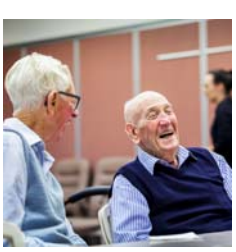
Uniting

Introduction and Guidance

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352




Uniting NSW.ACT is a body of the Uniting Church of Australia established under the Church's constitution, regulations and bylaws.

The Approved Provider licence for aged care services in NSW and the ACT is held in the name of "Uniting Church in Australia Property Trust (NSW)" – ID. 1352

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Cover Letter

The Honourable Richard Tracey AM RFD QC and Ms Lynelle Briggs AO
Commissioners,
Royal Commission into Aged Care Quality and Safety
GPO Box 1151,
Adelaide, SA 5001
By Email ACRCProviderResponses@royalcommission.gov.au

Dear Commissioners,

Uniting NSW.ACT is committed to the delivery of high quality and safe services to older Australians as an approved provider of services funded by the Australian Government. Uniting NSW.ACT welcomes the opportunity to work with the Royal Commission into Aged Care Quality and Safety and submits the attached in response to the Commission's invitation to approved providers dated 23 November 2018.

Uniting NSW.ACT, as a service agency of the Uniting Church across the NSW and ACT Synod, seeks to support some of the most vulnerable and disadvantaged people in our communities, in line with our vision and mission. We draw our distinctive vision from the Uniting Church as we work for a world that is inclusive, just and connected. We bring this to life through our purpose of inspiring people, enlivening communities and confronting injustice. This vision and purpose means we support some of the most vulnerable and disadvantaged people in our communities including older people and children. In these groups we work with people who experience social and economic exclusion such as Aboriginal people, people from Culturally and Linguistically Diverse backgrounds and those from the LGBTI community. We deliver services across a broad spectrum of health and social care, from children through to vulnerable aged clients.

Our foundations in the life of the Uniting Church means that we see the dignity of each person and look to provide wholistic care (mind, body and spirit) that endeavours to strengthen their relationships and connect them to an inclusive community. It is also reflected in our commitment to developing innovative ways to support the people and communities we serve in affordable and accessible ways. A distinctive feature of Uniting NSW.ACT is the close link between our services, our policy work and our advocacy. Each area is a catalyst for and informs the others. Our service grounds our advocacy in the real lives and needs of people.

Our heritage as a provider of such services originated in congregations wishing to serve the needs of local communities across NSW and the ACT. Consequently, we are widely dispersed geographically. We are located in regional settings from Tweed Heads in the State's north, to Broken Hill in the west and Narooma in the south of New South Wales as well as in the metropolitan areas of Sydney and Canberra. Over the past 20 years we have progressively consolidated our operations into one entity, Uniting NSW.ACT, with the primary motivation being to promote consistent and responsive service delivery and governance of the support we offer to the people we serve.

Across NSW and the ACT we employ approximately 6,000 people and 2,000 volunteers in our Ageing Services. Our Ageing Services relate to our regulated Residential Aged Care and Home and Community Care services which are within the remit of the Commission. In 2017/18 we cared for approximately 7,700 residents and 6,100 home care clients. Additionally, our commitment to addressing the needs of older people also includes significant provision of housing to over 2,800 older people through our Retirement Villages.

We are the largest not for profit provider of Aged Care services in NSW and the ACT.

Given this heritage and our commitment to improvement and risk management, we are continually challenging ourselves to design and deliver our aged care services in ways that will help to ensure

the people in our care or receiving our support, are offered choice, control and independence – consistent with their needs and wishes. Throughout our submission we have provided examples of where we are supporting and enhancing the lives of older Australians in our residential settings and those choosing and able to remain at home. We believe the key to achieving this is our strategic imperative to strengthen and promote a culture of quality and client safety, supported by maturing and robust governance arrangements and increased investment in our people, systems, processes and technology. This approach to continually improving our practices underpins our efforts to meet community expectations for safe and excellent aged care services.

We acknowledge this is an aspirational goal. Where we may have failed those we serve, our commitment is to have acknowledged those failings, to provide support where required and learn lessons to improve our practice.

The attachment to this letter outlines how we have responded to the request for information by the Royal Commission into Aged Care Quality and Safety dated 23 November 2018, detailing our approach to responding to questions one and two.

Throughout our response we have sought to be transparent and respond comprehensively to assist the Commission in its endeavours to make recommendations for positive change.

In the context of positive change, we strongly endorse the direction set by 3 recent significant reviews of the Aged Care sector:

- Legislative Review of Aged Care 2017
  This review was undertaken by David Tune AO PSM, and it identifies the required shift towards home care as well as measures to ensure sustainability
- Review of National Aged Care Quality Regulatory Processes, 2018
  This review was commissioned by the Australian Government and undertaken by Ms Kate Carnell AO and Professor Ron Paterson ONZM, and it identifies the focus on quality and transparency required across the sector
- The Aged Care Workforce Strategy, 2018
  This review was undertaken by the Aged Care Workforce Strategy Taskforce and led by Professor John Pollaers OAM, and it identifies the measures required to build an adequate and sustainable aged care workforce for the future

Uniting NSW.ACT considers that the reforms outlined in these reviews need to be supported by legislative reform and adequately funded so that they can be implemented across the sector to dramatically improve the experience, quality, safety and sustainability of care for older Australians.

We would appreciate the opportunity to have a direct conversation with you regarding issues and suggestions within our submission. We welcome the opportunity to participate in any round tables to be held by the Commission. We also extend an invitation to you and members of your team to visit our services, meet our staff and residents or to see our continuous improvement approaches in action including the challenges and continued focus that implementing them at scale requires.

Once again thank you for the opportunity to submit on such an important topic. On behalf of the Board and all those who work for Uniting NSW.ACT we trust our submission is helpful. If there is any further information and assistance you require please have no hesitation in contacting us.

Yours sincerely,

Heather Watson
Chair
Uniting NSW.ACT

Tracey Burton
Executive Director
Uniting NSW.ACT

Background

A.1 Uniting NSW.ACT is a service agency of the Uniting Church of Australia for the NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities (note we are reporting on 59 residential aged care services as two have closed in the period under review) and 7 Home and Community Care Service Outlets across NSW and the ACT. The Approved Provider licence for aged care services in NSW and the ACT is held in the name of "Uniting Church in Australia Property Trust (NSW)" – ID.1352.

A.2 Uniting NSW.ACT's services cover the full range of aged care services including services for older people experiencing mobility/access needs, social support needs, affordable accommodation needs, homelessness, mental health, traumatic brain injury, dementia and palliative care.

A.3 The Uniting mission articulates that every person is celebrated for their uniqueness and individuality. Our care model known as "Inspiring Life" enshrines these concepts through our principles of safety and comfort, normality, meaning and purpose. These are informed by striving to understand each and every client's lived experience. We believe this understanding of each individual is fundamental to informing our care practices. We seek to challenge and transform the notion of a medical or institutional model of aged care services, which has been historically dominant across the sector and within our own services. This has been a clear and deliberate strategic direction for Uniting NSW.ACT from 2014. This direction has led to a site by site plan which continues to be implemented in our services. This has and continues to allow us to evolve our model to ensure we continue to adapt to the needs and wishes of our clients.

Our Submission Approach

A.4 Given our operating model and structure, our response to the Royal Commission's aged care provider information request has been prepared as follows.

A.5 **Part A** includes, for each service or outlet, the answers to Questions 1, 2 and 4:

- general information and the data for each service or outlet for the period 1 July 2013 to 30 June 2018 on:
    - Uniting's contact details
    - Ownership
    - Type of service provider
    - Type of service provided
    - Number of people receiving services
    - Number of full-time equivalent (FTE) direct care staff – note here we have recorded FTEs for the roles listed based on direct care staff employed by Uniting NSW.ACT as at 30 June 2018. We have also included detail on the nature of the service, budgeted hours and advice about roles which are contracted out. As detailed in our response to Question 3 we have a range of specialist staff, especially senior nurses who are not included in the individual service data as they support multiple services.
- occasions of substandard care (in response to question 1)
- complaints received by or made directly to Uniting NSW.ACT in relation to substandard care (in response to question 2)
- services provided to people younger than 65 (in response to question 4).

A.6 These responses are contained within five PDF documents – one for Home and Community Care Services (H&CC) and one each for the four Uniting Residential Aged Care Service (RAC) Areas: Sydney South East (SSE), Sydney North West (SNW), South and North.

A.7 Each PDF contains information for all service outlets within each of the RAC and H&CC areas as set out in A.5 and A.6 above.

A.8 As requested, we have also extracted the summary tables for the occasions of substandard care and for complaints received or made in relation to substandard care into an Excel Workbook (H&CC and all four RACs consolidated). There are separate tabs for each service outlet occasions and complaints as set out in your request. An index of all services and service outlets have been included for reference.

A.9 **Part B** contains our response to questions 3 and 5-8. We have presented these at a whole of Uniting NSW.ACT approved provider level. The main themes in our responses to Questions 5-8 relate to quality, sustainability, access and workforce in line with the terms of reference of the Royal Commission. In these responses we propose suggestions for further enhancements to the quality and regulatory framework from our networks and awareness of overseas experience. We also express our support for the roll-out of the National Indicator Program for Aged Care, having participated in the pilot of that program. We believe that the transparency associated with this program, through a suite of clinical indicators for the sector, is an important step for the community, providers and the regulator. As noted in our response to Question 8, Uniting NSW.ACT intends to provide (or under the auspice of Uniting Care Australia contribute to) a more comprehensive submission on what the future of aged care could look like at a later date.

Approach to Questions 1 and 2

A.10 In answering questions 1 and 2, we have been guided by the Royal Commission's Frequently Asked Questions document on how 'substandard care' may be defined. We have carefully considered this guidance to formulate a response consistent with the guidance in the time available.

A.11 When formulating our response Uniting NSW.ACT has used our extensive internal incident and complaints reporting system (called Cintellate), our accreditation database and staff records to identify instances of potential sub-standard care.

A.12 Our Cintellate incident management system, which has been our primary source of information for responses to questions 1 and 2, has been designed for our operational use. It captured all our incidents and complaints, including verbal feedback through to major incidents as entered by staff at the point of occurrence or notification. In Cintellate we classify matters raised using four severity ratings for incidents and three severity ratings for complaints. Severity 1 incidents are the highest severity level and Category 4 are the lowest severity level. For complaints there are only three levels with severity 1 matters being the highest and severity 3 matters being the lowest. These levels are articulated in an Incident and Complaints Category Definitions Matrix (Annexure A).

A.13 To best meet the Royal Commission's request to provide details on substandard care we decided to focus our efforts on our severity 1 and 2 incidents and complaints, given these were judged to be ones most likely to contain occasions of or complaints about substandard care.

A.14 We asked our experienced senior aged care managers to use their judgement to analyse these severity 1 and 2 instances over the 5-year period under review. They determined where, for occasions there may be a risk that we failed or may have failed to meet, and, for complaints where we have received a complaint about failing to meet:

- regulatory standards and obligations (including the Accreditation Standards and Home Care Common Standards made under the Quality of Care Principles 2014, the Charter of Care Recipients Rights and Responsibilities, our obligations under the *Aged Care Act 1997* (Cth), privacy laws, medication laws in NSW and the ACT, and laws relating to guardianship and substitute decision making);

- Uniting NSW.ACT practice standards implemented across our aged care services; or
- community expectations for high standards of quality and safety in the delivery of aged care services.

A.15 Uniting NSW.ACT has sought to demonstrate our continuous review of our practice standards to ensure they are in line with broader community standards. As detailed in Question 3 we have done this by reviewing industry benchmarking information, researching and investigating national and international models of good practice care (a notable example being our 'Inspiring Life' model) and having robust processes to receive and consider resident, client, carer and family feedback.

A.16 This review process has determined the matters included in our response to questions 1 and 2. A review of our severity 3 and 4 incidents and our severity 3 complaints could be provided at a later date if this is requested or required by the Commission.

A.17 Some further points of clarification to assist the Commission to understand the detail of the responses offered in questions 1 and 2:

- We have included allegations of elder abuse by members of staff to our residents and clients regardless of whether or not these were subsequently substantiated given that a concern was raised by a client and triggered our mandatory notification requirements under section 63-1AA of the *Aged Care Act 1997* (Cth).
- For matters of resident-to-resident aggression, we have only included instances where we considered management of the resident's behaviour may not have met the required standards outlined in A14 above in relation to a specific incident or the number of instances of aggression by an individual captured in our incident management system shows our behaviour planning could have been stronger. In any event recording these multiple incidents of resident-to-resident aggression by a single person demonstrates the complexity of providing care to individuals with significant cognitive impairments or mental health issues, while maintaining safety for all other residents. This is an issue we consider warrants further consideration by the Royal Commission, falling within its terms of reference.
- In relation to unwitnessed falls and unexplained absences, Uniting NSW.ACT has taken an approach to include only those instances where it is possible or likely that we may not have acted consistently with the standards in A14 above.
- Within Home and Community Care we have included complaints of rostering breakdowns but not incidents about same.
- Incidents about property and billing were not included, because we formed the view that they do not constitute substandard care, however complaints about such concerns were included given the nature of question 2.

A.18 Further whilst Uniting NSW.ACT has an overall positive regulatory history, we have had "not met" expected outcomes and notices of non-compliance issued by the Australian Aged Care Quality Agency (Quality Agency) and Department of Health respectively. We have included these occasions in our responses to question 1. However, where the contact visit by the Quality Agency has resulted from an incident or a complaint (following a referral by the Australian Aged Care Complaints Commission) any concerns raised by the Quality Agency have been included in the particular incident or complaint.

A.19 In identifying whether the occasion or complaint about substandard care arose from a systemic failure, we have considered whether the occasion or complaint was not an isolated incident but reflected a breakdown or failure on a broader basis across the service or organisation, consistent with the guidance provided by the Royal Commission. For these occasions we have provided more fulsome responses in the follow up actions to capture the work done to address the systemic failure either at service or whole-of-organisation levels.

A.20 Finally, when considering our responses to question 1 and 2 we offer the following global reflections:

- Our source systems have been in development or instituted during the period under review, as we have improved our management and governance processes, so our data in more recent years is stronger than in earlier years. This is evident in the summary tables provided for occasions of and complaints about substandard care in questions 1 and 2 which typically show higher numbers of entries in recent years, as our culture of reporting has continued to evolve.
- When applying our review and analysis process, we have exercised our judgement as providers of care services, particularly in relation to community expectations. In respect of the latter, we have understood the Commission's guidance in the Frequently Asked Questions to indicate an objective standard for community expectations having regard for the vulnerability of, and acknowledging the trust-based relationship with, the people we serve and the context within which services are provided.
- We appreciate that community standards are dynamic and change over time and we have a number of sources from which we assess those changing standards in order to reflect back into our practice and procedures on a continuous improvement basis. In applying the Commission's guidance we consider that the community reasonably expects that each approved provider such as Uniting NSW.ACT will act in accordance with the regulatory framework and will have robust internal systems and governance processes in place to ensure it does so, while acknowledging that as a human service involving people, from time to time errors occur and services will not unfailingly meet those standards. We appreciate that individuals will however differ in their expectations of the standard of care that should be met and that the objective standards for community expectations will be matters on which reasonable minds may differ.

A.21 Through the analysis of our records applying the methodology indicated above we have endeavoured to identify all potential instances of substandard care that are held within our records during the period under review by the Commission.

Next steps

A.22 We have sought to be open, transparent and comprehensive in our response and with the data provided. Should the Commissioners require further information about our incidents and complaints, we commit to undertake this analysis and provide it as soon as practicable.

Annexure "A"

Uniting Incident and Complaint Severity Definitions Matrix

	Severity 1	Severity 2	Severity 3	Severity 4
	Catastrophic	Major	Moderate	Minor
Care	This severity level includes: • Unexpected/unexplained death of a client (including suicide) • All incidents of allegation/suspicion of serious assault OR Elder Abuse • Infection outbreak reported to Public Health or Population Health Unit of the appropriate Local Health District • Alleged sexual misconduct/offence • Hospitalisation of a client/customer/resident as a result of a service or staff member failing to follow Uniting policy and/or procedure • Abduction • Absconding/missing child in Early Learning; Occasional Care; Outside School Hours Care and Preschool • Absconding/missing child in foster care placement aged 0 to 10 • Absconding/missing child in disability respite aged < 10 • Absconding/missing child in foster placement aged 11 to 15 > 4 hours • Absconding/missing young person aged 16 to 17 or vulnerable adult > 6 hours	This severity level includes: • A significant injury/fracture/self-harm • Unplanned admission to hospital • Stage 3, 4, deep tissue and unstageable Pressure Area wounds • Deaths requiring further review that do not fall under severity 1 • Absconding/missing child, young person or vulnerable adult that does not fall under severity 1 • Allegations of physical assault which does not fall under severity 1 • Allegations of significant neglect • Behaviour that brings a staff member or customer/client to the attention of the police	This severity level includes: • An injury which required medical attention but does not fall under severity 2 • Stage 2 Pressure area wounds. Full Thickness Tissue Loss Skin Tears. Burns • A behavioural incident of a customer/client that does not fall under severity 2 • Allegations of neglect that do not fall under severity level 2	This severity level includes: • Minor injuries • All other incidents that do not fall under higher severity ratings

Reporting Timetable: Incident and Complaint Monthly Dashboard and detailed reports issued to 'Directors' and 'Heads of' for Residential Aged and Health Care, Resilient Communities, Resilient Families and Property (Independent Living); Incident and Complaint Dashboards issued to Clinical Care and Governance Committee every two months including any feedback from the service streams; Consolidated Uniting Incident and Complaint Dashboard issued to the Executive and the Board every 2 months including any feedback and analysis

Incident and Complaint Severity Definitions Matrix – All Uniting; Practice and Quality - Clinical Governance - V5.0-August 2018

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Uniting Incident and Complaint Severity Definitions Matrix

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	Severity 1	Severity 2	Severity 3	Severity 4
	Catastrophic	Major	Moderate	Minor
Feedback and Complaints	High profile complaints include serious breaches of policy or procedures or serious wrongdoing. They require notification to the relevant Director. These could include allegations that Uniting are not meeting legislative obligations. • Complaints to an external regulator. • Legal action against Uniting. • Significant investigations by external bodies. • May require referral and intervention by an outside agency.	Complaints about quality of care and services, client's choice and dignity, and client safety that are received at service level and that the Service Manager has the delegated authority to investigate. They can be recurring low level complaints or breaches.	Low level complaints best managed locally. These relate to complaints or comments on issues that can be resolved immediately or within 24 hours and that do not pose a threat to or harm an individual. Incudes but is not limited to the following: • Issues with food • Lost clothing • Suggestions for improvements **Positive** comments or feedback (compliments) on the service or the staff.	Not applicable

Reporting Timetable: Incident and Complaint Monthly Dashboard and detailed reports issued to 'Directors' and 'Heads of' for Residential Aged and Health Care, Resilient Communities, Resilient Families and Property (Independent Living); Incident and Complaint Dashboards issued to Clinical Care and Governance Committee every two months including any feedback from the service streams; Consolidated Uniting Incident and Complaint Dashboard issued to the Executive and the Board every 2 months including any feedback and analysis

Question 3

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352

Question 3

Since 1 July 2013, what (if anything) has your service or outlet done:

a) to ensure that the services it provides are of high quality and safe?
b) to ensure that those services are person-centred, including through allowing people to exercise greater choice, control and independence in relation to their care?
c) to improve engagement with families and carers on care-related matters?
d) to deliver aged care services in a sustainable way, including through innovative models of care, increased use of technology, and investment in the aged care workforce and capital infrastructure?
e) to take account of the wide diversity of older Australians and the barriers they face in accessing and receiving high quality aged care services?

Uniting NSW.ACT is a service agency of the Uniting Church NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities and Home and Community Care Services in 7 regions across NSW and the ACT. The response to this question is applicable to all of these Aged Care Services.

GLOSSARY

ACFI	Aged Care Funding Instrument
CALD	Culturally and linguistically diverse
H&CC	Home and Community Care
HLFS	Uniting's Healthy Living for Seniors programs
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
RAC(F)	Residential aged care (facility)
Re-ablement	building on strengths, capacity and goals to help people remain independent in their daily lives and live safety.
RN	Registered Nurse
Uniting NSW.ACT	Uniting NSW.ACT Uniting Church in Australia Property Trust (NSW) – ID. 1352

3.1 Overview

3.1.1 Over the past five years, Uniting NSW.ACT has been on a journey of continuous improvement in our approach to quality and safety. This approach has generated a range of outcomes from which we continue to build and improve, including:

- the embedding of high quality care and safety in our culture through integrated and centralised governance arrangements, simplified structures, leadership development, quality and risk frameworks, policies, systems and processes;
- services that seek to focus on the people we serve and the supports they need and want, rather than operational tasks being undertaken in a transactional model of care. Our services are designed to ensure that the people in our care or receiving our support, are offered choice, control and independence – consistent with their wishes, values, cultural background and needs;
- anytime anywhere incident and complaints reporting, risk identification, mitigation and management through substantial investment in information technology;
- enhanced training programs based on regulatory requirements, incident reviews, staff profiles and significant changes to Uniting policies and practice;

- monitoring and measurement of client and employee safety through timely sharing of data, research and other enterprise-wide incident and risk management information.
- investment in the growth of individual employee and local team capacity and capability to support the co-design of practice changes and clinical redesign.
- research and evaluation of our performance in partnership with academic institutions, such as the University of Technology Sydney and Macquarie University.
- recruiting and developing of clinical specialist teams including; clinical nurse consultants, clinical nurse specialists and clinical nurse educators, who lead clinical practice development in our services.

3.1.2 Two very significant initiatives that underpin our residents' and clients' experience of care, as well as safety and quality, are the transition to our "Inspiring Life" and our "Household Model" program.

Inspiring Life – a cultural change program transforming our staff and teams to ensure we are focused on the people we serve and the support they need and want, rather than the tasks being undertaken.

Household Model – creating smaller, intentional and supportive environments with consistent staffing, where individuals and communities can thrive. The aim is to ensure we deliver and structure our care and services to reflect each person's individuality and how they want to live out each day.

Each of these are discussed in greater detail in our submission below.

3.2 (a) Since 1 July 2013, what (if anything) has your service or outlet done to ensure that the services it provides are of high quality and safe?

Governance and Leadership

3.2.1 Over the last 5 years, Uniting NSW.ACT has transitioned to more mature governance arrangements, simplified structures, more robust quality and risk frameworks, and improved policies, systems and processes. This has allowed us to embed a proactive approach to quality and practice across all our services.

3.2.2 This whole-of-organisation approach to quality and safety is Board led and is a significant improvement on the once highly decentralised structures and governance arrangements of the past. Since 2013, Uniting NSW.ACT has transitioned from a governance model of six Regional Ageing Boards across NSW and the ACT reporting to the UnitingCare Ageing Board, which in turn reported to the UnitingCare NSW.ACT Board. Today all of our services report into one board.

Care and Clinical Governance Committee

3.2.3 In pursuit of quality and safety, the Board formed the Care and Clinical Governance Committee (which has operated under various names throughout the period under review) to oversee the safe and appropriate delivery of clinical and care services. In 2017, in recognition of the need to add depth and experience in all areas of Aged Care governance, Committee membership was expanded to include an external member with extensive specialist experience in the Aged Care sector. This has enhanced the existing Committee membership allowing for more robust discussion on and exploration of issues related to aged care quality and safety.

3.2.4 Administered by a charter the Committee provides oversight to ensure:

- Alignment between the Uniting NSW.ACT mission, strategic plan and the quality, clinical and care services framework;
- Use of the best available data and information to ensure effective prioritisation, monitoring and management of organisational quality and safety;
- Systemised, evidence-based practices, reflections on lessons learnt and opportunities to improve the quality and safety of services;
- The introduction of sustainable quality and safety improvements as well as practice and management innovations that are tested and appropriately integrated;
- Compliance with essential standards and national practice guidelines, and the monitoring and management of identified clinical risks and/or non-compliance.

3.2.5 The Committee meets on a regular basis. Over the last 5 years, the following additions have been made to the Committee's standing items agenda to ensure a focus on quality, safety and continuous improvement:

- Indicators: Severity 1 incidents (including reportable), medication incidents, unplanned transfers to hospital, wounds per 1000 bed days, medication incidents per 1000 bed days, falls per 1000 bed days, falls with fractures per 1000 bed days, elder abuse, reportable conduct, unexplained absences, reportable incidents, infection outbreaks
- Complaints: Nature of complaints, severity of complaints, positive feedback, time to closure, open greater than 90 days
- Root Cause Analysis and Investigations outcomes
- Whole of Uniting Incident Reports summary, including Aged Care Complaints RAC and HCCC matters
- Risk Register (as it relates to Clinical Care)
- Accreditation results, including detail of unannounced visits and matters requiring action to mitigate "unmets"
- Open legal claims and insurance notifications
- Whistleblower report: summary of actions required (no events have been reported)

3.2.6 In 2017, the Committee Chair was also appointed to the Audit and Risk Sub-Committee, providing a clear and open platform to ensure that risks are reviewed and actioned appropriately.

3.2.7 Uniting NSW.ACT continues to consolidate functions and simplify structures to reduce organisational layers, increase the autonomy of our frontline staff and integrate our regionalised services.

Development of Ageing Directorate

3.2.8 A recent restructure has led to the newly created 'Ageing' Directorate (bringing Residential Aged Care and Home and Community Care together), which aims to better meet the needs and wishes of each older person under our care regardless of where they live. The new Directorate will also facilitate a smoother continuum of care for those people that move from community to residential settings and optimise shared expertise across the services.

Building leadership capability

3.2.9 Continuing our investment in building leadership capability in previous years, a comprehensive leadership capability assessment commenced in late 2017 in order to build the leadership capability of people in our service. This initiative will see the competency of all our service mangers assessed. Utilising our internal Leading with Heart Program, and external resources where needed, we will create development plans for each leader.

3.2.10 Work commenced in late 2018 to develop a bespoke leadership program for home makers who are our frontline leaders. There are now over 140 home makers and we expect this number to grow to over 300 by the time the transition to the Household Model is completed in 2020. This program will go beyond the existing role-based induction for the new roles and blend Australian Quality Training Framework (AQTF) modules with our internal leaders' program. It will be piloted early in 2019.

Developing self-led teams

3.2.11 Devolving decision making requires teams to be able to make decisions together and move away from hierarchical structures. We are working to achieve this in Uniting NSW.ACT by flattening organisational structures and developing self-led teams. Since 2015, Residential Aged Care has been working on redesigning its staffing model to enable real-time decision making by frontline staff to be responsive to client day-to-day decisions, such as when people wake and what and where they eat. The model was adapted from the Norton and Shield "Household Model" staffing structures pioneered in the US and co-designed by existing staff, as they are best placed to understand how care is structured and provided.

3.2.12 In 2018, work commenced with the H&CC Care team to explore how self-led teams would work in their environment. Pilots for these wellbeing teams commenced in July 2018. To complement the shift to the "Inspiring Life" model of care a review of the pilots is expected in early 2019 with a view to implementing in later in 2019.

Quality and Safety

Development of the Customer Promise

3.2.13 In 2017, Uniting NSW.ACT launched 'Our customer service promise', a customer service charter and commitment to how Uniting delivers its services and what customers and staff can expect across the organisation.

3.2.14 The promise was created through extensive consultation with our clients and our staff. Our customer promise document highlights to our customers:

- you're at the centre of all that we do;
- we take the time to get to know you;
- we care about what you think;
- you won't be judged;
- we welcome you exactly as you are;
- you're at the heart of everything we do;
- we're reliable, you can count on us;
- we'll always do our best for you.

3.2.15 To further our efforts and commitment to improving the customers' experience, Uniting NSW.ACT has endeavoured to measure its existing customer service delivery against the International Customer Service standard.

3.2.16 In early 2018 the Customer Service Institute of Australia completed the globally recognised standards snapshot assessment to benchmark Uniting NSW.ACT and provide feedback. This assessment entailed interviewing clients, residents and staff as well as site visits to several Uniting Aged Care facilities.

3.2.17 November 2018 saw Uniting NSW.ACT successfully awarded certification of the International Customer Service Standard, an achievement that is unmatched by other not for profit Aged Care Service providers in NSW or the ACT.

Quality Reporting and Cascade

3.2.18 In 2018 we formalised a quality reporting cascade model following a review of information and reporting across Uniting NSW.ACT. This particularly targets key indicators regarding clinical performance, incidents and complaints. Initially launched in May 2018, it will be further improved through 2019. The initial priority is to drive increased accountability and transparency across all roles/levels of Uniting NSW.ACT and to better inform the decision makers.

Auditing procedures and quality reviews

3.2.19 In mid-2017 internal audit tools were developed for both ageing service streams within Uniting NSW.ACT against the related accreditation standards. This method has been very successful as part of a scheduled process to measure service compliance in any of the expected outcomes and in supporting the service to prepare for improvement opportunities. As the new Aged Care Quality Standards commence this mechanism will be reviewed and we will utilise our partnership with Moving on Audits to design a new tool that can further support maintaining compliance.

Clinical Forms Review

3.2.20 In early 2017 it was identified that our client documentation systems required review, specifically the care planning and assessment components. They needed to be more succinct and person-centred to release capacity of our registered nurses through reduction in time in the capturing of client assessments and the development of comprehensive care plans. A workshop was held to identify key issues and points of difficulty in the existing process, and a multi-disciplinary working group was formed. The working group narrowed the focus to the 28-day admissions process and sought to remove duplication in data capture, inconsistencies in language and length of care plans.

3.2.21 Evaluation of the new approach revealed that on average across the 28-day process, care planning assessment and documentation has been reduced by five hours per person. By simplifying the initial assessment on admission this could be completed in full by a registered nurse within the shift, improving the quality of information collected. Implemented in late 2017, this change program has continued to provide significant returns in available registered nurse time and workload management, reduced risk of adverse events (through clearer, more succinct clinical information and related interventions) and led to enriched experience of clients moving into residential care.

3.2.22 In our H&CC services a similar review of our assessment processes was undertaken to ensure it is clearer and more comprehensive for all high-level clients and those with lower level packages that have clinical needs. This was accompanied by a spend of almost $1M in updating the staff phone fleet to ensure better access for support workers to client information. Evaluation of the changes made has found demonstrable benefits.

People & Culture

3.2.23 The Uniting NSW.ACT Board has been leading the continuing journey of building the culture of Uniting NSW.ACT to bring to life our stated purpose and ensure we act in ways consistent with our organisational values from 2013 to 2016, Uniting NSW.ACT conducted Gallup Q12 staff satisfaction annual surveys to assess culture and staff engagement. In 2017 an organisational employee engagement survey called ‘Your Voice’ was completed. This was commissioned to assess our progress against prescribed and industry benchmarked criteria as well as our values of being bold, respectful, compassionate and imaginative. This survey had a strong response rate from our aged care workforce which was pleasing given our workforce in facilities do not have immediate access to computers and our H&CC workers are predominantly in clients’

homes. Key areas of improvement were again reviewed in mid-2018 with our 'Pulse' survey. This again received an impressive response rate and was reviewed further with the Uniting NSW.ACT Board and Executive at a workshop facilitated by the Ethics Centre. This workshop considered the role of leaders in addressing areas for cultural improvement and has resulted in an organisational wide values and leadership program.

Building a Learning Culture

3.2.24 Over the past five years Uniting NSW.ACT has increasingly grown its capacity to acknowledge, share and learn from its experiences, both the positive ones and those where we have failed to meet expectations. This has been done by providing training on incident investigation, management and review, formalising feedback on incidents and implementing learning circles and root cause analysis to come to an understanding of the contributing issues in serious incidents/events.

3.2.25 An illustrative example of this improved transparent and continual learning culture occurred in 2017. In front of 70 senior leaders of the organisation, two senior operational managers debriefed a significant adverse event in their respective services. This presentation and the question session that followed was an important moment where our leaders demonstrated that learning from experiences, and avoiding blame, was the path to quality and safety and the way in Uniting NSW.ACT.

3.2.26 We have also implemented a change in our Aged Care Leadership meetings. The sharing of key achievements and challenges now opens each meeting. Feedback and outcomes from agency visits, significant complaints, adverse events, and progress on key initiatives are canvassed. The aim is to ensure all hear each other's experiences so that we learn, that negative occurrences are avoided in future and that we celebrate milestones in implementing positive outcomes in our care and support for clients and residents. Uniting NSW.ACT is establishing a 'just culture' where we follow due process to both learn and deal with necessary consequences, e.g. disciplinary measures for staff.

3.2.27 Sharing positive and challenging experiences is underpinned by a commitment to listening to clients, families, staff and other stakeholders, as outlined in question 3(c).

3.2.28 We also seek regular feedback from regulators and other agencies to ensure we are always improving. For example, Uniting NSW.ACT has actively participated in the Better Practice conferences held by the Aged Care Quality Agency, on occasion as invited speakers to assist other providers in their improvement journey.

Frameworks, policy and procedure development

3.2.29 Detailed below are some examples of significant frameworks and policies that have been developed to enhance quality and safety at Uniting NSW.ACT.

Incident Investigations

3.2.30 Critical Factor Analysis (CFA) is an investigation methodology that captures information about the sequence of events and contributing factors of an incident. Within our incident management system this is often used when there is a Severity 1 incident or complaint which requires further analysis. Root Cause Analysis (RCA) was introduced as a more detailed approach. Training occurred in November 2017.

3.2.31 These systemic processes actively identify factors that have resulted in a harmful and/or significant negative outcome. This enables us to determine what behaviours, actions, inactions or conditions need to be changed to prevent recurrences and to identify lessons that may promote the achievement of better outcomes.

Wound Management

3.2.32 It was apparent there was a need to improve wound management across Uniting aged care services following several audit reports in 2016 and a thematic analysis including wound care data at the end of 2017. A framework was designed and implemented to improve consistency of wound care and improve client wound outcomes. This included the development of policies, procedures and a comprehensive education program and conducting a wound management conference for all clinical leaders of Uniting Aged Care services during 2018. This program of work was further supported by engaging 2 Clinical Nurse Consultants who specialise in Wound Management and the implementation of wound 'link' nurses at a local site level. The implementation process was closely monitored using monthly data analysis and recent improvements in local reporting. Wound data is continued to be reviewed on a regular basis as a high-risk area and one of our KPI's.

Medication Management

3.2.33 Uniting NSW.ACT recognises that medication management is a core safety issue given the number of medications taken by our residents every day. To improve our processes, we have implemented several improvements, including the use of Webster or Blister packaging (in 2013), Electronic Medication Management (in 2014), and a comprehensive review of pharmacy contracting arrangements (in 2017). From a continuous improvement and governance perspective, medication incidents have been monitored and improvements actioned throughout the years under review by the Royal Commission.

Management of Serious Incident Escalation/ Notification through to the Executive

3.2.34 During 2016 following the consolidation of Uniting NSW.ACT as a multi-disciplined service provider it was clear Uniting needed to formalise and strengthen reporting, escalation and notification to the Executive and, depending on the circumstances, the Board. An initial model was put in place in May 2017, the final model approved in July 2017, and the process was further defined and updated shortly after. The Serious Incident Escalation process/policy was then designed and articulated within the Uniting Incident and Complaint Management system implementation (QUASAR) which included policies, procedures and all training and education sessions. An incident escalation summary report is provided to the relevant Board sub-committee and the Board bi-monthly. The model will be further refined and improved particularly as it is aligned to the Uniting Risk Management Framework. Key benefits to date include but are not limited to:

- Increased awareness of escalations and notifications by all staff to the Executive
- Executive are informed in a timely manner in relation to serious incidents to support decision making
- Greater co-ordination and resource allocation for serious matters
- Immediate escalation and alerts to the Service Streams, leadership act immediately upon matters as reported

Incident and Complaint Management Framework

3.2.35 The first priority as 'One Uniting', after the bringing together of the Child and Family Services with the Ageing Services in 2016, was to define and develop an overarching Uniting Incident and Complaint Management Policy Framework, procedures and supporting materials.

3.2.36 The project commenced in early 2017 which then worked across all service streams to harmonise and develop the operating procedures, focusing on regulatory and legislation requirements, roles and responsibilities, timelines and reporting. This framework and

procedures assisted to underpin the design of the Incident and Complaint Management platform known as 'QUASAR'.

3.2.37 Key to the implementation of an enterprise wide incident and complaint framework is the clear accountabilities which assist to build on a 'culture of reporting'.

3.2.38 All staff have an increased level of transparency of all incidents and complaints they have raised, and there is increased reporting at a management level. Formal reports are provided monthly which also include reporting against key indicators that together assist to drive and support decision making and increased accountability.

3.2.39 Information on quality, including these monthly reports, cascades throughout the organisation "from bedside to Board". Together with continuous improvement mechanisms we ensure Uniting review trends to identify any themes or systemic issues which can than drive process and systems improvement activities.

Whistleblower Policy

3.2.40 Uniting NSW.ACT acknowledges that, despite the above, there remains a need to ensure that there is a mechanism for staff to raise concerns outside their line management structure. The policy has been in place since before 2013 and was last updated in January 2018. The Whistleblower call line is rarely used and there have been no instances of matters relating to Aged Care quality or safety raised during the period under review by the Royal Commission. In November 2018, we released a brochure called 'Dealing with a problem at work', which includes a reminder about the independent Whistleblower call line to raise awareness of all available mechanisms to raise concerns.

Specialist Human Resources and Training

Embedding quality leads and specialists

3.2.41 Dedicated quality leads and specialists within operational area teams have been in place since 2017 to identify and support improvement opportunities. These six officers, distributed in each area, support teams that provide auditing, complaint review and accreditation preparation assistance. This is vital to support service managers in their roles and to ensure that continuous improvement opportunities are identified and implemented with practical responses, consistent with Uniting's statutory obligations for continuous improvement as an approved provider.

Development of Specialist Clinical Teams to Support and Lead Clinical Practice Frameworks

3.2.42 In 2017 we recruited Clinical Nurse Consultants (CNCs) in palliative care, dementia and wound management. These roles are complimented by our Clinical Nurse Educators (CNEs) who provide in service guidance and training to staff.

3.2.43 Engagement of specialist practitioners in these roles has supported the development of three new practice frameworks in palliative care, dementia care and nursing practice. These practice frameworks will be underpinned by an overarching clinical supervision framework which is being developed for rollout in 2019.

3.2.44 The development of six key clinical practice programs, scheduled for roll out in 2019, is aimed at engaging our registered nurses using reflective practice with the support of the CNCs and CNEs.

Link Nurses

3.2.45 The development of the "link nurses" was commenced following the Uniting Wound Care Conference in mid 2018 (attended by approximately 340 people from across the aged care sector). This has been very successful in building local capability and confidence in our clinical teams, in conjunction with regular support from the CNC in wound care. It is anticipated this program of building up local experts will be continued throughout 2019 and expanded to include dementia and palliative care link teams.

Clinical Nurse Specialist (Home and Community Care)

3.2.46 Towards the end of 2018, H&CC recruited Clinical Nurse Specialists (CNSs) to support the oversight of practice, ensure consistency, and support the rollout of clinical pathways, escalation of clinical risk and workforce capability development. These roles will provide linkage between the frontline teams and specialist practitioners.

Person First©/Inspiring Life Training

3.2.47 The two-day Person First© course has been delivered to the vast majority of our residential care workforce. The Inspiring Life principles (described in detail in question 3(b)) have also been delivered to a significant number of the frontline workforce of H&CC. Support workers who have participated report changes in their practice and increased job satisfaction as they seek to modify their approaches to be more person centred.

3.2.48 This program is delivered by our six Service Excellence Specialists who in addition to training provide coaching and support to staff on shift. This coaching approach is critical to the implementation of the Inspiring Life model.

Vibrant Living

3.2.49 Our practice model for vibrant living (lifestyle) has been developed and progressively implemented and refined since the beginning of 2018 as part of the transition to new models of care. The new roles introduced in RAC to support meaningful engagement and leisure (Leisure & Wellness Coordinators) commissioned a state-wide community of practice in October 2018. The focus of this group is practice and compliance, and it meets quarterly in rotating locations around the state.

Action Learning Group to promote skills of CALD staff

3.2.50 In 2017, supported by our full-time employed CALD Service Excellence Specialist, we created the CALD Advisory Forum. This provides a voice for CALD employees and clients throughout Uniting NSW.ACT. A key outcome of the forum was the establishment in 2018 of an Action Learning Group focussed on enhancing the skills of staff with CALD backgrounds. The aim of the group is to develop, implement and evaluate a training module that will deepen and broaden the communication skills of our aged care staff.

Information, Communication and Technology

3.2.51 Uniting NSW.ACT has invested heavily in developing, implementing and utilising an incident management system. Uniting NSW.ACT's incident and complaint management systems (formerly Cintellate and now Quality, Safety and Risk (QUASAR)) was implemented in 2012 and upgraded in 2018. These systems have enhanced capture, escalation, resolution and analysis of incidents, complaints and feedback. They have enhanced our ability to capture and review data to identify risks and implement appropriate strategies to eliminate or mitigate those risks.

3.2.52 In 2018 the system was made accessible to all staff including support workers in H&CC through both fixed and handheld devices. The implementation of hand held devices has meant that staff are now also able access care plan information at the client's home. Previously these were held in office based systems.

Risk Management

3.2.53 In 2017, Uniting NSW.ACT strengthened our review of our Risk Register to update our risk profiles and develop a risk reporting dashboard and reporting framework. This involved face to face workshops with key stakeholders including Board Chair, Audit and Risk Committee, Board Sub-Committee and Executive Members as well as key service leaders. Our service leaders review top risks regularly as part of our macro reporting and risk management processes. These reports are now monitored and flow through to the Executive and the Board's Clinical Care and Governance Committee as standing agenda items.

Risk Support Model

3.2.54 A risk-based support model has been developed to pilot and will be implemented in 2019 across key aged care pilot sites. The model follows a Balanced Scorecard approach using data from human resources, finance, incident, complaint and client/care management systems. The model will be available via a dashboard and will be used by the aged care leadership team to pre-empt and identify any 'at risk' services.

Risk Culture Assessment

3.2.55 In June 2018, to measure the organisation's risk culture, specific risk related questions were added to the staff engagement survey including:

- In my role if something goes wrong I know how to report it;
- In my team we discuss ways to prevent errors from happening again;
- I am able to speak up if I see something that may negatively impact client care or staff.

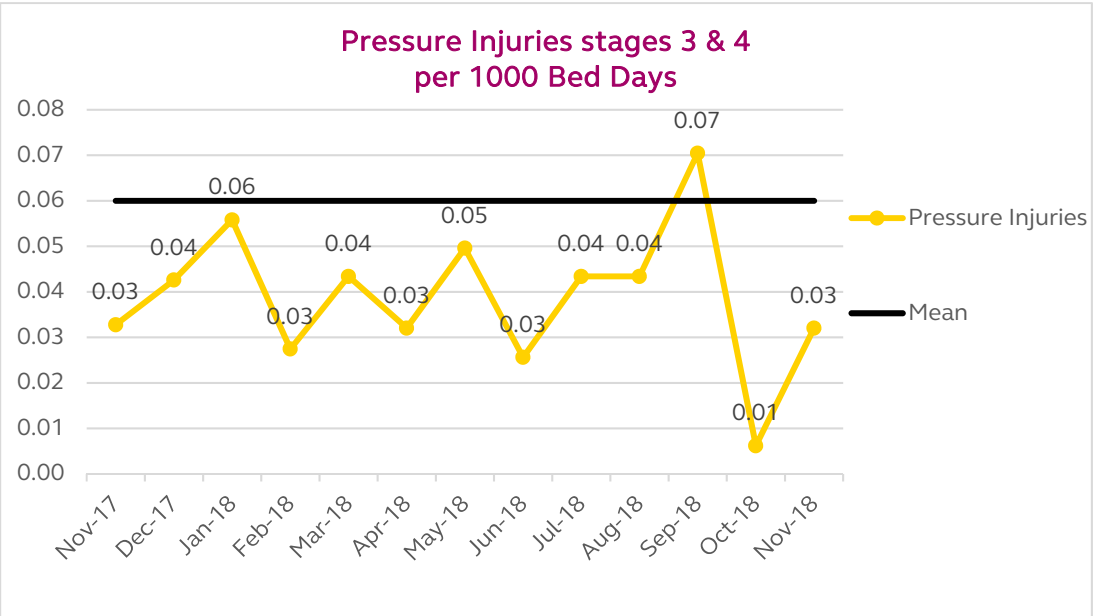
3.2.56 A range of actions have been developed to address the findings and the risk culture will be measured again in 2019 to track progress.

Benchmarking

3.2.57 In the past 12 months we have benchmarked our performance against the Victorian Health Department Indicators. This program represents best practice in terms of the measurement and reporting of quality of care trends over time. The program has been in operation across Victorian State government aged care facilities since 2006. The report forms part of the Care and Clinical Governance Board Sub-Committee agenda and includes analysis and comparison of results facilitating management of key clinical practices. Benchmarking also informs clinical care improvements, including clinical supervision and education.

3.2.58 The graph below provides an example of Uniting NSW.ACT's performance relative to benchmark derived from data published for Victorian Health Department Aged Care Services. Pressure injury management is a challenging clinical issue. Over the past two years we have undertaken significant work to ensure staff are trained in wound management as part of this practice improvement strategy. All services are represented by 'wound champions' who ensure up to date information is accessible as part of our education programs. They receive support from specialist Wound Care CNCs. Similarly, in H&CC significant efforts have been made to strengthen wound management with a

recent review of current policies leading to the development of increased controls in our incident database and further improvements within our Care Management application.



Graph – Pressure Injuries stage 3 and 4 per 1000 bed days in Uniting Residential vs Victorian Health Department Mean 0.06. Source: Cintellate, noting we only commenced recording pressure injuries in this system as incidents in late 2017 as part of the practice improvement strategy.

Significant Investment in Refurbishment and New Build Facilities

3.2.59 Over the past five years, Uniting NSW.ACT has invested $105M in significant redevelopments of residential aged care services. This includes new developments and replacements of old residential aged care facilities in Blacktown, Penrith, Orange, Haberfield, Gordon ACT, Yamba, Ermington and Gerringong. We also plan to invest more than $480M over the next 10 years in the replacement of current services and the development of new residential aged care services throughout NSW and the ACT. We currently have 14 major projects that are in or have passed planning and design stages, with construction underway or due to commence in coming months in Westmead Sydney, Emu Plains, Lilyfield, Hamlyn Terrace NSW and Gordon ACT.

3.2.60 Over the past five years to create contemporary home environments for our residents, Uniting NSW.ACT has also invested approximately $35M per annum to refurbish and improve existing facilities. More than 80% of our residential care services have been approved for the Commonwealth's significant refurbishment supplement. This acknowledges the investment made in improving the lives of people we support. We plan to continue this level of investment in refurbishment and improvement into the future.

3.2.61 Our development plans also involve doubling the number of retirement living units. This includes increasing our contribution to social and affordable housing and creating new facilities designed to the latest standards. This also supports the integration of all our services as these environments are suitable for delivering higher levels of care.

3.2.62 An important part of our redevelopment approach is the integration of Home and Community Care, Retirement Living and Residential Aged Care services within single sites. These seniors' communities better support our clients as they transition between

services. They also provide facilities so residents (and the public) may access health and wellbeing services such as senior's gyms and geriatric health services.

3.2.63 In line with our Future Horizons strategy which aims to provide more services to the most vulnerable and disadvantaged older communities, we also are shifting our 'centre of gravity' by building new facilities in Western and South-Western Sydney. To this end we have commenced planning for a development in Yagoona, purchased land in Liverpool and Leppington, and are actively searching for a suitable site in Campbelltown. To support these plans, we applied for 440 residential aged care licenses in the recent Aged Care Approvals Round.

Development of Service Design Guide

3.2.64 We strive to create environments that support clients to be as independent as possible, maintain their abilities and support their deeper needs for companionship, stimulation, happiness and self-fulfilment. Pursuit of these outcomes are incorporated into our Service Design Guide, based on research from Professor Richard Fleming (University of Wollongong). Physical features include: smaller households, kitchen, dining and lounge areas in each household, wayfinding supports, line-of-sight principles, welcoming places for visitors and safe outdoor areas. The guide ensures a standardised approach is adopted in redevelopments and new builds to facilitate client safety and satisfaction.

3.3 (b) Since 1 July 2013, what (if anything) has your service or outlet done to ensure that those services are person-centred, including through allowing people to exercise greater choice, control and independence in relation to their care?

Inspiring Life Transformation

3.3.1 Through our Inspiring Life program (also known as Inspired Care), Uniting NSW.ACT is instituting cultural change towards a focus on the people we serve and support of their choices, needs and wants. We are moving away from a model of operational and transactional tasks. This shift has been a central driver in ongoing efforts to consolidate, integrate and simplify our services in RAC and H&CC.

3.3.2 The principles underpinning the Inspiring Life program centre on the person being served and their choices. The key principles of the program are safety and comfort; normality; and meaning and purpose. We strive to deliver these principles in our services by rethinking our care processes, our care environments, how we learn and how we lead.

3.3.3 These principles underpin our Person First© training program. The program supports our staff to build understanding how residents can activate skills normally diminished by severe dementia, and how to interact with them in support of personhood. The focus of the program is to build relationships and create community with clients, their family members, and our staff. The two-day Person First course has been delivered to the vast majority of our residential care workforce. The Inspiring Life principles have also been delivered to a significant number of the frontline workforce of H&CC. Support workers who have participated report changes in their practice and increased job satisfaction as they increasingly seek to modify their approaches to be more person centred.

Household Model

3.3.4 Underpinned by the Inspiring Life principles, Uniting NSW.ACT is rolling out an important quality initiative for our RAC clients – the Household Model. The Household Model ensures we structure and deliver our care and services to reflect how each person's choice, their individuality and how they want to live out each day. At its core is the creation of smaller, intentional and supportive environments with consistent staffing, where individuals and communities can thrive. We often talk about the model as being about the creation of “home”, because this is a place most people consider as their place of safety, comfort, normality, meaning and purpose.

3.3.5 The creation of “home” involves reconfiguring services so that our clients choose how, when and by whom their care, living and recreation services are delivered. In our Household Model, residents set the pace of the day and live in smaller more intimate households of 20 people or fewer.

3.3.6 This transition from an institutional medical model of care to the person-centred Household Model is underpinned by co-designed practice and clinical changes. These changes are based on the skills and knowledge of local employees and the views and decisions of residents and families. By growing local team capacity and capability, Uniting NSW.ACT seeks to institute sustainable practice changes.

3.3.7 To date 39% of Uniting NSW.ACT’s residential aged care services have transitioned to the Household Model and are incorporating the core elements of Household Model practices and the new staffing model. It is intended that all Uniting NSW.ACT aged care homes will transition to the Household Model over the next 18 months.

3.3.8 In the Household Model our staff make up dedicated care teams. They are supported and led by a "home maker" which is a new role created as part of this transformation. This team structure fosters better connections and understanding among the clients living in each household. These dedicated care teams anticipate and respond to the daily routines, priorities and choices of our residents. This is achieved through flatter structures and empowered teams that provide around-the-clock support to manage health, medication and personal care in a safe and nurturing environment.

Promoting Wellness and Wellbeing in Home and Community Care

3.3.9 Uniting NSW.ACT's H&CC team supports considerable numbers of clients who face barriers to social and economic participation and increasing complexity in health issues and maintaining wellbeing.

3.3.10 Uniting NSW.ACT continues to provide a distinctive level of case management support to our clients through our 50 Support Advisors who are skilled in case management. The guiding principles for ensuring person-centred practice are incorporated into our service coordination and case management practices and include:

- A partnership approach to service delivery, where our clients and service providers share knowledge, experience and information, and collaborate to develop goals and plan actions;
- Practice that considers social, emotional and health needs (beyond presenting issues) and is based on client values, culture, background and choice as much as possible;
- Open, clear communication that is sensitive to the cultural, communication and cognitive needs of the client (for example, use of interpreters, translated material, easy-English, pictures);
- Respect for privacy;
- Consideration and value for the role of family and carers;
- Respect for the client's own styles of coping or bringing about change; and
- Respect for client expertise in their own lives.

3.3.11 Uniting's Healthy Living for Seniors (HLFS) began as a day program for people over 65 years and was funded via the Home and Community Care Program, NSW Ageing Disability and Home Care. The service originated in the Gosford Local Government Area (LGA) in 2008 in partnership with local Uniting Churches offering a unique opportunity for individuals to engage with their local communities in a supportive environment. The service was designed to support health and wellbeing through a focus on social participation, independence and quality of life.

3.3.12 In 2013 Uniting NSW.ACT reviewed our various models as part of the organisation's preparation for the transition from existing funding arrangements (HACC – Home and Community Care, NRCP – National Respire for Carers Program, DTC – Day Therapy Centres, ACH – Assistance with Care and Housing) to the new Commonwealth Home Support Programme. (CHSP from 2015). This included conducting an analysis of existing industry models and in 2017 a new Uniting HLFS Operating Framework was launched. This model focuses on health, well-being and enabling older people to remain independent, active and connected to their community. In line with Consumer Directed Care (CDC) principles and a strengths-based approach, the Model encompasses the notion of partnership, supporting and working with clients to encourage them to achieve their goals. HLFS philosophy emphasises prevention, promoting wellness and independence, the optimisation of physical function and active participation. Uniting now has 66 sites across NSW and ACT at which our Healthy Living for Seniors program operates.

3.3.13 In 2003, Uniting NSW.ACT took the first steps towards the goal of establishing the Senior's Gym in Lilyfield. Due to the success of this, a second Seniors Gym was

established in Waverley in 2005. Since 2016/17, Uniting NSW.ACT has since opened three more Senior's Gyms in Chatswood, Orange and Canberra, with Gerringong opening in 2019. Additionally, in 2017 the Seniors Gym expanded its services into Home Care Packages, residential aged care and community exercise programs. The overall aim of the service is to promote and maintain the health, fitness, independence and quality of life of older people, thereby delaying the need for higher levels of aged care. The main objective of the existing service is to use our onsite Exercise Physiologists to prescribe individually designed and evidence-based exercise programs to improve each client's overall functional ability, including strength, fitness, agility, mobility and balance. Uniting NSW.ACT has an opportunity to expand this type of service into other parts of NSW and ACT and incorporate a wider range of additional services that support healthy ageing.

3.3.14 Further examples of how adoption of consumer directed care has changed the way we operate in H&CC over recent years include:

- Investment in case management training, such as better engagement of the informal care network to ensure a holistic approach to care.
- Review of case management options to provide better support to clients who have the capacity to self-manage
- Pilots of point-of-service feedback
- Improvement in information sharing through itemised statements of service delivery to better meet statutory requirements
- Provision of health promotion material through mailouts and health promotion days
- Inclusion of clients on recruitment panels
- Improvement in intake procedures to better support people through assessment processes
- Wholesale change in our rostering practices where we have sought to improve the experience for clients when communicating with them about changes in their needs. This has included redeploying our rostering staff back into regional offices in 2018 so they draw on local insights and better communicate with our front-line workforce. An important outcome from our improved rostering capability has been our reduction in agency usage which has been particularly problematic in urban areas where there are workforce supply challenges.

Spiritual Care

3.3.15 Uniting is part of the Uniting Church NSW & ACT Synod and as a result draws on the Church's belief in the need to care for humanity wholistically. One of the important ways this practically manifests is in our investment in our pastoral care team. Since 2013 this team has grown to include 16 chaplains and 56 pastoral practitioners and many volunteers who play vital roles in listening to and responding to the spiritual needs of our resident and client needs. This team on average provide 20 minutes of pastoral care to each resident in our aged care facilities and is increasingly professionalising their practice in being person centred. This has meant becoming more conversant in the needs of our residents and clients who increasingly come from religious traditions other than Christianity. Our team have been undertaking considerable work and training to be well prepared for the Spiritual Care aspects of the new Aged Care Standards in July 2019. Before this in 2015 we actively participated in the development of the Spiritual Care Guidelines (2016) which informed this aspect of the new Aged Care Standards.

3.4 (c) Since 1 July 2013, what (if anything) has your service or outlet done to improve engagement with families and carers on care-related matters?

3.4.1 Our commitment to improving our engagement with families and carers is exemplified in our Customer Promise (cf. 3.4.10) which was developed in early 2016. This promise was created through extensive consultation and has been used across Uniting NSW.ACT to further develop a culture of listening and responding to the needs of clients, their families and their carers. Key in this process has been the adoption of this statement:

"You're at the centre of all that we do. You're the reason we're here. Our customer service charter is a promise we share. It represents our commitment to each other and to those of you we are here to serve."

3.4.2 Building on this statement we have sought to specifically improve our responsive communication and formalised feedback systems and processes, engaging clients and families in service design and measuring our performance through industry benchmarking.

Responsive communication and formalised feedback systems and processes

3.4.3 To ensure that feedback is received from clients, families and carers in our Residential Aged Care services the following strategies have been implemented:

- clients and families are invited to regular meetings with our on-site Service Managers to provide feedback on the care we provided to their family member.
- "have your say" forms are offered and made available to all people in our facilities so they can provide positive feedback or identify areas of improvement. This can also be done anonymously.
- regular staff meetings are held which enable team members to identify and share key developments with carers and family members. Increasingly the nature of these meetings is changing in quality with the introduction of the Home Maker model.
- localised newsletters also provide carers and family members with key developments and the opportunity to raise issues of concern.
- our communication and 1800 call centre team monitor feedback we receive on line and over the phone. This is promptly provided to the responsible manager with the item tracked for completion.
- a comprehensive review of our initial assessment processes was undertaken in 2017 to ensure the right information was asked at the right time. The aim of this was to promote safe service provision and importantly, the best possible understanding of the person we were serving to optimise the delivery of person-centred support.

3.4.4 In 2016/17 a Key Performance Indicator was introduced for Residential Care Managers to contact a sample of their residents or their families each month to proactively ask what has and has not worked over recent weeks. This is reviewed monthly with their Regional Manager to track progress and insights.

3.4.5 In H&CC similar mechanisms are in place to enable responsive communication. We established a dedicated call centre in 2014 that is available to for all client, carer and family enquiries. This call centre is open from Monday – Friday, 7.00am – 8.00pm, Saturday's 11:00am-7:00pm and Sunday's 7:00am – 7:00pm AEST and provides clients, families and carers with an avenue to raise concerns independently of the services where change is needed.

Engaging clients and families in service design

3.4.6 Uniting NSW.ACT seeks to institute sustainable practice changes that empower older people to shape and direct the services they receive. As described in section 3(d) across Residential Aged Care we are moving to the Household Model of care. The transition from an institutional medical model to a person-centred model of care can only be achieved by redesigning clinical and care practices. As this change program is being progressively rolled out across our 57 Residential Aged Care facilities, we have co-designed these practice changes through local workshops with front-line staff, clients and their families. We have done this because in our experience a person's needs are best met when there are strong partnerships and collaborative working relationships with and between their carers and families, support workers and other professionals involved in their care.

3.4.7 Within H&CC, consistent constructive feedback was received in relation to the way our fees and charges were presented and communicated plus our case management options were hard to understand and unclear about what was included in each of the three levels. Consequently in 2018 we have restructured our Case Management options to make it clearer and simpler for clients to choose support that suits their needs. The restructure was positively received and we have had no further concerns raised since.

Measuring our performance through industry benchmarking.

3.4.8 In 2017 Uniting NSW.ACT undertook a survey of clients and residents in our Aged Care Services utilising the Net Promoter Score (NPS) approach to understand their experiences with a view to using this feedback to make improvements in our service provision. Prior to the NPS we utilised Press Ganey as our satisfaction survey tool.

3.4.9 Uniting NSW.ACT engaged an independent research partner to conduct this research and surveyed over 2,500 clients across our key service streams. For H&CC we surveyed 798 customers via a postal survey and for RAC we surveyed 665 customers via a combination of postal and online surveys. For the RAC survey 70% were completed by either a family member or a primary carer.

3.4.10 Under NPS methodology, a score greater than 0 is considered a 'good' score as it indicates that 'promoters' outweigh 'detractors'. With a +22 NPS rating for our RAC services and a +37 rating for our H&CC services, these excellent ratings positioned Uniting NSW.ACT as a market leader in Aged Care reflecting success in bringing our Customer Promise to life. Customers were asked to rate over 50 different aspects of their experiences and perceptions of Uniting NSW.ACT across seven service areas. Across our service areas 'Processes' is the largest driver of NPS and is driven by welcoming customers, understanding their needs up front and then following through with clear consistent communication. The high-level recommendations for improvement for Uniting NSW.ACT from this research were:

For Home & Community Care

- Keeping customers informed on their health/condition
- Making an effort to get to know them better
- Doing everything we can to make their home feel safe and secure

For Residential Aged Care

- Staff consistency and anticipating need
- Making it easy to provide feedback
- Helping residents stay mentally active
- Maintenance of room and shared areas

3.5 (d) Since 1 July 2013, what (if anything) has your service or outlet done: to deliver aged care services in a sustainable way, including through innovative models of care?

Innovative models of care

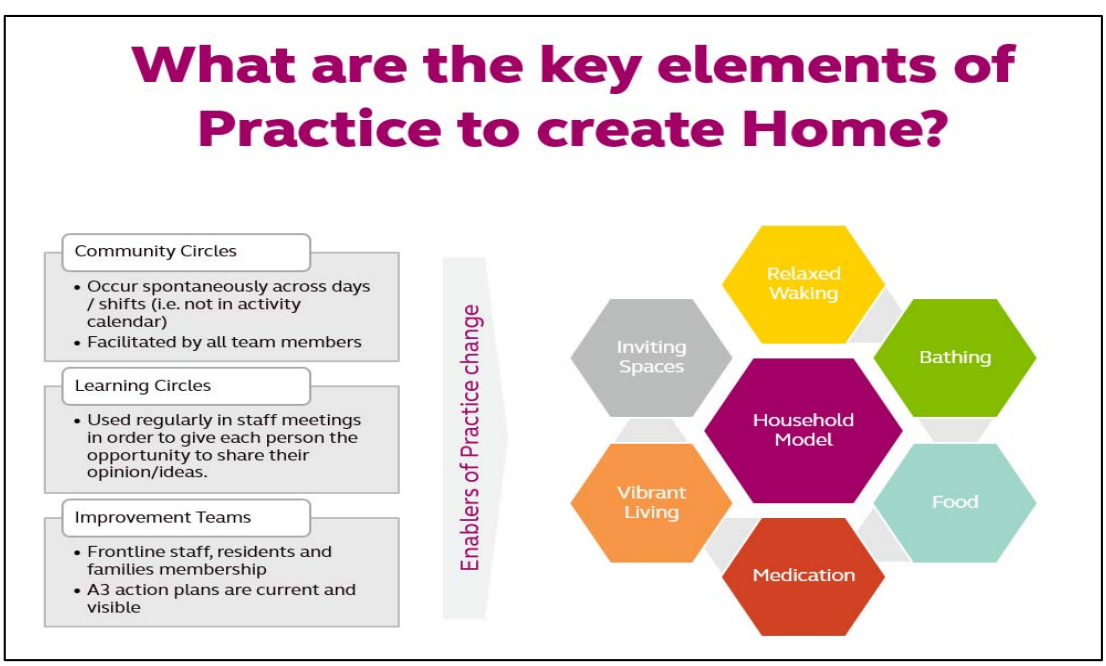
The Household Model of Residential Aged Care

3.5.1 Uniting NSW.ACT is committed to the Household Model. The model ensures we deliver and structure our care and services to reflect how each person's choice, their individuality and how they want to live out each day. At its core is the creation of smaller, intentional and supportive environments with consistent staffing, where individuals and communities can thrive. The model is about the creation of "home", because this is a place most people consider as their place of safety, comfort, normality, meaning and purpose.

3.5.2 The creation of "home" involves reconfiguring services so that our clients choose how, when and by whom their care, living and recreation services are delivered. In our Household Model residents set the pace of the day and live in smaller more intimate households of 20 people or less.

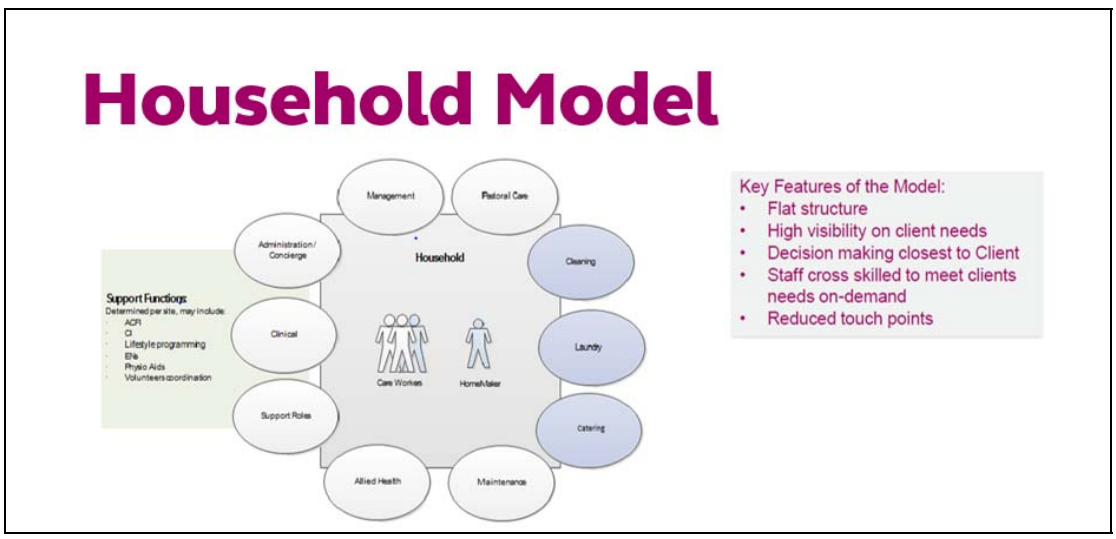
3.5.3 This transition from an institutional medical model of care to the person-centred Household Model is underpinned by co-designed practice and clinical changes. These changes are based on the skills and knowledge of local employees and the views and decisions of residents and families. Uniting NSW.ACT seeks to institute sustainable practice changes by growing local team capacity and capability.

3.5.4 To date, 39% of residential aged care services have transitioned to the Household Model, incorporating the core elements of Household Model practices and the new staffing model. It is intended that all Uniting NSW.ACT aged care homes will transition to the Household Model over the next 18 months.



3.5.5 In the Household Model staff make up dedicated care teams and are supported and led by a "home maker" (a new role required as part of this transformation). This team

structure fosters better connections and understanding among the clients living in each household. These dedicated care teams anticipate and respond to the daily routines and priorities of our residents. This is achieved through flatter structures and empowered teams that provide around-the-clock support to manage health, medication and personal care in a safe and nurturing environment.



3.5.6 Where we are building new facilities or significantly refurbishing facilities we strive to create environments that support clients to be as independent as possible, maintain their abilities and support their deeper needs for companionship, stimulation, happiness and self-fulfilment. Pursuit of these outcomes are incorporated into our Service Design Guide. Physical features include: smaller households, kitchen, dining and lounge areas in each household, wayfinding supports, line-of-sight principles, welcoming places for visitors and safe outdoor areas.

3.5.7 For example, kitchens which feature in each household, are designed specifically for clients to participate in the dining experience and food service in a safe environment (including people with limited mobility and in services specifically supporting people living with dementia). Participating in food preparation and cooking recreates a sense of what people used to do in their homes. A critical feature of the Household Model is that all clients actively decide when, how and what will be prepared for meals as a group and they individually have 24/7 access to food.

3.5.8 Anecdotal feedback on the model has been positive, and we are formally evaluating outcomes in partnership with University of Technology Sydney (UTS). UTS is undertaking an outcomes evaluation of the Household Model (due by June 2020) to assess the impact of the household model on outcomes for clients and staff. Led by Professor Deborah Parker, Professor of Aged Care (Dementia) in the Faculty of Health, this evaluation will consider:

- The impact transition to the household model had on clinical outcomes;
- The impact transition to the household model had on the efficiency of services;
- Whether the intended outcomes were achieved: maximising client engagement and choice; creating meaning and purpose for clients and staff; creating an environment of normality, safety and comfort for clients and staff; fostering stronger relationships and community within services for both clients and staff; enhancing the time spent with clients; and enabling and empowering staff to learn, develop and lead; and

- How Uniting NSW.ACT should measure client and staff outcomes in future.

Integrated Communities

3.5.9 Uniting NSW.ACT believes in and is working towards the integration of H&CC administration and operations, Retirement Living and RAC services within single sites. It is our belief that these seniors' communities better support our clients in a more sustainable way as they transition between services. They also provide facilities where residents (and the public) may access health and wellbeing services such as senior's gyms and geriatric health services.

Sustainable Workforce

3.5.10 Uniting NSW.ACT is focused on ensuring the staffing level in each service fits the clinical and personal care requirements of the people we care for because the needs of each client are different. Our workforce plans consider how people work, not just the number of people working.

3.5.11 Securing people with the right qualifications, skills, and attitude, to provide high quality care and a safe environment remains our top priority. We maintain a competitive position in vying for talent by delivering a comprehensive range of learning and development opportunities and providing supportive, flexible work arrangements.

3.5.12 Our employees receive specialist training in dementia support, medication management and manual handling. We utilise multimodal approaches to education and support, including online, face-to-face coaching and linking specialist nurses to support frontline nursing staff. We also assist staff to attain aged care qualifications, nursing qualifications and management expertise. We have increased our investment in learning and development of staff to almost 2.5% of total wage costs per annum. We also recognise the need to continually improve upon the current state, as continual learning and development is a critical ingredient in creating a more effective and sustainable aged care offering.

3.5.13 In recent years we have recognised the need to invest in our staff who have English as a second language. We established an Action Learning Group in 2018, consisting of bilingual staff to develop, implement and evaluate a training module that will deepen the communication skills of our aged care staff. The program focuses on English language skills as well as communication techniques more broadly, with the overall objective of supporting our staff to effectively connect, build rapport, listen and understand residents and peers. The content for this program was co-created with bilingual staff in our aged care services and internal subject matter experts (SME) in dementia management, communication techniques and the Household Model. We also sought SME input from our partners – Partners in Culturally Appropriate Care (PICAC) and Ethnic Communities Council of NSW. The program will be piloted in February 2019, then following evaluation by the focus group, will be implemented across all of Uniting NSW.ACT in 2019.

3.5.14 In relation to wage rates Uniting NSW.ACT is one of the highest paying providers. We pay more than most of our competitors and have achieved parity with registered nurses in the acute health system. Uniting NSW.ACT's current agreed wage increase is 2.4% p.a., whereas the average for the industry is around 2.1-2.2%. In addition, our Enterprise Agreements include some entitlements above the Aged & Community Services Australia (ACSA) template, offering additional parental and long service leave to support the sustainability of our workforce.

Enabling Technology Deployed and Planned

3.5.15 Over the past five years Uniting NSW.ACT has invested $80M in technology to replace fragmented, disparate, manual and paper-based legacy systems and processes. These were inherited from the multitude of services throughout NSW and the ACT as part of the previous governance model of the Uniting Church.

3.5.16 Our specialists in practice, quality, audit, risk, and work, health and safety worked together to implement a new enterprise-wide incident and risk management system, QUASAR. For Uniting NSW.ACT QUASAR streamlines incident and complaints management. It also enables a whole-of-enterprise risk management approach, including recording, reporting and management of clinical and work, health and safety (WHS) incidents. In July 2018 QUASAR replaced Cintellate (a version of SAI Global software). Our investment in both systems has enabled staff to log incidents at the point of care, with integration to other care delivery systems including iCare and CareLink+.

3.5.17 Uniting NSW.ACT is implementing the iCare Clinical Management system to provide improved clinical functionality, such as enhanced assessment and wound charting. This will allow us to better monitor risk and respond in a timely manner. This is in addition to the current medication management software already in place across Uniting NSW.ACT RAC services, which supports risk management and continuous improvement to our processes.

3.5.18 Since 2014 mobile devices in H&CC enable our teams anytime/anywhere access to the systems needed to do their jobs, which allows them to spend more time face-to-face, building relationships with our clients. H&CC support workers use handheld devices for access to care plans, rostering and communication with colleagues. These devices include a reporting app so that frontline employees can capture information related to incidents (e.g. falls) in a timely manner.

3.5.19 We are implementing WiFi across all Uniting NSW.ACT facilities to more effectively facilitate mobile technology and point-of-care computing. This will allow staff to access clinical and care information while they are with a client. The ability for care staff to have access to information and reporting systems wherever they are enables them to quickly address client needs and wishes. It reduces interruptions to care delivery and increases client focus, as staff do not need to leave a client's side to read or update information in fixed computing systems. We are committed to this implementation at a cost of over $7M as it is vital infrastructure to embrace mobile technologies and enhance care and safety in the future.

3.6 (e) Since 1 July 2013, what (if anything) has your service or outlet done to take account of the wide diversity of older Australians and the barriers they face in accessing and receiving high quality aged care services?

3.6.1 Uniting NSW.ACT's commitment to inclusion and diversity reflects the Uniting Church's belief in the inherent dignity of each person and the need to need to build communities that are just and welcoming to all people. This ensures all people can express their heritage, cultural background, beliefs and life choices. Taking action to address the barriers older people face in accessing high quality services remains a priority for Uniting NSW.ACT and we focus on:

- Aboriginal Australians,
- people from culturally and linguistically diverse (CALD) backgrounds,
- the Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTI) community,
- people who live with mental illness and/or have a history of homelessness and financial disadvantage.

3.6.2 Our work in this area focuses on ensuring our practice meets the needs of the diverse community we serve. Importantly we communicate this commitment to our current and prospective clients consistently and ask them to provide feedback on our progress through our various communication channels. We also communicate our expectations to our staff and are active in advocating alongside people with lived experience to government and various industry bodies.

Aboriginal Australians

3.6.3 The Uniting Church's acknowledgement of Aboriginal Australians is long standing and manifest in recent statements on indigenous sovereignty at the 2018 National Assembly and the ongoing work of covenanting between church and Aboriginal communities. Within Uniting NSW.ACT this work is led by the Aboriginal Service Development Unit (ASDU) who have been operational since late 2016, although there had been dedicated resources for many years prior. Over the years this team have lead many programs focused on cultural appreciation for Uniting employees. The unit works closely with Aboriginal staff and clients and liaises with the Uniting Church Aboriginal and Islander Christian Congress who play an important leadership role across the Church.

3.6.4 The ASDU are leading our work in the development of our second Reconciliation Action Plan (RAP). This RAP is being developed with Aboriginal staff and in collaboration with the Aboriginal people we serve. This will be completed by April 2019 and has emerging themes of relationships, respect, opportunities and governance.

3.6.5 An important initiative in our commitment to Aboriginal people is partnering with Aboriginal services to promote their independence and sustainability. During 2018 we assisted Rose Mumbler Village in Nowra with clinical support and governance. Together we achieved their goals in the pursuit of compliance and quality service provision to older Aboriginal people in their community.

3.6.6 Uniting's Kuranya H&CC service, based in the far South Coast of NSW, is an aboriginal specific service that works closely with the local community in Narooma to ensure the service is provided in a culturally appropriate way. Advisory groups have been created to ensure ongoing consultation. Social groups are facilitated and space is rented from the local community in Wallaga Lake to facilitate staff being on site at least twice a week. Kinship care models of service delivery have been developed with the communities' support to ensure extended families are supported to provide care to elders.

Culturally and linguistically Diverse Communities

3.6.7 Our cultural diversity strategy 2017–2020 governs and guides a consistent path to building a stronger, more sustainable, equitable and inclusive Uniting NSW.ACT. The strategy is built on respecting and valuing the cultural strengths and differences of our CALD communities and employees. Our model and framework aligns with a human rights approach and is focused on the principles of enhancing access and equity. This work is supported by a dedicated and specialist resource and further enhanced by our CALD Advisory Forum. This is a group of people with lived experience that meet regularly to provide a voice for CALD employees and clients throughout Uniting NSW.ACT. These resources have been in place since mid-2016.

3.6.8 In 2017-2018 we expanded our approach to cultural diversity to using quantitative trend data and qualitative evidence to better address the diverse cultural needs of our clients and employees across all Uniting NSW.ACT service areas. The initiatives that arose from this evidence-based approach include ongoing employee training, changes to our customer service model and translations of significant customer collateral (e.g. information booklets, forms). From July 2018 our employees have been actively encouraged to complete an e-learning module on cultural competence, 'Introduction to Cultural Diversity', to support person-centred practice and equip our employees to work more effectively with people from different cultural backgrounds. To date there has been a strong level of participation in the program.

3.6.9 In December 2018, we created a series of videos, designed in consultation with our CALD staff, to assist staff with communication in the workplace. We also sought to strengthen our practice by seeking input from our partners – Partners in Culturally Appropriate Care and the Ethnic Communities' Council of NSW. The program will be piloted in February 2019, then following evaluation by the focus group, will be implemented across all Uniting NSW.ACT in 2019. We have also actively participated in the development of the Department of Health's diversity frameworks and strategies.

3.6.10 Uniting NSW.ACT has a long history of working in partnership with specific cultural associations, covering more than 80 cultural groups. We also run two Chinese-specific Residential Aged Care Services in Ashfield – Uniting Quong Tart and Uniting Abrina. These two services shape their practice to meet the needs of older Australians from Chinese backgrounds, including specific staff profiles and language skills, meals, activities and cultural celebrations. We also deliver several ethnic specific and multicultural Healthy Living for Seniors groups. These 'day programs' cater to the needs of a wide variety of cultural communities including Vietnamese, Chinese, Korean, Turkish, Arabic-speaking communities, Italian and a mixed multicultural group. Several of our services support ethnic-specific clusters living within a residential aged care service, e.g. Uniting Elanora Shellharbour supports a Spanish community of residents.

Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTI) community

3.6.11 Uniting NSW.ACT has invested significantly in making our services inclusive of the LGBTI community. Since 2015, over 800 Uniting NSW.ACT employees have completed LGBTI cultural competence training in partnership with ACON (AIDs Council of NSW). In 2018 our Residential Aged Care and Home Care services again received the Rainbow Tick accreditation for our approach to inclusion of people from the LGBTI community. Uniting NSW.ACT is the only faith-based, not-for-profit community services organisation to receive the Australian Workplace Equality Index gold employer award and has also been recognised for trans and gender diverse inclusion. Our long-standing commitment in this area is reflected in our winning of the Pride in Diversity Workplace Inclusion Award in 2013, being selected by the Commonwealth Government in 2014 as a provider of LGBTI-specific home care packages, and being awarded a Better Practice award by

the Australian Aged Care Quality Agency for Uniting's aged care services for LGBTI inclusive care in 2016.

3.6.12 Taking advantage of our recognised expertise, Uniting NSW.ACT is undertaking the Rainbow of Difference project in collaboration with the University of Technology Sydney. This is a federal government initiative for the entire aging sector, funded by the Dementia and Aged Care Services (DACS) Fund (2017-2019). The project is tasked with developing, implementing and evaluating a multifaceted learning strategy that builds on and broadens the reach of the activities and resources developed by Uniting NSW.ACT to support LGBTI communities. The objective is to assist LGBTI people to better plan their ageing and involve their families of choice, carers and aged care organisations in that planning. The program includes a web-based app, three interconnected digital learning resources, a coaching strategy (to support uptake of those resources in practice), and an evaluation of the resources and the project.

People with mental illness and/or have a history of homelessness and financial disadvantage

3.6.13 Uniting NSW.ACT's commitment to working with financially and socially disadvantaged people and communities is part of who we are as an organisation. Across our residential care portfolio, we average a 47% concessional resident ratio. Other examples include: Operation of our Medically Supervised Injecting Centre in Kings Cross; Social and Affordable Housing Fund (SAHF) provider of safe homes/services across NSW; Tier 2 Community Housing Provider; Assistance with Care and Housing (CHSP) - Hunter, New England, Inner West, Southern Highlands, Broken Hill.

3.6.14 Uniting NSW.ACT has undertaken extensive work since late 2015 to ensure our practices are more inclusive of people that have experienced mental illness and homelessness. We recently repurposed one of our buildings in Leichhardt as a temporary home for older women who are experiencing homelessness and/or domestic and family violence (DFV). Additionally, we provided e-learning models for front line staff members, particularly Home Care Support Workers who are at the front line of identifying people at risk of becoming homeless. This initiative also included developing new intake procedures for clients entering Residential Aged Care and our Retirement Villages so that staff could identify people who may have experienced one of these traumas.

3.6.15 Several of our services in Sydney's Inner West are focussed on the support of people living with mental illness. These services have built expertise and networks with mental health teams and specialists to ensure quality aged care that meets the unique needs of the people it supports. The most notable example is Uniting Annesley House in Haberfield which was purpose built to meet the needs of this cohort of residents at a cost of $12M. More than 70% of its residents are non-fee-paying and for many, Uniting Annesley House is the most stable home they have known as they have lived on the streets for significant parts of their lives.

3.6.16 Since late 2017 Uniting NSW.ACT has been advocating with the NSW Government for a dedicated specialist Older Persons Homeless Advisory and Referral Service. This is in response to the growing numbers of older people, and generally women, requiring urgent housing. To that end in December 2018 the Uniting NSW.ACT Board agreed to propose to the NSW Government that the organisation would match fund with them for the development of such a service based on the *Home at Last* program in Victoria. This program has demonstrated excellent outcomes in intervening early for older people at risk of homelessness.

Uniting

Question 5

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352

Question 5

Does your service or outlet experience difficulties in accessing health care for care recipients? If so, indicate what these difficulties relate to (indicate all that apply): Primary care i.e. (GP services); hospital care; follow up care for people discharged from hospital; mental health care; palliative care; dental care; other health services (e.g. podiatry); pharmaceutical services, including medication reviews; other (please specify).

Uniting NSW.ACT is a service agency of the Uniting Church NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities and Home and Community Care Services in 7 regions across NSW and the ACT. The response to this question is applicable to all of these Aged Care Services.

GLOSSARY

ACFI	Aged Care Funding Instrument
CALD	Culturally and linguistically diverse
H&CC	Home and Community Care
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
RAC(F)	Residential aged care (facility)
Re-ablement	building on strengths, capacity and goals to help people remain independent in their daily lives and live safety.
RN	Registered Nurse
Uniting NSW.ACT	Uniting NSW.ACT Uniting Church in Australia Property Trust (NSW) – ID. 1352

5.1 Summary

5.1.1 This response outlines some of the difficulties faced when accessing health care services for care recipients including:

- It is difficult for clients to access general practitioners in RACF
- It is difficult to coordinate aged and health care in H&CC
- Health records cannot be easily accessed and shared should a medical review be undertaken in a RACF
- The aged care and hospital interface can be very disruptive for clients
- Disadvantaged population groups face additional difficulties as they access health services
- Mental health care is inadequate for aged people
- Co-operation between palliative care services and local hospital team is fragmented
- Access to health care in rural and remote communities is challenging
- Access to dental care is challenging

5.2 It is difficult for clients to access General Practitioners in Residential Aged Care Facilities

5.2.1 Many general practitioners (GPs) in private practice refuse to look after clients in residential aged care.

5.2.2 Key barriers expressed by the GPs are the time required to travel to and from the facility, the time required to locate the clients, as well as the frequent contact from RACF staff advising them of multiple issues (as required). As a result, maintaining continuity for residents with their existing GP relationship when they move into a RACF

is difficult. Finding a GP for a new resident that does not have a GP or whose GP will not attend the service can be very challenging especially in some regional areas.

5.3 It is difficult to coordinate aged and health care in H&CC

5.3.1 H&CC face challenges in delivering coordinated support because clients are often unable to provide a comprehensive overview of the support they receive from health care professionals. Additional time is required to follow up on health related matters after visits to health professionals. An important example of this is in medication management because the level of a client's package increases over time and exacerbates the need for effective communication with health care professionals.

5.3.2 This underscores the importance of case management in H&CC. Uniting NSW.ACT has strengthened its capability in case management and we believe it is critical for clients with complex health needs and forms of social and economic exclusion. Not all clients choose appropriate levels of case management relative to the support they practically need in a consumer-directed care environment.

5.4 Health records cannot be easily accessed and shared should a medical review be undertaken in a RACF

5.4.1 GPs generally practice from their rooms, and it is very difficult to get GPs to hold practice hours in a RACF. Particular issues are access to the GP's medical practice software when visiting a RACF and exchange of medical data between the GP and the RAC system and staff.

5.5 The aged care and hospital interface can be very disruptive for clients

5.5.1 For many residents, especially those living with cognitive deficits, transfers to hospital are extremely challenging. A transfer often involves long waits in emergency units, multiple moves to new environments, the faster pace of staff, and of course staff who are unfamiliar with their needs and history. These visits can often trigger deterioration in a resident's health.

5.5.2 The discharge process has multiple difficulties, and the outcome for the clients is frequently sub-optimal:

- The time of discharge cannot be planned and may be after hours, therefore RACF have to react at short notice;
- Medical information is not reliably available and/or understood;
- Discharge documents are not easily transferred and electronic formats between hospital and RACF are not compatible;
- A Registered Nurse may not be on duty on arrival at the RACF as hospital discharge often occurs after hours, therefore the immediate medical needs of the clients may not be met as well as possible (this is more often the case is smaller facilities);
- Timely access to a GP following discharge is difficult;
- Handover and continuity of care can therefore be compromised. This is especially the case if no GP is available and an after-hours GP needs to be engaged.

5.5.3 Access to flexible sub-acute care to promote resident re-ablement is limited. Re-ablement assists clients in building on strengths, capacity and goals to help people remain independent in their daily lives and live safely. It is an important, yet under-developed, aspect of the aged care sector (see Question 8). Access to flexible sub-acute

care is a key enabler, as evidenced through the success of Uniting NSW.ACT's War Memorial Hospital in Sydney and its associated community outreach services. Its focus on hospital and community rehabilitation of older people is highly regarded within the Eastern Sydney Local Health District.

5.5.4 Co-ordinating care with the hospital system is problematic. Staff and managers in both the RAC and the Hospital have competing priorities and therefore generally do not dedicate sufficient time. There is also limited openness to working together collaboratively and to recognise the strengths that the aged care and hospital sector each bring to the effective care of the older person.

5.6 Disadvantaged population groups face additional difficulties as they access health services

5.6.1 Clients frequently have only limited understanding of the health care system and the available services and support. CALD clients with limited opportunities to communicate are further isolated and experience heightened anxiety. Access to health services for CALD clients is further complicated as clients do not consistently declare their ethnicity, and the understanding of their ethnicity at both health and aged care provider levels is limited. Low English language proficiency and understanding of health jargon is an issue for both the CALD clients and CALD workforce. There is limited or no access to interpreter services or translated material when clinical diagnoses are given and when consent is required. Fear of disclosure of health issues to authorities can also exist. A negative impact on choices of care can occur, particularly during end of life care, when religious or spiritual needs are not fully understood by care providers.

5.6.2 When people have more than one area of special need or disadvantage the issues are compounded. For example, people from remote and rural areas who identify as Indigenous, CALD, LGBTI, or living with a disability have difficulty finding practitioners who understand their needs, particularly as they age.

5.6.3 The medical needs of the ageing LGBTI communities are often overlooked, particularly if practitioners are not familiar with the needs of the LGBTI community. For example, older lesbian women can be advised they do not need cervical cancer screening tests.

5.6.4 Older people are often incorrectly assumed to be not sexually active leading to risks of STI's being underestimated.

5.7 Mental health care is inadequate for aged people

5.7.1 Access to mental health care services is inadequate for aged people, particularly for people in rural and remote communities.

5.7.2 There is limited awareness of mental health and dementia in the community and with primary health providers. Uniting's research indicates that it takes an average of 4 years for a person in the community to receive a diagnosis of dementia. In addition, there is significant stigma around a dementia diagnosis. To streamline effective assessment and treatment of older people there is a need for greater awareness of mental health and dementia and improved access to Geriatricians, Psychogeriatricians and Memory Clinics.

5.7.3 The availability of appropriate respite services is limited. Respite services are important to assist people living with dementia and significantly to provide a break to their carers. Respite in general provides essential support for carers and families of older people living at home.

5.7.4 The impact of mental health issues in combination with dementia is compounded in RAC. For an older client with a dual diagnosis of previous mental health issues and a

more recent diagnosis of cognitive impairment or dementia, the Specialist Mental Health Service can decline to accept the referral due to the behaviour being categorised as being dementia related and not in their scope. Also, clients living in the community with a dual diagnosis face increased stress when the Community Mental Health Service requires them to present for diagnostic tests prior to accessing the service for the initial Mental Health assessment.

5.7.5 RACFs are experiencing an increase in people with mental health issues living in our services. Entering a RACF is an emotionally challenging and often disorienting experience – it is generally the last move a person makes and it confronts residents with their vulnerability and the proximity of their death. This can often trigger mental health issues such as depression. Cultural diversity factors can often compound the mental health challenge.

5.7.6 The traditional institutional medical model for RACF's drives clinical interventions and treatment of clients. The framework of establishing a diagnosis, seeking treatment of symptoms, and prescribing medication can be detrimental to the quality of life of clients. In the Aged Care sector there can be a lack of wholistic diagnosis of contributing factors and of establishing a comprehensible response.

5.7.7 Within residential care, Uniting NSW.ACT's Household Model (as described in our response to Question 3) is a positive response to mental health needs. Early indications from the clinical data suggests a reduction in the anxiety and depression. In turn we would hope to see a decline in the use of psychotropic medications which are often detrimental to residents in many aspects of their lives, leaving aside genuine concerns about their efficacy, when it comes to the treatment of older people over time.

5.7.8 Support from mental health specialists is often privately funded with limited Medicare funded services. It is therefore not affordable for many clients.

5.8 Co-operation between palliative care services and local hospital team is fragmented.

5.8.1 There is a lack of reliable outreach palliative care from Local Health Districts (LHD) within NSW. Approaches vary by LHD, some do not support RAC services at all, and some do not have any outreach services. This lack of consistency results in a "post code lottery" of sorts for clients seeking palliative care support.

5.8.2 Palliative care health literacy of staff is limited. Palliative care is an emerging area and there is a lack of specialisation in the registered and non-registered workforce in this area. Despite their being a clear need there is a lack of funding for palliative care and hence a lack of reward for these skills.

5.9 Access to health care services in rural and remote communities is challenging

5.9.1 Travel across long distances and long lead times for appointments are key issues in accessing services in rural and remote areas. Clients require support to travel for assessment and review, often facing challenges due to loss of mobility, transport options or carer capacity. Long lead times for appointments are problematic considering the frailty of clients and the frequent urgency of their medical issues.

5.9.2 Clients require access to the full range of health services: primary medical, hospital, allied health, pharmacy services, and nurse practitioners, but they may not exist locally or adequately address the needs of older people.

5.9.3 Conflicting interests of remote area hospitals, primary care and residential aged care services can lead to sub-optimal outcomes for residents and clients such as unnecessary hospitalisations or extended hospital stays. Uniting NSW.ACT supports multi-purpose services (MPS) in smaller communities. Combining primary health care, hospital care and aged care into one service for smaller communities underpins the MPS concept in NSW. The key is to ensure that the aged care portion of the MPS operates as a place where older people can live their lives, as opposed to being wards of a hospital where the older person is a seen as a patient.

5.9.4 Regional and remote clients generally do not have access to adequate palliative care and mental health support.

5.9.5 There is a lack of access to geriatricians or psychogeriatric review in regional areas.

5.9.6 Telemedicine is underdeveloped in Australia. The Australian Government needs to continue to review Medicare funding (in collaboration with primary health services) to facilitate the expanded use of telemedicine to assist rural and remote communities.

5.10 Access to and affordable dental care is challenging.

5.10.1 Access to affordable dental care is exacerbated for older people. Dental work is difficult to afford for pensioners. Transport to a dentist is difficult and costly, in particular when RAC staff have to accompany the client. The scarcity of supplier agreements for dentistry results in higher costs which preclude clients from accessing adequate dentistry service.

5.10.2 In the majority of cases, accessing dental services requires a visit to a dentist located outside of the RACF. There is a lack of mobile dentist services that make care accessible for RAC clients.

5.10.3 RACF care staff have limited skills to assess dental issues.

Question 6

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352

Question 6

What further changes if any could your service or outlet make to provide services of higher quality and greater safety and to improve individual outcomes? Can you identify any barriers to making these improvements?

Uniting NSW.ACT is a service agency of the Uniting Church NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities and Home and Community Care Services in 7 regions across NSW and the ACT. The response to this question is applicable to all of these Aged Care Services.

GLOSSARY

ACFI	Aged Care Funding Instrument
CALD	Culturally and linguistically diverse
H&CC	Home and Community Care
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
RAC(F)	Residential aged care (facility)
Re-ablement	building on strengths, capacity and goals to help people remain independent in their daily lives and live safety.
RN	Registered Nurse
Uniting NSW.ACT	Uniting NSW.ACT Uniting Church in Australia Property Trust (NSW) – ID. 1352

6.1 Overview

6.1.1 Uniting NSW.ACT has the following plans for further changes to improve the quality and safety of services we offer:

- We are developing a new Ageing strategy that articulates and maps out the delivery of an integrated, place-based community model for aged care
- We are envisaging a significant shift towards home care and towards vulnerable communities in West and South-West Sydney
- We will work towards a unified leadership for all aged care services through the new 'Ageing' Directorate
- We plan to innovate in palliative care and improve our collaboration with health services

6.1.2 Uniting NSW.ACT will also make further changes to existing initiatives to improve quality and safety:

- We will enhance our roll-out of the Household Model and incorporate learnings from past implementations to complete our rollout across our RAC facilities (See our response to Question 3)
- We will improve our person-centred Inspiring Life model of care in H&CC and innovate on a new leadership model
- We will continue to strengthen our commitment to research-informed, evidence-based and emergent practice
- We will enhance our clinical lead roles to improve staff training and to build our care and clinical practice
- We will significantly scale up our investment in the refurbishment and redevelopment of services
- We will enhance our quality and risk processes, including investing in technology, with a focus on business intelligence to better support our care practice as well as our incident and complaints management

- We will strengthen our commitment to diversity and inclusion both for our clients and our staff through better training and supporting materials
- We will further promote individualisation and support of people under 65yrs of age living in our aged care services

6.1.3 Key barriers to pursing our future plans and further changes to existing initiatives include:

- Current funding and regulatory mechanisms inhibiting development of new offerings across the continuum,
- Capital expenditure required for re-developing and refurbishing facilities,
- Transforming a culture of care from task to person focus, including recruitment of suitable staff
- Prejudice in the Australian society inhibiting inclusion of CALD, LGBTI and other vulnerable and often marginalised communities,
- Costs of new technology, and
- Costs and complexity of implementing programs across a vast network of services

6.2 Future change plans

New Ageing strategy: An integrated place-based model for aged care

6.2.1 Uniting NSW.ACT is developing a plan to integrate all our existing services, add new service offerings, and partner with other providers to deliver seamless services to older people within their local community. This includes home, day, respite and innovative residential services. This is a place-based offering that builds on our physical presence and facilities.

6.2.2 We envisage a simple and seamless transition between different services, in particular across current funding barriers (e.g. transition from home to residential care).

6.2.3 We expect further deregulation of funding, which will see care funding follow the consumer irrespective of the setting within which the person chooses to live. Further deregulation and shift to placing funding in the hands of consumers will enable innovation of flexible care solutions that meet client needs.

Major shift towards home care and more vulnerable communities

6.2.4 Uniting NSW.ACT is planning to innovate and grow H&CC services that support clients in living meaningful lives at home.

6.2.5 Clients overwhelmingly prefer ageing in the home. Ongoing support from family carers and established social networks improve individual care outcomes.

6.2.6 We envisage significant growth in H&CC to meet this need. This approach will shift the focus in our Ageing service towards home care and community-based offerings.

6.2.7 Current funding for high care is heavily skewed towards RAC over home care. Global best practice (e.g. Denmark) strongly favours home care models over RAC. Dominance and reliance on congregate models such as RAC, inhibits choice for older people as well as arguably increasing the cost to the community.

6.2.8 Uniting NSW.ACT, in line with our Future Horizons strategy, is planning to shift our ‘centre of gravity’ by building new facilities in West and South-West Sydney, where our services are most needed to support vulnerable and disadvantaged older communities.

6.2.9 To this end, in South-West Sydney we have commenced planning for a development in Yagoona, purchased land in Liverpool and Leppington, and are actively searching for a

suitable site in Campbelltown. To support these plans, we applied for 440 residential aged care licences in the recent Aged Care Approvals Round. These new developments have so far required a investment of $58M on land acquisitions and we estimate we will spend a further $166M on the four projects earmarked so far. Our total investment in these areas will also incorporate Retirement Living units, H&CC and other aged care facilities and services to support new vibrant and diverse communities in these major growth areas.

6.2.10 Uniting NSW.ACT is planning to increase the number of Respite Care Cottages to enhance our continuum of care model. We currently operate two cottages (in Petersham and Orange, and we plan to add a further 5 services.

Unified leadership for all our Ageing services

6.2.11 Uniting NSW.ACT will work towards unified leadership of both services that will better meet the needs and wishes of older persons regardless of where they live through our newly created 'Ageing' Directorate which brings RAC and H&CC together. This structure will facilitate a smoother continuum of care as people move from community to residential settings.

6.2.12 The new structure also moves our clinical leadership into our aged care service stream, so it can more directly influence practice and quality within our aged services. The reconfiguration of a central governance, risk and quality function will improve oversight and monitoring to ensure our service meet the highest standards of care possible.

Innovation in palliative care

6.2.13 Uniting NSW.ACT is planning for innovation in palliative care through a new service model. As a first step we have recently been contracted for the provision of four palliative care beds in Orange, NSW. This service will be delivered out of our Parkwood outlet, be managed by our Uniting Wontama Orange RACF, and will work in partnership with Orange Hospital and the Western NSW Local Health District (LHD). The role of the Local Health District is to provide specialist palliative care support and our role is the provision of aged care and nursing support.

6.2.14 The model proposed for Orange incorporates the practice frameworks developed by our Clinical Nurse Consultant in Palliative Care.

6.2.15 The partnership arrangement between health and aged care services builds on the successful Transitional Aged Care (TAC) services already in place in Orange and in three other Uniting NSW.ACT services. TAC units provide intense rehabilitation support to older people following hospitalisation and prior to them returning home.

6.2.16 This close collaboration with Health services provides a model we believe for future growth of home care services that genuinely seek to provide people with the choice to remain at home regardless of their level of need.

6.3 Further changes to existing initiatives

Household Model Rollout

6.3.1 We are enhancing the roll-out of our Uniting NSW.ACT Household Model (see our response to Question 3) through learnings from our initial services.

6.3.2 We have implemented the Household Model in 39% of RACFs. We expect the transition to the Household Model to be complete in 2020/21 across our existing residential aged care services.

6.3.3 This is an ongoing major change program that requires significant resources and effort to achieve the following: staff development to support the new ways of working, alignment of staff culture to the new model of care, deployment of practice coaches to facilitate genuine behaviour change, support for managers leading local change processes, recruitment of the right people for the new roles and re-development of facilities to reflect more home like environments.

Inspiring Life and the development of a Neighbourhood Model

6.3.4 Uniting NSW.ACT is planning to review learnings from our new case management tools pilot and implement further changes to the model. We will then roll out this approach to all our H&CC services in 2019 and beyond.

6.3.5 In 2018 we commenced a pilot of those tools as part of the "Inspiring Life" model of care within H&CC. The Broken Hill team participated in a 2-day intensive practice workshop and learnt about Circles of Support and Wellbeing teams to blend formal and informal supports to enable people to stay at home as long as they choose.

6.3.6 This model, adapted from the United Kingdom (Community Circles) and the Netherlands (Buurtzorg), recognises that clients are experts in their own lives and that decision making should be shared. We encouraged the team to identify a small number of existing clients to try out their new learning and person-centred tools such as building one-page profiles, holding a circle of support meeting and completing a good/bad day guide to help understand what is important to the person.

6.3.7 This 'shared decision making' approach impacts decisions regarding risk and the preparedness of individual clients to accept greater or lesser levels of risk than is sometimes contemplated by the regulatory framework as imposed on Approved Providers like Uniting NSW.ACT. Further improvements in the regulatory framework in order to facilitate this shared decision making may be required.

6.3.8 Uniting NSW.ACT envisages further changes to our H&CC model by exploring how self-led teams would operate. Known as "Wellbeing Teams", the teams will consist of multidisciplinary roles and will utilise a shared decision-making model, enabling those frontline workers to have input without the restrictions of hierarchy. Pilots for these wellbeing teams commenced in July 2018. To complement the shift to the "Inspiring Life" model of care a review of the pilots is expected in early 2019 with a view to implementing in mid to late 2019.

6.3.9 This transformation of practice signifies a substantial change program that requires significant resources and effort to achieve the following: staff development to support the new ways of working, alignment of staff culture to the new model of care, deployment of practice coaches to facilitate genuine behaviour change, support for managers leading local change processes, recruitment of the right people for the new roles and re-development of services to enable service users to live at home for as long as possible.

Evidenced based and research informed practice

6.3.10 Uniting NSW.ACT will enhance our research initiatives through further changes in evaluating our household and neighbourhood models of care, ageing for people with disabilities, mental illness, improving dementia assessment and care, medication safety, wound management, reducing hospitalisations and behaviours of concern, addressing social connectedness and nurse practitioner outreach to RACFs.

6.3.11 Through partnerships with leading Universities will continue to find ways to improve and innovate to enhance safety, quality and practice.

6.3.12 Other research initiatives which Uniting NSW.ACT is engaged with that resonate with several of the themes identified in past reviews of aged care: Adequate ACFI funding that meets people's needs; affordable accommodation for the vulnerable; full and inclusive access for all and services for diversity groups; more user choice and direction.

Developing our Staff

6.3.13 Uniting NSW.ACT will further invest in training our staff to deliver person-centred care. We will roll out a new training program in RAC in 2019 following pilots in 2018 for Home Makers who are our frontline leaders. This program aims to equip them with leadership and coaching skills to support decision making closer to the resident.

6.3.14 Uniting NSW.ACT will further develop our Communities of Practice (CoP) to augment the adoption and sustainability of new and emerging practice models.

6.3.15 Vibrant Living CoP was launched in Oct 2018 and is targeted at the newly created role of Leisure and Wellness in RAC. These roles are central to being able to support people living in RAC to thrive and have meaningful and engaging leisure options that incorporate daily pleasures right through to how they maintain community connections.

6.3.16 Uniting NSW.ACT will make further changes to our practice frameworks and our key six clinical practice programs. New programs are scheduled for roll out in 2019, aimed at engaging our registered nurses using reflective practice with the support of the Clinical Nurse Consultants (CNCs), practice leads, and Clinical Nurse Educators (CNEs). We have also established new roles for CNCs as part of this initiative.

6.3.17 Uniting NSW.ACT plans to further build local capability and confidence in our clinical teams, in conjunction with regular support from the CNCs in wound care.

6.3.18 In mid 2018, and following Uniting's Wound Care Conference which approximately 340 Uniting NSW.ACT staff attended, the development of the roles of "link nurses" was commenced. This program is scheduled for 2019 and we aim to expand it to include dementia and palliative care link teams.

6.3.19 Towards the end of 2018, H&CC recruited Clinical Nurse Specialists (CNS) to support oversight of practice, ensure consistency of practice, and support the rollout of clinical pathways, escalation of clinical risk and workforce capability development of community-based teams.

Refurbishment and Redevelopment of RAC facilities

6.3.20 Uniting NSW.ACT will continue the refurbishment of existing RAC facilities with an annual spend of around $35M ensuring our current services are as contemporary and up to date as possible.

6.3.21 For the future 14 major projects are in or have passed planning stages with construction underway or due to commence in coming months in Westmead, Emu Plains, Lilyfield, Hamlyn Terrace and Gordon ACT.

6.3.22 Our investment in new and re-developed RACFs of $105M over the past 5 years will increase significantly in the future to $480M over the next 10 years. Past work includes new and revitalised residential aged care services in Blacktown, Penrith, Orange, Haberfield, Yamba, Ermington, Gerringong and Gordon ACT.

6.3.23 Uniting NSW.ACT will double the number of retirement living units, including an increase to social and affordable housing. This growth in retirement living will also be a key plank in the development of the integrated community model for aged care.

Enhancing our Quality and Risk Processes and Technology

6.3.24 Uniting NSW.ACT will implement a risk-based support model which has been developed to prototype stage. It will be implemented in Q3/Q4 2019 across key aged care pilot sites. The model follows a balanced scorecard approach using data from human resources, finance, incident, complaint and client/care management systems. The model will be available via a dashboard and will be used by operations to pre-empt and identify 'at risk' services.

6.3.25 Uniting NSW.ACT will target key indicators regarding clinical, incident and complaint results.

6.3.26 We have formalised a quality reporting cascade model following a review of information and reporting across Uniting NSW.ACT. Initially launched in April/May 2018, it will be further improved during FY19. The initial priority is to drive increased accountability and transparency across all roles/levels of Uniting NSW.ACT and to better inform the decision makers

6.3.27 Uniting NSW.ACT will further elevate incident and complaint reporting, including additional indicators to identify trends and priority areas. Monthly reports will be issued to Management, Executive, Board and Board Committees.

6.3.28 Uniting NSW.ACT will further improve our culture of identifying and improving issues in client care. We recently introduced a new electronic reporting system, QUASAR, which is used across our organisation (including our Aged Care services) for reporting a hazard or incident in our workplaces. QUASAR replaces Cintellate and supports staff to report incidents, complaints, feedback and risks quickly and easily, to help with identifying opportunities to learn from each other and to create a safer Uniting NSW.ACT.

6.3.29 Uniting NSW.ACT will continue to research and implement a range of technologies with the aim to improve data analytics, business intelligence and predictive modelling. Key current elements are the ICare Clinical Management system, medication management software, and WiFi to facilitate mobile technology and point-of-care computing. Implementing WiFi will also be extended to clients to enhance their experience.

Further strengthen our commitment to diversity and inclusion

6.3.30 Uniting NSW.ACT will progress the operationalisation of the cultural diversity strategy that starts from our whole-of-organisation approach and covers workforce; client engagement; communication; partnerships; and data, research and evaluation.

6.3.31 Uniting NSW.ACT are further investing in our staff who have English as a second language. Limitations in English language competency have in the past created communication issues between staff and clients, their families and co-workers. These limitations are a risk to the quality of care, safety and satisfaction of our clients. To further enhance our training, we have sought input from our expert Partners in Culturally Appropriate Care (PICAC) and Ethnic Communities Council of NSW. Our response includes the following initiatives to be rolled out in 2019: Programs to promote more effective communication by front line staff; cultural diversity and cultural competence training for our managers and team leaders; online resources and tools; formal guides for recruiting and supporting a bilingual workforce; translation of key internal documents and forms into community languages; fostering of partnerships & engagement with cultural associations; support for the Human Rights Commission campaign "Racism. It stops with me!"

6.3.32 A revised Reconciliation Action Plan will be adopted in 2019 to drive continued improvement in services provision and as a significant employer of Aboriginal staff.

6.3.33 We are building on Uniting NSW.ACT's history of LGBTI inclusion and celebrating LGBTI diversity within our staff and service users. Uniting NSW.ACT has validated its approach

through a staff working group, a consumer and carer advisory group, through involvement with peak LGBTI organisations and in third party accreditation of its services through the Rainbow Tick accreditation process.

6.3.34 In 2019 we will implement a multi-faceted learning and practice strategy to deliver activities and resources to LGBTI communities and other providers of aged care. The strategy was developed through a Dementia and Aged Care Services (DACS) grant awarded in 2017 (in partnership with UTS) to develop, implement and evaluate relevant content. The expansion of readily accessible quality information and education for aged care staff and potential clients of aged care services family and carers has the potential to lead to more informed choices, better quality, culturally appropriate and safer care.

Further individualisation and support for people under 65

6.3.35 Uniting NSW.ACT will make further changes to improve individualised and tailored support for persons under 65 who need to live in our RAC services. Our response to Question 4 illustrates the care taken to respond to each person's individual need.

6.3.36 In late 2018 work was commenced to review behaviour support plans and promote the supports available to people under 65yrs of age with a disability under National Disability Insurance Scheme (NDIS). In 2019 we intend to leverage off our expertise in the provision of Disability Services and the Local Area Coordination program to enhance the support offered. We know already that approximately 40 of the 160 people under 65yrs of age living in our residential care services already have an NDIS plan and access services through it.

6.4 Barriers to improving quality and safety

6.4.1 Current funding and regulatory mechanisms preclude consumer directed care across the continuum which inhibits the development of new models of care especially for older people with high support needs.

6.4.2 Capital expenditure required for re-developing and refurbishing facilities. These transformational funding requirements are not adequately reflected in aged care funding, adding sustainability pressures to us as a provider and to the sector as a whole.

6.4.3 Successfully transforming a culture focussed on the task, to focus on the person. Investment over and above existing operational learning and development budgets is required. The cost of developing and attracting appropriate staff who share or can embrace this person-centred perspective is significant and not adequately addressed in the current funding model.

6.4.4 The challenge of pursuing a truly equitable and inclusive service provision to CALD, Aboriginal, LGBTI and other vulnerable and often marginalised communities given the level of prejudice they experience in the Australian society. Access to safe and appropriate services is exacerbated for those who are living with dementia and end of life care with regards to meeting their spiritual and cultural needs.

6.4.5 Funding is required to support training and development of the increasing CALD workforce. This is called out in the Pollaers report (2018).

6.4.6 Changing demographics, including increased numbers of both older people and workforce from culturally and linguistically diverse backgrounds, present significant challenges. It needs to include investment in developing English language and communication skills to address workforce capability.

6.4.7 The cost of research and innovation in aged care is significant and not adequately funded.

6.4.8 The cost of technology including solution development, and devices; lag time between concept and deployment resulting in out of date solutions; complexity of implementation including changes to workflows and care delivery; low technology skills of care staff; training requirements; lack of established global best practice and corresponding need for local innovation can inhibit progress.

6.4.9 The cost and complexity of managing and implementing programs across a vast network of services whilst maintaining consistency and compliance. The implementation of new programs and practice is often reliant on the local manager who is also responsible for the management of day to day operations. Whilst we have effective change management practices within Uniting NSW.ACT, these are costly and challenging.

6.4.10 As outlined in item 6.3.6 above, a 'shared decision making' approach which we believe will enhance the levels of control and quality of life experienced by individuals may require regulatory framework changes to facilitate this.

Question 7

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352

Question 7

What changes (if any) to the interface between the aged care system and primary health, acute care and disability services and relevant regulatory systems would assist your service or outlet to provide services of higher quality and greater safety?

Uniting NSW.ACT is a service agency of the Uniting Church NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities and Home and Community Care Services in 7 regions across NSW and the ACT. The response to this question is applicable to all of these Aged Care Services.

GLOSSARY

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RN	Registered Nurse
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7.1 Key recommendations from past reviews into the interface between aged care and health care

7.1.1 Issues regarding the interface between aged care and health care have been identified in a number of past reviews into aged care. A range of sensible recommendations have been made, but comprehensive reforms as recommended have not been implemented. Uniting NSW.ACT supports the implementation of the following reforms detailed below.

7.1.2 Uniting NSW.ACT in particular supports the following recommendations of the Inquiry into Aged Care (Caring for older Australians), Productivity Commission, 2011:

- An adequate Medicare rebate for GP home visits to RACFs
- Adequate funding of palliative and end-of-life care as part of assessed entitlements
- An intensive re-ablement service to be introduced nationally in multiple settings including RACF
- Promotion of visiting multi-disciplinary health teams to residential aged care facilities
- Funding for specialist disability services delivered under the National Disability Agreement for people over the age threshold, ensuring adequate care for people with disabilities in aged care
- The removal of onerous duplicate and inconsistent regulations in relation to infectious disease outbreaks.

7.1.3 Uniting NSW.ACT in particular supports the following key recommendation of the Oakden Report (SA Dept. of Health, 2017):

- The development of an adequate Model of Care for seniors with mental illness

7.1.4 Uniting NSW.ACT in particular supports the following recommendations of the A Healthier Future for all Australians (National Health and Hospitals Reform Commission, 2009):

- Improved access to sub-acute care services for people to have the best opportunity to recover from injury or illness and to be restored to independent living
- Primary health care and geriatricians to provide regular services in residential aged care services
- Better use of e-health technology in aged care
- Better access to specialist palliative care
- Adequate access to mental health and dementia care services for older people

7.1.5 Uniting NSW.ACT in particular supports the following recommendation of the Quality of Care in Residential Aged Care Facilities in Australia (Parliament Standing Committee on Health, Standing Committee on Health and Ageing, 2018):

- Review of Medicare benefits for RACF visits to improve access to GPs and reduce hospitalisations

7.1.6 Uniting NSW.ACT supports all 14 recommendations of the Aged Care Workforce Strategy (2018), including in particular:

- Better integration of aged care and acute care

7.1.7 Uniting NSW.ACT supports the following recommendation of the Productivity review - Supporting paper No. 5 - Integrated care (Productivity Commission, 2017)

- Hospitals to commission GPs to prevent and manage chronic conditions

7.2 Proposed changes to the interface between aged care and the health system and disability services

Government reduces regulatory proliferation and removes duplication of regulatory agencies/bodies

7.2.1 The Federal Government implements adequate compliance and complaints mechanisms for areas under federal regulation. This will eliminate duplication at a state level. The recently announced Ageing and Disability Commissioner in NSW, for example, creates a regulatory duplication risk.

7.2.2 Australian Commonwealth Government continues to implement a genuine single accreditation framework for providers of care to vulnerable people, harmonising aged care and disability care accreditation across federal and state jurisdictions (given these services may be delivered at the same sites or to the same clients).

7.2.3 The accreditation framework also needs to be expanded to focus on a person-centred approach for measuring care quality across the sector. This approach should provide information about care outcomes, staffing levels by staff skills, and incidents/complaints and their resolution. The framework should also include the mandatory implementation, reporting and publication of clinical indicator results.

An integrated care system that serves the wholistic needs of clients is developed/implemented

7.2.4 Navigation of the health and aged care system for older people and providers is a challenge. Better linkages to aged care are required, and a ‘one stop shop’ approach would be beneficial. My Aged Care goes some way towards this but better navigation and usability of this site for consumers and integration with health services would be beneficial. To this end we note and affirm recent announcements from the Australian

Government to pilot such models and would encourage targeting this to socially and economically excluded communities.

7.2.5 Centralised storage for health and care data is needed to ensure better and wholistic health outcomes. The system needs to empower any formal carer to provide informed care in times of crisis and acute need. To achieve this, access to relevant centralised health data is essential.

7.2.6 The health system provides integrated additional support for all cases that exceed the ability of aged care services alone to address, because of the need for specialist multidisciplinary approaches and support. Dementia and mental health conditions are a particular concern. Some typical examples of where this provision can break down are:

- A client with a diagnosis of dementia and presenting challenging behaviours is discharged early from hospital, because the hospital is unable to manage the person's condition and behaviours. The informal carer is unable to organise and provide the high level of support required due to the early discharge. The client is soon re-admitted to hospital. The informal carer is distressed from a perceived failure to care for their loved one.
- An aged client with a mental health conditions is sent to hospital from a RACF with an acute episode. The client is not assessed or reviewed appropriately because there are neither mental health beds nor a psychiatrist available in the emergency department. A significant delay in treatment occurs, with a potential of failure of adequate care, a return to the RACF and a continuation of the acute episode with potential harm to the person and fellow clients or staff.

7.2.7 There is a seamless flow between Aged Care and Acute Care services based on integration, collaboration and partnership. Uniting NSW.ACT has set up a partnership with the Local Health District for Annesley House at Haberfield. This service accommodates people with a history of mental illness and often, homelessness. A psychiatric registrar from the local hospital visits the home weekly to assess clients of concern and regular contact and engagement with the local mental health team is maintained. All clients are assessed annually and interventions in the case of deterioration are timely. Outcomes are improved, hospitalisations are reduced and more timely treatment is provided.

Hospital in the Home services are expanded to include Residential Aged Care and Home Care

7.2.8 Hospital in the Home provides specialist nurses and doctors for care in the home or RAC and should be explored as a service to aged Australians. Home or residential care settings provide more cost-effective accommodation than hospitals. Services delivered in home for older people could include sub-acute services, rehabilitation, chronic disease management, and 'step down' services after hospitalisation (e.g. for stroke and intensive after care). Harmonisation of funding for health care in non-hospital settings needs to be implemented to more effectively enable Hospital in the Home in a variety of settings.

Access to specialists is improved

7.2.9 There is a shortage of medical specialists relating to aged care, e.g. Geriatricians. This shortage is pronounced in regional and remote areas. Government should remove barriers to skilled immigration and implement incentives to attract suitable and appropriately qualified specialists.

Aged Care integrated with health professionals' training

7.2.10 There is an opportunity to enhance the effectiveness of interactions between health and aged care by including placements at RACF and in H&CC services as Registered Nurses, Medical Residents and Allied Health Professionals undergo their basic training.

Multi-purpose services (MPS) in rural and remote communities are expanded

7.2.11 The 'health care market' of primary care, hospitals and aged care does not work adequately in small communities. Flexible, multi-purpose funding for an integrated provision of health and ageing services is a pragmatic answer to enabling services in smaller communities that cannot sustainably support an independent hospital, primary care and aged facility. Combining primary health care, hospital care and aged care into one service for smaller communities underpins the MPS concept in NSW. The key in our view is to ensure that the aged care portion of the MPS operates as a place where older people can live meaningful lives, as opposed to being wards of a hospital where the older person is a seen as a patient.

Data access to medical records for authorised aged care staff is implemented

7.2.12 Easy sharing of data between health and aged care is a key enabler for client wellbeing and quality of care.

7.2.13 Disparate systems and current privacy protections for medical data mean that aged care staff do not have access to clients' medical records. Regulation is needed to enable open and professional communication needs between health and RAC staff.

7.2.14 Appropriate systems with authorisation need to be put in place that restrict access to authorised RAC staff only.

7.2.15 A national platform for exchanging patient data between aged and health care would be a suitable solution. MyHealthRecord may provide a potential solution, if care plans and medication schedules can be adequately included. Alternatively, mandating interoperability of care systems in primary and aged care could be a potential solution.

Telehealth services for all aged Australians, wherever they live, are implemented.

7.2.16 Telehealth needs to be established as a channel for accessing primary and specialist health for aged Australians, in particular in remote regions. Medicare funding needs to be reviewed for providers to code and bill consultations.

A practice model that puts the needs of the person first, as opposed to their diagnosis is developed and implemented.

7.2.17 A respectful person-centred care response is focused on the individual. It is a social and personal response first, and a health response to conditions second. It also addresses special needs. To work effectively with aged care, the current practice model in health care needs to continue to evolve to address the needs of the person first and foremost.

7.2.18 Clients from special needs groups should be empowered to better manage their own care. Uniting NSW.ACT's Rainbow of Difference project is an example of this pursuit of empowerment. It is a Federal Government initiative for the entire aging sector funded by Dementia and Aged Care Services Fund (DACS), Australian Government Department of Health over 2 years (2017-2019). In partnership between the University of Technology Sydney (UTS), the project takes advantage of the recognised expertise of Uniting as a Rainbow Tick accredited provider of inclusive aged care services to LGBTI communities. The project is tasked with developing, implementing and evaluating a multi-faceted learning strategy to broaden the reach of the activities and resources

developed by Uniting NSW.ACT to LGBTI communities. These resources assist LGBTI people to better plan their ageing and to involve their families of choice, their carers and aged care organisations in that planning. Designed to work together, the program includes: a web-based app, three interconnected digital learning resources, a coaching strategy to support uptake of those resources in practice, and an evaluation of the resources and the project.

A revised funding model that provides adequate health and mental health services to aged Australians is developed and implemented.

7.2.19 A revised funding model needs to focus on enablement of the person, and away from disablement. Whilst we acknowledge the need to fund the additional costs of caring for more complex residents, we note that the current model rewards dependency as higher acuity attracts higher funding.

7.2.20 The model also needs to acknowledge the mental health needs of aged people, in particular after entering residential care.

7.2.21 A revised funding model needs to articulate what constitutes palliative vs. end of life care and provide adequate funding. Current ACFI Palliative Care classification only relates to the last weeks of life (i.e. actual end of life care).

7.2.22 Greater access by clients to Nurse Practitioners, who are well placed to address health needs of older people, would be facilitated by further changes to Medicare billing arrangements.

Mobile dental services for RAC are provided across Australia and funded by the government

7.2.23 Access to dental care for clients in RAC is inadequate because of cost and the difficulty of transportation. Further, the cost of accompanying residents to dental services is very high. Dental work is often unaffordable for pensioners. Government should provide and fund mobile dental services to RAC. Successful examples of these services exist in Australia today.

7.2.24 Providing dental care to people with dementia or other cognitive impairment is particularly challenging and requires specialist dental services.

Question 8

7 January 2019

Royal Commission into Aged Care Quality and Safety

Response from Uniting NSW.ACT
Uniting Church in Australia Property Trust (NSW) – ID. 1352

Question 8

What other changes (if any) to the aged care system would assist your provider to provide services of higher quality and greater safety to Australians including to people with disabilities residing in aged care facilities and to the increasing number of Australians with dementia?

Uniting NSW.ACT is a service agency of the Uniting Church NSW & ACT Synod. The organisation operates a number of regulated Aged Care Services including 57 Residential Aged Care facilities and Home and Community Care Services in 7 regions across NSW and the ACT. The response to this question is applicable to all of these Aged Care Services.

GLOSSARY

ACFI	Aged Care Funding Instrument
CALD	Culturally and linguistically diverse
H&CC	Home and Community Care
LGBTI	Lesbian, Gay, Bisexual, Transgender, Intersex
RAC(F)	Residential aged care (facility)
Re-ablement	building on strengths, capacity and goals to help people remain independent in their daily lives and live safety.
RN	Registered Nurse
Uniting	Uniting NSW.ACT Uniting Church in Australia Property Trust (NSW) – ID. 1352

8.1 Respecting and caring for older people

Key general principles for aged care

8.1.1 Uniting NSW.ACT, in line with Uniting Care Australia and aligned with the care organisations of the Uniting Church in Australia, supports the following general principles that we believe should underpin quality aged care:

- The human rights of all who live in Australia must be respected, and these rights do not diminish with age or disability;
- Australia needs to supply equitable support for the aged, including to those most in need. Groups with special needs must have their needs met. These rights need to be matched by mechanisms that provide justice and hold individuals and institutions accountable for failures in care, in particular for cases of exploitation, violence, and abuse;
- The aged care system is informed by the principles of human rights. Government expresses these rights in legislative, administrative, social and educational measures. Safeguards and protections for older people are measured against these rights;
- Australia becomes an age-friendly society where aged care is an expression of support and respect for our all aged people - particularly our most vulnerable;
- Australia needs to openly and comprehensively address the challenges from an ageing society and the unprecedented social, technological, economic and demographic changes.

Specific guiding principles for aged care

8.1.2 Further to these general principles, Uniting NSW.ACT believes specifically that:

- Aged care needs to support people to live a meaningful life;

- Like mental health and disability services before it, aged care needs to shift from institutional models of care to those that mimic normal social/residential arrangements;
- Care and care facilities need to reflect the diversity of needs and aspirations of Australians, in particular the ability to age, care for dementia, and palliate at home.
- Care must be available and accessible to clients where they live, based on their choice, and based on their needs;
- Care needs to be provided seamlessly and flexibly, through integrated place-based solutions, including partnerships with a range of providers;
- The aged care workforce needs to be valued, trained, recognised and rewarded to attract carers to the profession and provide high quality care to the aged.

Context for further changes

8.1.3 Uniting NSW.ACT stresses the challenge of increasing demand for aged care from the strongly growing aged population over the next 40 years.

8.1.4 Uniting NSW.ACT notes that several high-profile reviews into aged care have been conducted over the past decade and many significant issues have been identified. However, a backlog of implementing the reviews' recommendations exists. We support drawing attention to this during the Royal Commission.

8.1.5 Uniting NSW.ACT points to three recent reviews in particular that should inform the improvement of the aged care system. These reforms need to be supported and adequately funded as they have the potential to drive dramatic improvements for the care of older Australians.

- Legislated Review of Aged Care, 2017
  This review was undertaken by David Tune AO PSM, and it identifies the required shift towards home care as well as measures to ensure sustainability
- Review of National Aged Care Quality Regulatory Processes, 2018
  This review was commissioned by the Australian Government and undertaken by Ms Kate Carnell AO and Professor Ron Paterson ONZM, and it identifies the focus on quality and transparency required across the sector
- The Aged Care Workforce Strategy, 2018
  This review was undertaken by the Aged Care Workforce Strategy Taskforce and led by Professor John Pollaers OAM, and it identifies the measures required to build an adequate and sustainable aged care workforce for the future

8.2 Imagining the future – a comprehensive response

8.2.1 While this response addresses the specific question at hand, Uniting NSW.ACT intends to provide or, under the auspice of Uniting Care Australia contribute to, a more comprehensive submission on what the future of aged care may look like at a later date. Our intention is to stimulate debate and create momentum for change towards better care for aged Australians.

8.2.2 Our vision is for

- seamless, integrated and flexible services,
- availability and access based on need,
- a safety net for the most disadvantaged,
- care based on dignity and respect, and
- support for Australians to live a life of meaning and purpose, whilst maximising quality and safety right through to end of life care.

8.3 Summary of this response

8.3.1 Person-centred care needs to be implemented. Higher quality of care and greater safety will be achieved through increasing dignity and respect for aged Australians, leading to truly person-centred care by focusing on matters such as early intervention, H&CC access, respite services and a sustainable RAC model (Section 8.4).

8.3.2 Barriers to quality and safety need to be removed (Section 8.5) by addressing issues such as the aged care workforce, investment gaps, regulation and funding

8.3.3 The quality of care needs to become transparent to the client, their families the community and other stakeholders (Section 8.6) through priorities such as clear quality standards, regular measurement and the publication of performance indicators.

8.4 Person-Centred Care

Early Intervention

8.4.1 Responses to aged care needs to focus on early intervention.

8.4.2 Care that supports older people staying in their home has lower total cost than caring for a client in a RACF, and clearly lower total cost than care delivered in a hospital.

8.4.3 Re-ablement of the older person to return to their active life at home must be the goal of every health intervention. Adequate re-ablement services need to be provided to avoid episodes of higher acuity that lead to a hospitalisation and permanent move to a RACF.

8.4.4 Incentives for early intervention needs to reflect the cost savings to society of staying in the home and the re-ablement of an active life.

Greater Access to Home Care

8.4.5 Regulation and funding need to reflect the clear and overwhelming preference of older Australians to age in the home. In particular, funding for high care in the home needs to be at par with current ACFI funding available in RAC. Current funding is insufficient to progress towards, let alone meet, the need for home care. Significantly, funding for the support of people with high care needs is heavily skewed towards RAC over home care. In 2017, there were 204,000 operational RAC places in Australia. In contrast, there were only 16,000 HCP Level 4 packages – a ratio of more than 12:1 RAC vs. home care (high care needs). Whilst this ratio has improved in recent times with the provision of more home care packages, it is still estimated to be 10:1 RAC vs. home care (high care needs). The inadequacy of home care funding in Australia is demonstrated through the long wait times for accessing HCP Level 3 and Level 4 packages. Global best practice in supporting care at home includes Denmark: The ratio of RAC to home care packages (all levels of care needs, e.g. HCP 1-4) is 1:3, vs. Australia's 3:1 – a nine-fold negative difference in home care.

8.4.6 Access to specialised palliation services should be available and funded to support those people who choose to die within their home environment.

8.4.7 Care funding needs to become independent of the care setting and accommodation funding. The older person should be able to access care flexibly, while ageing in their home or setting of their choice.

Increased Respite Options

8.4.8 Adequate access to respite care is needed. Respite care enables the client to seek residential care when an episode of higher acuity makes it impossible to be cared for at home, and to return home when acuity has decreased. Respite care supports the informal carer by giving them personal time to recover from their care obligations, thus enabling the client to remain living in the home.

8.4.9 A range of respite options is required to meet the needs of clients. Options need to include day care, cottage care (short residential stay) and temporary RAC (medium-term residential stay or stay with special acuity needs). Funding and regulations need to be made more flexible to enable this access.

Residential Care models must adapt to higher acuity

8.4.10 Funding models and practice within residential care must adapt to meet higher acuity of clients. Clients entering RAC in the future will have higher acuity than today as more clients are supported at home with in home support, for longer. The nature of RAC will therefore continue to evolve towards dementia care and palliation.

8.4.11 Industry standards for dementia care need to be established and adequate funding provided. Dementia care requires a skilled and specialised workforce, tailored environments, personalised care approaches, innovative care delivery, and smaller residential units.

8.4.12 Unnecessary hospitalisations for clients entering palliative care need to be avoided to maintain continuity of care and environment. Palliation can be delivered more cost effectively in a RACF than in a hospital. Cooperation of palliative care teams and specialists with RACFs needs to be established and supported by a funding framework.

Future Innovations

8.4.13 Whilst extensive progress has been made to de-institutionalise care of abandoned children, people living with disabilities or mental illness – the care of aged Australians continues in largely congregate, institutional settings. Models that closely mimic normal social, residential patterns need to be developed as is being seen in European countries.

8.4.14 Integrated communities are a positive environment for ageing. Social participation reduces rates of depression and increases well-being. Active engagement in an intergenerational community should be a goal in caring for aged people. Government should provide flexibility of funding to eliminate barriers between different services and funding types. Attaching the funding to the consumer, independent of care setting, will free up the sector to pursue innovation.

8.4.15 Government should implement client data sharing between services involved in caring for older people. Building on our response to Q7 on enabling the exchange of medical data, a wider exchange and collaboration of care providers is required as a platform for consistent and connected quality care.

8.4.16 Specialist disability models, including addressing accommodation needs, need to be created and government funded to avoid persons under 65 entering residential aged care due to the lack of suitable accommodation.

8.4.17 Younger people with a disability need to be supported as they age. Funding and support needs to be adequate and continuous, both at home and in supported accommodation facilities or RACFs.

8.4.18 Access to hospices that provide sub-acute care should be increased for clients with more complex medical needs. Hospices provide a respectful and dignified environment for dying.

8.4.19 "Hospital in the Home" needs to be explored, both in the home and in RAC. Teams of outreach doctors and specialist nurses could provide sub-acute services, rehabilitation, "step-down" services after a hospital stay, and chronic disease management. Harmonisation of funding between the health and aged care sector is required as well as introduction of personalised care packages.

Delivering person-centred outcomes

8.4.20 Care outcomes need to be regularly assessed, based on client expectations, provider standards, and regulatory requirements of care. This assessment needs to be mandatory and transparent, and reviewed as part of accreditation requirements.

8.4.21 Person-centred outcomes are best delivered through a flexible workforce built around specific client needs. Simple fixed staffing ratios, in particular for higher skilled registered nurses, are not a suitable solution to the complex problem of delivering person-centred care.

8.4.22 A sector workforce strategy is required. Workforce training and skill development is required to enable carers to drive client outcomes. Uniting NSW.ACT supports the need for government to fund and implement the Aged Care Workforce Strategy (John Pollaers, 2018).

8.4.23 Carers need to be able to deal with the full diversity of client needs. Palliation and dementia care in particular will become more prevalent. Agreement on outcomes of good care in these fields has to be established, in particular around dignified dying. Workforce, environment, expert skills and regulation need to come together to create positive outcomes.

Affordability for the most vulnerable

8.4.24 Aged care must be affordable for clients with low means.

8.4.25 Government needs to provide a safety net that provides adequate care for all aged Australians with established needs.

8.4.26 Clients need to contribute to aged care in relation to their means. Means testing needs to include all assets, including the primary home (cf. Inquiry into Aged Care (Caring for older Australians), 2011, recommendation 7.7). We need to be brave and debate this measure if we are to create sustainability.

8.5 Removing Barriers to Quality and Safety in Aged Care

Sustainable funding for Aged Care

8.5.1 A coherent and comprehensive response is required that creates a national agreement on what care Australia believes its aged citizens deserve and what all citizens need to contribute, monetary and otherwise, to make this happen. Australia needs an open an honest conversation about what good care looks like, to what level Australia wants to provide this to its aged population, and how this is going to be funded. Past reviews have established the issues to be solved.

8.5.2 Among these issues, Uniting NSW.ACT calls out in particular that fairness and sustainability are critical.

8.5.3 To this end, Government needs to take responsibility and fund the sector based on clearly identified and agreed client-driven outcomes. Outcomes must become the basis of both the model and quantum of funding provided.

8.5.4 Government needs to require fair contributions from customers with personal wealth in relation to their means. Means testing needs to include all assets, including the primary home.

8.5.5 Adequate funding is required for aged care in regional and remote areas. Aged care should be available and accessible where people live. To not fully recognise the additional costs inherent in providing support in regional and remote areas is to not be adhering to this principle.

Increase needed in Residential Aged Care Funding

8.5.6 A step change in the quantum of funding per person is needed. Older Australians demand and deserve increased quality and safety, and this will require adequate funding. One group of stakeholders is calling for 4.1 hours of care per client per day, which represents a 30% increase in staffing on industry averages. Further, Uniting NSW.ACT notes that the average care funding through ACFI in RAC is around $250/day. It becomes clear that this amount is inadequate when compared to care funding in a hospital of at least $800+/day.

8.5.7 A step change in the funding mechanism is also needed. The ACFI funding mechanism is no longer adequate for residential aged care. The government-commissioned Resource Utilisation and Classification Study (RUCS) is being undertaken by the Australian Health Services Research Institute at the University of Wollongong (AHSRI) to review care funding. RUCS has identified that the ACFI funding instrument is inadequate because it does not focus on what drives care costs, does not sufficiently discriminate between residents, has inequitable outcomes (geographic and socioeconomic) and creates perverse incentives for income maximisation resulting in funding uncertainty. ACFIs fundamental flaw as a funding instrument is that it focuses on deficit of the client.

8.5.8 The RUCS analysis has further identified that there are fixed versus variable costs of service delivery in residential aged care. This is not present in the ACFI instrument with all funding treated as variable. These features mean providers are forced to continually reassess the client. Providers must regularly re-work the funding instrument by identifying deficits in the client's ability to ensure resources match the increasing care needs of clients and the increasing costs of providing care.

8.5.9 These design flaws exist in the context of a funding system where a significant proportion of the industry struggles to break even on providing care services (Aged Care Financial Performance Survey, Quarter ending September, StewartBrown, 2018)

8.5.10 A framework for the future of aged care needs to be agreed. This framework of course needs to include a focus on the individual, the creation of compelling regulation and greater co-ordination of sectors. However, funding cannot be ignored because it is a key enabler to quality care.

Home Care packages and funding based on assessed need

8.5.11 Government needs to urgently provide adequate funding for its established policies and services. HC packages are assigned based on assessed need. Current excessive wait times of 18 months are not acceptable, in particular for clients with high care needs (HCP4). Often the only viable alternative for these clients is to enter RAC, ending their ability to live and age in the home. This leads to higher overall cost of care to society because care (accommodation and care provision) is more expensive in RAC vs. the home.

Workforce

8.5.12 Government needs to take an active role in regulation and mobilising the sector response. Person-centred care that includes palliation and care for dementia requires a

significantly upskilled workforce, for both management and care staff. These issues need to be addressed to ensure a sustainable future for the sector as demand for care staff will increase strongly as the number of older people increases.

8.5.13 Uniting NSW.ACT strongly supports The Aged Care Workforce Strategy (Pollaers, 2018) and urges its immediate implementation. Australia's aged care workforce receives low rates of pay and lacks attractive career paths. Implementation of the Strategy will be a significant contribution to improving aged care in Australia. It must be noted that these changes need to be adequately funded by government.

8.5.14 As outlined above in 8.4.21, Uniting NSW.ACT does not support the implementation of fixed staffing ratios as this approach would not deliver the best outcomes for clients or a sustainable aged care sector.

Facilities, Services and Providers

8.5.15 Significant innovation, organisational development, investment in facilities and staff needs to occur to deliver true person-centred care. This is a step-change in care delivery, not merely a marketing message. While it is the responsibility of providers to provide care in line with upcoming regulation, government needs to note the size of the task, monitor the successful implementation of regulation, and ensure adequate support and funding.

Regulation

8.5.16 A coherent and harmonising regulation that enables flexible and easy access to all aspects of aged care based on client needs - independent of the care setting of home, respite, RAC or other places of accommodation needs to be developed. The assessment of care needs to be harmonised between home and residential care, and between aged and disability care. One independent and reliable assessment of needs must become the gateway to accessing the full range of care services.

8.5.17 Changes in decision making approaches are happening with consumer directed care and this impacts management of risk. This means that individual clients accept greater or lesser levels of risk than is sometimes contemplated by the regulatory framework as being imposed on Approved Providers like Uniting NSW.ACT. Further improvements in the regulatory framework in order to facilitate this changed decision making may be required.

Professional disciplines involved in aged care

8.5.18 Government needs to take on the task of understanding the complexities of care provision to enable pragmatic yet comprehensive solutions. Best-practice aged care is based on a combination of complementary professional skills that are combined with provide choice and control that support a life of meaning and purpose.

8.5.19 Best-practice person-centred care is significantly different from previous more clinical and transactional care models. As such, no single discipline has the solution to issues in care observed in previous reviews. Narrow recommendations, for example a mandatory 24/7 presence of a registered nurse in all aged care facilities, will not solve the complex issue in the delivery of best outcomes for clients.

The aged care industry

8.5.20 There is a need for the sector to articulate its vision for aged care and enter into a dialogue with government about how to achieve the best outcome for Australia's aged population. In the past, the sector overall has been reactive to government and its regulation. While the sector needs to organise a co-ordinated response through its peak

bodies, it appears unlikely to succeed with sufficient speed unless government actively supports this conversation.

8.5.21 Governments should encourage a spirit of collaboration and best-practice sharing among providers. The Australian aged care sector is small and fragmented by international comparison. Individual providers have limited means to develop and fund innovation. It is unlikely that a competitive, market-based approach will lead to optimum outcomes for clients. Key areas for sector collaboration are development of care practices and associated workforce training, establishment of teaching facilities (like teaching hospitals in health care), and centres of excellence in dementia and palliation.

8.5.22 Providers need to be held accountable for their care through a clear, responsive and impactful quality and complaints mechanism. Aged care clients are vulnerable, and they and their families need a reliable mechanism to voice and resolve failures in care. Uniting NSW.ACT supports the implementation of the Review of National Aged Care Quality Regulatory Processes (Carnell Patterson, 2018).

Community expectations

8.5.23 Australia needs a shift towards valuing its aged population and the workers that care for them. Uniting NSW.ACT supports the implementation of the Aged Care Roadmap (2016) and its focus on changing the attitudes of society towards ageing and aged care.

8.6 Transparency of quality of delivered care

8.6.1 Reliable measurement of care quality and publication of results are required to enable clients to make informed choices for care. Older people and their families currently cannot easily assess information about the quality of care provided in aged care services.

8.6.2 We express our support for the roll-out of the National Indicator Program for Aged Care, having participated in the pilot of that program. We believe that the transparency associated with this program, through a suite of clinical indicators for the sector, is an important step for the community, providers and the regulator.

8.6.3 Accreditation requirements are not reliable indicators of care quality. A person-centred approach for measuring care quality needs to be developed and mandated across the sector. This approach should provide information about care outcomes, staffing levels by staff skills, and incidents/complaints and their resolution.

8.6.4 Indicators of quality need to measure inclusiveness to LGBTI clients and carers, Aboriginal and CALD clients, and to other diversity groups.

8.6.5 The sector needs to work actively with the new Quality and Safety Commission to achieve wholistic outcomes, not just episodic responses. Uniting NSW.ACT supports the adoption of a quality management approach that goes beyond meeting requirements and regulations, towards excellence in quality of care. Quality First, a framework by the National Care Forum in the UK, is an example. This approach draws from similar programs such as Magnet in the USA and 2 hospitals in Australia where they have achieved this additional accreditation. Pursing excellence provides an opportunity for providers who wish to be transparent and showcase quality as a point of differentiation.