Delivering quality care more efficiently inquiry

Questionnaire response 4

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Submission date: 19/05/2025

Participant background

1. For the purposes of this consultation, which of the following best describes you:

   I am a consumer or user of care services (consumer)

2. Which of the following care sectors will your feedback relate to? Please select all that apply.

   Aged care; Early childhood education and care; Health; aged care services and primary teaching

3. What kind of care supports, services and programs do you have experience with, and in what jurisdictions?

   The participant did not respond to this question.

1. Reform of quality and safety regulation to support a more cohesive care economy

1. To what extent do differences in quality and safety regulation make it costly or complex to provide or access care services?

   Very little

2. What are the reasons for your answer?

   Individual care plans for each client MUST be observed by ALL care staff including dietary requirements and GP consults. In private care homes these are all governed by low budget, in order to make a profit, in the dietary provision. I recommend back to govt owned care homes with more supervision standards by qualified care-givers.
   Staff should NOT be allowed to work double shifts in care homes, as they result in inadequate client supervision especially at night. I have personally found staff sleeping on duty!!!!

3. To what extent should quality and safety regulations be more aligned across the different care service sectors and jurisdictions?

   To a great extent

4. What are the reasons for your answer?

   Standards are more easily kept when aligned across all sevice sectors and jurisdictions and are better supervised by all, in care plans

2. Embed collaborative commissioning to increase the integration of care services

1. What is your experience with collaborative commissioning

   This only happened in government run institutions, not in profit making private facilities. When working in Numbala Nunga Derby aged care facility, I found that all staff

understood the different care outcomes were met for our Indigenous residents, including dietary needs. This was a govt run facility and was very efficient. It was discontinued due to a liberal govt taking over .

2. What are the benefits of pursuing greater collaborative commissioning?

   Aged care, disability, home care requirements could all be included under ONE care plan. Training supervisors would be a social services or registered nursing component. Annual registration fees prevent many practitioners from being able to afford their vocation!!!

3. What are the barriers to collaborative commissioning, and do you have any suggestions for solutions that would lead to better collaboration in the commissioning of care services?

   Care licenses must be updated annually , but not at huge costs. Government grants should be made to encourage more care-givers to undertake training.

3. A national framework to support government investment in prevention

1. What are the main barriers to governments investing in evidence-based prevention programs across the care economy?

   There have been too many private developers entering the aged care domain because GOVT were trying to cut costs. We are now seeing the effect of this in lack of GOOD Care and low standards.

2. What are some examples of successful prevention programs (this could include discontinued programs)?

   The new disablity funding strategies will work with perseverance as long as they do not have loopholes that crooks can use!!

3. How can governments better support investment in prevention activities that have broad and long-term benefits for the Australian community?

   Fund supervisory courses in universities so that care homes have regular checks on staffing etc.
   Offer an aged care composite in Registered nursing courses which includes regulatory standards for Aged care.