



NEW - Aged Care Quality Standards ¹	OLD - Aged Care Accreditation Standards ²
<p>Standard 3: Personal Care and Clinical Care</p> <p><i>I get personal care, clinical care, or both personal care and clinical care, that is safe and right for me.</i></p> <p>Linked Standards 1, 2, 7 and 8.</p>	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.5/ 1.6/ 1.7/ 1.8/1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.4/3.5/3.6/3.7/ 3.8/ 3.9 ✓ Standard 4 - 4.4/ 4.5/4.7 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
What is Required (New)	
<ul style="list-style-type: none"> ✓ Organisational policies and procedures that include: <ul style="list-style-type: none"> • a range of personal and clinical care policies and procedures that are in line with current best practice, meet the Organisation's consumers' needs, goals and preferences, and support the workforce in decision-making in the provision of safe and effective care • information within personal and clinical care policies and procedures that: <ul style="list-style-type: none"> ○ ensure care is person-centred care and delivered in a way that optimises all areas of consumer health and wellbeing ○ detail how to support consumers who want to manage their own care ○ guide consumer communication practices ○ guide practices when specified needs and preferences cannot be met by the Organisation and supports informed consumer decision-making. • references and workforce instruction, to support the access and use of other (external) approved services in meeting consumer needs and preferences • reference to the Charter of Aged Care Rights and how these requirements are addressed in the provision of personal and clinical care • a cultural and social diversity planning policy that covers social, culture, language, religious, spiritual diversity and includes Aboriginal and Torres Strait Islander consumers • the management of risks related to personal and clinical care, including those summarised within Guidance and Resources for Providers to Support the Aged Care Quality Standards (available at https://www.agedcarequality.gov.au/providers/standards). This needs to include measures to manage the identified risks, and relevant allied health and specialist input whilst supporting the independence and choice of consumers. • policy and procedures on antimicrobial stewardship to support the appropriate administration of antibiotics and that evidence care strategies to minimise the need for antibiotics • recognition of and responding to changes in consumers' conditions and/or deterioration including mental, physical and cognitive capacity. This needs to be linked to assessment and routine observation documentation and include triggers to reporting and escalate care processes when a consumer deteriorates. Relevant HR policies need to include roles, responsibilities and accountabilities for staff recognising and responding to a consumer's deterioration. • an end of life care policy, including recognition of consumer changes and how this is communicated to the consumer, their representative, and other health professionals. Relevant HR policies need to include statements related to supervision and support to the workforce that are responsible for providing these care practices. • policy and procedures on advanced care planning, aligned to relevant state and territory legislation, that provide guidance in responding and the provision of ongoing aligned to consumer changes and deterioration • a consumer communication policy that: <ul style="list-style-type: none"> • supports collaboration and consultation in accordance with assessment, planning and decision-making related to care and services, aligned to the consumer's choice to participate or not • supports the provision of supportive opportunities to talk about dying so consumers can make their wishes known • meets the needs of a diverse range of consumers and their individual needs and preferences. ✓ Organisational systems are in place that identify best practice and accordingly ensure timely updates of relevant processes e.g. policy and procedures to provide workforce guidance. 	

¹ NEW – refers to the Aged Care Quality Standards (Standards) effective from 1 July 2019, further information available at <https://www.agedcarequality.gov.au/providers/standards>

² OLD – refers to the Aged Care Accreditation Standards. Transitional arrangements to the new Standards is available at <https://www.agedcarequality.gov.au/resources/transitional-arrangements-key-changes-fact-sheet-aged-care-quality-standards>



- ✓ Care planning policies, procedures and practices are in place that include documented risk assessments for each consumer and evidence that care and services are delivered in accordance with the documented risk assessments for each consumer.
- ✓ Appropriate updates, reviews and communication alerts, are provided in consumers' care plans to ensure relevant staff are informed and guide ongoing work practices and delivery.
- ✓ Referral systems that support collaboration with other individuals, organisations and providers to ensure that the diverse needs of consumers are met. This can include Allied Health, hearing, dental, medical, psychiatric services and specialised therapy services.
- ✓ Communication systems are in place to update the workforce between work shifts about consumer care and service needs and preferences, new or changed practices including management of high prevalence or high risk to consumers and inform other health providers to support continuum of care e.g. transfer to hospital. These supporting procedures need to guide communication with others involved in clinical and/or personal care that do not know the consumer including relevant agency staff, substitute GPs, emergency practitioners and other health professionals.
- ✓ Documented infection prevention and control program including:
 - a staff health and immunisation program
 - outbreak management plan including for influenza and gastroenteritis
 - consumer infection control management plans, including communication of infection status and implemented action
 - availability of jurisdictional information and advisory notifications
 - infection risk management
 - monitor and review of data for continuous improvement across infection control areas.
- ✓ Demonstrate ways of tailoring work practices to the needs of consumers, including opportunities for improvement identified through the provision of feedback and complaints, records of 'near-misses' and incidents to address risks and frame practice actions.
- ✓ Provision of staff training programs (including orientation) aligned to Quality Standard 3 that supports organisational policy understanding related to:
 - ongoing assessment and planning of consumer care and services
 - clinical and personal care practices
 - risk management of high impact and high prevalence risks associated with consumer care
 - infection prevention and control including outbreak management, effectiveness of hand hygiene and workforce role and responsibilities.

This includes staff training record keeping systems, competency assessment of workforce knowledge and skills, and follow up with staff who have failed to complete the training.
- ✓ Continuous improvement processes to:
 - monitor that work practices aligned to best practice
 - measure the outcomes of personal care and clinical care, including management of high-impact or high-prevalence risks
 - evaluate and review recognition and deterioration of consumers and end of life services to ensure they are effective and met the needs and preferences of consumers
 - evaluate referral processes and the provision of care and services to consumers - this should include quality of care, timeliness and safety
 - review and evaluate effectiveness of communication systems both internally and externally across consumers' continuum of care. This needs to include the completion of relevant consent related to the release and sharing of information.
 - monitor the effectiveness of infection prevention and control processes, including infection and resolution rates and implementing improvements based on associated risk assessment processes.
- ✓ Appropriate continuous improvement (CI) systems should enable reporting and actioning of recognised deficits and/or gaps and facilitate assessment of workforce structure, mix and appropriateness to ensure the provision of safe and effective care and services in line with consumers' goals needs and preferences. Implemented CI systems should include (but not limited to) review of feedback and comments from consumers and their representatives, system process and practice audits, competency assessment (knowledge and skills) and evaluation of system registers e.g. the incident register.



Requirements	
Requirement 3(a) Each consumer gets safe and effective personal care, clinical care, or both personal care and clinical care, that: <ul style="list-style-type: none"> i) is best practice; and ii) tailored to their needs; and iii) optimises their health and well-being. 	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.6/1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.4/3.5/3.7/ 3.8/ 3.9 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
Requirement 3 (b) Effective management of high-impact or high-prevalence risks associated with the care of each consumer.	<ul style="list-style-type: none"> ✓ Standard 1 - 1.5/ 1.6/ 1.7/ 1.8 /1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.4/3.5/3.9 ✓ Standard 4 - 4.4/ 4.5 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
Requirement 3 (c) The needs, goals and preferences of consumers nearing the end of life are recognised and addressed, their comfort maximised and their dignity preserved.	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.5/ 1.6/ 1.7/ 1.8/1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.4/3.5/3.6/3.7/ 3.8/ 3.9 ✓ Standard 4 - 4.4/ 4.5 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
Requirement 3 (d) Deterioration or change of a consumer's mental health, cognitive or physical function, capacity or condition is recognised and responded to in a timely manner.	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.5/ 1.6/ 1.7/ 1.8/1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.5/3.9 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
Requirement 3 (e) Information about the consumer's condition, needs and preferences is documented and communicated within the organisation, and with others where responsibility for care is shared.	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.5/ 1.6/ 1.8 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 3 - 3.5/3.6/ 3.9 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3
Requirement 3 (f) Timely and appropriate referrals to individuals, other organisations and providers of other care and services.	<ul style="list-style-type: none"> ✓ Standard 1 –1.4/ 1.8/ 1.9 ✓ Standard 2- 2.4 – 2.17. ✓ Standard 3- 3.5/3.6/3.9 ✓ Continuous Improvement- 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance – 1.2/ 2.2/ 3.2/ 4.2 ✓ Education and Staff Development – 1.3/ 2.3/3.3/ 4.3
Requirement 3 (g) Minimisation of infection-related risks through implementing: <ul style="list-style-type: none"> i) standard and transmission-based precautions to prevent and control infection; and ii) practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics. 	<ul style="list-style-type: none"> ✓ Standard 1 - 1.4/ 1.6/ 1.8/1.9 ✓ Standard 2 - 2.4 – 2.17. ✓ Standard 4 - 4.4/ 4.5/ 4.7 ✓ Continuous Improvement - 1.1/2.1/3.1/4.1 ✓ Regulatory Compliance - 1.2/2.2/3.2/4.2 ✓ Education and Staff Development - 1.3/ 2.3/3.3/ 4.3