

Chapter Two Aged Care

Draft Recommendation 2.1

The Commission supports the recommendation for greater competition in the provision of aged care services; however it may be difficult to attract providers to rural, regional and remote areas, depending on numbers of clients and the cost to deliver services.

The Commission is of the view that more needs to be done to enable aged people in rural and remote areas to remain within proximity of their home towns. For example most aged care beds in the Pilbara are located at Kalarra House in Port Hedland. Indigenous residents of Western Desert communities (approx 600kms from Hedland) or Nullagine (350 kms from Hedland) would need to relocate to Hedland to access these services.

Draft Recommendation 2.2

The Commission supports the need for great options for services for clients in aged care homes. However the model developed needs to ensure that there is no reduction of the number of beds available to clients who are unable to afford the additional services.

Draft Recommendation 2.3

The Commission supports this recommendation.

Draft Recommendation 2.4

The Commission supports this recommendation generally but suggests that facilities that have been identified as “at risk” should receive more than one visit each year.

The Commission also suggests that any expected cost saving in reducing the number of inspections undertaken each year across the country should be directed to the establishment of a support and training branch that comprises aged care management experts that could work with “at risk” facilities to raise their standards and compliance.

Draft Recommendation 2.5

The Commission generally supports the recommendation however clients/prospective clients should be able to request this information particularly if Recommendation 2.1 is adopted. This would enable clients/prospective clients to make choices with some certainty around the sustainability of a service.

Draft Recommendation 2.6

The Commission supports this recommendation and suggests that all agencies requiring information from facilities should work together to determine what information is essential to be collected with the view of creating one reporting format to suit all requirements..

Draft Recommendation 2.7

The Commission supports this recommendation.

Draft Recommendation 2.8

The Commission supports this recommendation and suggests that it include a further recommendation that there be training and support group established to assist “at risk” facilities (as commented in 2.4) and where that group would be best located.

Draft Recommendation 2.9

The Commission supports this recommendation with the suggestion that where the threshold number of residents missing is reached by a facility that this should trigger a visit by the quality branch to determine if any immediate remedial action is required.

Draft Recommendation 2.10

The Commission supports this recommendation.

Draft Recommendation 2.11

The Commission supports the recommendation to remove the annual reporting by facilities that meet the standards, with the suggestion that they should be required to report every five years.

Draft Recommendation 2.12

The Commission supports this recommendation with the suggestion that existing, older facilities which require upgrading to meet the privacy and space requirements, are funded to do so, especially where those facilities are in remote and rural regions.

Draft Recommendation 2.13

The Commission supports this recommendation.

Chapter Three Child Care

Draft Recommendation 3.1

The Commission generally supports this recommendation. However, this needs to include a process that includes dedicated support from the appropriate agency to assist the provider to meet its requirements for CCB. Following that, a process that incorporates 2 warnings before the removal of the CCB (3 strike) and advises parents from the initial warning so they have sufficient time to make alternate arrangements.

Only where every effort has been made to address the issues and where the families and children have other viable alternatives for care and it has been ascertained that access is available and within their means should the provider at the centre of concern have their CCB access withdrawn.

Draft Recommendation 3.2

The Commission supports this recommendation with reference to the comments at 3.1 regarding providing assistance to a service in the first instance.

Draft Recommendation 3.3

The Commission supports this recommendation with the suggestion that services be encouraged to do so voluntarily, if possible at a local level. This could assist in some regions where childcare places are at a premium and parents are looking for “one off” opportunities or an emergency childcare placement.

Draft Recommendation 3.4

The Commission supports this recommendation with the suggestion that those services that have previously failed validation and have been assisted to remediate their issues should have at least two unannounced validation visits within the following 18 months. Where either of those visits raises concerns, further assistance should be provided.

Draft Recommendation 3.5

The Commission supports this recommendation with the suggestion that consideration be given to including electronic surveys as a viable means of information collection as many families have access to a home computer.

Draft Recommendation 3.6

The Commission supports this recommendation.

Draft Recommendation 3.7

The Commission supports this recommendation.

Chapter Eight Other concerns; Medical services.

Draft Recommendation 8.1

The Commission supports this recommendation.