

# Addressing Diversity and Wellness in the strengthened Aged Care Quality Standards

## Standard 5 – Clinical Care

### 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 5 – Clinical Care

Standard 5 focuses on delivering safe and quality clinical care that is evidence-based and tailored to the needs and preferences of older people. The standard emphasises the importance of comprehensive assessment and planning to address the complex needs of all older people, informed by an understanding of their diversity. It requires providers to implement a clinical governance framework that ensures continuous improvement and accountability in clinical care. By prioritising person-centred care, the standard ensures that older people receive care that respects their autonomy, dignity and unique health requirements. This approach aligns with good diversity and wellness practices by recognising the importance of culturally competent care and supporting the holistic wellbeing of older people through tailored clinical interventions.

There are seven outcomes listed under Standard 5

5.1: Clinical governance
5.2: Preventing and controlling infections
5.3: Safe and quality use of medicines
5.4: Comprehensive care
5.5: Clinical safety
5.6: Cognitive impairment
5.7: Palliative care and end-of-life care



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 5: The Environment:

<https://www.agedcarequality.gov.au/resource-library/standard-5-clinical-care>

Draft provider guidance Standard 5:

<https://www.agedcarequality.gov.au/resource-library/draft-provider-guidance-standard-5>



## Case Study 5A – Kim

Read and review the case study for Standard 5 and consider which outcomes are addressed, highlight the good practice you identify.

### Case Study 5A (video script)

Kim has been managing diabetes for several years, but sometimes forgets to take her medication leading to fluctuating blood sugar levels and occasional health scares. Kim has been living with her son Jimmy for a year, has been attending the Aboriginal Elders group, but now is coming to respite as her health needs have increased. Jimmy is worried she is forgetting to take her medication and asks Tammy if she can give her the medication to take.

Tammy says that the staff are not allowed to administer medication, but she could prompt Kim to take her medication at the appropriate times. Tammy has occasionally had similar requests from family and thinks it would be good to have a chat with all the clients to see if there's a way the staff can support their clinical care in an appropriate way.

Tammy first speaks with Kim; she wants to ensure her approach is culturally appropriate and responsive. They discuss having group discussions on managing different health issues. Tammy understands that cultural norms might mean there is a need to have separate conversations with men and women, so asks Kim her thoughts. Kim is appreciative of Tammy's approach. She says, that while she didn't grow up knowing she was Aboriginal and didn't follow cultural customs, she would appreciate having opportunity to have a yarn just with the women.

Tammy discusses this approach with the other members allowing people to participate if they want or to be take part in other activities. Some informal, relaxed sessions are held where the group spend some time focusing on their wellbeing. They discuss ways to help them remember to take their medication. Tammy agrees she will then check in with the group at lunch to ensure everyone has taken what they need to. Tammy updates each person's care plan to reflect this new practice, ensuring that other support workers would follow the same approach. Kim is feeling comfortable in a group with only women and after a few conversations she mentions some concerns about continence. Others in the group share their thoughts and experiences and Tammy follow up by providing the group with additional support and information.



## Reflective Activity

Reflect on the case study and answer the following questions:

1. How did Tammy's actions align with the requirements of Standard 5? What specific practices or initiatives can you identify in this case study that demonstrate comprehensive and safe clinical care?

2. Considering Kim's and the group's unique backgrounds, how did Tammy ensure their clinical care was culturally appropriate and responsive? How would your organisation handle a similar situation to ensure inclusivity and respect for diverse needs?

3. What innovative approaches did Tammy use to support Kim and other clients in managing their health? How can similar approaches be applied in your own practice to enhance person-centred care?



## Reflections summary

This case study demonstrates good practice connected to the specific requirements of Standard 5, with a particular focus on diversity and inclusion and person-centred practice.

### 5.1 Clinical Governance

**Responsibilities and Protocols:** Tammy ensures that staff follow protocols by prompting rather than administering medication, aligning with clinical governance principles and ensuring safe, evidence-based care practices. This practice reinforces the importance of clear roles and responsibilities within the care team.

**Care Plan Updates:** Tammy updates each person's care plan to reflect the new practice of prompting medication, ensuring that all staff are informed and consistent in their approach. This is essential for maintaining continuity and safety in clinical care.

### 5.3 Safe and quality use of medicines

Although staff are not allowed to administer medication, Tammy's strategy to prompt clients ensures medication safety by reducing the risk of missed doses and health complications. By checking in with clients during lunch, Tammy helps maintain regular medication schedules and builds routines for clients that supports them to take control of their medication management.

### 5.4 Comprehensive Care

**Regular Assessments and Reablement:** By organising group discussions on managing health issues and medication adherence, Tammy facilitates comprehensive care that addresses the immediate and long-term needs of the clients. This practice supports reablement and maintenance of function, as clients are empowered with knowledge and strategies to manage their conditions effectively.

**Holistic Care:** Tammy's holistic approach, including informal sessions and follow-ups on continence care, ensures that clinical care is coordinated and that clients have access to the support they need.

### 5.5 Clinical Safety

The group discussions where Kim shares her concerns about continence demonstrate a focus on clinical safety. Tammy's follow-up with additional support and information on continence care addresses the clients' needs, optimising their dignity, comfort and function. This also includes monitoring and reassessing care as needed.

### Diversity and Inclusion

**Cultural Sensitivity:** Tammy's individual discussion with Kim to ensure the approach is culturally appropriate reflects a strong commitment to diversity and inclusion. By organising gender-specific discussions based on cultural norms, Tammy respects and accommodates the clients' diverse backgrounds and preferences.

## Person-Centred Care

**Tailored Approach:** Tammy's initiative to hold informal, relaxed sessions on health management and her efforts to involve clients in their care planning reflect a person-centred approach. By considering each client's unique needs and preferences, Tammy ensures that care is personalised and respectful of the clients' individuality and autonomy.

## Conclusion

This case study serves as an excellent example of how the principles of Standard 5 can be effectively operationalised in practice. Tammy's efforts to integrate clinical governance, comprehensive care, medication safety and clinical safety with a focus on diversity and inclusion and person-centred care significantly enhance the quality of life and wellbeing of the clients. By fostering an inclusive environment and promoting active participation in care planning, Tammy ensures that care is not only safe and effective but also respectful and responsive to the diverse needs of older individuals.



## Case Study 5B – Robert

Review and watch the [video](#) case study for Standard 5 and consider which outcomes are addressed, highlight the good practice you identify.

### Case Study 5B (script)

Robert always been active, competing in fencing competition and in recent years spending one on one time walking his dog Baxter. He is living with chronic obstructive pulmonary disease (COPD) and his condition has worsened, leading to shortness of breath and fatigue. Despite his need for help, Robert had been reluctant to engage with people and has concerns over trust. Leira, a community nurse, has been trying to work with Robert for several weeks, but he only lets her in briefly to help with his medication.

Leira understood that pushing too hard might drive Robert away, so she started with small, non-intrusive steps, making it clear she was there to support him. She spent time listening to his concerns and shared stories of her experiences with other patients and how having support allowed them to remain at home and independent.

By respecting Robert's boundaries and following his lead he began to feel more at ease with her and he shared some further information. Robert tells Leira "It can be tricky to shower, but I'm not being washed by someone". Leira says, "no one needs to do that if you don't want it." They continue to talk, and Leira finds out more about Robert's daily routines and where he might need support. She initiates a multifaceted care plan review with the other services Robert had referrals for but had refused to engage with.

Leira collaborated with Seema, an occupational therapist, to evaluate Robert's home for safety. Seema recommended installing grab bars in the bathroom and a shower chair to reduce the risk of falling, allowing Robert to shower independently and safely.

To manage his heart condition effectively, Leira coordinates with Robert's respiratory therapist, David who had previously taught Robert advanced breathing techniques and adjusted his oxygen therapy in response to his changing condition.

Leira facilitated regular communication among all the people involved in Robert's care, ensuring everyone was updated on his progress and that the care plan was adjusted according to his evolving needs.



## Reflective activity

Reflect on the case study and answer the following questions:

1. How does this case study showcase good practices in line with Standard 5 outcomes?

2. Leira gradually built trust with Robert by respecting his boundaries. Share experiences where building trust with a client was crucial and the strategies you have used.

3. Leira tailored her approach to respect Robert's unique needs and preferences. How does your organisation ensure that care practices are inclusive and responsive to the diverse backgrounds of clients? What could be improved?

4. Leira coordinated with other health professionals to ensure Robert received comprehensive care. How important is interdisciplinary collaboration in your practice? Share examples of successful collaborations and how they improved client outcomes.





## Reflections summary

This case study demonstrates good practice connected to the specific requirements of Standard 5, focusing on person-centred care, clinical safety, and inclusive practices tailored to the unique needs of older people, particularly within the context of diversity and inclusion.

### 5.1 Clinical Governance

Leira ensures a coordinated approach by involving multiple health professionals and regularly updating Robert's care plan based on his evolving needs. This demonstrates clear roles and responsibilities within the care team, aligning with clinical governance principles.

**Care Plan Updates:** Leira's collaboration with Seema and David, and her regular communication with all involved parties, ensures that Robert's care plan is comprehensive and up to date. This is essential for maintaining continuity and safety in clinical care.

### 5.3 Safe and quality use of medicines

Leira's careful approach to managing Robert's medication, ensuring he feels comfortable and supported, reflects a commitment to medication safety. By respecting his boundaries and gradually building trust, Leira ensures Robert's adherence to his medication regimen.

### 5.4 Comprehensive Care

**Regular Assessments and Reablement:** Leira's ongoing conversations with Robert and her efforts to understand his daily routines allow her to identify where support is needed. Her collaboration with Seema to install safety equipment in the bathroom supports reablement and maintenance of function.

**Holistic Care:** By coordinating with Robert's respiratory therapist and occupational therapist, Leira ensures that Robert's care is multidisciplinary and comprehensive, addressing both his immediate and long-term health needs.

### 5.5 Clinical Safety

**Respect for Boundaries:** Leira respects Robert's refusal to be showered by someone, understanding that his reluctance might be linked to a traumatic incident. By not forcing him to relive the trauma, Leira ensures that his dignity is maintained, and his needs are respected.

**Home Safety Modifications:** Seema's recommendations for home modifications, such as grab bars and a shower chair, enhance Robert's safety and independence in daily activities. This proactive approach to clinical safety reduces the risk of falls and other accidents.

## Inclusive, Person-Centre Practice

Leira's approach to respecting Robert's boundaries and taking small, non-intrusive steps to build trust reflects a strong commitment to inclusion and trauma-aware practice. By carefully listening to Robert's concerns and preferences, and respecting his autonomy, Leira provides care that is both inclusive and responsive to his unique needs and perspectives. She ensures that care is personalised and respectful of Robert's individuality, acknowledging that his refusal to be washed might be connected to past trauma. Without pressuring him to disclose or revisit his history, Leira finds alternative ways to support him, ensuring his care respects his emotional and psychological wellbeing. This approach highlights that inclusive services can be delivered without needing to know every detail about a person's diversity or history.

## Conclusion

This case study serves as an excellent example of how the principles of Standard 5 can be effectively operationalised in practice. Leira's efforts to integrate clinical governance, comprehensive care, medication safety and clinical safety with a focus on diversity and inclusion and person-centred care significantly enhance the quality of life and wellbeing of Robert. By fostering an inclusive environment and promoting active participation in care planning, Leira ensures that care is not only safe and effective but also respectful and responsive to the diverse needs of older individuals. This approach highlights the importance of understanding and respecting individual needs and perspectives considering past traumas, to deliver truly inclusive and person-centred care.

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The ESDT, SSD Connect Alliance and Grampians SSD thank CHSP service providers who contributed to the creation of the case studies.

We thank and acknowledge the support of Dale Park, DTC Consulting for the development of the webinar series.