

Submission to the Establishment of a National Aged Care Mandatory Quality Indicator Program for in-home care

July 2024

Introductory remarks

Carers Australia welcomes the opportunity to comment on the proposed National Aged Care Mandatory Quality Indicator Program for in-home care. Carers ACT and Carers Victoria have provided input into this submission.

Informal carers are the main source of support for older people living at home. Of the 1.5 million older people who required assistance in 2018, about one in three received assistance only from informal care and just over 60% received formal aged care and some level of informal care. Only 1% of older people received only formal care.¹

The Productivity Commission, when looking at the case for extended unpaid carer leave, said: “Informal carers are a critical element of the aged care system for older people. They reduce the need for formal care, supplement the care provided by aged care services, and maintain critical social and community connections”.²

The quality, reliability and adequacy of paid home care services has a direct impact on the number of hours of care informal carers need to provide, which in turn can affect the wellbeing of carers.

For some carers of older people who are in the workforce, the quality of aged care services, such as Home Care Packages and restorative care, can be an important determinant of whether or not they can continue to combine work and care. It can also affect how much time carers have to attend to their own health and wellbeing and the needs of their families.

Hearing about and taking stock of the experiences of both consumers and carers of in-home care services is key to understanding and improving the quality of care. Monitoring and making this information publicly available can also sharpen the incentive for providers to improve the quality of their services. However, the proposed quality indicators do not appear to take into account carers’ views about the quality of the care provided. This is an oversight given that the quality of

¹ Productivity Commission, Carer Leave Inquiry, Position Paper A case for an extended unpaid carer leave entitlement?, 2023 [A case for an extended unpaid carer leave entitlement? - Position paper - Carer leave - Productivity Commission \(pc.gov.au\)](#)

² Ibid.

the care affects not just the person being cared for but the person caring for them and the sustainability of the care relationship.

Quality indicators for in-home care need to recognise that carers complement age care services and that carers are often the 'eyes and ears' assessing the quality of care provided by service providers. Carers can also be the ones filling in the gaps when providers experience staff absences and shortages and other workforce issues.

The quality indicators for in-home care should capture the perspective of carers who support the home care client, on the basis that while they are not the consumer, they are an integral part of the delivery of aged care.

We are strongly of the view that there should be more carer inclusion in the Quality Indicators.

Comments on the Proposed Domains and Accompanying Quality Indicators

The Star Ratings system for residential care has helped older people and their carers make better informed choices about residential care and allowed them to monitor (and compare) the quality of their care once they are in residential care.

However, we note that coming up with quality indicators for in-home care is not straightforward. It is more complex for in-home aged care services than for residential care because older people living at home have more say about their living environment and the health and social support they access.

Add an extra domain: Carer Experience

Given the critical role that carers play monitoring the quality of the care provided to the people they care for, there should be a **Carer Experience Domain**. Indicators should include:

- **I am regarded as a partner in care by the care provider**
- **As a carer, I am kept informed of service delivery which impacts on my own role**
- **I have received information about the Quality Indicator Program and understand ways I can address my concerns**

It should be noted that the precept that carers should be regarded as partners in care is included in the Carer Recognition Act (2010), a recommendation of the Aged Care Royal Commission into Quality and Safety, and included in the consultation draft of the new Aged Care Act.

Carer specific measures could include:

- The Adult Social Carer Outcomes Tool (ASCOT)
- The extent to which home care services can facilitate the carer's own social participation independently of the client (if they wish).
- The extent to which home care services can facilitate the carer's ability to sleep well, attend their own medical and wellbeing appointments.

- The extent to which the home care services allow the client to stay living at home because the carer feels they are able to continue their role.

Consumer Experience

Description: *The perspective of the person receiving care on the quality of care and services they receive*

This domain is central to an effective ratings system, as it is under the Residential Care Star Ratings, and we have no problems with the five examples of quality indicators.

If a Carer Experience Domain is not added, an additional indicator under the Consumer Experience Domain should be included.

- **My carer is regarded as a partner in care by service providers and their staff, is treated with respect when engaging with providers on my behalf, and kept informed about the paid supports which impact on their caring role**

We appreciate that respite is included under the service types for this domain.

Quality of Life

Description: *How satisfied a person is with their life, including emotional, physical, material and social wellbeing*

We are concerned about the broad nature of this domain. There are many factors outside the control of providers that can affect the emotional, physical, material and social wellbeing of people receiving their services that are difficult to control for. This domain is also notable for not covering the extent to which care roles impact on carers' own quality of life and how that may contribute to the client's life satisfaction and the delivery of age care services.

Physical wellbeing will depend to a large extent on an older person's access to and use of health professionals, as well as their choices about exercise and diet. Deteriorating long-term health conditions which may or may not be amendable to health interventions will also affect physical wellbeing.

Material wellbeing is also largely out of the hands of providers. It will depend on the accumulation of material wealth throughout their lifetime, superannuation and the Age Pension.

Determinants of emotional wellbeing are many and varied. Again, it will be affected by the older person's health, their material wellbeing, family and friend relationships, mental health, and concerns about dying.

This is not to say that the services aged care providers deliver to older people in their home won't contribute to these factors. For example, giving older people access to otherwise unaffordable equipment and home modifications, taking them on outings, providing

opportunities for social engagement, and assistance with transport and shopping, are all likely to contribute to quality of life on the Quality of Life-Aged Care Consumers (QOL-ACC). That said, when ranking their quality of life, other factors are likely to be reflected in responses.

As home care services are only one factor which can influence a client's quality of life, the measures used in the Quality Indicator Program should assess how consumers and carers perceive the services provided contributed to their quality of life.

Function

Description: *A person's ability to perform basic daily activities and how it changes over time*

We have similar concerns about this domain as those raised in Domain 2 above in relation to physical wellbeing.

Service delivery/care planning

Description: *Whether care is planned and individualised for each aged care recipient*

As with Domain 1, this is a key quality indicator and one which is fairly and squarely in the domain of provider delivery.

We agree that client involvement in the Home Care Plan is an important indicator, however we would add that the plan takes into account the capacity of carers to continue providing the support they do.

Delays in receiving services once a client has been accepted by a provider should be an indicator in this domain. In addition, the time taken for referral of re-assessment when there has been an increase in the needs of the person they are caring for and then long gaps in the delivery of services is a particular pain point for carers of older people as revealed to the responses to open-ended carers in the annual Carer Wellbeing Surveys.³

Timely responses to respite and restorative care are particularly important because they are key factors in determining whether an older person can continue to stay at home.

Workforce

Description: *The staffing levels, skill mix and training of aged care workers.*

While acknowledging that shortages in the aged care workforce, especially in many regional and remote areas, present problems for many providers, it is nevertheless the case that insufficient access to and retention of care workers and the level of skill and training of staff do factor into the quality of care provided to consumers and have significant impacts on carers and the care relationship. The 2023 Carer Wellbeing Survey found over 73% of Australian carers of people with age-related care needs had difficulty finding high quality services when trying to access

³ Carers Australia in partnership with the University of Canberra. Carer Wellbeing Survey, 2023
[CARING FOR YOURSELF AND OTHERS \(carersaustralia.com.au\)](https://carersaustralia.com.au)

services such as in-home support, respite care, cleaning services for the person or people they care for – higher than the average for Australian carers.⁴

The questions:

- do staff respond to well to you?
- how safe or insecure does it feel to live at home with support from the aged care provider?
- do you feel confident about staff coming into your home?

are relevant regardless of the level of staffing.

Respite care, whether in the community or the home, should be added to the list of service types under this domain.

Weight/loss nutrition

Description: *Unintended weight loss and malnutrition in older adults, which can lead to poor health outcomes.*

Again, there are many circumstances which result in weight loss in older people which are less under the control of home care providers than is likely to be the case for residential providers.

Weight loss and risk of falls requires a multi-disciplinary approach from professionals and the carer. Some medication leads to weight loss, others lead to weight gain. For others, weight loss may be advised by a GP or specialist.

However, meal delivery services should be held to account for the appeal, digestibility and nutritional quality of their services. In cases where the package holder uses part of their package to order home delivery meals, the nutritional quality is very much in their own hands.

Care workers and people delivering nursing care should be responsible for raising concerns about any sudden unintended weight loss in a client, not the least because it may be a by-product of the deterioration of the older person's condition which signals the need for re-assessment of their needs and the level of their packages.

Falls/fractures/Injury

Description: *The occurrence and prevention of falls, fractures and injuries in older people.*

As remarked in our introductory comments, when people are ageing at home they control their environment to a very large extent. If they want to maintain the placement of objects and furnishings which are likely to cause falls, it is their choice.

However, when a client receives age care services in their home, the space changes from a private one to a semi-public one where the home care provider employees remain under the protection of employment and occupational health and safety legislation and regulations. The

⁴ Ibid

client must be cognisant of and do their best to remove hazards to home care provider employees such as pets, uneven paths or cluttered entryways.

This is important in almost all in-home age care services but especially when providing domestic assistance, personal care and garden and maintenance.

While allied health and other therapeutic services can help to prevent the occurrence of falls, fractures and injuries, we are uncertain about the extent to which they can be responsible for them occurring.

However, falls, fractures or injuries which are due to actions taken by care workers do come into provenance of provider responsibilities, as do home maintenance and repairs and home modifications.

In the same way that clients must ensure their home is safe for home care provider employees, the same employees must ensure their own actions do not create hazards for the carers of clients as well as the clients themselves.

About Carers Australia

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represents the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers should have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

This includes carers:

- Who have their own care needs
- Who are in multiple care relationships
- Who have employment and/or education commitments
- Aged under 25 years (young carers)
- Aged over 65 years, including 'grandparent carers'
- From culturally and linguistically diverse backgrounds
- Who identify as Aboriginal and Torres Strait Islander
- Who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI+)
- Who are living in rural and remote Australia, and
- Who are no longer in a caring role (former carers).

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging. As an inclusive organisation we celebrate people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.

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