



Northside Community Service Ltd

**PROVIDER SURVEY RESPONSE**

**ROYAL COMMISSION INTO AGE CARE QUALITY AND SAFETY**

## PROVIDER SURVEY RESPONSE

### ROYAL COMMISSION INTO AGE CARE QUALITY AND SAFETY



#### General Information

<b>Name of approved provider:</b>	Northside Community Service Ltd
<b>Name of service or outlet:</b>	Northside Community Service
<b>Address of service:</b>	2 Rosevear Place, Dickson ACT.
<b>Contact officer</b>	Kate Cvetanovski, Executive Director, Community Services Ph: 02 6171 8000 E: Kate.Cvetnaovski@northside.asn.au
Ownership:	Not for Profit Company Limited by Guarantee
Type of service provider	Non-Government Organisation (Not for Profit with Charity Status)
Type of service provided	Home Care Packages (HCP)
Other Services not applicable to this survey:	Commonwealth Home Support Programme Assistance with Care and Housing (for older people) Department of Veterans Affairs Package Support (DVA)
Number of people receiving Services (HCP) as at 30 June 2018:	<b>1</b>
Number of people receiving Services as at 30 June 2018 (CHSP):	<b>350</b>
Number of people receiving services as at 30 June 2018 (DVA):	<b>6</b>

Responses Prepared by: Kate Cvetanovski, Executive Director, Community Services

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### ROYAL COMMISSION INTO AGE CARE QUALITY AND SAFETY



#### Staffing Information

Number of full-time equivalent direct care staff (including staff on paid leave), in the following categories, as at 30 June 2018:

	Delivering Support	HCP	Org Total incl CHSP/DVA
nurse practitioner;	0*		
registered nurse;	0		
enrolled nurse;	2		3
personal/community care worker;	3		16
allied health professional;	1		1
allied health assistant	0		

\*Nurse Practitioner engaged in sub-contract agreement with Home Nurse Services Ltd.

#### Questions.

1. Since 1 July 2013, have there been any occasions when your service or outlet has provided substandard care, including mistreatment and all forms of abuse?

There have been no instances of substandard care related to the delivery of Age Care Home Care Packages since July 1, 2013. It should be noted that while Northside Community Service Ltd attained Approved Provider Status in 2014 (renewed in 2017), the organisation only commenced service delivery of Home Care Packages in February 2018.

- 1.c. Provide a summary table in the following form, showing the numbers of different areas of occasions of substandard care by year.

Please see Table 1C as an addendum to this response.

2. Since 1 July 2013, has your service or outlet received any complaints or had complaints made about them in relation to substandard care, including mistreatment and all forms of abuse?

The organisation has not received any complaints relating to the delivery of Age Care Home Care Packages since July 1, 2013. As noted above the organisation only commenced service delivery of Home Care Packages in February 2018 and had one active client receiving Home Care Package Services at 30<sup>th</sup> June, 2018.

While not required for this survey and to ensure transparency, Northside would like it noted that:

- In the delivery of Department of Veterans Affairs (DVA) Packages we have received no complaints in the time period stipulated.
- In the delivery of CHSP low level home care, Northside has received and responded to 6 formal complaints related to substandard care. All of these were resolved to the satisfaction of the clients involved.
- Northside has not received any informal or formal complaints in relation to abuse or neglect during the stipulated time period.



2.c. Provide a summary table in the following form, showing the numbers of different types of complaint by year.

Please see Table 2C as an addendum to this response.

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

These responses relate to our preparation to deliver Home Care Packages and also our experience as a CHSP provider. We acknowledge that CHSP experience is not required in this survey however considering we have only recently commenced delivering Home Care Packages within the stipulated timeframes, we wanted to at least put forward what we have in place going forward.

It should be noted that while Northside Community Service Ltd attained Approved Provider Status in 2014 (renewed in 2017), the organisation only commenced service delivery of Home Care Packages in February 2018.

(a) to ensure that the services it provides are of high quality and safe?

Northside strives to provide a best practice, quality service developed in conjunction with our clients to suit their needs, now and into the future. To achieve these goals, initially, all services developed and delivered are negotiated with our specialist staff, including Aged Care specialists, Occupational Therapists and Nursing Practitioners to ensure their ongoing suitability for the client and their current health and wellbeing. These intake and review processes are set out in both the intake and client care policies, which align to the Quality of Care Principles 2014.

Clients are interviewed in relation to their needs and requirements, and a service agreement is developed. These agreements are reviewed on a six monthly basis and renewed annually according to Northside practices and procedures relating to the intake and review of clients.

All Northside policies and procedures contribute wholly, or in part, to quality assurance, quality improvement or compliance with relevant external standards or requirements. Those relating to the Quality of Care Principles 2014 and the User Rights Principles 2014, such as Visit and Services in the Home, Client Directed Care and Staff safety during the provision of services in the home and community polices, are reviewed for continued relevancy and compliance on an annual or as needs basis.

All support staff, in addition to induction to Northside and the Aged Care Quality Principles 2014, have a minimum qualification of a Certificate III in Aged Care or Individual Support, or commensurate qualification most with more advanced qualifications, ensuring a theoretical knowledge in consumer directed care and best practice in the field.



This base training is annually augmented by ongoing professional development in client focused fields and regular professional supervision. In all areas of service provided, Northside continually achieves exceedingly high levels of satisfaction from clients, as measured by the client satisfaction survey, in terms of service provision, quality of care and the suitability of staff to provide service.

Northside enters into a negotiated agreement with each client on intake to the service outlining the rights, responsibilities of staff and clients, the type, level and regularity of service to be provided. This agreement is reviewed at regular intervals and renewed on an annual basis to ensure that the services received are still meet the client's needs and expectations.

Staff are instrumental in the delivering of safe and high quality service and as such are aware of all these documents; extensive induction and ongoing professional development are carried out in relation to the rights of the client, how to meet the clients expectations and the fluidity of client's needs over time and how service must change to meet those needs.

All information held by Northside on each client is governed by the Northside Privacy Policy, which aligns to the Privacy Act 2014 and ten National Privacy Principles (2014). This policy and subsequent procedures ensure that only staff who have a need to know have access to client files, which are kept in accordance with principles relating to the collection, management, integrity and access to records by client.

The privacy of clients records is outlined to the client in the service agreement entered into by Northside and the client.

**(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?**

At Northside, no two service provisions are the same. The client has control over the day, time and duration of the service, what the service entails and the profile of the staff member providing the service. The current service model for Northside's Age Care and Inclusion programs aims to be flexible and responsive and provide continuity of care for clients who may access several programs through the course of their service journey in line with the Quality of Care Principles 2014 and User Rights Principles 2014.

Northside has both the systems and staffing structure in place to support and promote continuity across the service journey. This is evident in the organisation's both our management of care and the provision of direct services.



Northside's Intake and Assessments team provide all the care planning, monitoring and review. The team works across service areas and have sound and detailed information and knowledge about the agreed care and preferences of each client receiving support.

When changes in the client's situation are identified, appropriate support service responses are negotiated and services are adjusted. This will include reviewing agreed goals and strategies and adjusting as required. The needs of each client are routinely reviewed at least annually, further ensuring the early identification of changing needs, and the appropriate service response. At any stage of receiving the service from Northside the individual may engage in the complaint resolution process, which has been communicated and is available to them from the point of initial intake.

Northside's approach to providing individual support is based on the principles of strength-based and person-centred service development and planning. All services either delivered as outreach programs or in home care are delivered from a values base of independence, choice, and social inclusion, and are designed to enable people to direct their own services and supports, in a personalised way.

This human rights based approach is also extended to external referrals to other providers. Where we are unable to provide a requested service, we are upfront with the individual making the request and discuss if they have other preferred providers we can contact.

In order to ensure a coordinated and streamlined experience for clients from entry to service commencement to service exit, Northside provides a single point of access via the Client Relationship Team. This dedicated team is tasked with conducting complex re-assessments to ensure the changing needs of existing clients are identified and met as soon as possible, thereby ensuring the safety and ongoing wellbeing of all people and their carers supported by the service.

At all times our staffing team maintains the appropriate ratios for qualified and skilled staff for each area of service delivery and delivers each instance or unit of service in line with the Charter of Rights and Responsibilities.

#### **(c) to improve engagement with families and carers on care-related matters?**

Northside's Community Service is committed to continuously improving all aspects of its operations with the aim of delivering improved services to children, community members and clients. We are committed to ongoing improvement and are in the process of building this into the organisation's culture and practices. This ensures the whole of the organisation continues to change and adapt to the needs of its clients, funders and the wider community.

Our continuous improvement process is based on partnerships with, and ongoing engagement and feedback from:



- Children, young people and community members engaged through our services, programs and centres.
- Carers and people identified as important to a community member engaged in our service
- Staff, Management and Leadership
- Partner agencies, communities and critical friends
- Other stakeholders including funders, other service providers and community organisations.

Areas for continuous improvement are identified through a range of both formal and informal engagement mechanisms. These include but are not limited to:

#### *Client Feedback Form (open all the time)*

Feedback, both positive and negative, is actively sought from clients, and stakeholders. Clients are encouraged to provide feedback through a form which is available online through Northside's webpage, as a link sent out on request and also in hard copy in our offices and welcome/reassessment packs. Currently linked into google forms however we are considering switching to survey monkey.

Completed forms are forwarded directly to Senior Manager via the link online or in a self-addressed envelope provided with the hard copy.

#### *Client Feedback Survey (whole of client base survey completed biennially)*

Similar in content to the general feedback from detailed above, the Client Survey Form is Feedback, both positive and negative, is actively sought from clients, and stakeholders.

Clients are encouraged to provide feedback through a form which is available online through Northside's webpage and also in hard copy distributed by the team member they have the most contact with. The survey is completed over three months ( usually May – July) as a targeted project to engage our active client base with results analysed and made available in September.

Completed forms are forwarded directly to Senior Manager via the link online or in a self addressed envelope provided with the hard copy.

#### *Client Complaints*

Client complaints are most often received through the Client Feedback form or via direct email/post correspondence. Please refer to the Feedback and Complaints policy for further details in relation to the information management process.

In relation to the Continuous Improvement for the organisation, the information and recommendations put forward as a result of an investigation into a complaint are included in the business area and (where relevant) the organisational QIP.



The confidentiality of complaints is maintained as per the principles of the Privacy Act.

#### *Informal Feedback.*

In addition to the Feedback forms and client surveys, staff record client informal feedback or comments regarding service delivery and usually send them through the notification tool or raise the feedback at team meetings which occur fortnightly.

#### *Client Meetings, Forums and Events*

Northside provides regular morning tea or lunch events meetings (at least quarterly) with selected clients and community members to provide an opportunity for them to provide their opinions and ideas for improving services and support delivered through Northside Community Service. These usually take the form of Meet the Team lunch events where clients are encouraged to come and meet the whole team including new staff members who they make speak with over the phone however not see directly in service delivery. At these events the feedback form is provided to all attendees. Selected Board members and staff attend at different meetings.

The Coordinators are responsible for planning these events to get the most value out of them for both clients and the team. Improvement opportunities are documented and action taken through the organisation's continuous improvement processes.

#### *Ongoing Engagement*

Northside's Relationship coordination team work closely with individuals and any identified carers to place keep an open dialogue about all care related matters. The team works across service areas and have sound and detailed information and knowledge about the agreed care and preferences of each client receiving support and are able to respond quickly when ideas, requests or circumstances are put forward.

When changes in the client's situation are identified, appropriate support service responses are negotiated and services are adjusted. This will include reviewing agreed goals and strategies and adjusting as required. The needs of each client are routinely reviewed at least annually, further ensuring the early identification of changing needs, and the appropriate service response.

- (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?

**Northside is not a residential provider and does not own capital infrastructure which relates to the delivery of Age Care.**

Northside uses a number of IT systems to assist with the provision of our services. The two that apply to the provision of aged care are:



1. MYOB EXO - used for managing the General Ledger, debtors, creditors, assets and payroll and the provision of financial reports
2. Carelink+ - used to manage client files and service delivery programs. Also used for management of rosters and timesheets for staff

These two systems have been the result of significant investment by Northside, and have been highly customised to support the efficient management of our health and aged care programs, and of course our organisation as a whole.

The Northside team works from virtual desktops, laptops and portable smart devices which all access a central terminal server. These devices are password protected and access to the server requires an individual log in for each staff member. All information is saved to a central J drive and backed up by an external agency each 24 hour period.

**(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?**

Northside's team has an established reputation for delivering exceptional services and support to individuals and groups in our community as identified in the nine priority groups in section 11-3 of the Aged Care Act. Northside has been particularly proactive in regards to securing targeted funding and forming strategic partnerships to improve accessibility, inclusion, and the wellbeing of the following groups; People at risk of and who are experiencing homelessness; Individuals who identify as Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) ; People who are living with HIV/AIDS; People from an Aboriginal and Torres Strait Islander cultural background and people who are living with Younger Onset Dementia.

Our approach to working with individuals in the priority groups listed above is to improve the accessibility of the whole system rather than provide separate streams of care and programming. To support the ongoing review and improvement of this approach, the team works from an Inclusiveness Strategy which ensures that team members are trained, upskilled and informed about specific special needs and have access to the expertise from specialist program areas within the organisation.

Northside's model of In Home Support in this regard prioritises a consistency in service and staffing for the rostering of activities, specialist communication strategies from the onset of planning and throughout our service interaction and , where appropriate, the allocation of additional resourcing from other areas within the organisation.

Northside's approach to working with people with dementia is based on the principles of Person-Centred Care. The Northside team has had a formal partnership with Alzheimer's ACT for the past three years which has ensured our team has access to expert practice information, peer support and expert advice in relation to individual service responses. The partnership delivers an integrated model



of social connectivity within the local community and focuses on capacity building as an essential component of meeting the unique needs of people living with dementia.

#### 4.a As at 30 June 2018, did your service or outlet provide services to people younger than 65?

**Northside does not deliver age care related support to individuals under the age of 65. We are a non-residential provider of community and in home care.**

As a multiservice organisation, Northside delivers a range of services, programs and support to individuals under the age of 65 which are funded separately through the ACT Government as early intervention and tenancy support programs.

Northside also delivers in home support to approximately 8 individuals who procure support through their NDIS package.

Further to this Northside provides community based outreach support for individuals under 65, who have conditions or circumstances that lie outside of the scope of the NDIS. This is predominantly related to individuals experiencing episodic or sporadic psychosocial conditions and focuses on ensuring they are able to access safe, permanent and affordable housing or to stay in place if they choose to do so. We also work to ensure people connect and participate in their community of choice. The Community Assistance and Support Program (CASP) is funded by the ACT Health Directorate.

**The services as described above do not meet the definition for which the questions below are designed.**

(b) If so:

(i) What special care arrangements (if any) has your service or outlet developed for people younger than 65?

(ii) How many people in each of the following age groups did your service provide services: under 20, 21–30, 31–40, 41–50, 51–60, and 61–65?

(iii) What was the nature of the underlying conditions, illnesses or disability involved for each person?

(iii) For each of those age groups, what are the reasons why young people were being provided with services by your service provider or outlet, as opposed to a provider that does not provide aged care services?



**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).

Northside has experienced difficulty in supporting individuals to access appropriate Home Care packages which in turn are integral to ensuring individual can access primary and secondary health care services in a timely fashion. Northside currently has more than 60 individuals who have been assessed as eligible for a Home Care Package however have not been allocated the package to date or have been allocated a package far below the required needs.

It is essential for individuals looking to access preventative health care to be able to afford to access these services to stop the deterioration or onset of illness.

Further to this, the Northside team believe that community based case management and coordination needs to be recognised as an integral element of supporting families and individuals to access preventative services, fully recover during the post hospital period and most importantly, avoid residential care all together.

The capacity for experienced and ethical community based age care providers to offer coordination support to individuals and families ended completely when the funding under the CHSP allocated for this function was removed to fund the Regional Assessment Service.

What has happened as a result is a gap in unbiased advocacy and championing for individuals and families which can be accessed a local community level environment.

Reinstating case management and coordination at a local level into the early intervention response of CHSP will enable robust and long lasting connections to be made with services and community groups outside of the age care system and much more aligned with people's individual goals and personal preferences.

More importantly, it keeps increases wellness, a sense of belonging and activity.

Currently a gap in this space means that individuals are reliant on the good will and resourcing of unfunded services to make those connections. In addition to this, to avoid people 'falling through the gap' many local and regional services step up to the plate as an unfunded concierge to a complex and impersonal age care on-boarding model focused on alleviating and restricting costs.

Reintroducing coordination and case management at a local level would allow for the development and deployment of innovative solutions which see people diverted away from the system all together and enjoying their own choices.



6a. 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?

#### *Navigating the My Aged Care System*

Northside clients and potential clients are experiencing difficulty in navigating the initial steps in receiving services and understanding the differing areas of My Aged Care (Phone Assessment, Regional Assessment Service, Aged Care Assessment Team etc.). Funded assistance to navigate this field is required, as many institutions are currently absorbing this cost, Northside included.

Without a concierge style service, clients are not engaging in the assessment or subsequent steps to join the waitlist, and so are not receiving the level of service which they require as they are finding accessing the service too difficult. They do not understand the difference in assessment teams, so in many circumstances refuse additional assessment from the Aged Care Assessment Team, as they have already seen the Regional Assessment Service.

Northside sees the confusion regarding the My Aged Care service, the waitlist to receive funding and then the quantum of funding offered as the largest barrier to receive the service which individuals require.

#### *Workforce*

The ACT, having been one of the initial sites in which the National Disability Insurance Scheme is now experiencing competing requirements for well trained, experienced support staff in Aged Care and disability. Attracting and retaining an experienced and sufficiently trained workforce is expensive in both cost and time. While funding has been allocated to assist in the training of new staff for these industries, it has not lead to an overall sustained increase in individuals looking at creating a career in this space, or indeed a career path for these individuals.

(b) Can you identify any barriers to making these improvements?

Current barriers to a more personal and person centred model of care centre around the financing of the system and the care.

Inadequate government funding and a move towards fee for service which completely disallows adequate investment in workforce development, training and risk management is a big challenge for services who are trying to embed quality professional practice in their workforce.



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?

When clients are accessing appropriate levels of service funding, their needs in relation to service provision are adequate, if not satisfactory or exceeding.

Difficulties arise when clients are not receiving funding adequate to their needs, either through receiving a lower level of Home Care Package than they have been assessed as requiring, waiting on the national queue for Home Care Package and receiving Commonwealth Home Support Programme in the interim or not even being able to receive Commonwealth Home Support Programme due to the quantum of block funding in their region being fully allocated.

Northside, having a client pool of 350 clients receiving services, has identified that approximately 150 of those clients are on the waiting list for a Home Care Package.

This has resulted in clients either going without the services they need, as they are unable to afford a 'top up' of the lower level package, or paying full fee for the services they require.

The deficit between need and service funding allocation does not allow for equity in service, or social justice for those who so desperately need care. This is frustrating for service providers; but life threatening for our clients.

Of the 150 Northside clients, currently receiving Commonwealth Home Support Programme low level care who are waiting for a package, many require at least 4 times the service levels they are receiving under Commonwealth Home Support Programme. Many will not receive Home Care Package funding they require for at least 12 months, and then at a lower level than which they were assessed.

We have found that this deficit in funding, and potentially care required, has led, in some instances, to a decline in health and wellbeing for these clients. Many of whom are relying on the hospital system and post hospital respite cares to maintain their health.

These hospital visits may have been avoided if they were receiving the level of care that they require.

Northside have also found that a significant number of these clients are not aware that they are on the national queue for a Home Care Package, as they were assessed during a high stress time in hospital, the Aged Care Assessment Team assessors just being one of many unfamiliar faces which were enquiring about their health.

On occasion, this has led to individuals refusing the Home Care Package and therefore services which they need, as they do not understand what is happening.



However, those who are accessing services to the level of which they have been assessed are reporting high levels of satisfaction, both in the service levels which they are receiving and with Northside as a service provider.

**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?**

**We are not a residential Care Provider however can respond to this question in the context of supporting people to stay independent and safe in their own home.**

Northside Community Service, located in the ACT, has a long history of providing quality, individually tailored service to our aged care clients, through the Commonwealth Home Support Programme, Department Of Veteran's Affairs Home Care Program and more recently Home Care Packages.

Through this attention to detail and our position in the community, **our clients trust us.**

Not only in the provision of service, but as a source of unbiased information regarding the parameters in which these services are provided. This trust is proven not only with every call we receive regarding care, but also captured in regular and scheduled feedback mechanisms and surveys, which has shown that our clients regard Northside as one of the most trusted services with which they interact.

Northside's attention to individual care, and our client's trust has led to hearing and understanding the difficulties and frustrations with the My Aged Care, Commonwealth Home Support Programme and Home Care Package funding provisions, as well as the a Department of Veteran's Affairs and Home Care Packages which our client's receive by receiving government funding to assist with their care.

Northside is currently experiencing a high level of both Commonwealth Home Support Programme and Home Care Package referrals for those who have a dementia diagnosis. While having strong partnerships with such organisations as Dementia Australia, service provision for this cohort of people wishing to stay in their own homes can prove challenging, due to home modifications required, ongoing care and safety requirements and the lack of comprehensive funding for individuals with dementia.

Additional funding allowances for home modifications and care are recommended, to ensure that the client remains in an environment which is safe, secure, familiar and care provisions adequate so as not providing additional strain on their family members.

As mentioned in our response to Question 5. , the Northside team believe that community based case management and coordination needs to be recognised as an integral element of supporting families and individuals to avoid residential care.

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What has happened as a result is a gap in unbiased advocacy and championing for individuals and families which can be accessed a local community level environment.

Reinstating case management and coordination at a local level into the early intervention response of CHSP will enable robust and long lasting connections to be made with services and community groups outside of the age care system and much more aligned with people's individual goals and personal preferences.

More importantly, it keeps increases wellness, a sense of belonging and activity.

Currently a gap in this space means that individuals are reliant on the good will and resourcing of unfunded services to make those connections. In addition to this, to avoid people 'falling through the gap' many local and regional services step up to the plate as an unfunded concierge to a complex and impersonal age care on-boarding model focused on alleviating and restricting costs.

Reintroducing coordination and case management at a local level would allow for the development and deployment of innovative solutions which see people diverted away from the system all together and enjoying their own choices.



1(c) Provide a summary table in the following form, showing the numbers of different areas of occasions of substandard care by year. Each occasion may be counted as more than one type.						2(c) Provide a summary table in the following form, showing the numbers of different types of complaint by year. Each complaint may be counted as more than one type.					
<i>Area of care</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>	<i>2016-2017</i>	<i>2017-2018</i>	<i>Area of care</i>	<i>2013-2014</i>	<i>2014-2015</i>	<i>2015-2016</i>	<i>2016-2017</i>	<i>2017-2018</i>
Dignity		0	0	0	0	Dignity		0	0	0	0
Choice and control		0	0	0	0	Choice and control		0	0	0	0
Clinical care		0	0	0	0	Clinical care		0	0	0	0
Medication management		0	0	0	0	Medication management		0	0	0	0
Mental health		0	0	0	0	Mental health		0	0	0	0
Loneliness, disengagement, disconnection, boredom		0	0	0	0	Loneliness, disengagement, disconnection, boredom		0	0	0	0
Personal care		0	0	0	0	Personal care		0	0	0	0
Nutrition		0	0	0	0	Nutrition		0	0	0	0
Restrictive practices		0	0	0	0	Restrictive practices		0	0	0	0
End-of-life care		0	0	0	0	End-of-life care		0	0	0	0
Governance/management		0	0	0	0	Governance/management		0	0	0	0
Other		0	0	0	0	Other		0	0	0	0