



National Safety and Quality Health Service Standards

Aged care module and User Guide for Multi-Purpose Services

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Introduction

The Aged Care Module for Multi-Purpose Services has been designed to be implemented in Multi-Purpose Services (MPS) along with the National Safety and Quality Health Service (NSQHS) Standards.

The NSQHS Standards¹ were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in collaboration with the Australian Government, all state and territory governments, the private sector, clinical experts, consumers, patients and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health care. When used in an accreditation process, they provide a quality assurance mechanism, which tests whether relevant systems are in place to ensure that expected standards of safety and quality are met. Importantly, the NSQHS Standards provide a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

The eight NSQHS Standards, provide a clinical governance framework and cover: high-prevalence adverse events; healthcare-associated infections; medication safety; comprehensive care; clinical communication; the prevention and management of pressure injuries; the prevention of falls; and responding to clinical deterioration.

Organisations providing Commonwealth subsidised aged care services are required to comply with the Aged Care Quality Standards.² These 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. There are eight standards, covering: consumer dignity and choice; ongoing assessment and planning with consumers; personal care and clinical care; services and supports for daily living; organisation's service environment; feedback and complaints; and human resources and organisational governance.

MPS provide integrated services that may include acute, emergency, sub-acute, community, primary care and aged care services for small regional and remote communities. MPS enable services to exist in regions that may not be able to viably support stand-alone hospitals, residential, respite and home based aged care services. The MPS Program is a joint initiative of the Australian Government and state and territory governments. MPS delivering acute and sub-acute health services must be accredited to the NSQHS Standards. MPS providing aged care services must also be accredited to the Aged Care Quality Standards. The Australian Government Department of Health has agreed MPS completing the NSQHS Standards and the MPS Aged Care Module do not need to be assessed separately against the Aged Care Quality Standards, thereby reducing compliance burdens for these organisations.

MPS Aged Care Module

The MPS Aged Care Module only applies to MPS', and describes, in six actions, the requirements of the Aged Care Quality Standards that are not covered by the NSQHS Standards. The module was developed by the Commission in collaboration with the Australian Government, state and territory departments of health, and the Commission's Multi-Purpose Services Project Advisory Committee. The Australian Health Minister's Advisory Council endorsed the module on 7 February 2020.

The MPS will be assessed in a single assessment process when implementing the MPS Aged Care Module alongside the NSQHS Standards.

¹ <https://www.health.gov.au/initiatives-and-programs/multi-purpose-services-mps-program/about-the-multi-purpose-services-mps-program>

Intent of the MPS module

Leaders and members of the workforce of the MPS have a responsibility to ensure aged care services are tailored to an individual's needs and preferences; that people accessing aged care services are treated with dignity and respect; and that they are partners in their own care.

Purpose of this user guide

The MPS Aged Care Module outlines the safety and quality outcomes that the MPS must achieve, while allowing the flexibility to achieve the outcomes in a way that is appropriate for the context of the service. This user guide provides information for the MPS workforce to implement the actions in the MPS Aged Care Module and includes reflective questions, suggested strategies for improvement and resources. The suggested strategies are examples only and providers should consider additional strategies relevant to their service to enhance and improve the lives of people accessing its aged care services.

This module was informed by the Aged Care Quality and Safety Commission's *Guidance and Resources for Providers to support the Aged Care Quality Standards*³ and the work of the NSW Agency for Clinical Innovation *Living Well in a Multipurpose Service*.⁴

The MPS must follow current legislative and social constraints and requirements that may exist when applying these strategies, such as those imposed during a pandemic.

Terminology

In this user guide, the term 'consumer' means a person an approved provider delivers services to, or will provide care to.⁵ Where the terms 'consumer' or 'person accessing aged care services,' 'aged care consumer', or 'care recipient' are used they are used to represent all other terms, including 'resident', 'patient' and 'client'. Where the terms 'resident', 'patient', 'person' or 'people' are used in quoted resources, including **actions**, these terms are retained.

Consumer representative² refers to a nominated person given consent by an aged care consumer to speak and act on their behalf and includes a person:

- Appointed under relevant legislation to act or make decisions on behalf of a consumer
- The consumer nominates to be told about matters affecting the consumer.

Resources

The resources listed in this guide are not exhaustive. The inclusion of a resource in this guide should not be taken as endorsement by the Commission.

Multi-Purpose Services Aged Care Module

An abstract graphic in shades of orange. It features a large, thick, curved shape on the left side that sweeps upwards and to the right. Overlapping this shape is a circle. The circle is divided diagonally: the upper-left portion is a lighter shade of orange, while the lower-right portion and the rest of the circle are a darker shade of orange.

Multi-Purpose Services

Aged Care Module

Item	Action
Consumer dignity and choice	<ol style="list-style-type: none"> 1. The Multi-Purpose Service provides people accessing its aged care services with: <ol style="list-style-type: none"> a. Opportunities to establish and maintain relationships of their choice, including intimate relationships b. Support for daily living that promotes physical, emotional, cultural, spiritual and psychological wellbeing c. Mechanisms to optimise independence and promote quality of life d. Support to make informed choices about their care, including taking risks to live the best life they can
Services and supports of daily living	<ol style="list-style-type: none"> 2. The Multi-Purpose Service supports people accessing its aged care services to: <ol style="list-style-type: none"> a. Participate in meaningful activities within and outside the organisation b. Establish and maintain social and personal relationships c. Enjoy and participate in activities of interest to them 3. The Multi-Purpose Service providing food and fluids to people accessing its aged care services ensures the food and fluids meet their preference, are varied, nutritious, appetising, and of adequate quantity
Organisation's service environment	<ol style="list-style-type: none"> 4. The Multi-Purpose Service providing residential aged care services ensures there is a homelike environment that: <ol style="list-style-type: none"> a. Optimises a sense of belonging and interactions b. Supports access indoors and outdoors
Human resources	<ol style="list-style-type: none"> 5. The Multi-Purpose Service: <ol style="list-style-type: none"> a. Uses the recruitment system to ensure the workforce numbers and mix meet the care needs of people accessing aged care services b. Uses the training system to ensure the workforce has the skills to deliver quality care and services
Organisational governance	<ol style="list-style-type: none"> 6. The Multi-Purpose Service has processes to: <ol style="list-style-type: none"> a. Identify and respond to abuse and neglect of people accessing its services b. Effectively manage risks to support consumers live the best life they can

User Guide for Multi-Purpose Services

An abstract graphic consisting of a large orange circle and a smaller orange circle overlapping it. The background is a solid orange color.

Consumer dignity and choice

Action 1

The Multi-Purpose Service provides people accessing its aged care services with:

- a. Opportunities to establish and maintain relationships of their choice, including intimate relationships
- b. Support for daily living that promotes physical, emotional, cultural, spiritual and psychological wellbeing
- c. Mechanisms to optimise independence and promote quality of life
- d. Support to make informed choices about their care, including taking risks to live the best life they can

Reflective questions

- How are people accessing aged care services supported to plan, make decisions about the way they live, and understand the care and service options available to them? Where is this documented?
- How are family and carers involved in the planning, decisions and lives of people accessing aged care services?
- How does the MPS ensure that a care recipient has access to services and supports for daily living that meet their needs, goals and preferences?
- What mechanisms exist to optimise a care recipient's independence and promote their quality of life?
- What cultural or spiritual care services can people accessing aged care services access within or outside of the MPS?
- How does the MPS support its workforce to understand, value and support the physical, emotional, cultural, spiritual and psychological wellbeing of people accessing aged care services?
- How is the choice and decision-making of people accessing aged care services supported by the MPS?
- How are people accessing aged care services supported to make informed choices, including when their choice may include risks to themselves or others?

Suggested strategies for improvement

Implement actions in the NSQHS Standards, Partnering with Consumers Standard when implementing this action.

The MPS should ensure they comply with the requirements set out in the Charter of Aged Care Rights⁶ and other legislative requirements to achieve the best possible outcome for the people accessing aged care services:

- Develop and implement policies, procedures and/or protocols that incorporate the requirements of the Aged Care Diversity Framework⁷
- Support the workforce to:
 - apply the principles of person-centred or consumer directed care^{8, 9}
 - support people accessing aged care services to establish ways to meet regularly as a community such as through a residents group or other activities
 - focus on reablement – a care recipient-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
 - provide flexible service delivery, such as times to rise, shower and locations for dining

- offer a variety of activities and services that address the needs and preferences of individuals such as music, exercise, gardening, craft or other workshop, individual or group activities
 - establish mechanisms to provide emotional and spiritual support as well as referral pathways to access services outside of the MPS
 - establish processes of referral to services and volunteer groups such as the Community Visitor Scheme
 - promote and optimise independence of care recipients, for example by encouraging dressing, self-care and mobilisation ¹⁰
 - in collaboration with the care recipient, identify the religious and cultural occasions relevant to them and support their participation in these occasions¹¹
 - upskill the workforce by providing access to programs, such as the Australian Nursing and Midwifery Federation's Aged Care Training Room, to support people access aged care services to build relationships, promote wellbeing, optimise their care recipient's independence and make informed choices
 - ensure rapid response processes to escalate pain management and review when pain impacts on a care recipient's independence and quality of life
 - enable consumers to access aged care services
- Provide welcoming space(s) for visitors
 - Enable couples to be near or with each other
 - Instigate processes that assist the care recipient's services to regularly identify and review their important contacts, and establish how they can best stay in touch
 - Introduce or maintain innovative programs that enable people to connect to their loved ones online
 - Engage Aboriginal Health Workers to support culturally safe Residential Aged Care practices and maintain connection to the community for Aboriginal and Torres Strait Islander peoples
- Strengthen community connections and build trust by seeking out cultural advice and support from community networks to share knowledge about cultural and religious preferences and needs – such as community leaders, cultural or religious communities, chaplains, pastoral care practitioners
 - Maintain or enable access to a range of community and health services, including, but not limited to audio, dental, community, religious and social services.

Examples of evidence

Provide evidence relevant to your organisation. Select examples that are currently in use, such as:

- Policies, procedures or protocols on:
 - maintaining physical, emotional, cultural, spiritual and psychological wellbeing
 - enabling individual choice, including to take risks, refuse care or services
 - flexible service delivery
- Training documents related to this action
- Quality improvement projects resulting from aged care consumer and consumer representative experience feedback
- Feedback from care recipients, their family and carers on their experience of orientation, access to services, provision of care and ongoing support
- Information resources about choices in different formats and languages, consistent with the profile of care recipients
- Audit results of healthcare records, care plans and case notes
- Memorandum of understanding, or a similar formal agreement with external organisations or individuals in the community
- Use of quality of life indicators
- Documentation showing services accessed by care recipients
- Documentation relating to the implementation of wellness and reablement programs or end-of-life plans.

Resources

- [Australian Government Department of Health. Charter of Aged Care Rights.](#)
- [Australian Government Department of Health. Aged Care Diversity Framework.](#)
- [NSW Agency for Clinical Innovation. *Living Well in a Multipurpose Service*.](#)
- [NSW Operational Guideline for State Government Residential Aged Care Facilities \(SGRACF's\) and MPS's.](#)
- [Australian Commission on Safety and Quality in Health Care. A Better way to care – Safe and high-quality care for patients with cognitive impairment or at risk of delirium in acute health services: Actions for clinicians. 2nd ed.](#)
- [Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards User guide for health service organisations providing care for patients with cognitive impairment or at risk of delirium.](#)
- [About healthcare rights for people with cognitive impairment - Easy English Guide.](#)
- [Healthcare Rights - A guide for people with cognitive impairment.](#)
- [Partners in Culturally Appropriate Care \(PICAC\) Program.](#)
- [Department of Health & Human Services, State Government of Victoria. Dementia-friendly environments.](#)
- [State of Victoria, Department of Health. Well for Life: Improving emotional wellbeing for older people in residential aged care.](#)
- [Department of Health. Ageing and Aged Care. Community Visitors Scheme.](#)
- [Alzheimer's Western Australia, Dementia enabling environment Virtual Information Centre.](#)
- [Beyondblue. What works to promote emotional wellbeing in older people: A guide for aged care staff working in community or residential settings.](#)
- [Meaningful Ageing Australia. National Guidelines for Spiritual Care in Aged Care](#)
- [COTA Australia. Principles of Consumer Directed Care: consumer choice and control; rights; respectful and balanced partnerships; participation; wellness and reablement; and transparency.](#)
- [Hammond Care. Tips for families of a person living with dementia to stay connected.](#)
- [University of Sydney. Measuring care quality.](#)
- [Cognitive Decline Partnership Centre Dementia Reablement Guidelines and Programs.](#)
- [Agency for Clinical Innovation Aged Health Network. Key Principles for Care of Confused Hospitalised Older Persons.](#)
- [Agency for Clinical Innovation Aged Health Network. Key Principles for Improving Healthcare Environments for People with Dementia.](#)
- [Cognitive Decline Partnership Centre. Supported Decision making in Aged Care: A policy Development Guideline for Aged Providers in Australia" \(2nd edition\).](#)
- [SCOPE Australia. The Communication Bill of Rights.](#)
- [Relevant state or territory guardianship and trustee agency.](#)

Services and supports of daily living

Action 2

The Multi-Purpose Service supports people accessing its aged care services to:

- a. Participate in meaningful activities within and outside the organisation
- b. Establish and maintain social and personal relationships
- c. Enjoy and participate in activities of interest to them

Reflective questions

- How does the MPS provide meaningful activities and experiences? Does this include unplanned and self-directed activities?
- Does the MPS take a wellness and reablement approach to delay decline in a care recipient's day-to-day functioning? How does the MPS help individuals to stay engaged in meaningful activities and the community?
- How does the MPS support its workforce to recognise and engage with care recipients who are at risk of being socially isolated or feeling lonely?

Suggested strategies for improvement

Implement actions from the NSQHS Standards, Partnering with Consumers Standard when implementing this action, and:

- Encourage participation of family and friends in the activities, experiences and lives of people accessing aged care services
- Support the workforce to:
 - identify individuals who are at risk of social isolation or loneliness
 - identify individual's preferred leisure activities and support their involvement in these activities
- access resources from professional organisations such as **Golden Carers** or **Diversional Therapy Australia**
- access programs and providers for consumers
- Support people accessing aged care services to identify and engage in activities and experiences that are meaningful to them
- Establish and support ongoing volunteer programs
- Encourage community organisations to host social, training and other activities and experiences in the MPS
- Support culturally relevant activities that are meaningful to an individual, which could include but are not limited to: promoting Aboriginal and/or Torres Strait Islander specific activities, celebrating religious festivals, practicing cultural rituals or national days
- Encourage the involvement of multicultural organisations that align with its aged care consumer cohort
- Engage with external organisations, such as government health and aged care providers, to access externally provided activities and experiences relevant to the people accessing the aged care services
- Arrange transport to facilitate outings using appropriately qualified services
- Network with other organisations, including MPS to share program resources and participate in social activities
- Access relevant online activities and link with other MPS services online.

Examples of evidence

Select only the following examples that are currently in use:

- Documentation describing a care recipient's preferences and how these will be supported
- Information on leisure activities available to people accessing aged care services
- Resources accessed from professional organisations that promote or facilitate participation in activities and experiences for care recipients
- Planning or reports on open days convened by the MPS
- Photos, reports or other documentation of events hosted by community organisations, Aboriginal and/or Torres Strait Islander specific activities, and/or multicultural organisations involvement with the MPS
- Documents of networks with other organisations, such as MPS and resources adopted or adapted to support care recipients quality of life
- Feedback from care recipients and consumer representatives on their experience of their orientation to the aged care service and support provided by the service
- Formal agreement with professional organisations, local community or exercise providers, other MPS or residential aged care facilities that provide programs, activities or experiences.

Resources

- [NSW Government. Community Based Exercise Programs.](#)
- [Australian Government. Commonwealth Home Support Programme.](#)
- [Department of Health & Human Services Activities of meaning and purpose.](#)
- [Australian Government Department of Health. Choose Health: Be active: A physical activity guide for older Australians – Useful Contacts.](#)
- [Australian Government. Be Connected.](#)
- [NSW Agency for Clinical Innovation. Volunteer Dementia and Delirium Care Implementation and training resource.](#)
- [Department of Health. Community Visitors Scheme.](#)
- [Dementia Support Australia. The use of music engagement. Dementia Support Australia. Responding to wandering and exit-seeking behaviour – understanding the message.](#)
- [Dementia Support Australia. Things to do: Activity ideas for carers \(activity ideas to use with people living with dementia from Aboriginal and Torres Strait Islander backgrounds\).](#)
- [Australian Government Department of Social Services. Handbook “This is our space: Ageing with Disability” Information strategies and tools to support the inclusion of older people with disability in mainstream, community-based activities.](#)

Action 3

The Multi-Purpose Service providing food and fluids to people accessing its aged care services ensures the food and fluids meet their preference, are varied, nutritious, appetising and of adequate quantity.

Reflective questions

- How does the MPS ensure the food and fluids it provides are nutritious?
- How does the MPS ensure food and fluids meet the needs and preferences of each care recipient?
- Are people accessing aged care services involved in menu planning?
- How does the MPS meet the care recipient's medical, cultural and religious needs for food and fluids?

How does the MPS ensure meal presentation, including food texture, flavour, smell, quantity and appearance, encourages appetite and consumption by care recipients?

Suggested strategies for improvement

Implement actions in the NSQHS Standards, Comprehensive Care Standard when implementing this action.

The MPS should ensure that there are policies, procedures and/or protocols in place that are consistent with legislation and address the factors that influence the consumption of a meal, for example, adapting strategies in Sobal's Food and Nutrition System the aged care environment.¹²

Recognising that food choices play an important role in an individual's autonomy and quality of life¹³, the MPS should have mechanisms to enable:

- Flexible meal times
- Varied menus
- Dining in different settings, that may include outdoor areas, in a care recipient's room or in a dining room
- Dining at tables with small numbers of places
- Family involvement
- Celebration of special events and occasions
- Screening for unaccounted weight loss and malnutrition on admission and at regular intervals during the period of care
- Regularly weighing people accessing aged care services that may be at risk of unplanned changes in weight
- Availability of texture-modified diets that meet portion compliance for carbohydrates and protein
- Assessment of a care recipient's capacity to eat and drink independently on admission and when there are changes in an individual's health and wellbeing
- Supports (including human resources) for people accessing aged care services who are unable to eat and drink independently
- Regular review by a health professional of an individual's capacity to eat and drink independently
- Sufficient time for care recipients to eat meals at their own pace
- Access to culturally traditional ingredients and condiments that can be incorporated into the menu¹¹
- People accessing aged care services to provide lists of food likes and dislikes for consideration in meal preparations and options¹¹
- Condiments to be easily accessible
- Main meals and dessert to be served separately
- A home like environment by using tablecloths, serviettes and place mats, crockery such as tea cups rather than plastic cups and food served using tableware not pre-packaged containers
- The smell of food preparation to be part of the dining experience
- Ordering, storing and preparation of food and drinks occurs in a way that maintains their freshness and quality.

Examples of evidence

Select only the examples that are currently in use:

- Policy, procedure and protocol documents that are evidenced-based and provide person-centred care by stipulating:
 - instances where individuals need to be screened, assessed, monitored and referred for their nutritional requirements
 - the need to prepare and distribute food and fluids to meet the nutritional needs of people accessing aged care services
 - weighing regimes and processes to manage unexpected or concerning weight gains or loss
 - implementation of requests for changes to meals or drinks
 - protocols for varying meal choices
- Training documents, which may include syllabus, attendance records and competency assessments, that demonstrate clinical leaders, managers and the workforce:
 - understand the importance of meeting the hydration and nutrition requirements of care recipients
 - can identify and support care recipients at risk of malnutrition or dehydration
- Results of aged care consumer and consumer representative experience surveys examining if food and fluids met individual needs and preferences, reports of issues identified and actions taken
- Audit results of healthcare records to demonstrate that:
 - individuals' nutrition and hydration needs and preferences are met, such as preferred meal sizes, dietary or cultural requirements
 - support is provided to individuals to prepare and/or consume food or drinks where required
 - changes to an individual's appetite or eating habits, or concerns about alteration in weight or dehydration are monitored and addressed
- Documents with menus and photographs of meals
- Formal agreements, invoices or schedules of qualified nutritional specialists assessments conducted of the care recipient's capacity to eat and drink
- Committee and meeting records where food preparation and distribution were discussed

- Employment documents that describe the roles and responsibilities of the workforce in the food and nutrition system
- Audit results of healthcare records for nutrition care plans
- Documented use of screening tools to identify malnutrition or dehydration on admission and during a care recipient's stay
- Resources and tools to help the workforce monitor care recipient's food and fluid intake against their requirements
- Observation of the workforce preparing nutrition plans
- Reports on the analysis of nutrition related risks at admission and subsequently during care
- Incidents where the care recipient's received hospital or additional health care because of their nutritional status.¹⁴

Resources

- [Australian Meals on Wheels Association. National Meal Guidelines: A Guide for Service Providers, Caterers and Health Professionals Providing Home Delivered and Centre Based Meal Programs for Older Australians. Australian Meals on Wheels Association.](#)
- [International Dysphagia Diet Standardisation Initiative. International Dysphagia Diet Standardisation Initiative.](#)
- [New South Wales Government, Eating Well – A nutrition resource for older people and their carers.](#)
- [Victorian Government, Department of Health, Well for Life toolkit.](#)
- [Tasmanian Government, Department of Health, Malnutrition in older people online training.](#)
- [NSW Health, Nutrition Care Policy PD2017_041.](#)
- [Department of Health & Human Services. Eating with enjoyment.](#)
- [Queensland Government. Validated Malnutrition Screening and Assessment Tools: Comparison Guide.](#)
- [NSW Government Health Education and Training. Nutrition screening for malnutrition training.](#)
- [Central Coast Local Health District. Best Practice Food and Nutrition Manual for Aged Care: Edition 2.1.](#)
- [Dementia Australia. Information about eating.](#)

Organisation's service environment

Action 4

The Multi-Purpose Service providing residential aged care services ensures there is a homelike environment that:

- a. Optimises a sense of belonging and interactions
- b. Supports access indoors and outdoors

Reflective questions

- What does the MPS do to make the environment welcoming and convey a sense of belonging?
- Are there spaces for interaction and is it easy for an individual to find their way around?
- Are individuals given choice in their furnishings, decorations and layout of their room?
- How easy is it for an individual to access indoor and outdoor areas?
- How does the MPS ensure the environment is suitable for individuals with sensory or cognitive impairment?
- Can individuals with dementia or cognitive impairment gain access to safe outdoor areas?

Suggested strategies for improvement

Implement actions in the NSQHS Standards, Clinical Governance, Partnering with Consumers and Comprehensive Care Standards when implementing this action, and:

- In collaboration with people accessing aged care services, design and decorate public spaces
- Make available spaces for individuals and small groups to use
- Encourage care recipient's to personalise their individual living space

- Support a facility pet or regular pet visits
- In collaboration with aged care consumers, identify ways to create a homely environment that may include creation of small scale living areas, quiet corners, windows with outside views, communal dining and recreation areas, personalised daily schedules
- In collaboration with people accessing aged care services, design and manage public spaces to optimise function and use. For example, collaboration on the timing, type and level of music played in public areas
- Consult with people accessing aged care services on the preferred room temperature in public and private spaces
- Install ramps, easy access doors, clear signage, to facilitate access to outdoors spaces
- Create garden spaces and areas for outside activities, such as paths, lawn, seating areas and raised gardens that are appropriate for individuals, including people with cognitive impairment
- Provide mechanisms for controlling the temperature to avoid extremes and prevent or manage risks during periods of extreme weather events.

Examples of evidence

Select only the examples that are currently in use:

- Policy documents or processes
 - describing strategies to support people accessing aged care services to be mobile within and outside the service environment, including for individuals who need support to access outdoors areas
 - ensuring the service environment supports all care recipient's independence and ability
- Training documents, such as syllabus, attendance records and competency assessments, that demonstrate clinical leaders, managers and the workforce understand the importance of optimising the sense of belonging and interactions for people accessing aged care services
- Results of aged care consumer and their representative's experience surveys on access to the environment, and actions taken to address issues raised
- Observations that the environment is tailored and accessible to all people accessing the aged care services
- Designing rooms for scalability, adaptability and flexibility
- Resources and tools to help the workforce monitor care recipient's interaction with their environment
- Modifications made based on environmental audits.

Resources

- [The Eden Alternative. The Eden alternative in care communities.](#)
- [Dementia Training Australia. Environmental Design Resources.](#)
- [Dementia Training Australia. Environments consultancy service.](#)
- [Dementia Training Australia. Building environment assessment tool app.](#)
- [Richard Fleming and Natin Purandare. 'Long-term care for people with dementia: environmental design guidelines', International psychogeriatric, vol. 22, no. 7, pp. 1084-96.](#)
- [Victorian Government, Department of Health. Dementia Friendly Environments. Department of Health & Human Services. Strategies, checklists and tools.](#)
- [Department of Health & Human Services. Homelike environment.](#)
- [Department of Health & Human Services. Gardens and outdoor spaces checklist.](#)
- [NSW Ministry of Health. Animals Visits and Interventions in Public and Private Health Service in NSW GL2012_007.](#)
- [Dementia Support Australia. Animal assisted or pet engagement in dementia care.](#)

Human resources

Action 5

The Multi-Purpose Service:

- a. Uses the recruitment system to ensure the workforce numbers and mix meet the care needs of people accessing aged care services
- b. Uses the training system to ensure the workforce has the skills to deliver quality care and services

Reflective questions

- How is the MPS workforce education and training system used to develop, enhance and maintain skills of the workforce?
- How does the MPS ensure its workforce mix comprises the right number and skills to consistently deliver safe, quality care and services to meet the assessed care needs of care recipients?
- Provide the workforce with access to education and training to enhance the skills base of the workforce, including but not limited to: infection control and prevention training; medication management; pressure injuries; preventing falls; and [Dementia Training Australia](#) and [Dementia Support Australia](#) training
- Ensure records of education and training undertaken by the workforce are maintained.

Suggested strategies for improvement

Implement actions in the NSQHS Standards, Clinical Governance Standard when implementing this action, and:

- Assess workforce competencies and skills
- Use performance management systems, clinical and administrative data systems and other safety and quality systems to identify skills gaps, staff education and training needs
- Include specific skills requirements in recruitment processes
- Regularly audit workforce numbers and mix to ensure changing requirements and care needs of people accessing aged care can be continually met
- Consider alternatives to recruitment where workforce shortages exist and recruitment is unlikely or delayed
- Conduct criminal history checks on the workforce at recruitment and at regular intervals during their engagement

Examples of evidence

Select only the examples that are currently in use:

- Policies or processes that:
 - describe how the MPS plans and manages its workforce to meet its service needs
 - adopt staffing levels and provide training in response to the changing needs and situations of people accessing aged care services
 - Meet staffing needs during an internal or external emergency, for example, bushfire, pandemic, outbreak of infection
- Feedback from people accessing aged care services and their representatives on their experience of the delivery of care and number and skills of the workforce
- Employment records that detail the skills and competencies of the workforce
- Results from workforce surveys

- Work schedules or rosters for the workforce to provide safe and quality care and services every day, demonstrating the mix and number(s) of the workforce
- Reports from the incident management system documenting adverse events associated with inadequate staffing numbers or skills
- Evidence of induction and other training and development programs for the workforce.

Resources

- [Brightwater Care Group Ltd. Interprofessional Education Toolkit. Collaboration through student placements in aged care.](#)
- [The University of Sydney. Cognitive Decline Partnership Centre. Interprofessional Education.](#)
- [The University of Sydney. Cognitive Decline Partnership Centre. Improving care through staff.](#)
- [National Disability Services. The Workplace Literacy Activity Toolkit.](#)
- [SA Government. Better Together: A Practical Guide to Effective Engagement with Older People.](#)
- [Inclusion Melbourne. It's My Choice Toolkit.](#)
- [National Disability Services. Person Centred Practice Across Cultures.](#)
- [National Disability Services. Futures Upfront – Person Centred Practice – Reflective Practice – why different points of views matter.](#)
- [Centre for Development Disability Health Victoria. Resources.](#)
- [SA Health. Partnering with Consumers and Community eLearning course.](#)
- [Mental Health First Aid Australia. Mental Health First Aid Guidelines.](#)
- [Australian Government Department of Human Services. Protocol for Engaging people with disability.](#)

Organisational governance

Action 6

The Multi-Purpose Service has processes to:

- a. Identify and respond to abuse and neglect of people accessing its services
- b. Effectively manage risks to support consumers live the best life they can

Reflective questions

- How does the MPS prevent, identify and respond to the risk of individuals being abused or neglected?
- How does the MPS ensure the workforce understands their roles and responsibilities for preventing and reporting abuse?
- How does the MPS support people accessing its aged care services to maximise their potential and live the best life they can?
- How does the MPS support individuals to understand the risks that may be associated with their choices?

Suggested strategies for improvement

Implement the actions in the NSQHS Standards, Clinical Governance, Partnering with Consumers, Comprehensive Care and Medication

Management Standards when implementing this action, and:

- Comply at all times with legislative and regulative requirements to prevent, identify, respond and report abuse and neglect of people accessing its services, by:
 - having up to date policies, processes and protocols to prevent, identify, respond and report abuse and neglect
 - ensuring the workforce is trained and supported to prevent, recognise, respond and report abuse and neglect
- ensuring incident reporting and complaints management systems allow for the recording, analysis and reporting of abuse and neglect
- having processes for open disclosure and review of abuse or neglect when it is detected
- involving people accessing aged care services, family and carers in the processes of preventing, recognising, responding and reporting abuse and neglect and involving them in open disclosure processes when abuse and neglect occurs
- complying with relevant national, state or territory reporting on abuse, neglect and other serious incidents to relevant authorities
- assessing orientation, education and training in abuse and neglect, to ensure it is adequately covered in the organisation's mandatory education and training program
- Partner with people accessing aged care services to identify and implement strategies to live the best life they can
- Educate the workforce to assess and communicate risks to care recipient's in a way they can easily understand, to make informed decisions about dignity of risk
- Ensure risks and communication processes about risk are documented.

Examples of evidence

Select only the examples that are currently in use:

- Training documents and policies on:
 - legislative reporting requirements of harm, abuse or neglect indicating responsibilities of the workforce
 - training about safeguarding, delivered in a way that is relevant to different roles and members of the workforce
 - recognising and describing different types of abuse or neglect and the ways the workforce can report concerns
- Feedback from people accessing aged care services, their families and carers on their exposure to harm, abuse or neglect and reports on actions taken
- Feedback from people accessing aged care services and their representatives on opportunities to be involved in preventing, investigating and responding to harm, abuse or neglect
- Complaints register, identifying processes for recording, monitoring and investigating responses and highlighting actions taken to address identified issues
- Policies and procedures to ensure risks to a care recipient's safety, health and wellbeing are assessed, discussed with the individual and outcomes documented
- Availability of problem-solving tools or decision support tools that combine individual's values, goals and preferences with information about benefits and risks, to achieve consumer-centred solutions
- Policies and procedures indicating that where an individual's choices and preferences are restricted, they are tailored, limited and proportionate to the risk
- Reports on clinical record audits of factors associated with harm, abuse or neglect and actions taken to address the risks
- Documentation clarifying the workforces' accountability, roles and responsibilities for ensuring safe and quality care and services.

Resources

- [Australian Government, Complaints – I have concerns about elder abuse.](#)
- [Department of Health, Guide for reporting reportable assaults.](#)
- [National Disability Services. Zero Tolerance – resources.](#)
- [SCOPE Australia. Speak up and be safe from Abuse toolkit.](#)
- [Australian Government. Advocacy services.](#)

Glossary

A full list of glossary definitions can be found in the NSQHS Standards.¹

Abuse: elder abuse can be defined as ‘a single, or repeated act, or lack of appropriate action, occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person¹⁵. It can take various forms, such as physical abuse, psychological or emotional abuse, financial abuse, sexual abuse and neglect.¹⁶

Consumer: a person to whom an approved provider provides, or is to provide, care through an aged care service⁵. A healthcare consumer may also act as a consumer representative to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.¹

Consumer directed care: a way of delivering services that provides consumers choice, flexibility and control over the types of services they receive, how they are supported, who provides the services and when services are provided.^{8, 9, 17}

Consumer representative: A nominated person given consent by an aged care consumer to speak and act on their behalf, and includes:

- a person appointed under relevant legislation to act or make decisions on behalf of a consumer
- a person the consumer nominates to be told about matters affecting the consumer.²

Decision making (supported): The process of enabling a person who requires support to make, and/or communicate, decisions about their own life. The decision making is supported, but the decision is theirs.³

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, either perceived or actual. A balance between respect for an 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.²

Neglect: The failure of a carer to provide the necessities of life to a person for whom they are caring. Neglect can be intentional or unintentional.¹⁵

Nutrition care plan: A plan to meet the nutrition and hydration needs of a patient. The nutrition care plan is developed for the patient after their nutrition and hydration needs have been assessed. An individualised nutrition care plan should be developed, carried out and monitored regularly. Individuals identified as malnourished or at nutritional risk should have an appropriate nutrition care plan developed by a dietitian and documented in the medical record.¹⁸

Outcomes: Describe the impact or result of a service or support, such as an improvement in an individual's wellbeing. ‘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).³

Personal care: Services such as bathing, showering, dressing, feeding and going to the toilet.³

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.³

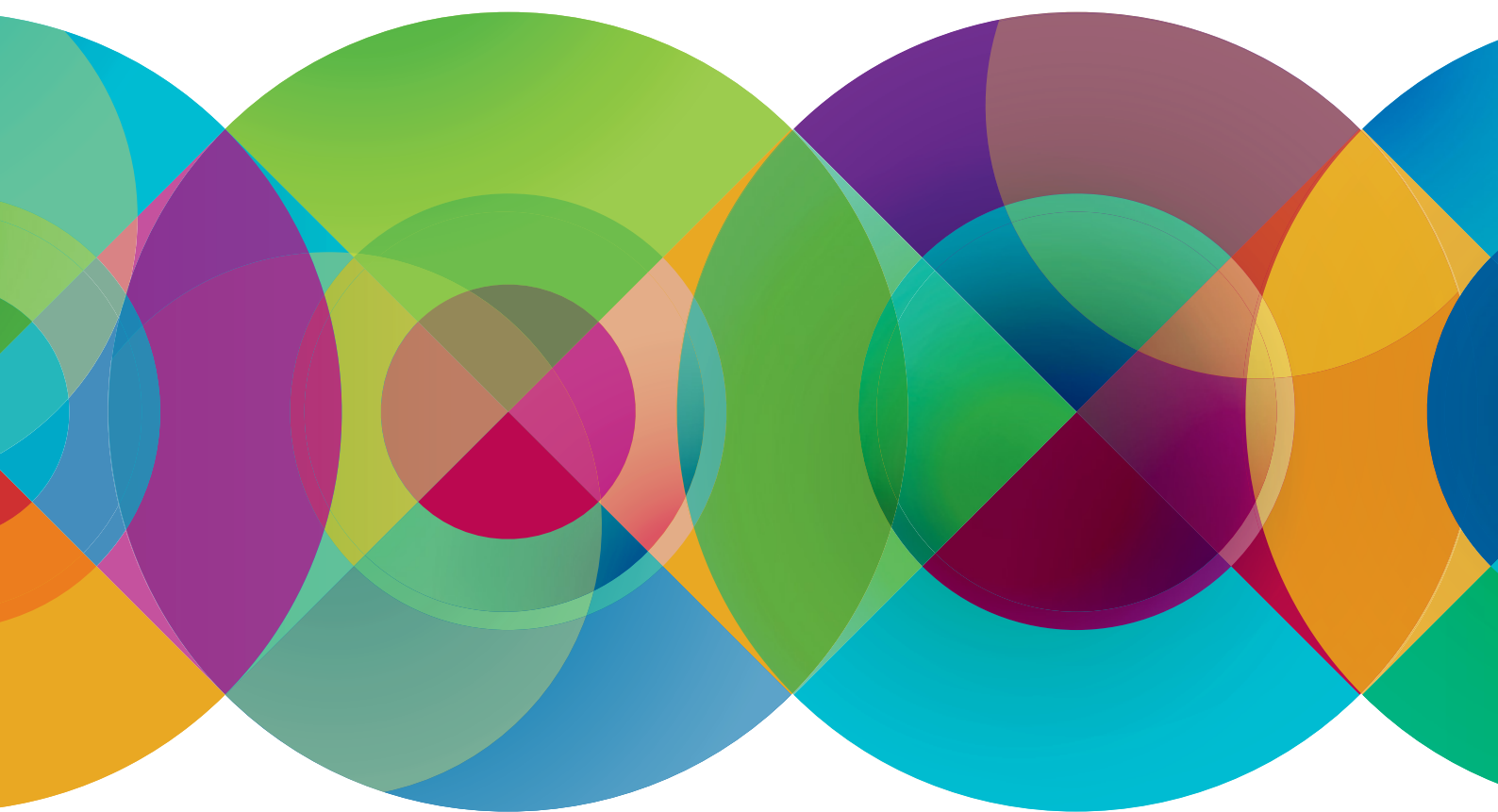
Service and supports for daily living: Services other than clinical and personal care that include but are not limited to food services, domestic assistance, home maintenance, transport and recreational and social activities. Services and supports for daily living may also be services that support consumer emotional, spiritual and psychological wellbeing.³

Workforce: All people working in a MPS, including clinicians and any other employed, retained or contracted, care workers, locum, agency, student, volunteer or peer workers. The workforce can be members of the health service organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with consumer services or care in the MPS. It may also include members of the governing body, allied health professionals, the MPS contracts, kitchen, cleaning, laundry, garden and office staff the organisation employs either directly or under contract.

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