

ASSISTED LIVING UNITS

What are they and where do they fit?

The exciting and much-anticipated introduction of Assisted Living Units (ALU) at Rossmoyne Waters does not come without a few concerns and challenges. As this style of senior accommodation is a new concept, there will no doubt be the need for some change and adjustment for both residents and Adventist Care along the way. All stakeholders are requested to embark on this journey cooperatively, discovering shortcomings, resolving issues and positively achieving the shared desire for improved, quality experiences and services for senior residents of Rossmoyne Waters. – Gary Blagden, Chief Executive Officer.

The Rationale for Assisted Living Units

Historically Rossmoyne Waters has only offered two accommodation choices to seniors:

1. **Independent Living Units (ILU)** – these make up most of the retirement village,
2. **Residential Aged Care Facility (RACF)** - often referred to in the past as the *hostel* or *nursing home*.

Commencing in 2025, with the opening of *Horizon*, Adventist Care will be offering a third accommodation option which will be a practical solution for seniors whose needs are no longer met adequately nor appropriately by neither the ILU or the RACF:

3. Assisted Living Units (ALU)

The three choices of accommodation at Rossmoyne Waters will now reflect the three core subdivisions of Adventist Care's *Continuum of Care*.



Adventist Care – delivering a Continuum of Care

Historically, and unfortunately, it was necessary for seniors to leave their family home, or ILU, when they faced declined health, mobility loss and/or mental deterioration. As their needs grew, so too would their attraction be to an aged care provider as the greater the resident's needs, the greater the government funding they would attract. However, until a senior attracted a sufficient government subsidy they would be waitlisted or declined by a RACF. This historic support process created at least three significant challenges to the senior in need:

1. Firstly, the lead-up period before admission into a RACF could be extended and distressing. Most often, the vulnerable senior would be alone at home waiting to hear from the RACF. There would be no other person present to support them as they attempted the activities of daily living (bathing, medication management, cooking, etc.). Should the senior experience any memory loss, suffer from disorientation and/or experience a fall, no immediate support would be available. The senior's health and wellbeing, while waiting for admission into a RACF, is quite likely to deteriorate unnecessarily due to uncertainty, worry and traumatic medical events.
2. Secondly, the demand on external support during this period may become untenable. Care and maintenance of the premises, conducting the weekly food shopping, provision of healthy and regular meals, medication management, attending to domestic duties, providing transport and support to present at an increasingly number of clinical appointments and dealing with the resident's emotional challenges associated with loneliness and depression, places significant demands upon supporting family and friends. Sustained support for isolated and health-declining seniors can generate practical and emotional strain on many.
3. Thirdly, typical cohorts of seniors accommodated in RACFs are challenged with a wide range of complex issues. For the senior, who does not live with any significant mental incapacity, but only requires higher levels of care due to physical disabilities, can be quite distressed when surrounded by many others with dementia and similar. Sharing a residential facility with a cohort of others exhibiting complex, aged-related conditions is not necessarily the fairest, nor optimal solution, for every senior in need.

The Home Care service is a valued initiative of the government.

The Government, responding to its obligation to provide community services that improve living standards, has introduced Home Care services for seniors. Eligible residents, following successful application, receive assigned levels of support provided in their own homes. The Home Care service is a valued initiative of the government. The service enables seniors to remain in their own homes longer and safer. It also enables public resources to be allocated over a broader base of people. However, despite the positives of the Home Care services, this support arrangement does not adequately resolve the following challenges:

- *time challenges* – while the Home Care support person is in attendance, the senior receives due consideration. However, as the support person is only in attendance a few times per week, the senior must cope at most times alone. Home Care can never deliver sufficient support to a senior who has continuous and growing needs.
- *social and mental challenges* – as family members and neighbours daily leave to attend work, the senior is usually left alone during the day. The senior, if faced with a critical incident, is

likely to have no one readily available to assist them. Medic alert systems may be supplied, however these devices, if remembered and used, can only ever provide a delayed response. Seniors remaining in their home are most often lonely and deficient in social interaction and are vulnerable to the negative effects of isolation.

- *physical challenges* – it is most likely that the senior is only active within a small portion of their premises, with possibly only a few essential rooms being used. It is likely that the senior finds it difficult to get around unassisted and no longer has the capacity to provide the maintenance and care that their dwellings and surrounding grounds require. The inability to remain responsible for their property can also weigh heavily on the senior's mind resulting in discouragement and depression.
- *health challenges* – While admission into a residential aged care facility is necessary, but is delayed for numerous reasons, the senior's health may seriously deteriorate. Management of medications, attention to hygiene, diet and fluid regulation and control of pain are some of the issues that, when neglected, can take their toll on a senior's wellbeing and quality of life. When insufficient care and support is provided the senior's health is at high risk of decline.



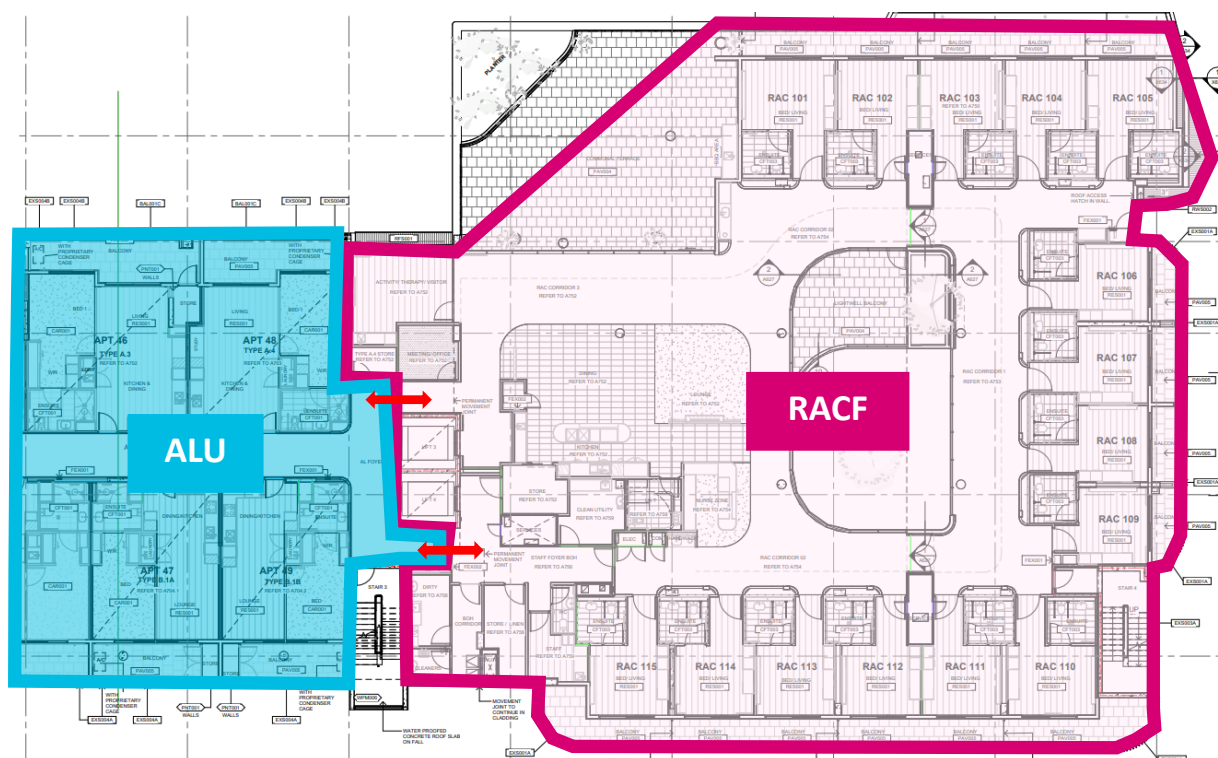
The floor plan of a typical ALU apartment.

Adventist Care believes that the ageing senior, who realises their increasing need for a less complicated, but more comfortable and secure existence, to be surrounded by friends with a similar set of needs and values, and who understand that they would benefit from a prepared and resourced network of support should follow this advice:

- Downsize into a smaller, comfortable and senior friendly premises which are maintained by the village management. *Do it before it becomes too difficult.*
- Relocate into a retirement village and live alongside neighbours who are friendly and supportive because they relate to your stage in life. *Make new friends with people who really do understand.*

- Choose a retirement village that provides a continuum of care that delivers quality and reliable support from the start through to the end. *Find a service provider that's there for you all throughout the full journey.*
- Receive assistance with those challenging activities of daily living, within your own home, from people who are known and trusted and will be with you throughout your journey. *Place your trust in trustworthy people and their programs.*
- Give yourself confidence knowing that the care provider has services that will meet your needs as they increase. *Find peace of mind and security for the days ahead that will not all be smooth going.*

The ALU is a new, innovative, senior housing concept, offered by Adventist Care, that is intended to provide the range benefits listed above. The ALU, available at Rossmoyne Waters, are strategically designed to reflect Adventist Care's *Continuum of Care* service model. They are deliberately placed between the ILU and the RACF to meet the needs of the senior who requires more than can be received an ILU, but less than is required from the RACF.



A floorplan showing the proximity of the ALU and the Residential Aged Care Facility.

The ALU is designed, structured and intentionally positioned alongside the RACF, providing easy access between the two services. In the event of an ALU resident developing needs beyond those that can be met by the Home Care services, a few simple modifications to the premises can transform the ALU into an active RACF room. This simple conversion provides the senior with the opportunity to remain in their own home, surrounded by their own furniture, hanging pictures and other familiar items of their home. Rather than relocate into the RACF, the RACF services can come to the resident. Nobody wants to move into a RACF and the ALU makes this yearning to stay home a definite possibility. Only when a resident develops needs that cannot be adequately met within the ALU would it be necessary for them to relocate into the RACF. The ALU fills the accommodation gap between the ILU and the Residential Aged Care Facility like nothing in the past.

Frequently Asked Questions about ALU

1. How does an ALU differ to an ILU?

- Between an ALU and an ILU, at Rossmoyne Waters, there are many similarities and a few differences:
 - Both are apartments designed for senior accommodation, located within a multistorey building.
 - The ALU is a one-bedroom apartment, whereas other apartments have two or three bedrooms.
 - The ILU can comfortably accommodate a couple, whereas the ALU is smaller and is designed to comfortably accommodate the single person.
 - While the ILU residents may be eligible to attract Home Care services, the ALU resident is expected to be eligible and to be receiving Home Care services (The name *Assisted* given to this accommodation suggests this expectation).
 - The ALU alone has direct access into the RACF (only for residents who have been admitted as RACF residents and staff).
 - The RACF accommodation, including a converted ALU, is managed by the RACF staff, whereas the ALU, when not being inhabited by a RACF resident, is managed by the Retirement Living staff.

2. How does an ALU differ to a RACF room?

- There are few similarities between the ALU and the RACF:
 - Seniors residing in an ALU are semi-independent and must rely upon Home Care services to assist them to get by. For most of each day the ALU resident will be alone and care for themselves, receive support from their family and possibly engage in some retirement village activities.
 - Due to their elevated needs, residents, within the RACF, will receive full-time assistance, day and night. This care is available at call and delivered according to care plans developed by specialists. The RACF resident has all domestic and personal care services provided including bathing, dressing, grooming, meals, laundry and cleaning. These services are delivered by trained and experienced staff. Clinical care is also provided and are these are delivered by qualified professionals and assisted by the care staff. The RACF resident is given support by staff that are permanently available.
 - Residents of the RACF live in a home-like environment with a smaller group of residents. These residents interact with each other in the common areas and find privacy in their own personal rooms. ALU residents can entertain visitors in their ALU, or can venture into the village and beyond to socialise with other residents.

3. Who is eligible to live in a Rossmoyne Waters ALU?

- Anyone who qualifies to reside in a retirement village is eligible to reside in an ALU at Rossmoyne Waters, however an ALU is designed specifically for the senior who:
 - No longer has the capacity to remain totally independent,
 - No longer has interest in residing in and caring for a large premises,
 - Is receiving in-home care to assist them in the activities of daily living,
 - Is living alone, feels insecure and desires accommodation that brings peace of mind.

4. Does residency in an ALU guarantee a room in the RACF?

- Under Law, the RACF is obligated to offer admission to new residents according to their need. For example, a resident from an ILU may be offered a RACF placement, ahead of an ALU resident, if their needs were deemed to require more urgent assistance.
- As the needs of residents within Rossmoyne Waters may be better recognised and understood by Adventist Care staff, Rossmoyne Waters residents are more likely to be offered a placement in the RACF at Rossmoyne Waters.
- Residence in an ALU does not guarantee an offer of admission into the RACF, however it does greatly increase the chances. There are many factors that the RACF must consider when filling a vacancy.
- It is Adventist Care's intention to allow an ALU to be converted into a RACF room when the resident's needs demand it. The ALU was designed and positioned to reflect this intention.
- It is possible that an ALU resident never needs to transition to be a RACF resident and remains all of their days in their ALU.

5. What other considerations may impact ALU residents?

- As the ALU region of the building is separated from the RACF by merely a controlled doorway, security issues for the ALU region are heightened. Care must be taken that RACF residents (especially those with cognitive impairment) are not given access to leave the RACF without supervision.
- Only residents, who have transitioned to being RACF residents, will have direct access into the RACF. Other ALU residents will be required to enter the RACF via Reception as will all ILU residents and other visitors.
- RACF staff, entering the ALU region of the building, will not be available to assist those residents who are not RACF residents. Assistance to ALU residents is only accessible through Home Care services, Village Management, family and friends. The demarcation between ALU and Residential Aged Care Facility, within the same region of the building, must be crystal clear to avoid misunderstandings and confusion.
- RACF residents are granted security of tenure. This means that they have the right to remain in their selected premises for life and the provider cannot relocate them against their wishes. Residents taking up residence in an ALU, understanding that their ALU could be converted into a functioning RACF room in the future, must also understand that the staff may deem it necessary to have the resident relocate into the RACF proper, due to specific needs. In such a case, it would be expected that the resident accepts the staff assessment and cooperates with the relocation which would be deemed a priority admission.
- When an ALU is converted into a RACF room, Work, Health and Safety (WH&S) requirements for employees may require some items of resident furniture to be rearranged or removed to allow easy and safe access to the resident and to provide the range of services. An assessment of WH&S conditions would continue as a regular requirement for the areas where Adventist Care employees are engaged.

6. What is the cost to enter the ALU and the RACF and what charges apply to the transition?

- To inhabit an ALU the senior must pay an ingoing contribution that gives them a life lease providing exclusive usage of the accommodation. The life lease entitles the resident to remain in that accommodation until they leave on their own accord. Upon departure, and in

harmony with the signed residence licence agreement, an exit refund is paid to the departing individual. In addition, the resident is obligated to pay a recurrent (monthly) general services fee.

- To inhabit a room in the RACF the senior must pay a Refundable Accommodation Deposit (RAD) which is refundable following their departure. In addition, the resident is required to pay other daily charges to cover the cost of their care provision. The government supports RACF residents on a means-tested system.
- Residents moving into an ALU must clearly understand any potential future financial obligations if their needs call for transition into the RACF or their ALU being converted into a RACF room.

7. Can a couple reside in an ALU?

- While the ALU is intended to be occupied by a single resident, it is possible that a couple could share the small premises. However, there are a few considerations for a couple sharing an ALU:
 - An ALU cannot be converted into a RACF room when it is inhabited by any resident that does not qualify to be admitted into the RACF.
 - If the needs of one resident were to increase, to the point where that resident requires RACF level of care, they would need to relocate into the RACF.
 - The converted ALU (into a RACF room) can only accommodate one RACF resident due to the physical constraints of the premises.

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**– Gary Blagden, Chief Executive Officer.
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