21 March 2011

Australian Government
Productivity Commission
Level 2
15 Moore Street
Canberra City, ACT 2600

Dear Sir/Madam:

Re: Caring for Older Australians

Productivity Commission Draft Report: January 2011

Thank you for the opportunity to forward comments on the Productivity Commission Draft Report. As a 24/7 informal carer for my home based mother I have very limited free time. I have therefore focused my response on what I see as major deficiencies in both the current and proposed Age Care Programs.

Overall, many of the issues raised relating to the current Age Care Program indicates a lack of effective quality management systems in both the Government and the Aged Care Providers selected by the Government. If this basic issue is not addressed upfront in the proposed age care reform it is extremely likely there will be repetitions of many of the quality related issues seen to date. Quality should not be compromised in a multi-billion dollar program involving thousands of elderly Australian citizens. As mentioned in the Draft Report (page 69): "*Poor quality of aged care can mean reduced quality of life, physical or mental harm or even premature death*".

Effective quality management can only exist when top management is committed to quality and provides everyone within the organisation with the means to achieve quality. I am therefore concerned by the following comments in the Draft Report (page 410) relating to quality of care regulations: "*... because community care is delivered into people's homes it is often much more difficult to strictly regulate in practice*".

It is imperative regulations are introduced to ensure quality of care in the home and the right message is conveyed to Aged Care Providers. More-so given the comments raised in the Draft Report (page 368/9) which indicate that despite Government funded initiatives "*... some providers are critical of the poor quality of training (of the care workforce) provided by some registered training organisation*" and there *was considerable variability "in skill levels of personal carers and Community Care Workers even between those of comparable qualifications*". It is not clear if the Government has confirmed and acted on these issues to ensure the said registered training organizations take appropriate action before handing out qualifications or have their licences revoked. As an informal care worker it is extremely stressful to be confronted time and time again by, for example, Community Care Worker's (CCWs) who through no fault of their own have received inadequate training. This is stressful for all concerned parties.

To start to address the current urgent issue of quality, or deficiencies therein, at the community level one approach could be for Aged Care Providers to ensure all CCWs, including CCWs involved with emergency respite, are accompanied by a Compliance/Training Officer, until all the gaps in their training have been adequately addressed. Co-visits could then continue at predefined intervals to ensure quality standards are being adhered to. Compliance/Training Officers during home visits could also provide advice on process improvements to help make life a little easier in the home setting.

It should be noted that if Age Care Providers had an effective quality management system in place CCWs would not be working unsupervised in the home setting until the CCW was proficient in all tasks for which he/she was responsible.

Given the financial constraints reported by some providers, as mentioned in the Draft Report (page 368), consideration could be given to *on-line* further education and training. *On-line* training could also be made available to informal carers, as appropriate. If financial constraints are an issue in home care I for one would rather cut back on a few hours of care, to ensure money was made available for the CCW's to receive adequate training. One could therefore have more assurance of a consistent level of quality care provided by more productive CCWs.

I am also concerned regarding the limited references to a critical component of quality management – the audit. That is audits which focus on, for example, root cause analysis, gap analysis, process improvement, and trend analysis (across audits), rather than compliance checks with their associated long lists of areas of non-compliance. Audits, ideally conducted to internationally standards, should also cover all aspects of the Quality Management System The audit, together with the associated action plan, is a powerful quality tool and should form an integral part of the proposed aged care reforms. I would therefore recommend that consideration be given to the inclusion of audits and also (effective) quality management systems in the Commissions high level summary listing of proposed reforms as outlined in the Draft Report (page 267).

With respect to community-based providers being subjected to different quality standards, as mentioned in the Draft Report (page 31), consideration should be made to the inclusion, in the list of common standards of references, to quality management systems and the provisions of quality services provided by trained staff.

It should be noted due to the demands of being a 24/7 carer, together with ill health, and with little community support due to a 8 month wait for a high dependency EACH Package for my mother, I had to resign from my position in 2009 as Senior International Clinical Auditor and expert in International Drug Regulatory Affairs, Hoffmann-La Roche, Switzerland. It has been quite a transition from working for a quality driven company, which incidentally led the world in Quality Risk Management, to the seemingly deregulated arena of home care where quality of care is certainly lacking.

If you have any queries or require further information please do not hesitate to contact me.

Yours sincerely

Dr. Helen Nichol