

# Revised Aged Care Quality Standards

## Summary

Below is an overview of the draft strengthened Aged Care Quality Standards, including the expectation statements for older people, intent and enforceable outcomes included under each standard.

This is a summary version of the [detailed strengthened Quality Standards](#). To get involved and have your say, visit the department's [Aged Care Engagement Hub](#).

### Standard 1 – The Person

#### Intent of Standard 1

*Standard 1 underpins the way that providers and workers are expected to treat older people as relevant to all standards. Standard 1 reflects important concepts about dignity and respect, older person individuality and diversity, independence, choice and control, culturally safe care and dignity of risk. These are all important in fostering a sense of safety, autonomy, inclusion and well-being for older people.*

*Older people are valuable members of society, with rich and varied histories, characteristics and life experiences.*

*Older people can come from a diverse range of backgrounds including, but not limited to, Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people living in rural or remote areas, people who are financially or socially disadvantaged, people who are veterans, people experiencing homelessness or at risk of becoming homeless, people who are care leavers (i.e. a person who spent time in care as a child), parents separated from their children by forced adoption or removal, people who are lesbian, gay, bisexual, transgender or intersex, people of various religions, people experiencing mental health problems and mental illness, people living with cognitive impairment including dementia, people living with disability.*

*A person's diversity does not define who they are, but it is critical that providers recognise and embrace each person's diversity and who they holistically are as a person, and that this drives how providers and workers engage with older people and deliver their care and services.*

## Standard 1 – The Person

### Standard 1: The Person

**Expectation statement for older people:** I have the right to be treated with dignity and respect and to live free from any form of discrimination. I make decisions about my care and services, with support when I want it. My identity, culture and diversity are valued and supported, and I have the right to live the life I choose. My provider understands who I am and what is important to me, and this determines the way my care and services are delivered.

### Outcomes

- 1.1 Person-centred care** – The provider understands and values the older person, including their identity, culture, diversity, beliefs and life experiences. Care and services are developed with, and tailored to, the older person. Care and services are provided in a way that upholds the rights of older people and fosters their relationships and social connections.
- 1.2 Dignity, respect and privacy** – Older people are treated with dignity and respect, they receive care and services free from discrimination, and their personal privacy is respected.
- 1.3 Choice, independence and quality of life** – Older people have independence and make decisions about their care and services, with support when they want it. Older people are provided accurate and sufficient information in a way they understand. Care and services are provided in a way that supports independence, dignity of risk and personal goals.
- 1.4 Transparency and agreements** – Older people have autonomy and can take time and seek advice before entering into any agreements about their care and services. Older people are supported to understand agreements, fees and invoices.

## Standard 2 – The Organisation

### Intent of Standard 2

*The intent of Standard 2 is to hold the governing body responsible for meeting the requirements of the Quality Standards and delivering safe and quality care and services.*

*The governing body sets the strategic priorities for the organisation and promotes a culture of safety and quality. The governing body is also responsible for driving and monitoring improvements to care and services, informed by engagement with older people, their carers and families, workers and data on care quality.*

*A provider's governance systems and workforce are critical to the delivery of safe, quality, effective and person-centred care for every older person, and continuous care and service improvement.*

### Standard 2: The Organisation

#### **Standard 2 expectation statement for older people:**

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

### Outcomes

**2.1 Partnering with older people** – Meaningful and active partnerships with older people inform organisational priorities and improvements to care and services.

**2.2 Quality and safety culture** – The governing body leads a culture of quality, safety and inclusion that embraces diversity and prioritises the rights, safety and well-being of older people and the workforce.

**2.3 Accountability and quality systems** – The governing body is accountable for the delivery of safe and quality care and services and maintains oversight of all aspects of the organisation's operations. The provider's quality system supports continuous improvement.

**2.4 Risk management** – Risks to older people, workers and the organisation are identified, managed and continuously reviewed.

## Standard 2 – The Organisation

- 2.5 Incident management** - The provider uses an incident management system to safeguard older people and acknowledge, respond to, effectively manage and learn from incidents.
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- 2.6 Feedback and complaints management** – Older people and others are encouraged and supported to provide feedback and make complaints about care and services. Feedback and complaints made by all parties are acknowledged, managed transparently and contribute to the continuous improvement of care and services. Older people and others can complain without reprisal.
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- 2.7 Information management** – Information is identifiable, accurately recorded, current and able to be accessed and understood by those who need it. The information of older people is confidential and managed appropriately, in line with their consent. Current policies and procedures guide the way workers undertake their roles.
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- 2.8 Workforce planning** – The provider understands and manages its workforce needs and plans for the future.
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- 2.9 Human resource management** – The care and service needs of older people are met by workers who are skilled and competent in their role, hold relevant qualifications and who have relevant expertise and experience to provide safe and quality care and services.
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- 2.10 Emergency and disaster management** – Emergency and disaster management considers and manages the risks to the health, safety and wellbeing of older people and workers.

## Standard 3 – The Care and Services

### Intent of Standard 3

*Standard 3 describes the way providers must deliver care and services, agnostic to the type of service being delivered (noting that other standards describe requirements relevant to specific service types). Effective assessment and planning, communication and coordination are critical to the delivery of safe and quality care that meets the older person's needs, is tailored to their preferences and supports them to live their best lives.*

*In delivering care and services, providers and workers must draw on all relevant standards, with particular reference to Standard 1, including to ensure care is tailored to the individual and what's important to them.*

### Standard 3: The Care and Services

#### **Standard 3 expectation statement for older people:**

The care and services I receive:

- are safe and effective
- optimise my well-being and quality of life
- meet my current needs, goals and preferences
- are well planned and coordinated.

### Outcomes

**3.1 Assessment and planning** – Older people are actively engaged in developing and reviewing their care and services plans. Care and services plans describe the current needs, goals and preferences of older people, are regularly reviewed and are used by workers to guide the delivery of care and services.

**3.2 Delivery of care and services** – Older people get safe and quality care and services that meet their needs, goals and preferences. Care and services are provided in a way that is culturally safe, appropriate for people with specific needs and diverse backgrounds and supports reablement.

**3.3 Communicating for safety and quality** – Critical information relevant to the older person's care and services is communicated effectively with older people, between workers and with others involved in the older person's care. Risks, changes and deterioration in an older person's condition are escalated and communicated as appropriate.

## Standard 3 – The Care and Services

**3.4 Coordination of care and services** – Older people receive planned and coordinated care and services, including where multiple health and aged care providers, carers and others are involved in the delivery of care and services.

## Standard 4 – The Environment

### Intent of Standard 4

*The intent of Standard 4 is to ensure that older people receive care and services in a physical environment that is safe, supportive and meets their needs. Effective infection prevention and control measures are a core component of service delivery to protect older people, their families and carers and workers.*

### Standard 4: The Environment

**Standard 4 expectation statement for older people:** I feel safe when receiving care and services. Where I receive care and services through a service environment, the environment is clean, safe and comfortable and enables me to move around freely. Precautions are taken to prevent the spread of infections.

### Outcomes

**4.1a Environment and equipment at home** – Providers support older people to mitigate environmental risks relevant to their care and services. Where equipment is used in the delivery of care and services or given to the older person by the provider, it is safe and meets their needs.

**4.1b Environment and equipment in a service environment** – Older people access care and services in a clean, safe and comfortable environment that optimises their sense of belonging, interaction and function. Equipment used in the delivery of care and services is safe and meets the needs of older people.

**4.2 Infection prevention and control** – The provider has appropriate infection prevention and control processes. Workers use hygienic practices and take appropriate infection prevention and control precautions when providing care and services.

## Standard 5 – Clinical Care

### Intent of Standard 5

*The Clinical Care Standard describes the responsibilities of providers to deliver safe and quality clinical care to older people. The governing body has overall responsibility to ensure a clinical governance framework is implemented and to monitor its effectiveness. Providers operationalise the clinical governance framework and report on its performance.*

*Many older people who require clinical care are frail with multiple chronic co-morbidities and complex care needs. These people may be experiencing sickness, frailty, disability, cognitive impairment or be nearing the end of their life. At all times, the clinical care provided should be person-centred and address the older person's specific clinical needs and preferences. Delivering safe, high-quality care requires a skilled workforce, that are supported to deliver evidence-based care.*

*Effective implementation of Standard 5 is reliant on the systems and processes from Standards 1–7. These systems and processes support the delivery of safe clinical care, ensure that risks of harm to older people from clinical care are minimised and support continuous quality improvement.*

### Standard 5: Clinical Care

**Standard 5 expectation statement for older people:** I receive safe, effective, person-centred clinical care which meets my needs.

### Outcomes

**5.1 Clinical governance** – The governing body meets its duty of care to older people and the community, and continuously improves the safety and quality of the provider's clinical care. The provider integrates clinical governance into corporate governance to actively manage and improve the safety and quality of clinical care.

**5.2 Preventing and managing infections in clinical care** – Infection risks are minimised and, if they occur, are managed effectively. Older people, workers and others are encouraged and supported to use antimicrobials appropriately to reduce risks of increasing resistance.

**5.3 Medication safety** – Medicines-related risks to older people are identified and reduced. Medicine-related

## Standard 5 – Clinical Care

incidents are analysed and acted on to improve the safe and quality use of medicines.

**5.4 Comprehensive care** – Older people receive safe, quality and person-centred clinical care. Clinical safety risks to older people are identified, managed and minimised.

**5.5 Care at the end of life** – The older person’s needs, goals and preferences for care at the end of life are recognised and addressed. The older person’s pain and symptoms are actively managed, their dignity is preserved, and their representatives are informed and supported. at the end of life and during the last days of life.

## Standard 6 – Food and Nutrition

### Intent of Standard 6

*Food, drink and the dining experience can have a huge impact on a person’s quality of life. As people age, they may lose their appetite or experience conditions that impact on their ability to eat and drink. As such, it is particularly important that providers engage with older people about what and how they like to eat and drink, deliver choice and meals that are full of flavour, appetising and nutritious (including for older people with texture modified diets), and support older people to consume as much as they want.*

*In many cultures, food also plays a large role in fostering feelings of inclusion and belonging. The experience of sharing food and drink with other older people, friends and families is important for many older people.*

*Providers must draw on Standard 3 in delivering food services to ensure this is informed by robust assessment and planning, and services are delivered in line with the needs, goals and preferences of older people. It is also critical for providers to monitor older people for malnutrition and dehydration and respond appropriately where concerns are identified – this is addressed as part of Standard 5.*

*Standard 6 is intended to apply only to residential care services.*



## Standard 6 – Food and Nutrition

### Standard 6: Food and Nutrition

**Standard 6 expectation statement for older people:** I receive plenty of food and drinks that I enjoy. Food and drinks are appetising, nutritious and safe, and meet my needs and preferences. The dining experience is enjoyable, includes variety and supports a sense of belonging.

### Outcomes

- 6.1 Partnering with older people on food and nutrition –**  
The provider partners with older people to provide a quality food service, which includes appealing and varied food and drinks and an enjoyable dining experience.
- 6.2 Assessment of nutritional needs and preferences –**  
The provider understands the specific nutritional needs of older people and assesses each older person’s current needs, abilities and preferences in relation to what and how they eat and drink.
- 6.3 Provision of food and drink –** Older people have food and drinks that are appetising, flavoursome and nutritious, have variation and choice about what they eat and drink and are able to eat and drink as much as they want.
- 6.4 Dining experience –** Older people are supported to eat and drink and enjoy the dining experience.

## Standard 7 – The Residential Community

### Intent of Standard 7

*When people move into a residential service, the residential community becomes a central feature of their lives. It is critical that older people feel safe and at home in the residential community, have opportunities to do things that are meaningful to them and are supported to maintain connections with people important to them. Meaningful activities can include participating in hobbies or community groups, seeing friends and family or activities that contribute to the residential community such as gardening, cooking and setting tables.*

*A residential community can involve diverse members from different cultures and backgrounds. It is important that each older person's culture is respected and their diversity valued so they feel included, safe and at home in the service.*

*Given the scope of responsibility in residential care, providers also have increased requirements to ensure that older people have access to other services and to coordinate a planned transition to or from the service to maximise continuity of care for older people.*

*Standard 7 is intended to apply only to residential care services.*

### Standard 7: The Residential Community

**Standard 7 expectation statement for older people:** I am supported to do the things I want and to maintain my relationships and connections with my community. I am confident in the continuity of my care and security of my accommodation.

### Outcomes

**7.1 Daily living** – Older people get the services and supports for daily living that are important for their health and well-being, consider their specific circumstances and enable them to do the things they want to do. Older people feel safe in their service environment.

**7.2 Planned transitions** – Older people experience a planned and coordinated transition to or from the provider. There is clear responsibility and accountability for an older person's care and services between workers and across organisations.