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Dear Ms Carnell and Professor Paterson

We have not met. By way of introduction, I am a public health qualitative researcher who values evidence-based policies. I stumbled into aged care advocacy after writing several opinion pieces for The Age. I have recently published a research report “Living Well in an Aged Care Home” that is available on the Aged Care Matters’ website.

I read your Review Of National Aged Care Quality Regulatory Processes with interest and support many of the recommendations.

I was pleased when I read on Page 61: “Historically, there has been a significant lack of publicly available data and policy-relevant evidence on residential aged care. This has limited the scope for comprehensive and independent assessment of the system”. I am therefore surprised that, two weeks after its release, the submissions to your review have not been made public.

In the interests of transparency, it is imperative that 321 submissions (i.e. the respondents who agreed for their submission to be published) are made public so that the primary data can be read/analysed. Researchers like myself need access to the primary data – to confirm/refute conclusions you both drew from the submissions.

In terms of the methodology of your review, I have some critical feedback.

1. Sample

There were 436 submissions. Yet only 11.6% of these submissions were referred to in the report: 30 in the body of the report and 21 in Appendix C. Is there a reason so few submissions were referred to in the final report?

2. Qualitative analysis

When reporting examples (i.e. quotes) from the data, it is important to be clear about who is speaking. There are many examples throughout the review when it was not clear who was speaking – aged care worker, relative/carer or provider.

I am sure your thematic analysis of participants' views was rigorous. However I was surprised you quoted from specific submissions numerous times (e.g. COTA, 6 times; Alzheimer's Australia, 7 times) while other organisations known for their critical perspective of the aged care system (e.g. Aged Care Crisis, Elder Watch, CPSA, and the state/federal nursing unions) were quoted much less.

In addition, 159 aged care workers made submissions (36% of the sample). Yet you only included a few aged care workers in the report. You quoted one particular aged care worker 5 times – including using the same quote twice.

3. *Unsubstantiated claims*

I appreciate the document is a review not an academic thesis. Nonetheless, I noticed several unsubstantiated claims. For example, you claimed: "Evidence suggests that the residential aged care system as a whole is one of relatively high-quality care?" (p 38) without providing any evidence to support this claim. Do you know the proportion of aged care homes that provide high standards or care?

Clearly passing accreditation is not an indicator of high standards of care. In addition to Oakden, there have been several recent allegations of poor standards of care – e.g. Tricare (Queensland), Opal Raymond Terrace Gardens (NSW) and Opal Lakeview (Victoria). Like Oakden, these aged care homes were all accredited by the Quality Agency.

Despite these criticisms, I welcome your review. I was particularly pleased to see that one of the key priorities in your proposed reforms is to acknowledge and reward providers that consistently provide high-quality care. A proactive approach is often more successful in improving quality than a reactive/punitive approach.

I was surprised that Ken Wyatt announced 'unannounced visits' as though they are a new initiative. In your review, you note that during the 2015-16 financial year, the Quality Agency undertook 2,866 unannounced visits.

It would be a new initiative, however, if all reports from unannounced visits were on the public record. I am sure members of the public would appreciate the transparency. I strongly disagree with members of ACSC who expressed caution about releasing unpublished reports from the Quality Agency. The minutes of the May 2017 meeting claim "these reports were more technical and, without explanation, may not provide useful information for consumers or their families". This remark patronises those of us who seek pertinent information about specific aged care homes.

I agree that the current accreditation system is currently a tick-a-box exercise with regulators only checking processes and policies. For the past 12 years, aged care advocates have bemoaned the lack of government action after the 2005 Senate Inquiry. This Inquiry concluded the standards and outcomes were too generalised to effectively measure care outcomes.


I agree that assessors must be trained to consider *and measure* the quality of care being delivered by aged care homes. However, without measurable outcomes, it is not possible to *measure* the quality of care in an aged care home.

A rigorous audit of aged care homes requires the Quality Agency to abandon the Single Aged Care Quality Framework in which 44 vague standards will be replaced with 8 even vaguer standards.

Rather than tinker with the accreditation standards and outcomes, it is my view that the Quality Agency needs to go back to the drawing board and start again. It is also my view that likert-type scale and smiley faces used in the Consumer Experience Surveys are too simplistic to collect information of any genuine value.

I would welcome the opportunity to discuss my concerns with you both.

Yours sincerely

A handwritten signature in blue ink that reads "Sarah Russell". The signature is written in a cursive style and is placed on a light blue rectangular background.

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Cc Ken Wyatt, Aged Care Minister
Lynda Saltarelli, Aged Care Crisis
Michael Riley, Greysafe
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