Inquiry into the Effectiveness of the Aged Care Quality Assessment and accreditation framework

Senate Community Affairs References Committee

Bupa Submission

Contact:

Rebecca Cross
Head of Government, Policy and Regulatory Affairs
Bupa Australia
L 13, 33 Exhibition Street, Melbourne, 3000

W: www.bupa.com.au/healthandcaring

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Executive Summary

Bupa is grateful for the opportunity to provide feedback to the Senate Community Affairs References Committee ("the Committee") as part of the Inquiry into the Effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised ("the Inquiry"). We are committed to delivering high quality health and care for our nearly 7,000 residents, and working collaboratively with the Government, the Australian Aged Care Quality Agency (the Quality Agency), the Aged Care Complaints Commissioner (ACCC) and the Department of Health (the Department) to promote continuous quality improvement across the sector.

We acknowledge this Inquiry has been called following the failings at the Makk and McLeay wards at the Oakden campus of the South Australian Older Persons Mental Health Service, managed by the Northern Adelaide Local Health Network. At Bupa, we were deeply distressed to learn of these failings and also recognise that public confidence has been adversely affected by the Oakden Report and subsequent media coverage.

In Bupa's view, these failings were not detected early due to both an auditing failure, as well as poor communication between the different agencies involved. We must stress however, that we do not believe the failings at the Oakden campus of the South Australian Older Persons Mental Health Service should be considered representative of the quality of care provided by the aged care sector.

Further, with exception to this clear failing, Bupa broadly considers the existing regulatory processes are robust and fulfil their intended purpose. However, there is always room for improvement and as such, we welcome this Inquiry and have identified below some features of the exiting aged care quality regulatory process that we believe should be retained, as well as some suggested areas for reform.

This submission seeks to respond directly to the Terms of Reference. Accordingly, we have set out several features of the existing arrangements that we believe currently work well and which should be retained, as well as setting out some suggestions as to how the existing arrangements could be improved.

Specifically, we believe improvements could be made to the aged care quality regulatory processes through a focus on enhancing consistency and reducing subjectivity in the accreditation and monitoring process; redirecting accreditation and monitoring resources so there's an increased focus on providers at 'high risk' of non-compliance; adjusting approaches to non-compliance; establishing one, integrated organisation that is responsible for all aged care quality and complaints issues; shifting from a punitive approach to one that is based on collaboration; streamlining the complaints process; and improving injury prevention, monitoring, reporting mechanisms.

Additionally, Bupa contends that the urgent need to develop an adequate and sustainable aged care funding model must also be recognised as part of this Inquiry. For without reform to the existing funding model, it is inevitable that the quality of aged care delivered in Australia will diminish over time - regardless of the effectiveness of the aged care accreditation, monitoring, review, investigation, complaints and compliance processes.

Recent changes to residential aged care funding – particularly the indexation freeze and changes to Aged Care Funding Instrument (ACFI) complex health care (CHC) domain - are threatening the sustainability of the sector and its capacity to provide high quality care to residents, including those with complex care needs. These recent changes are making it increasingly difficult to provide the high level of care required for residents with complex care needs, within the aged care home. Where the care cannot be delivered in the aged care home, due to inadequate funding, people will increasingly need to be unnecessarily transferred to, and cared for in, the more-costly hospital setting. This is a very poor outcome for the resident, their family and the health and care system more broadly.

These threats are arising at the same time as the sector faces many future challenges due to our ageing population and increasing incidences of dementia. We need to avoid a situation like that of the United Kingdom, where ongoing reductions to aged care funding have resulted in approximately 25% of acute care beds in hospitals being occupied by people with dementia and aged care facilities continue to close[i].

It is much costlier to deliver care in an acute, hospital setting. The average revenue available to provide care in the residential aged care sector is approx. $260 per day, significantly less than the private ($1,239) and public ($1,400) hospital sector and inpatient palliative care (c.$950)[ii]

Currently, Return on Capital Employed ratios in the Australian aged care sector are so low that without reform, it is highly likely that most providers will not be able to continue investing in new homes, refurbishing old ones, or buying out providers who may be forced to close due to funding pressures.

Sustainable funding arrangements are needed to enable the delivery of quality care for residents that is centred on their needs - supporting their independence and allowing them to live their final years in comfort and with dignity and respect. It is also required to encourage long term investment in the sector, so that the projected growth in demand for aged care beds and workers can be met. Sustainable funding will help the sector attract, upskill and retain a high quality aged care workforce – from geriatricians, to specialised GPs, nurses, care workers and other support staff.

Bupa recognises that in the current budgetary environment, it is not realistic to expect the Government to increase funding. We therefore believe the Productivity Commission's recommendation to move to market-driven aged care funding[iii], where people who can afford it contribute to the cost of their personal care (while those who cannot afford it continue to be heavily subsidised), should be seriously considered as part of much needed national conversation on ageing and aged care. While we acknowledge it is often not a simple process to reform funding, Australians expect and deserve high quality aged care - whether it be for themselves or their loved ones – and urgent funding reform is required if we want to ensure Australians can continue to access high quality aged care that keeps them safe, well cared for and provides a good quality of life. COTA research also found that consumers don't mind if people are being asked to pay more if they have the capacity to afford it. But they do want more choice and a better-quality system. [iv]

While the Inquiry is focused on the Effectiveness of the Aged Care Quality Assessment and accreditation framework, we urge the Committee to make the case to Government that ultimately

quality of care requires adequate funding – not only to attract and retain a high-quality workforce in the sector, but also to properly cover the costs of complex, multidisciplinary support for residents with complex care needs.

About Bupa Australia and New Zealand

We are part of the global health and care group, Bupa. Our purpose is longer, healthier, happier lives. We do not have shareholders and this allows us to reinvest our profit into more and better health and care to deliver our purpose to around 32 million customers globally.

In Australia and New Zealand, we are an increasingly diverse health and care company. In addition to our health, travel, pet, car, and home insurances, we operate dental clinics, aged care homes, retirement villages, optical stores, general practice (GP) clinics, rehabilitation centres, and wellness and medical visa services.

Bupa is one of Australia's largest private provider of residential aged care, employing almost 10,000 people across 71 homes to deliver personalised care to nearly 7,000 residents, approximately 70 per cent of whom are living with forms of dementia.

Under the Bupa Model of Care, care is delivered to our residents through a multi-disciplinary team, consisting of Registered Nurses (RNs), a General Practitioner in some homes, and a General Manager who all work together to manage the health and wellbeing of our residents in a truly Person First way. Residents can benefit greatly from this improved access to CHC, early referral to specialist and allied health services, early intervention for new and evolving conditions, and continuity of care with a General Practitioner who is acquainted with the resident and family.

Summary of Recommendations

Recommendation 1 - That a single quality assessment and monitoring framework be applied to the aged care sector

Recommendation 2 – That the Quality Agency set out to improve the consistency of assessor behaviours and approaches

Recommendation 3 – That the Quality Agency increase the number of files sampled in homes with less than 100 residents, to at least 10

Recommendation 4 – That the Quality Agency carry out digital desktop reviews, in addition to gathering feedback and observations

Recommendation 5 – That the Quality Agency work with providers as they carry out accreditation and monitoring processes

Recommendation 6 – That the approach of the Quality Agency moves to a best practice/certification process, where quality-assured providers are checked less regularly and high-risk more often

Recommendation 7 – That the Quality Agency shift to reviewing governance systems and processes in place, at a provider level

Recommendation 8 – That the Quality Agency work with providers to resolve not-mets and return to do reassessments

Recommendation 9 – That the use of sanctions is improved, by shifting to a consultative approach that focuses on building infrastructure and capacity within the home

Recommendation 10 - That a single agency encompassing functions of the Department, Agency and Complaints Commission is established – or, at a minimum, the inconsistencies in application and coordination between the agencies is addressed

Recommendation 11 – That the Quality Agency improves knowledge and capabilities of regulatory staff, particularly in relation to engaging with people with mental health issues

Recommendation 12 – That a new amnesty arrangement be introduced, where providers can proactively contact the Quality Agency to work collaboratively on rectifying issues

Recommendation 13 – That the Quality Agency shift regulatory activities and oversight to be more outcomes-focused

Recommendation 14 - That the Quality Agency promote continuous quality improvement by working with providers and sharing information on non-compliance themes and key learnings

Recommendation 15 – That the Aged Care Complaints Scheme is amended to ensure that complaints which have been investigated and closed cannot be repeatedly reopened and investigated

Recommendation 16 – That steps are taken to improve communication between consumers, providers and ACCC throughout the complaints process

Recommendation 17 - That it be a requirement for providers to demonstrate they have, and adhere to, robust governance arrangements in place to appropriately deal with serious incidents

Recommendation 18 - That an evidence-based approach is taken to considering the merits of any potential changes to the aged care quality regulatory processes

Recommendation 19 - That any potential changes to the aged care quality regulatory processes do not create unnecessary administration burden that redirects resources away from delivering aged care

Recommendation 20 – That the Government establishes an innovation fund which seeks to promote the development and adoption of digital technologies that enhance the delivery, measurement and reporting of aged care

Recommendation 21 – That a detailed consultation (with Government, providers and consumers) be established to create a road map for delivering comparable and meaningful aged care outcomes data

Recommendation 22 – That consumer surveys employed by the Quality Agency be improved in design and sample size

Recommendation 23 – That aged care funding is reformed to ensure sustainability, as adequate funding is vital for the delivering quality aged care

Recommendation 24 - That a national registration scheme for Carers is established and requires Carers to hold a stipulated minimum level of qualification

Recommendation 25 – That reforms to the aged care quality regulatory processes focus on aged care outcomes or outputs, rather than inputs

Inquiry Terms of Reference

a. **the effectiveness of the Aged Care Quality Assessment and accreditation framework for protecting residents from abuse and poor practices, and ensuring proper clinical and medical care standards are maintained and practised;**
b. **the adequacy and effectiveness of complaints handling processes at a state and federal level, including consumer awareness and appropriate use of the available complaints mechanisms;**

Effective elements of the existing aged care quality regulatory process

Bupa believes the existing processes to accredit and monitor residential aged care services are broadly effective. Specifically, we believe the assessment and accreditation framework works well and that the focus on continuous improvement should be retained and strengthened.

As per our submission to the Single Aged Care Quality Framework Consultation, in the context of the existing aged care quality regulatory process, Bupa supports the proposed new Aged Care Quality Draft Standards and “Option 2”, which would mean a single quality assessment and monitoring framework would be used to assess performance against aged care quality standards, across all residential and flexible care services. Bupa strongly believes a nationally consistent, outcomes-based approach should be applied to the residential aged care regulation and standards. They should be evidence-based, appropriate, efficient, and effective in ensuring people receive high quality residential aged care.

Bupa also supports the maintenance of unannounced visits by the Quality Agency as we believe these are an important element in ensuring compliance. We also suggest that the Quality Agency should apply increased emphasis on providers who are deemed to be at high-risk of non-compliance by monitoring these providers more closely and perhaps conducting more than one unannounced visit as part of this increased monitoring.

With respect to the Aged Care Complaints Scheme, Bupa believes the existing processes enable the Aged Care Complaints Commissioner (ACCC) to ascertain a great deal of information from a provider. Therefore, we believe the aged care complaints process is robust and goes a long way to hold providers to account. In our experience, the escalation process and recruitment of people with clinical expertise within the ACCC also means that a very high level of detail is ascertained and addressed.

Recommendation 1 - That a single quality assessment and monitoring framework be applied to the aged care sector

Aged care quality regulatory processes – potential improvements

a) The application of accreditation processes could be tightened to enhance consistency and reduce subjectivity

While we believe existing accreditation processes are robust and are broadly effective, the way they are assessed and monitored by the Quality Agency's Assessors could be improved. Across Bupa's 71 care homes we see wide variation in how Assessors behave, approach and implement the accreditation assessment and monitoring processes. Bupa considers this inconsistency to be the most significant feature of the existing aged care quality regulatory process to require improvement.

In our experience, there appears to be enough ambiguity in the way accreditation and monitoring processes are meant to be applied by assessors, that a level of subjectivity and interpretation can be applied, resulting in different approaches being taken by different assessors.

For example, accreditation involves triangulation between observation, documentation & feedback, which we believe is a crucial element and should therefore be maintained. However, the way Assessors implement this is inconsistent – for instance, sometimes the three are not triangulated, or sometimes they are, but with varying emphasis on each of the three sources of information.

Further, currently only 10% of resident files are sampled as part of the triangulation process. Bupa believes that in homes with less than 100 residents, 10% is too few and that this can lead to important things being missed. Therefore, we suggest this be changed so that 10% of files are sampled for homes with more than 100 residents, and where the home has less than 100 residents, at least 10 files are sampled. We also believe digital, desktop submissions should be carried out, in addition to the feedback and observations that are carried out by the Quality Assessors.

Lastly, while we understand and support the Quality Agency maintaining the highest levels of independence from providers to ensure its assessment and monitoring is done so without any interference, we believe there is some room for improvement in the way accreditation and monitoring is carried out. For example, the Quality Agency can visit a provider for an accreditation audit or an unannounced visit and form conclusions based on a small sample of information. These conclusions are then finalised and put to the provider upon completion of the audit or unannounced visit, at which point a provider replies with more information. This can go back and forth numerous times when the conclusions drawn by the Assessor are incorrect. This kind of transactional approach is very administratively burdensome and inefficient. Both the resources within the provider, as well as the Quality Agency would be more effectively and efficiently applied if the Quality Agency worked through the accreditation process with the provider.

Recommendation 2 – That the Quality Agency set out to improve the consistency of assessor behaviours and approaches

Recommendation 3 – The Quality Agency increase the number of files sampled in homes with less than 100 residents, to at least 10

Recommendation 4 – That the Quality Agency carry out digital desktop reviews, in addition to gathering feedback and observations

Recommendation 5 – That the Quality Agency work with providers as they carry out accreditation and monitoring processes

b) Redirect accreditation and monitoring resources so there's an increased focus on providers at 'high risk' of non-compliance

Bupa believes it is important to apply a risk-based approach to the allocation of accreditation and monitoring resources, and we believe this type of approach should clearly underpin any potential reforms to the aged care quality regulatory processes. We note the Productivity Commission also supports this view, "the focus should be on targeted visits (PC 2009a). Targeted unannounced visits should be made to those facilities that meet certain risk profile parameters.[v]"

The current assessment and monitoring process is highly resource intensive and very costly. Therefore, we believe that accreditations and inspections need to move from a 'one size fits all' (e.g. each facility gets an unannounced and an announced inspection every year regardless of the quality of their organisation and their past record) to a best practice/certification process (wherein 'quality-assured' providers do not need to be checked as regularly).

Further, rather than reviewing continuous improvement plans at site audits, as is currently the case, we recommend a shift to reviewing the governance systems and processes in place at a provider level. For example, the Quality Agency could look at whether a provider has continuous improvement processes; self-auditing processes and outcomes; Quality Agency history; ACCC history; Management systems; regulatory compliance history (Work Health and Safety, Food Standards Australia New Zealand); and what the organisation does with clinical indicator data (continuous improvement process), and whether these are applied and adhered to.

Shifting the focus from site audits to provider audits, and focusing resources using a risk-rated approach (as outlined above), would enable assessors to focus their resources on helping at-risk providers to improve their quality (therefore safeguarding consumers who are most at risk), as well as significantly reducing the regulatory burden on high performing, low-risk providers who will in turn redirect resources into delivering clinical care.

Recommendation 6 – That the approach of the Quality Agency moves to a best practice/certification process, where quality-assured providers are checked less regularly and high-risk more often

Recommendation 7 – That the Quality Agency shift to reviewing governance systems and processes in place, at a provider level

c) Improve approaches to non-compliance

Bupa does not believe that processes to review and investigate non-compliance with the Standards are as effective as they could be, and that they need to improve. Currently, the process to review and investigate non-compliance with the Standards is too administratively burdensome – taking time

away from rectifying issues in the home, and instead diverting resources to compliance and paperwork.

We suggest the process would be improved if the Quality Agency returned to do a reassessment, all the while working with the provider to resolve the not-mets, rather than issuing a non-met and requesting large amounts of paperwork from the provider. Returning to a home to do a follow up audit would enable the facility team to focus on implementing and sustaining relevant improvement actions to resolve an issue and it would enable the Agency to see first-hand how the situation had been rectified.

Bupa does not believe sanctions are particularly effective. Following a sanction, an independent consultant goes into the home and stipulates actions that the provider needs to take and then they leave. We believe this process could be improved, as the current process does not facilitate sustainable change. A more consultative approach focused on building infrastructure and capacity within that home would help to improve quality. The current process falls short because once the independent consultant has left the home, there's a high risk that things will slip back to how they were before the assessor did their visit.

Finally, Bupa is concerned about the fact that although a provider or a facility may be found by the Quality Agency to not meet the required standards, this information generally has no impact on the status of the relevant bed licenses provided in an area, therefore the provider commonly retains the licenses. This situation provides little opportunity for other providers to step in and deliver better quality places in the area because the ratio of bed licenses has already been met although the quality may be poor.

Recommendation 8 – That the Quality Agency work with providers to resolve not-mets and return to do reassessments

Recommendation 9 – That the use of sanctions is improved, by shifting to a consultative approach that focuses on building infrastructure and capacity within the home

d) One integrated organisation responsible for all aged care quality and complaints issues

Bupa believes existing systems are broadly effective at uncovering faults and possible risks in relation to aged care quality. However, a more informed, coordinated and smart approach would strengthen regulatory efforts. For example, the current spilt of responsibilities between the Department of Health, the Quality Agency and the ACCC creates opportunity for miscommunication or discoordination between the three organisations which could be overcome by creating a single agency encompassing current functions of the Department, Quality Agency and ACCC. We note the Productivity Commission took a similar view, in their recommendation to establish a new "Australian Aged Care Commission"[vi].

Streamlining in this way could help ensure better consistency of approach, and the creation of a single culture. It would also be more efficient if a single agency looks at all aspects of an issue, when compared to the current approach where three separate agencies may be investigating the same issue. Additionally, better outcomes may be achieved, as all elements of an issue can be

looked at holistically. The single agency could be charged with reviewing the single set of standards for aged care, to assess whether this is the best approach given significant differences in settings. The ACCC would need to retain its independence.

Alternatively, a focus on addressing inconsistencies in application and coordination between agencies is required.

Lastly, regardless of whether it is a single agency or three, the capabilities of staff engaged in the regulatory function could be improved. For instance, we believe there is scope to improve knowledge of, and approaches to, the needs of residents with mental health issues.

Recommendation 10 - That a single agency encompassing functions of the Department, Agency and Complaints Commission is established – or, at a minimum, the inconsistencies in application and coordination between the agencies is addressed

Recommendation 11 – That the Quality Agency improves knowledge and capabilities of regulatory staff, particularly in relation to engaging with people with mental health issues

e) Shift from punitive approach, to improving quality through collaboration

Currently, the Quality Agency acts as a regulator and does not play a significant role in assisting providers who may be experiencing, or are at risk of having quality issues, to improve. We believe if an issue is identified, the Quality Agency could improve aged care quality if it were to play a role in enabling continuous quality improvement by working with the provider on strategies to improve outcomes. Working collaboratively with providers in this way would be a shift away from the existing punitive approach to promoting enhanced aged care quality.

Therefore, we ask that consideration be given to the establishment of a new 'amnesty' arrangement, whereby providers can proactively contact the Quality Agency and work collaboratively on setting out and activating a plan to rectify issues the provider is experiencing. A shift to this collaborative but structured type of approach could improve aged care quality and avoid situations where providers focus on simply passing accreditation, without embedding sustainable system and process improvements for the long term.

The current approach is quite punitive and so doesn't encourage openness and may instead lead some providers to avoid fully disclosing the full extent of an issue, which ultimately is not in the best interests of the people in their care. Further, we believe regulatory activities and oversight should be more outcomes-focused (shifting away from the current output focus).

Bupa also believes that aged care quality could be improved if the Quality Agency and the Department provided industry with more information on what non-compliance themes are coming through at an industry level, along with key learnings, so that we can work together as a sector to continually improve.

Recommendation 12 – That a new amnesty arrangement be introduced, where providers can proactively contact the Quality Agency to work collaboratively on rectifying issues

Recommendation 13 – That the Quality Agency shift regulatory activities and oversight to be more outcomes-focused

Recommendation 14 - That the Quality Agency promote continuous quality improvement by working with providers and sharing information on non-compliance themes and key learnings

f) Elements of the complaints process could be improved

As mentioned above, Bupa believes the Aged Care Complaints Scheme, and the ACCC, are broadly effective. However, we do note that some complaints are closed off after being investigated, only to be reopened again sometime later where the same consumer puts their complaint to the ACCC again. We do not believe this is a good use of the ACCC or providers' resources, which could be better directed elsewhere and that this needs to be rectified. Additionally, the ACCC's time frames for managing complaints can be extremely lengthy and communicating back to the provider is inconsistent.

Bupa believes that more could be done to improve the communication between consumers, providers and the ACCC throughout the complaint process. Current communication of complaints by the ACCC on behalf of a complainant can cause confusion, due to what we believe is a lack of ACCC engagement with consumers early on, about the issues they wish to complain about. Instead, the ACCC often passes on a complaint, regardless of its validity which can create confusion for the complainant. For example, where a complaint is about an action the provider has taken to deliver care, in line with the Quality Standards (for example, a resident's relatives may complain about a resident being assessed as unsuitable for a bus trip, despite their family asking the home to take them out on bus trips each week). This one-size-fits-all approach to complaints, where the onus is on the provider to justify their actions, even where they are clearly in line with the Accreditation Standards, creates a great deal of administrative burden for all involved, thereby taking providers away from delivering high quality care.

Recommendation 15 – That the Aged Care Complaints Scheme is amended to ensure that complaints which have been investigated and closed cannot be repeatedly reopened and investigated

Recommendation 16 – That steps are taken to improve communication between consumers, providers and ACCC throughout the complaints process

Inquiry Terms of Reference:

c. concerns regarding standards of care reported to aged care providers and government agencies by staff and contract workers, medical officers, volunteers, family members and other healthcare or aged care providers receiving transferred patients, and the adequacy of responses and feedback arrangements;

We acknowledge this Inquiry has been called following the failings at the Makk and McLeay wards at the Oakden campus of the South Australian Older Persons Mental Health Service, managed by the Northern Adelaide Local Health Network. At Bupa, we were deeply distressed to learn of these failings and also recognise that public confidence has been adversely affected by the Oakden Report and subsequent media coverage. We must stress however, that we do not believe the failings at the Oakden campus of the South Australian Older Persons Mental Health Service should be considered representative of the quality of care provided by the aged care sector.

Standards of care: Quality aged care is about more than compliance

Bupa believes true, high quality aged care is care that goes beyond merely complying with a set of minimum standards and instead also considers, and is tailored to meet, the unique circumstances of each person. We believe quality aged care involves delivering not only high quality clinical care, but also a high quality of life.

Unlike a hospital where a person may receive acute medical care for a short period, for elderly people living in residential aged care, a care home is exactly that – it is their *home*. People in residential aged care require access to person-centred, high quality, multidisciplinary services and support. Allied health services, social and cultural services and the homes' physical environment are all examples of vitally important components required to meet the health and care needs of residents and should therefore all be considered important factors when assessing aged care quality.

To support our residents to experience high quality of life, we take a person-centred approach to everything we do. When residents first move in to our homes, 'a map of life' is created for each resident, which is essentially a picture board that helps staff gather information about the person, their life and their story. We believe it's vital to understand a resident's needs from a care perspective and that it's also critically important to incorporate the person's life story and history into their care. This can help carers to understand the personality and the experiences of the person, not just their likes, dislikes and preferences, and also how they cope with difficulties and challenges. This is particularly important for people with no family nearby, and if a resident has no-one visiting them, we arrange for someone from a community group to come and see them every two weeks or so.

At Bupa, person-centred care is delivered to Bupa residents through a multidisciplinary leadership team consisting of RNs and the home's General Manager who all work together with a General Practitioner, the residents themselves and their relatives to manage their health and wellbeing – we call this the Bupa Model of Care.

The Bupa Model of Care promotes tailored care that meets the individual needs of residents, as care needs can differ greatly from one care home to another and one resident to another. It is an innovative model that aims to promote better health outcomes for residents through access to medical services and choice in how and where they receive care. It also provides more career opportunities for Bupa employees.

The Bupa model is designed to promote early intervention and treatment of conditions, and reduce unplanned transfers from our aged care homes to the hospital.

The Bupa Management System

To ensure consistently high standards in quality of care, we have the Bupa Management System (BMS) library that contains all repeatable processes. The BMS directs staff through Work Instructions (WIs) that describe what you need to do in your role every day. BMS is accessible to all employees on the Bupa Aged Care Intranet site, either via a staff kiosk or with an individual login on care home computers. Essential WIs are printed and provided in folders to care homes for business continuity purposes.

In addition to care and clinical services, we believe the home environment is a critical feature of high quality aged care. In New Zealand and Australia we've built a number of new homes to our own specifications. This is allowing us to implement some innovative new ideas about the best way to organise space inside a care home, right down to details like colour and lighting. We want to make the home feel like a home, from furnishings to floor coverings. Likewise, we make sure our accessories aren't just decorative, but have some meaning, such as artwork that evokes past decades or residents' wedding photos.

Australia's new-builds are 144-bed homes divided into units of 36. We call them "communities" so that it feels more intimate for our residents. Within each community we have smaller 'destination' areas that enables residents to move about, stay active and socialise. These include libraries and reading rooms, sewing rooms, and 'men's rooms' with TVs to watch sport and with sport-related décor. Retro-fitting older homes is harder, but some of the same atmosphere can be achieved by using partitions to divide up the space, and allocating rooms for different purposes at different times of the day. And we have pets too — people love the company of animals and it's been proved that they can help reduce stress.

Food, nutrition and dining experiences also play an enormously important role in residents' general health and wellbeing and are important aspects when considering aged care quality. We provide in-house catering, ensure that our residents have the time they need to eat properly, and as much as they want, respecting personal preferences. We also put significant effort into making sure the dining experience special for our residents by, for example, making our dining rooms look and feel like a café or restaurant.

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Person First: Improving the lives of people living at Bupa Woodville

Bupa Woodville was awarded a Better Practice Award from the Australian Aged Care Quality Agency in 2016, in recognition for implementing Person First care that enhanced residents' quality of life and clinical outcomes, as measured by:

- Reduced rate of incidents
- Reduced frustration being felt by residents, resulting in potentially aggressive behaviour towards other residents and staff
- Reduced use of psychotropic medications
- Reduced rates of employee turnover
- Fewer complaints regarding behaviour management

The program reduced the rate of physical aggression amongst residents and morale in the home increased, which reduced staff turnover.

The use of doll therapy and art therapy has also helped with the reduction of aggression as well as a reduction in falls.

Other results included a resident no longer using psychotropic medication. This resident lived with emotional outbursts and panic episodes. Through a Person First approach, the team learned that the resident used to be a RN and loved walking. The Care Manager dedicated 30 mins of their day to walk with the resident as well as work together filling out blank assessment forms.

Responses and feedback arrangements

As mentioned above, knowing and understanding the needs of the residents we care for and their loved ones is at the heart of the Bupa Model of Care. Open and honest feedback from residents, residents' families and our employees is a key component that enables us to understand and respond to our customers' needs and preferences. As such, we take the recording, analysis and actioning of feedback very seriously.

We encourage our residents and their relatives to share feedback about services or make suggestions for ways in which a service could be improved by speaking to the leadership team at the care home or the Regional Director who frequently visits the home; contacting Bupa's Clinical Service Improvement Team; or the ACCC. We provide information on how to pursue these avenues within the Resident Handbook which is provided upon entry to our home; in posters displayed around the home; and in brochures available at the home and upon request.

As well as our open, regular, ongoing relationships and engagement with residents and their residents, Bupa regularly, systematically and proactively seeks feedback through several avenues. These include: resident and relative meetings; an annual survey which deidentifies residents and

next of kin and is analysed and actioned for continuous improvement purposes; customer focus sessions, which involve each home's leadership team coming together weekly to discuss and action customer feedback.

Highlights from Bupa's 2017 Annual Feedback Survey

- Relatives rated their overall satisfaction with Bupa as an 8 out of a possible 10
- Bupa scored an average overall rating 7 or higher across all categories measured. Categories include: staff, physical environment, food, activities, care, relationships and communication, and dementia care

In addition to these resident and family focused feedback avenues, our employees can share feedback and suggest improvements to repeatable processes via our BMS Service Improvement process and they can utilise "Speak Up", a confidential reporting mechanism that can be used to report issues and concerns (as an alternative to raising these directly with a manager).

Bupa's free Aged Care Support Line

At Bupa, in addition to ensuring we capture and act on feedback, we make a concerted effort to provide residents and relatives with transparent, relevant and easy to understand information about aged care, because we recognise that the aged care system can be difficult to navigate.

In addition to providing several written resources, we deliver an Aged Care Support Line - a free-call number that we make available to all Australians, not just Bupa customers. The support line provides information relevant to entering aged care including aged care payment arrangements and accommodation options.

In addition to our numerous mechanisms for gaining feedback, Bupa has a robust complaint process that is in line with the Aged Care Complaints Commissioner's Better Practice Guide (see Figure 1, below).

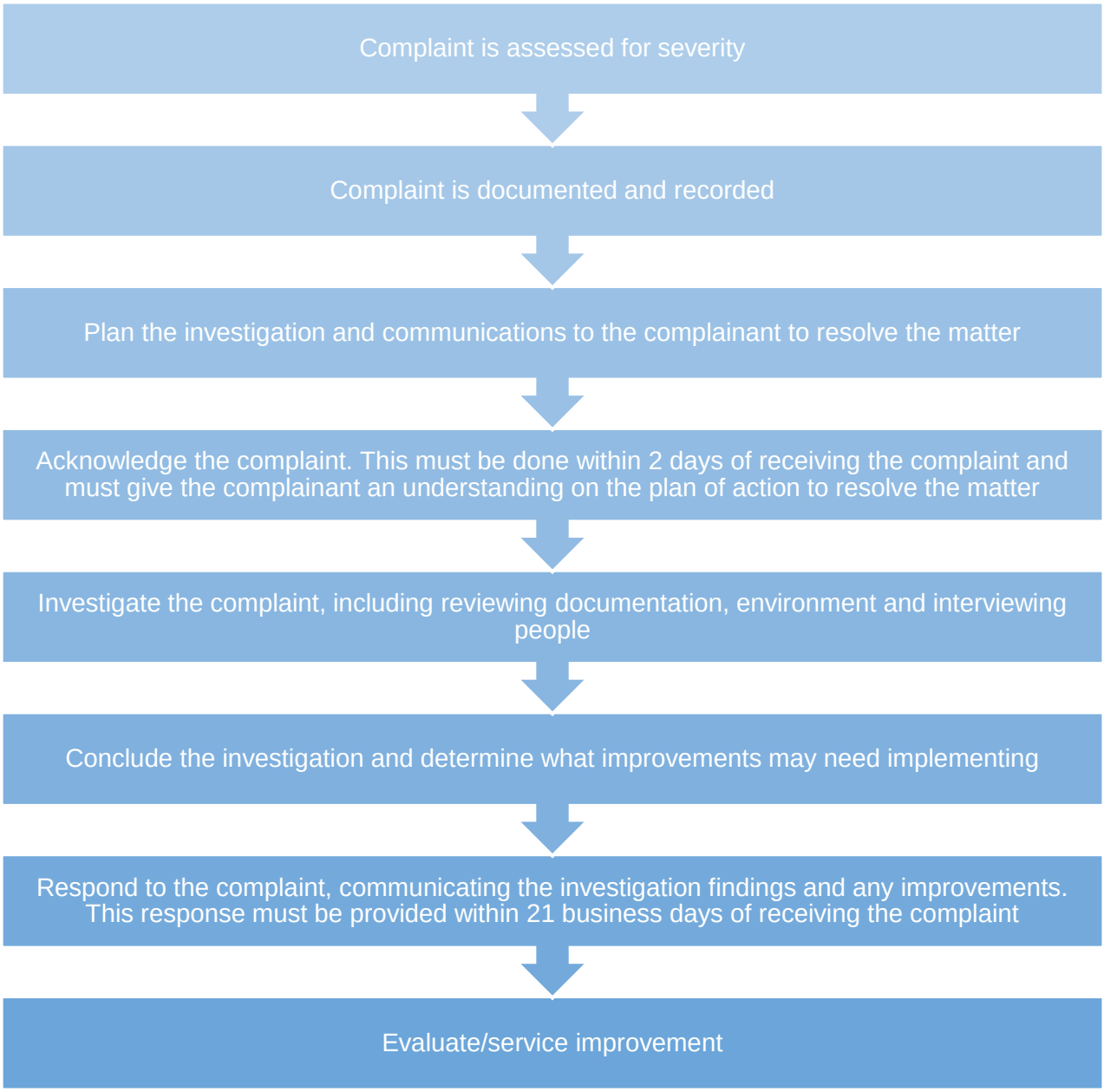

Figure 1 - Bupa's complaint process

Once a complaint is resolved, Bupa looks to make service improvements, as part of our continuous quality improvement processes. There are three main ways in which this is done: by amending the Bupa Management System with a service improvement; by updating the home's continuous improvement process; and lastly, as a global provider of aged care, we share learnings from our aged care homes around the world to continually improve our practices and procedures.

Inquiry Terms of Reference

d. the adequacy of medication handling practices and drug administration methods specific to aged care delivered at Oakden;

We have not addressed this item as we note that it specifically relates to care delivered at Oakden.

Inquiry Terms of Reference

e. the adequacy of injury prevention, monitoring and reporting mechanisms and the need for mandatory reporting and data collection for serious injury and mortality incidents;
f. the division of responsibility and accountability between residents (and their families), agency and permanent staff, aged care providers, and the state and the federal governments for reporting on and acting on adverse incidents; and

Injury prevention, monitoring, reporting mechanisms could be improved

Currently, providers are required to report (within 24 hours) allegations, incidents or suspicions of unreasonable use of force or sexual contact, or where a resident is missing. In Bupa's view this current arrangement does not go far enough and could be viewed as a 'tick and flick' exercise – for example, a resident with dementia may claim to have been assaulted. Under the current arrangements, a provider would be required to report this to Police (in many instances with no evidence) and the Department. In our experience, Police are often unable to action this information in any meaningful way due to there being no evidence, and the challenges associated with following up on allegations involving people with cognitive impairment. Therefore, Bupa believes it should be a requirement for all providers to thoroughly investigate serious incidents when they occur. As such, it should be mandatory that all providers have a process and governance procedures in place to deal with serious incidents.

Lastly, we note the Australian Law Reform Commission recommended that a Serious Incident Reporting Scheme be established and that providers be required to report to an independent oversight body[vii]. As outlined above, we suggest a streamlined approach needs to be taken to the regulation of aged care quality to ensure improved consistency, coordination and communication and therefore we do not support the establishment of any new body.

Further, Bupa strongly believes that amendments to processes involved in reporting of serious incidents should only be made where there is a strong evidence base for how such changes will improve outcomes for people living in aged care. In addition to an additional body creating potential increased confusion and therefore potentially increased likelihood that incidents will fall between cracks, we are not aware that there is any evidence to support this recommendation and we believe

it will create an extremely high administrative burden that would redirect clinical resources away from delivering care and not necessarily improve existing arrangements.

Recommendation 17 - That it be a requirement for providers to demonstrate they have, and adhere to, robust governance arrangements in place to appropriately deal with serious incidents

Considerations for reforming monitoring and reporting mechanisms

As outlined above, Bupa believes there are some areas where the aged care regulatory processes could be improved with respect to monitoring and reporting mechanisms. However, we strongly urge the Committee to consider the administrative impact any potential reforms may have, as administrative burden is already high in the aged care sector and administration redirects much needed resources to managing red tape and paperwork at the expense of delivering aged care.

This was highlighted in the Productivity Commission's report, "The Australian aged care system is considered by both stakeholders and international peers to generally provide good quality services. But emphasis on process and documentation to enforce standards reduces time available for greater face time with clients."[viii]

Further, as consumer preferences, demands and technologies continue to evolve over time, it will be increasingly important to ensure that regulation encourages and supports innovation in health and care delivery. Ensuring there are no barriers to innovation will be essential to ensuring that Australia continues to have a sustainable, vibrant and world-class aged care sector that meets the needs and preferences of consumers.

Recommendation 18 - That an evidence-based approach is taken to considering the merits of any potential changes to the aged care quality regulatory processes

Recommendation 19 - That any potential changes to the aged care quality regulatory processes do not create unnecessary administration burden that redirects resources away from delivering aged care

At Bupa, an incident is defined as 'event or circumstance which could have or did lead to unintended harm to a person, loss or damage.' We have several policies and procedures in place to respond to and act on an incident being reported (please see Figure 2 below for an overview). These are documented in the Bupa Management System so that all our staff can access them at any time. In addition, training is provided to all staff to ensure they can recognise and respond to an incident should one occur.

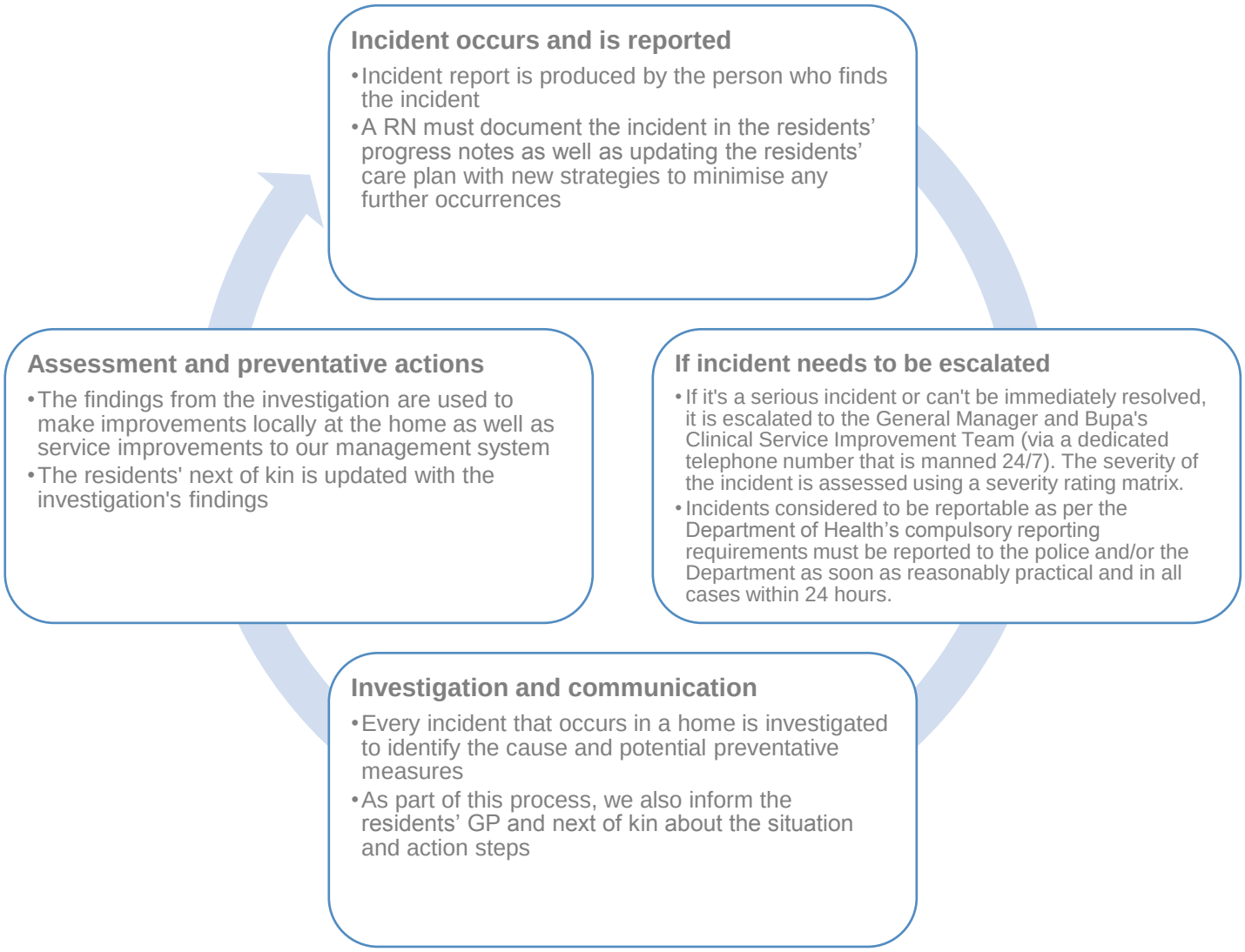

Figure 2 - An overview of Bupa's incident process

Acting on adverse incidents

Bupa does our utmost to protect our residents in response to any alleged incident that relates to potential staff misconduct or where staff actions may have placed residents and/or employees at risk. In such cases, Bupa immediately suspends the employee concerned, on full pay, pending a full and thorough investigation. We also seek to notify the residents' relatives straight away. In addition to this we offer support to the staff involved by providing them with access to our Employee Assistance Program, noting that staff are suspended regardless of whether there is any evidence to support the allegation against them, and this can be quite upsetting.

In addition to taking immediate action to safeguard our residents, Bupa has a continuous improvement process designed to identify opportunities and achieve ongoing best practice. As part of this process, the Bupa Clinical Service Improvement Team use closed-off complaints to communicate key learnings to our homes' General Managers through newsletters and educational sessions. We also regularly review our complaints process to ensure it is working effectively; that

residents and their relatives can easily make complaints; and that our processes for redressing any complaints are both effective and transparent.

Similarly, if a serious incident occurs, the Bupa Clinical Service Improvement Team will conduct a desktop review at the home. The findings from this review lead to making improvements locally at the home, as well as service improvements to the Bupa Management System. Additionally, at our General Manager and Clinical Forums, which are held three times a year, case studies are presented in order to share learnings with General Managers. The case studies are created out of root-cause analyses, high risk complaints and Coroner's cases.

Each aged care home also regularly undertakes self-audits as part of the continuous quality improvement process. This includes mock audits (clinical care and environmental audits) and accreditation self-assessments (relating to all four Quality Standards). Action plans are generated from best practice gap analyses, and Bupa's Clinical Service Improvement Team assesses outcomes upon completion.

Measurement and data

Bupa strongly believes that increased data collection and more involved reporting would provide greater transparency, accountability, helpful information for customers, and greater continuous improvement outputs for providers.

As an international aged care provider, we bring together key data and personnel from our aged care businesses across the world to determine better practice and to benchmark key indicators. From this work, a quarterly dashboard report is produced which includes information on rates, trends and narrative explanations. We also have robust governance systems to oversee and act on this information – for instance we operate a local Clinical Governance Committee, as well as a Board-level Clinical Governance Committee.

At an industry level, a large amount of work is underway to improve aged care quality data and reporting. However, there is still much work to be done to ensure that there is consistent, comparable information on all providers' performance and outcomes. This is because currently, data collection, reporting processes and systems vary greatly across the sector (and in many cases, are paper-based) so the data cannot be compared like-for-like. Central to improving data and aged care measurement is the need to move to a digital environment whereby data and analytics can be used to inform the assessment process.

This lack of comparable data and benchmarking of aged care quality, in combination with existing aged care regulatory processes being punitively-focussed, hampers the sectors' ability to share meaningful information that is useful for consumer decision making or continuous quality improvement across the sector. Bupa believes this is an important issue that could be greatly improved with investment, and through detailed consultation with providers, government and consumers.

We also note and support the Technology Roadmap for Aged Care in Australia's (TRACA) recent recommendation to, "establish a national data exchange and reporting hub to support providers with advanced business intelligence, analytics and reporting capabilities." [ix] We believe this aligns with other models that have been deployed the Australian health care sector, such as the Health Roundtable (case study below). We also note and support the TRACA highlighting a "need for Aged Care B2B and B2G Interfaces to create an open ecosystem of secure data exchange".

Recommendation 20 – That the Government establishes an innovation fund which seeks to promote the development and adoption of digital technologies that enhance the delivery, measurement and reporting of aged care

Recommendation 21 - That a detailed consultation (with Government, providers and consumers) be established to create a road map for delivering comparable and meaningful aged care outcomes data

Case study in using de-identified data to achieve best practice – The Health Roundtable[x]

The Health Roundtable exists to provide opportunities for health executives to learn how to achieve Best Practice in their organisations. It collects and analyses de-identified data to identify ways to improve operational practices.

Data provided to The Health Roundtable are freely shared amongst participating members and general insights and methodologies are openly available to the public.

Bupa supports publication of differentiated performance information on core standards and quality indicators on My Aged Care. However, current consumer feedback surveys employed by the Quality Agency need to be improved as they currently include questions that are open to significant misinterpretation and they do not take a representative sample size.

We believe consumers could be more effectively involved in the assessment process through service provider customer feedback data (for example Net Promoter Scores). Flexible assessment arrangements should be used to ascertain the views of families.

Recommendation 22 – That consumer surveys employed by the Quality Agency be improved in design and sample size

Funding reform is required to enable continued investment in digital technologies

Bupa has been working toward piloting a new and innovative digital technology that would digitise a number of clinical processes as well as enabling relatives to monitor and receive alerts regarding their loved ones, remotely. We believe this technology would improve the delivery of aged care, as well as enhance transparency by providing relatives with timely, accurate information about their loved ones, regardless of geographic location.

However, recent and sustained cuts to aged care funding has impacted our ability to continue investing in the deployment phase of this project, in the short term. Until a more sustainable funding model is developed, we are limited in our ability to invest in innovative technologies like this.

Inquiry Terms of Reference

g. any related matters.

Funding and workforce considerations

Recent changes to residential aged care funding – particularly the indexation freeze and changes to the ACFI CHC domain - are threatening the sustainability of the sector and its capacity to provide high quality care to residents, including those with complex care needs. These recent changes are making it increasingly difficult to provide the high level of care required for residents with complex care needs, within the aged care home. Where the care cannot be delivered in the aged care home, due to inadequate funding, people will increasingly need to be unnecessarily transferred to, and cared for in, the more-costly hospital setting. This is a very poor outcome for the resident, their family and the health and care system more broadly.

The impact of recent changes to the ACFI CHC Domain

69% of Bupa's residents are currently classified as "High CHC". Once fully implemented, the recent changes to the ACFI scoring matrix will result in a drop to only 8.5% of our residents being classified as "High CHC", with the majority being reclassified as "Medium CHC" or "Low CHC". This does not accurately reflect the proportion of residents who require high levels of care – particularly as the number of residents with severe dementia increases.

These threats are arising at the same time as the sector faces many future challenges due to our ageing population and increasing incidences of dementia. We need to avoid a situation like that of the United Kingdom, where ongoing reductions to aged care funding have resulted in approximately 25% of acute care beds in hospitals being occupied by people with dementia and aged care facilities continue to close[xi].

It is much costlier to deliver care in an acute, hospital setting. The average revenue available to provide care in the residential aged care sector is approx. $260 per day, significantly less than the private ($1,239) and public ($1,400) hospital sector and inpatient palliative care (c.$950)[xii]

Currently, Return on Capital Employed ratios in the Australian aged care sector are so low that without reform, it is highly likely that providers will not be able to continue investing in new homes, refurbishing old ones, or buying out providers who may be forced to close due to funding pressures.

Relying on hospitals to deliver complex care to elderly people, rather than delivering services within the aged care home they live in, is an inefficient use of the health dollar as it is much costlier to deliver care in hospital. The average cost of care for a person with dementia in hospital is

approximately 50% higher than for a person without dementia with the same reason for hospitalisation ($7,720 and $5,010 respectively)[xiii].

Sustainable funding arrangements are needed to enable the delivery of quality care for residents that is centred on their needs, supporting their independence and allowing them to live their final years in comfort and with dignity and respect. It is also required to encourage long term investment in the sector, so that the projected growth in demand for aged care beds and workers can be met. Sustainable funding will help the sector attract, upskill and retain a high quality aged care workforce – from geriatricians, to specialised GPs, nurses, care workers and other support staff.

Without adequate funding, the sector's capacity to attract and retain the right staff is seriously hindered. Attracting and retaining a high-quality workforce is essential to delivering high quality aged care and therefore should be considered when reviewing and considering potential reforms to Australia's aged care quality regulatory processes.

In addition to funding pressures, Australia is experiencing a rising demand for services. Recent studies have also shown that with the number of people aged 70 years and over is expected to almost triple over the next 40 years, reaching around 7 million people by 2055[xiv].

But Australia is facing a significant shortage in the aged care workforce.

Australia's Aged Care Workforce shortage

- The Department of Health's most recent aged care workforce census found that almost two-thirds of residential facilities (63 per cent) reported a shortage of workers in at least one direct care occupation.
- When examining skill shortages for participant occupations, a shortage of RNs was most common (reported by 41 per cent of facilities), followed by Carer shortages (25 per cent).[xv]
- Additionally, half of the aged care workforce will be of retirement age in 15 years which means that the care sector needs to recruit 650 new workers every month for the next 10 years to meet demand, in addition to replacing the 668 retiring staff per month.[xvi]

Further, the aged care sector is competing with both the disability and health care sectors for the same workforce.

We therefore strongly support the Government's plan to establish an industry-led Expert Working Group to develop an Aged Care Workforce Strategy and believe that aged care workforce planning and training should be made a priority focus area, to ensure that Australians can continue to have access to a sustainable and effective residential aged care sector.

At Bupa, we provide our staff with industry-leading programs for the ongoing development of employee skills to ensure quality of care continues to be delivered. We also require our carers to hold a minimum qualification. However currently, carers are not required to hold any formal qualifications and they are not covered by any code of practice or professional guidelines. We

believe this is something that should be reviewed and reformed. We suggest the Committee consider the establishment of a national registration scheme for carers.

Bupa also applies a strict governance process to ensure there are adequate numbers of appropriately skilled employees available to meet the individual care needs of our residents; this includes having RNs on duty, 24 hours a day, at each of our care homes across Australia. We wish to stress though, that we do not believe it is in the best interests of people in residential aged care to focus on inputs to care, such as nurse to patient ratios. Instead, we believe the focus needs to remain on ensuring providers and health care workers are delivering high quality health and care outcomes for those living in residential aged care.

We note the Productivity Commission shares this view, "*While there are superficial attractions to mandatory staffing ratios, there are also downsides. An across-the-board staffing ratio is a fairly 'blunt' instrument for ensuring quality care because of the heterogeneous and ever changing care needs of aged care recipients — in the Commission's view it is unlikely to be an efficient way to improve the quality of care. Because the basis for deciding on staffing levels and skills mix should be the care needs of residents, it is important that these can be adjusted as the profile of care recipients' changes (because of improvements/deteriorations in functionality and adverse events, etc.). Imposing mandated staffing ratios could also eliminate incentives for providers to invest in innovative models of care, or adopt new technologies that could assist care recipients*" (chapter 14)."[xvii]

Further, people living in residential aged care require access to person-centred, high quality, multidisciplinary services and support. Therefore, residential aged care cannot be compared to an acute care environment. Residents in aged care have different and varying needs and importantly they live in the residential aged care environment, rather than staying for a defined period as is the case in hospital. Therefore, clinical nursing care is only one of many vital components of care that is required to meet the needs of residents. Allied health services, social and cultural services and the homes' physical environment are examples of other vitally important components required to meet the health and care needs of residents.

It is important to note that the care needs of residents can differ greatly from one person or nursing home to another. This makes pre-determined or fixed inputs to care, like nurse to patient ratios, which do not provide the necessary flexibility to enable innovation, a costly requirement which will be ineffective in delivering improvements in the quality of life and care for residents. Instead, it is the outcomes and impacts of health and care inputs that should be carefully monitored and regulated, to ensure every person in residential aged care in Australia is provided with high quality care.

Innovative new models of care, like the Bupa Model of Care, have been developed through a focus on outcomes and impacts of health inputs, and quite simply would not be viable if mandated nurse-patient ratios were implemented.

Recommendation 23 – That aged care funding is reformed to ensure sustainability, as adequate funding is vital for the delivering quality aged care

Recommendation 24 - That a national registration scheme for Carers is established and requires Carers to hold a stipulated minimum level of qualification

Recommendation 25 – That reforms to the aged care quality regulatory processes focus on aged care outcomes or outputs, rather than inputs

Bupa's investment in the aged care workforce

In 2016, Bupa spent more than $2.3m on initiatives to support and grow our people including:

Aspire Program - Our care home leaders and mid-level corporate office leaders complete a Diploma of Leadership and Management, providing people with essential leadership skills. Also, given that it is nationally accredited, it allows our leaders to take the next step in their business and leadership journeys by providing them with skills in both leadership and clinical accountability.

Graduate Nurse Leadership Program - The Graduate Nurse Program was the first of its kind in the Australian aged care sector and offers newly graduated RNs an opportunity to develop their clinical and leadership capabilities with an international health and care company. One of the key objectives of the program was to change the perception of aged care amongst newly graduated nurses, to raise the profile of aged care as a credible career choice.

Bupa Scholarship program - We provide scholarships of up to $5,000 to our people, to grow their skills in their field. Last year, we sponsored 33 people ranging from a Master in Nursing to Cert IV in Business Administration to a Diploma of Aging and Pastoral Care.

E-learning modules - Across each of our homes, we offer e-Learning courses to support our people and grow their capabilities. In 2016, 72,559 courses were completed.

[i] King's Fund https://www.kingsfund.org.uk/publications/social-care-older-people
[ii] Australian Bureau of Statistics, *Private hospitals – Australia*, 2014-15; NSW Auditor-General's Report to Parliament, *Managing length of stay and unplanned readmissions in NSW public hospitals*, 2012-13; Palliative Care Australia, Submission to National Commission of Audit, January 2014, p2.
[iii] Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra. Part 2, page 24.
[iv] As stated by Ian Yates, CEO of COTA in *The Australian*, The Future of Aged Care Supplement, "Flexibility choice and certainty: sector's complex balancing act", 24 March 2017.
[v] As stated by Ian Yates, CEO of COTA in *The Australian*, The Future of Aged Care Supplement, "Flexibility choice and certainty: sector's complex balancing act", 24 March 2017.
[vi] Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra. Volume 1, page XLVII.
[vii] Australian Law Reform Commission 2017, Elder Abuse—A National Legal Response
[viii] Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra. Vol 1. Page 132
[ix] Aged Care Industry Technology Council (ACIITC), *The Technology Roadmap for Aged Care in Australia,* page 8, 13 June 2017 http://aciitc.com.au/wp-content/uploads/2017/06/ACIITC_TechnologyRoadmap_2017.pdf
[x] The Health RoundTable, 2017 https://www.healthroundtable.org/
[xi] King's Fund https://www.kingsfund.org.uk/publications/social-care-older-people
[xii] Australian Bureau of Statistics, *Private hospitals – Australia*, 2014-15; NSW Auditor-General's Report to Parliament, *Managing length of stay and unplanned readmissions in NSW public hospitals*, 2012-13; Palliative Care Australia, Submission to National Commission of Audit, January 2014, p2.
[xiii] AIHW (2013). Dementia Care in Hospitals http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542819
[xiv] 2015 Intergenerational Report Australia in 2055, http://www.treasury.gov.au/PublicationsAndMedia/Publications/2015/2015-Intergenerational-Report
[xv] 2016 National Aged Care Workforce Census and Survey – The Aged Care Workforce, 2016
[xvi] McCrindle Social Analysis, http://www.mccrindle.com.au/SocialAnalysis/2014/Aged-Care-Puzzle_McCrindle-Research.pdf
[xvii] Productivity Commission 2011, Caring for Older Australians, Report No. 53, Final Inquiry Report, Canberra. Pg. 206