Addressing Diversity and Wellness in the strengthened Aged Care Quality Standards

Standard 3 – Care and Services

Introduction

The following case studies were developed as part of a webinar series that explores the need to address diversity and wellness within the strengthened Aged Care Quality Standards. These case studies provide good practice approaches to specific situations, highlight the breadth of diversity within each person and the need for inclusive and person-centred practice to be embedded throughout the organisation.

Reflective questions have been developed to support service providers discuss the issues raised in the case studies with their staff and volunteers, at team meetings or as part of individual learning.

Diversity

Diversity exists within all of us, shaped by our identities, values, experiences, and what is important to us. People's identities are multifaceted, encompassing various aspects like gender, race, culture, sexual orientation, religion and ability. Therefore, aged care services must be developed and delivered to fit each client, considering all aspects of their diverse backgrounds and what is important to them.

Wellness

A wellness approach is an ongoing, holistic method of service delivery that supports individuals in reaching their goals. It promotes independence and autonomy by building on people's strengths and encouraging active participation in their care. This approach involves flexible and timely assessment, planning, and service delivery that reduces the risks of living at home and promotes independence. A wellness approach is intrinsically linked to person-centred care, as it emphasises enabling choice and empowering people with information and strategies so they can make their own decisions. This method ensures that care is tailored to the individual, enhancing their quality of life and promoting a sense of dignity and respect.

Intersectionality

Kimberlé Crenshaw introduced the term intersectionality to highlight how systems and structures of privilege and discrimination affect people differently, depending on how aspects of their identity, such as race, gender, age, or sexual orientation overlap and interact. These experiences are not caused by a person's identity itself, but by the way societal systems (including the aged care system) respond to and treat those identities. Applying an intersectional lens to the strengthened Aged Care Quality Standards means going beyond acknowledging a client's diversity to actively identifying and addressing systemic barriers and power imbalances. This approach focuses on tailored communication, cultural competence, and policies that treat everyone with dignity, creating a more supportive, accessible, and inclusive environment for all."

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Standard 3 – Care and Services

Standard 3 describes how providers must deliver care and services tailored to the older person's needs and preferences, emphasising the importance of effective assessment, planning, communication and coordination. This Standard highlights that family and carers play a crucial role in assisting or providing care, ensuring that care plans are regularly reviewed and adjusted based on the older person's changing needs and preferences. These enhanced standards also require providers to engage older people in the planning and evaluation of care, ensuring their voices are heard and their choices respected. By fostering a culture of safety, inclusion and quality, the strengthened standards aim to optimise the quality of life for older people, supporting them to live their best lives in a way that respects their autonomy and individual needs.

There are four outcomes listed under Standard 3.

3.1: Assessment and planning
3.2: Delivery of care and services
3.3: Communicating for safety and quality
3.4: Coordination of care and services

Image Source: strengthened Aged Care Quality Standards:https://www.agedcarequality.gov.au/providers/quality-standards/strengthened-quality-standards

Further information

Strengthened Aged Care Quality Standard 3: Care and Services:
https://www.agedcarequality.gov.au/resource-library/standard-3-care-and-services

Draft provider guidance Standard 3:
https://www.agedcarequality.gov.au/resource-library/draft-provider-guidance-standard-3

Case Study 3A – Merv

Review and watch the **video** case study for Standard 3 and consider which outcomes are addressed, highlight the good practice you identify.

Case Study 3A (video script)

Glenn is meeting Merv and his daughter Jacinta to develop a care plan. Merv is living with some memory loss but has been managing quite well until a recent accident with a mini chainsaw. He decided he no longer wanted the vines that grew all around his fence and cut his arm while removing them. Jacinta organised for the remaining vine s to be removed but thought having garden maintenance would be good for her dad. As part of their discussion Glenn finds out about Merv's interests and strengths, learns he was a Vietnam Veteran, coached AFL and had many community leadership positions. Merv also shared his vast knowledge of gardening and plants.

Jacinta tells Glenn "Things can come up for dad, from being in the war. He can get frustrated and raise his voice." Glenn asks Merv "are there specific things that can upset you. Merv says "I don't want people trying to control what I do. They continue to talk, and Glenn finds out more about Merv, the support Jacinta provides and some of the situations where Merv can be triggered. With Merv's permission Glenn documents these things in the care plan along with advice from Jacinta. Glen tells Merv "This will help the support worker to respects your boundaries and know what you like and don't like". Merv says "I don't want just anyone coming here. I've always been the one in charge." The three of them agree that Glenn can meet with the support worker prior to them starting to make sure he is comfortable. Glenn also suggests that they put in the care plan that at each visit Merv will let the support worker know what he thinks needs to be done and what tasks he would like to do.

Glenn informs the Program Coordinator about Merv's situation and the different things that can be triggering for him. They look at the workers, their skills and experience and find someone who has completed trauma awareness education and a match with Merv's preferences. Prior to the first meeting, Glenn shares the care plan with Ryan, the support worker, including insights about his initial conversation with Merv. The meeting goes well, and Merv is happy for Ryan to come and assist with his garden maintenance.

The Program Coordinator conducts an audit of all the support workers and finds that no staff who have started in the last two years have completed trauma awareness education. She increases the number of training sessions she was planning and updates the induction process to make this training mandatory with yearly refreshers.

Reflective Activity

Reflect on the case study and answer the following questions:

1. How are the outcomes of Standard 3 evidenced in the practices and interventions of Glenn and the Program Coordinator?

2. How did Glenn's approach to developing Merv's care plan reflect person-centred care? *Consider the steps he took to ensure Merv's preferences and needs were central to the planning process.*

3. In what ways did Glenn and the Program Coordinator incorporate good diversity practices in the assessment and planning for Merv's care?

4. Jacinta mentions that 'things can come up for dad, from being in the war.' How should Glenn approach understanding Merv's needs and triggers in the care planning process? Is it important to explore detailed aspects of Merv's wartime experiences, or should the focus be elsewhere?"

Reflections summary

This case study highlights the importance of diversity, inclusion and person-centred practice in the assessment, planning and delivery of care and services. The active involvement of Merv and Jacinta, illustrates the key principles of effective communication, trauma-aware care and tailored support to meet individual needs and preferences.

3.1 Assessment and Planning

Person-Centred Approach: Glenn's initial meeting with Merv and Jacinta exemplifies a thorough assessment and planning process. Glenn actively engages Merv and Jacinta in developing the care plan, ensuring that Merv's interests, strengths and preferences are central to the plan. By learning about Merv's background as a Vietnam veteran and community leader, Glenn acknowledges and values Merv's life experiences, which is crucial for fostering a sense of dignity and respect.

Diversity and Trauma-aware Care: Understanding Merv's potential triggers related to his wartime experiences, Glenn incorporates trauma-aware practices into the care plan. This approach ensures that Merv's boundaries are respected and that support workers are aware of situations that might cause distress. Addressing trauma, even when not explicitly mentioned, is essential for providing safe and effective care. Glenn does not need Merv to relive his experiences in order to understand what is important to him and respect his wishes. Inclusive care is not reliant on knowing everything about a person or having them revisit previous trauma.

Collaborative Planning: The inclusion of Jacinta in the care planning process highlights the importance of partnering with family members. Jacinta's insights into her father's needs and triggers provide valuable information that helps tailor the care plan to Merv's unique situation. Importantly, her involvement does not limit Merv's autonomy; rather, it supports and complements Merv's ability to express his preferences and needs, ensuring that he remains at the centre of his care planning.

3.2 Delivery of Care and Services

Tailored and Safe Care: The care plan includes provisions for Merv to communicate his daily preferences to the support worker, ensuring that he retains control over his environment and activities. This approach aligns with requirements in Standard 3 of optimising quality of life and maximising independence for clients.

Culturally Safe Practices: Recognising Merv's preference for familiarity and his leadership background, Glenn arranges for him to meet the support worker before starting the service. This step helps build trust and ensures that Merv feels comfortable and respected. The ability for Merv to choose his worker is a new concept under the strengthened standards, emphasising the importance of matching workers to the specific needs and preferences of older people.

Training and Skill Matching: The program coordinator's proactive audit and subsequent adjustments to training protocols underscore the importance of having a well-trained and informed workforce. Matching Ryan, a support worker with trauma-aware education, to Merv's case demonstrates a commitment to providing care that meets Merv's specific needs.

3.3 Communicating for Safety and Quality

Effective Communication: Glenn ensures that critical information about Merv's preferences and potential triggers is communicated clearly to both the support worker and the program coordinator. This communication is vital for maintaining safety and quality in care delivery.

Escalation and Responsiveness: The care plan includes mechanisms for responding to changes in Merv's condition or preferences, ensuring that care remains adaptive and responsive to his needs. This approach aligns with the strengthened requirements for timely communication and risk management.

3.4 Coordination of Care and Services

Integrated Support: The coordination between Glenn, the program coordinator, and the support worker ensures that Merv receives well-planned and cohesive care. This integration is crucial for managing transitions and maintaining continuity of care.

Inclusive Practices: By involving Merv in selecting his support worker and planning daily activities, the care team fosters a sense of inclusion and empowerment. This practice aligns with the broader goals of diversity and inclusion, ensuring that Merv's voice is central to his care.

Conclusion

This case study highlights the importance of a holistic, person-centred approach in aged care. By integrating trauma-aware practices, effective communication and tailored support, the care team ensures that Merv's needs, preferences and wellbeing are prioritised. This approach not only meets the requirements of Standard 3 but also exemplifies the principles of diversity, inclusion and person-centred care that are essential for high-quality aged care services.

Case Study 3B - Fen

Read and review the case studies for Standard 3 and consider which outcomes are addressed, highlight the good practice you identify.

Case Study 3B

Qinwen has been a volunteer driver for 10 years. She has recently returned after being away for a few months visiting family in Malaysia. Fen is a client that she is familiar with having driven her to medical appointments and to social support groups over the last year. Today Qinwen notices that Fen seems different. She is distant and quite where she is normally bright-eyed and wanting to talk. Fen doesn't seem to remember who Qinwen is, but when reminded she has driven her before, Fen smiles and says, "oh yes, I remember".

After Qinwen drops Fen off at her social support group she provides feedback to Alex the volunteer coordinator about the changes she's noticed. Alex arranges to visit Fen and review her care plan and see how she's managing. He also notices Fen appears different, and the kitchen has a lot of plates and cutlery on the benches and in the sink. He talks with Fen about how she is managing and suggests she could benefit from additional support, and they agree that he will contact the Assessment Service. Once reassessed Fen is provided with extra support and referred to a geriatrician.

Alex has been reflecting on this experience and is concerned that other staff who have had regular contact with Fen didn't notice the changes or weren't providing any feedback. He talks with the drivers and other team members about the need to provide regular feedback on clients as it can help identify when a client might be showing signs of decline. They create discussion topics and conversation starters for the drivers to use on each trip as a check-in on each client. They create a short online form that each driver will complete on their phone at the end of each trip. The information is sent to the volunteer coordinator who reviews the information and follows up with the drivers when any change in functionality, mood or other significant things are noticed.

Reflective Activity

Reflect on the case study and answer the following questions:

1. Identify the key actions taken by Qinwen and Alex that align with the outcomes of Standard 3.

2. How did Qinwen's observations and Alex's actions reflect a person-centred approach to Fen's care?

3. Reflect on your current practice for obtaining regular updates from workers about clients.
    a. Are you implementing any approaches like what was introduced in the case study?
    b. What additional strategies could you use to ensure you receive timely and accurate information about clients from the workers who see them regularly?

Reflections

This case study highlights effective practices in aged care, particularly aligning with Standard 3. It showcases the importance of diversity, inclusion and person-centred practice in the assessment, planning and delivery of care and services. The involvement of Qinwen, a volunteer driver, and Alex, the volunteer coordinator, demonstrates the principles of effective communication, proactive assessment and tailored support to meet individual needs and preferences, especially in the context of Fen's potential memory loss or dementia.

3.1 Assessment and Planning

Person-Centred Approach: Qinwen's observations of Fen's changed behaviour and her proactive feedback to Alex are essential steps in identifying the need for reassessment. This approach ensures that Fen's changing needs are promptly addressed, maintaining her safety and wellbeing. By revisiting Fen's care plan, Alex ensures that her current needs, goals, and preferences are accurately reflected. Recognising potential signs of memory loss or dementia, Alex takes steps to ensure Fen receives appropriate care and support.

Collaborative Planning: Alex's involvement in reassessing Fen's needs and coordinating additional support reflects a collaborative planning process. He engages Fen in discussions about her wellbeing and agrees on contacting the Assessment Service, ensuring that Fen's voice is heard and respected. This collaborative approach supports Fen's autonomy and empowers her to participate in decisions about her care.

3.2 Delivery of Care and Services

Tailored and Safe Care: The reassessment and provision of extra support, including a referral to a geriatrician, demonstrate a commitment to delivering care that meets Fen's evolving needs. This approach ensures that Fen receives appropriate and timely interventions to optimise her quality of life. Recognising the possibility of dementia, the care plan is adapted to include strategies for managing memory loss and ensuring Fen's safety.

Culturally Safe Practices: Qinwen's ability to engage with Fen in a culturally sensitive manner and Alex's responsive actions ensure that the care provided is culturally appropriate and safe. This practice aligns with the principles of Standard 3, emphasising the importance of respecting individual backgrounds and providing care that is tailored to specific cultural needs.

Training and Skill Matching: Alex's reflection on the lack of feedback from other staff and his subsequent actions to improve communication highlight the importance of continuous improvement and training. By developing discussion topics and an online feedback form, Alex ensures that all staff are equipped to recognise and report changes in clients' conditions, including signs of dementia, enhancing the overall quality of care.

3.3 Communicating for Safety and Quality

Effective Communication: Qinwen's timely feedback to Alex about Fen's condition is a critical component of effective communication. This prompt communication allows for immediate reassessment and adjustment of Fen's care plan. The introduction of regular feedback

mechanisms ensures that critical information about clients' wellbeing, including cognitive changes, is communicated consistently.

Escalation and Responsiveness: Alex's quick response to Qinwen's observations and his decision to visit Fen demonstrate an effective escalation process. By reassessing Fen and arranging additional support, Alex ensures that changes in Fen's condition, such as potential dementia, are addressed promptly, maintaining her safety and quality of life.

3.4 Coordination of Care and Services

Integrated Support: The coordination between Qinwen, Alex, and the Assessment Service ensures that Fen receives well-planned and integrated care. This approach is crucial for managing transitions and maintaining continuity of care, ensuring that Fen's needs, including those related to memory loss or dementia, are met comprehensively.

Steps for Identifying Changes

Proactive Identification: Alex's realisation that other staff did not notice changes in Fen's behaviour prompts a critical improvement in the care process. By introducing discussion topics and conversation starters for drivers to use on each trip, Alex creates a structured way to monitor clients' wellbeing regularly. This proactive approach ensures that even subtle changes in behaviour or ability are identified early.

Real-Time Feedback: The creation of a short online form for drivers to complete at the end of each trip provides real-time, usable feedback. This system allows for immediate identification of any significant changes in functionality, mood, or other important aspects of clients' conditions. The volunteer coordinator can review this information promptly and follow up with drivers or clients as needed.

Enhanced Monitoring: This structured feedback mechanism ensures that all staff members contribute to a comprehensive understanding of each client's wellbeing. It also fosters a culture of vigilance and responsiveness, ensuring clients like Fen receive timely and appropriate care adjustments based on their evolving needs.

Conclusion

This example highlights the importance of a holistic, person-centred approach in aged care. By integrating culturally sensitive practices, effective communication and tailored support, the care team ensures that Fen's needs, preferences and wellbeing are prioritised. A key element in providing high-quality care is the recognition and monitoring of potential memory loss or dementia. The implementation of a structured feedback system allows staff to notice changes and provide timely updates, enabling the services to intervene and establish necessary supports. This approach not only meets the requirements of Standard 3 but also exemplifies the principles of diversity, inclusion and person-centred care that are essential for high-quality aged care services.

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