

Addressing Diversity and Wellness in the strengthened Aged Care Quality Standards

Standard 4 – The Environment

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."

Although funding for this resource has been provided by the Australian Government, the material contained herein does not necessarily represent the views or policies of the Australian Government.

Standard 4 – The Environment

Standard 4 ensures that the physical environment in which care is delivered is safe, clean, comfortable and conducive to the wellbeing of older people. The standard highlights the need for environments that support movement, engagement, and inclusion, making sure that spaces are accessible and reduce safety risks. This includes maintaining equipment that meets the specific needs of diverse populations and providing environments that promote social connections and a sense of belonging. By ensuring that the environment is tailored to the individual needs of older people, this standard supports person-centred care and wellness practices, fostering an atmosphere where individuals feel respected, safe, and empowered to maintain their independence.

There are three outcomes listed under Standard 4.

4.1a: Environment and equipment at home
4.1b Environment and equipment in a service environment
4.2: Infection prevention and control



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



Further information

Strengthened Aged Care Quality Standard 4: The Environment:

<https://www.agedcarequality.gov.au/resource-library/standard-4-environment>

Draft provider guidance Standard 4:

<https://www.agedcarequality.gov.au/resource-library/draft-provider-guidance-standard-4>



Case Study 4 – Cynthia

Review and watch the [video](#) case study for Standard 4 and consider which outcomes are addressed, highlight the good practice you identify.

Case Study 4 (video script)

Three months ago, Cynthia broke her hip after falling off a mobility scooter the first time she used it. She purchased it second hand online as she was hesitant to go through formal health services. At the time of her accident, Cynthia was in the middle of relocating to a single-story home with her partner Marie, who has been living with dementia for three years.

After leaving hospital, Lennon, an occupational therapist, visited to Cynthia to assess her support needs such as bathroom aids. He also provides Cynthia with some mobility scooter training and arranged for an emergency alarm to be provided in case she fell.

On a follow up visit, Lennon notices that Cynthia isn't wearing her emergency alarm. When he asks about this, Cynthia admits she not in the habit of having it on her. They discuss the importance of the alarm and agree to update her care plan with a specific action for Cynthia to wear the alarm when at home. Cynthia also agrees to attend a gentle exercise and strength classes to help her recovery.

Lennon returns to check on Cynthia's progress. She says the rails and aids are helpful, she doesn't need the walker, and she is wearing her emergency alarm regularly, but she is concerned about Marie, who is struggling with the layout of the house". Lennon recommends placing signs on the doors to label the rooms and even painting them different colours to make it easier for Marie to navigate. Cynthia agrees to try these suggestions, hoping they would ease some of Marie's confusion.

Six months later, Lennon conducts a full care plan review to assess Cynthia's progress and ensure all the aids and supports are still effective. Cynthia's hip has healed, and her mobility has improved. She confirms she is still using the rails, and bathroom aids and wears her emergency alarm regularly. Lennon asks how Marie is managing? Cynthia says Marie's memory has declined further, but the signs on the doors and different colours help her navigate the house with more confidence.



Reflective Activity

Reflect on the case study and answer the following questions:

1. Identify the key actions taken by Lennon that align with the outcomes of Standard 4.

2. How did Lennon's approach in supporting both Cynthia and Marie demonstrate person-centred care that responds to both their individual and combined needs?

3. Cynthia was initially reluctant to use aged care services. What could be some reasons for her hesitance, and how could your service communicate that it is safe and inclusive to help overcome such concerns?

4. If Cynthia and Marie were clients in your organisation, how effective would your current practices be in meeting their needs? What specific changes or improvements would you make to ensure they feel safe, respected, and well-supported?



Reflections summary

This example illustrates good practice in providing a safe and supportive environment, effective risk mitigation and inclusive, person-centred care.

4.1a Environment and Equipment at Home

Risk Identification and Mitigation: Lennon's initial assessment of Cynthia's home environment aligns with the standard's requirement to identify and discuss environmental risks. By implementing bathroom aids and providing an emergency alarm, Lennon addressed potential hazards that could lead to further injury. His proactive approach in providing mobility scooter training further mitigated risks associated with Cynthia's mobility.

Ongoing Assessment: Regular check-ins by Lennon to ensure that the equipment is still working, being used, and is effective are crucial. This continuous monitoring and updating of Cynthia's care plan demonstrate a commitment to ensuring that all aids and supports meet her evolving needs. A key aspect service providers must meet under the Aged Care Quality Standards.

Environmental Adaptations for Safety: Lennon's recommendation to use signs and different colours on doors to help Marie navigate the new house demonstrates a thoughtful approach to environmental design. This adaptation considers the specific needs of a person living with dementia, ensuring the environment supports her independence and sense of belonging.

4.2 Infection Prevention and Control

Contemporary Evidence-Based Practices: While the case study does not address specific infection control measures, Lennon's proactive approach in supporting Cynthia's use of aids and emergency alarms indirectly contributes to maintaining a hygienic and safe environment by reducing the risk of falls and subsequent hospitalisations, where infection risks could be higher.

Communication and Management of Risks: Lennon's continuous follow-up and updating of Cynthia's care plan demonstrate effective communication and risk management. His persistent engagement ensures that Cynthia adheres to safety practices, thus minimising potential risks.

Diversity and Inclusion

Reluctant to use aged care services: Cynthia's reluctance to use formal health services meant she did not receive the proper training on how to use the mobility scooter, which ultimately led to her accident. Her hesitancy could be due to various factors, such as concerns about cultural safety as a woman of colour, fears of judgment regarding her relationship with Marie, worries about Marie's declining health, concerns about losing her independence, or accessibility issues when organising or attending appointments.

While we do not know the exact reason for Cynthia's reluctance, it is crucial for service providers to consider all potential barriers an older person might experience without making assumptions or stereotyping. This case study highlights the importance of being attuned to the

multiple and intersecting diversity characteristics and life experiences of potential clients. Service providers must proactively communicate how their services are individualised, inclusive, and responsive to overcome some of the barriers people may have in accessing services. This approach ensures that all clients feel safe, respected, and understood, thereby encouraging them to seek and receive the support they need.

Tailoring Support to Needs: The specific interventions for Marie, such as using signs and different colours to aid navigation, highlight an inclusive approach. These adaptations were made considering Marie’s dementia, ensuring she remains as independent and confident as possible within her environment.

Person-Centred Practice

Engaging Clients in Care Decisions: Lennon’s discussions with Cynthia about the importance of wearing her emergency alarm and updating her care plan involve her actively in her care decisions. This approach respects her autonomy and ensures the care provided aligns with her needs and preferences.

Continuous Improvement: The ongoing assessment and adaptation of Cynthia’s care plan demonstrate a commitment to continuous improvement. By regularly reviewing and updating the support provided, Lennon ensures that the care remains relevant and effective.

Conclusion

This case study exemplifies good practice in line with Standard 4 by ensuring a safe, supportive, and responsive care environment. Lennon’s interventions highlight the importance of a person-centred approach, respect for diversity and continuous improvement in care delivery. This approach not only meets the requirements of Standard 4 but also enhances the quality of life for Cynthia and Marie by ensuring their environments are safe, inclusive, and tailored to their unique needs.

Presented by the Eastern SSD (ESDT), SSD Connect Alliance & Grampians SSD

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