.
- Records show the organisation continually monitors risks to consumers and takes appropriate action if a risk has increased.
- Evidence that the organisation uses incident data and information to identify and analyse trends and common incidents, and that quality improvements are made as a result.
- Evidence that the organisation communicates with consumers and their representatives in the identification of risk, if incidents occur, and in the resolution of incidents, including through the use of open disclosure processes.
- Evidence that the organisation uses effective investigation as soon as it's aware of any allegation or evidence of harm, abuse or neglect. Evidence shows that the organisation also refers the case to the correct body in line with legislation.
- Evidence that the organisation monitors systems that can identify possible abuse such as reports of incidents and complaints. Evidence shows that the organisation also takes steps to stop the abuse and reports it as required by law.
- Evidence of ways in which the organisation has strengthened systems for prevention of abuse and neglect. This can include asking for specialist advice or support.
- Records show the organisation notifies the Commission (and others as relevant) of reportable incidents appropriately.
- Evidence and examples of how the organisation shows, monitors and reports how it performs against this Standard. Examples of continuous improvement against this requirement.

Standard 8

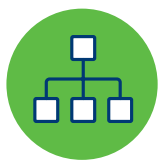
Requirement (3)(e)

8

Where clinical care is provided – a clinical governance framework, including but not limited to the following:

- (i) antimicrobial stewardship*
- (ii) minimising the use of restraint*
- (iii) open disclosure.*





Intent of this requirement

Clinical governance is the set of relationships and responsibilities between the organisation's governing body, executive, clinicians, consumers and others to achieve good clinical results. It puts systems in place for delivering safe, quality clinical care and for continuously improving services. Clinical governance usually includes involving consumers, clinicians, clinical review, training, risk management, use of information and workforce management.

This requirement describes the clinical governance and safety and quality systems that are required to maintain and improve the reliability, safety and quality of clinical care, and to improve outcomes for consumers where organisations provide clinical care. The following areas are included:

(i) Antimicrobial stewardship

In Australia, the increasing number of antibiotic-resistant infections appearing in the community represents a looming public health issue.

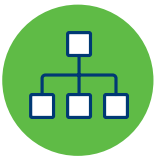
This means aged care organisations need to do their part to change those practices that have contributed to the development of resistance and implement new initiatives to reduce inappropriate antibiotic usage and resistance. Effective organisation wide systems are required for preventing, managing and controlling infections and antimicrobial resistance. This contributes to the broader national effort and improves outcomes for consumers.

(ii) Minimising the use of restraint

Restraint means any practice, device or action that interferes with a consumer's ability to make a decision or restricts a consumer's free movement. Where restraint is clinically necessary to prevent harm, the organisation should have systems to manage how restraints are used. This is in accordance with legislation and the organisation's policies on reporting the use of restraints.

(iii) Practicing open disclosure

This means organisation wide systems to support communication with consumers about incidents that have caused harm. Open disclosure usually includes an apology and explaining the facts of what happened. It also includes listening to the consumer's experience of what happened and explaining the steps the organisation has taken to prevent it happening again.



Organisational governance

Standard 8 | Requirement (3)(e)

Reflective questions

Do management of the organisation and members of the workforce have particular areas of responsibility for clinical leadership and systems that improve safety and quality?

What are the systems to ensure that best practice evidence is embedded in the organisation's clinical care?

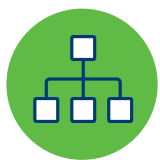
How does the organisation review how effective the clinical governance framework is?

Does the organisation take timely actions to tackle any aspects that aren't working well?

Does the organisation have processes to support identifying and getting involved early when risks associated with clinical care are identified?

Does it have processes for members of the workforce to identify these risks?

How does the organisation understand and support safety and quality in the clinical services it provides? This includes how it collects and uses data to inform safety and quality.



Examples of actions and evidence

Consumers

- Consumers say they receive safe, effective, quality clinical care that is right for them.
- Consumers say members of the workforce discuss their clinical care with them, including risks and benefits of any clinical treatment and the appropriate use of antibiotics.
- Consumers say if things have gone wrong, the organisation has apologised and taken steps to make sure the same thing doesn't happen to them again or to others.

Workforce and others

- The workforce can describe their accountabilities and responsibilities for the effectiveness, safety and quality of clinical services.
- The workforce can describe how they collect data to inform clinical performance indicators, they say the indicators are meaningful and can describe how they lead to improvements in clinical care.
- The workforce say open disclosure is part of the organisation's practice when a negative event happens. They can also describe the open disclosure process.
- Workforce orientation, training or other records that show the organisation trains the workforce in this requirement. They also show the organisation supports clinical governance leadership roles with ongoing training.

Organisation

- Evidence of strategies and practices that aim to make sure antimicrobials are prescribed according to best practice guidelines.
- Records that show use of restraint is always as a last resort, the application of restraint is documented and the safety and well-being of the consumer is monitored.
- Evidence of appropriate authorisation and consent for the use of restraints in compliance with legislation.
- Records show that the organisation has a systematic approach to clinical audit and data comparisons that supports improvements in clinical care.
- The organisation has records of governance arrangements for clinical care that is given in non-clinical care settings, or by contracted members of the workforce, or by third parties.

Glossary

Advance care directive

A written advance care planning document completed and signed by a competent consumer who still has decision-making capacity. In Australia, advance care directives are recognised by specific legislation or common law. Advance care directives can record the person's preferences for future care and/or appoint a substitute decision-maker to make decisions about the person's health care.

Advance care planning

The process of planning for future health and personal care, whereby the person's values, beliefs and preferences are made known so they guide decision-making at a future time when that person cannot make or communicate their decisions.

Antimicrobial

A medicine that kills microorganisms like bacteria or stops them growing. Antibiotics and antifungals are antimicrobials.

Antimicrobial resistance

Failure of an antimicrobial (such as an antibiotic) to work against microorganisms (such as bacteria, viruses, and some parasites).

This can mean treatments no longer work and infections continue and can spread to other people.

Antimicrobial stewardship

Efforts by an organisation to reduce the risks related to increasing antimicrobial resistance and to extend the effectiveness of antimicrobial treatments. It can include a broad range of strategies, such as monitoring and reviewing how antimicrobials are used.

Best practice (for clinical care)

Diagnosis, treatment and care are timely and based on the best available evidence, which is used to achieve the best possible outcomes for consumers.

Carer

A person who provides personal care, support and help to a consumer. This does not include members of the organisation's workforce, or people the organisation contracts or pays to provide those services, or people who provide the services as a volunteer. This definition is in line with the *Carer Recognition Act 2010*.

Clinical care

Care provided by doctors, nurses, pharmacists, allied health professionals and other regulated health practitioners. Organisations providing clinical care are expected to make sure it is best practice, meets the consumer's needs, and optimises the consumer's health and well-being.

Clinical governance

An integrated set of leadership behaviours, policies, procedures, responsibilities, relationships and monitoring and improvement mechanisms that are directed towards ensuring good clinical outcomes. Effective clinical governance systems ensure that everyone – from unregulated care providers, to employed or external regulated health practitioners, to managers and members of governing bodies such as boards – is accountable to consumers and the community for the delivery of clinical care that is safe, effective, integrated, high quality and continuously improving.

Cognitive function or ability

Functions that relate to mental and thinking processes, such as memory, attention, language and learning.

Cognitive impairment

Loss of some mental or thinking functions. A person with cognitive impairment can find it difficult to learn new things, to concentrate, or make decisions. The most common causes of cognitive impairment in older people are dementia and delirium.

Consumer

A person to whom an organisation provides or is to provide care through an aged care service. Reference to consumer in this guidance for the Quality Standards includes reference to a representative of the consumer, so far as the provision can apply to a representative of the consumer.

A consumer representative includes:

- a person appointed under relevant legislation to act or make decisions on behalf of a consumer; and
- a person the consumer nominates to be told about matters affecting the consumer.

Consumer-centred care

Care and services that are designed around an individual's needs, preferences and background. It includes a partnership between consumers and providers.

Continuity of care

Processes that ensure that everyone who cares for a consumer knows, and has information about their care and service needs, choices and preferences. Continuity of care helps to ensure that there are no gaps when the responsibility for the delivery of care and services is transferred between individuals or organisations.

Continuous improvement

A systematic, ongoing effort to raise an organisation's performance in achieving outcomes for consumers under the Quality Standards. Continuous improvement:

- responds to the needs and feedback of consumers,
- supports the workforce to improve and innovate in providing safe and quality care and services, and
- can address practices, process or outputs to achieve a desired outcome.

Contractor and subcontractor

Any person who carries out care and services, or administration or maintenance for an organisation under contract.

The organisation that receives funding from the Australian Government is expected to make sure its workforce (including contractors) meets the relevant Quality Standards. Contracts requiring compliance with the Standards and effective contractor management are essential.

Cultural safety

Care and services that are planned and delivered in a way that is spiritually, socially, emotionally and physically safe and respectful for consumers. Culturally safe care and services also ensure that a person's identity is respected so that who they are and what they need is not questioned or denied.

Decision making

Consumers making choices about their lifestyle and activities of daily living, their care, and services and end of life choices. Supported decision making is the process of enabling a person who requires decision-making support to make, and/or communicate, decisions about their own life. The decision-making is supported, but the decision is theirs.

Dignity of risk

The concept that all adults have the right to make decisions that affect their lives and to have those decisions respected, even if there is some risk to themselves.

Dignity of risk means respecting this right. Care and services need to strike a balance between respect for the individual's autonomy and the protection of their other rights (such as safety, shelter), unless it is unlawful or unreasonably impinges on the rights of others.

Diversity

Consumers' varied needs, characteristics and life experiences. Consumers may have specific social, cultural, linguistic, religious, spiritual, psychological, medical, and care needs. The term also refers to peoples' diverse gender and sexuality identities, experiences and relationships, including lesbian, gay, bisexual, transgender or intersex (LGBTI).

End of life care

The care provided to a consumer in the period when they are nearing the end of their life. It can include physical, spiritual and psychological support.

Governance

The rules, practices, processes and systems an organisation uses to direct and manage that organisation and its services.

Governing body

The individual or group of people with overall responsibility and ultimate accountability for the organisation. This includes responsibility for the strategic and operational decisions that affect the safety and quality of care and services.

High-impact

A risk that can have a significant effect on a person's safety, health or well-being.

High-prevalence

There are a large number of people in a particular group that are affected by the same condition or risk.

Incident

An event or circumstances that resulted or could have resulted in unintended or unnecessary harm, loss or damage to a person.

Infection prevention and control program

The plan and processes an organisation uses to prevent and manage the spread of infection. For example, hand washing is the most effective means of preventing infection transmission.

The scope and complexity of a program will depend on the nature of the care the organisation provides, the context and risk.

Influenza infection control program

The plan and processes that an organisation has in place to manage influenza infections.

If an organisation provides residential aged care, their program includes workforce influenza vaccinations.

Macular degeneration

A group of eye diseases that cause progressive loss of a person's central vision.

Medication contraindication

A situation when a medicine should not be used because it may be harmful to the person.

Natural justice

Decisions are made and people are treated fairly and without bias.

Notifiable

Events, things or incidents, such as serious infectious diseases, that must be reported to the right authorities.

Open disclosure

Open discussions with consumers, their family, carers and other support people of incidents that have caused harm, or had the potential to cause harm to the consumer.

It involves an expression of regret and a factual explanation of what happened, the potential consequences and what steps are being taken to manage this and prevent it happening again.

Organisation

The provider of care and services.

Currently, aged care legislation uses the term 'approved provider', but this term doesn't include providers that deliver Commonwealth Home Support Programme (CHSP) and certain grant-funded National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services. As the Standards apply to all organisations that receive Australian Government subsidies or funding to provide aged care (whether they are currently an approved provider or not), the term 'organisation' has been used. The Standards apply to organisations providing:

- residential care
- home care
- flexible care, including innovative care services, multi-purpose services (in line with the spirit and intent of the Standards), short-term restorative care and transition care
- CHSP
- NATSIFACP services.

Others

Anyone a consumer wants to have involved in their care decisions. This could be formally through an appointment of a guardian, or informally, such as a family member that has been nominated by the consumer. A consumer may have different people they want involved for different decisions and at different times.

Outcomes

Describe the impact or result of a service or support, such as an improvement in an individual's well-being. 'Outcomes' are different from 'outputs'. Outputs cover the delivery of services or supports, such as training. Outcomes can be short-term (such as a consumer being involved in service planning) through to long-term (such as a consumer being able to manage daily activities on their own after support and reablement).

Partnership

A working relationship between two or more people. In these Standards, partnership refers to organisations finding ways to work with consumers and listening to their needs, goals and preferences, to plan their care and services.

Personal care

Services such as bathing, showering, dressing, feeding and going to the toilet.

Quality management

The systems and processes an organisation has in place to monitor, review, plan, control and make sure they deliver quality services, supports or products.

Reablement

A consumer-directed process to support restoration of function or adapt to some loss of day-to-day function and regain confidence and capacity for daily activities. It may promote consumer independence, capacity or social and community connections. Supports could include training in a new skill, modification to a consumer's home environment or having access to equipment or assistive technology.

Respectful

Understanding a person's culture, acknowledging differences, and being actively aware of these differences. It is about understanding that each consumer is unique and has a right to be treated in an inclusive and respectful way.

Restrictive practices

The use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person with disability. These primarily include restraint and seclusion.

Chemical restraint means a restraint that is, or that involves, the use of medication or a chemical substance for the purpose of influencing a person's behaviour, other than medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

Physical restraint means any restraint other than:

- (a) a chemical restraint; or
- (b) the use of medication prescribed for the treatment of, or to enable treatment of, a diagnosed mental disorder, a physical illness or a physical condition.

This guidance adopts the general principle that restrictive practices are only implemented as a last resort; are implemented for the least amount of time possible; are recorded, monitored and reviewed; have tight safeguards in place that are focused on minimising risk to consumers, staff, and others; and are undertaken with a focus on ensuring decency, humanity and respect at all stages.

Risk

The chance of something happening that will have a negative impact. It is measured by the consequences and likelihood. In this guidance it usually refers to the risk of harm to a consumer.

Scope

The range of things that are covered or included in each Standard.

Service and supports for daily living

Services other than clinical and personal care that include but are not limited to: food services, domestic assistance, home maintenance, transport and recreational and social activities.

Services and supports for daily living may also be services that support consumer emotional, spiritual and psychological well-being.

Service culture

The way things get done. The culture of an organisation is characterised by how people behave, what is prioritised and how processes are owned and improved by the workforce. A culture of safety and quality will be consumer-centred, driven by information, and organised for quality and safety.

Service environment

The physical environment where they deliver care and services. It does not include a consumer's private home where in-home services are provided. Overall surroundings where aged care services are being delivered are included, such as the building, fixtures, fittings and factors such as lighting, air temperature and water supply.

Staff

People working in an organisation who are responsible for the care, administration and support of, or involvement with, consumers.

Workforce

People working in an organisation who are responsible for its maintenance or administration, or the care and services, support of, or involvement with, consumers.

A member of the workforce is anyone the organisation employs, hires, retains or contracts (directly or through an employment or recruitment agency) to provide maintenance or administration, or care and services under the control of the organisation. It also includes volunteers who provide care and services for the organisation.

For clarity, people in an organisation's workforce include:

- employees and contractors (this includes all staff employed, hired, retained or contracted to provide services under the control of the organisation)
- allied health professionals the organisation contracts
- kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract.

People who are not part of an organisation's workforce include:

- visiting medical practitioners, pharmacists and other allied health professionals and services a consumer has asked for, but the organisation doesn't contract
- trades people who don't work under the control of the organisation (such as independent contractors), for example, plumbers, electricians or delivery people who work on a needs basis.



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