



annual report

1 JULY 2006 – 30 JUNE 2007

AGED CARE COMMISSIONER
COMMISSIONER FOR COMPLAINTS



Australian Government

Office of the Aged Care Commissioner

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The Hon Christopher Pyne
Minister for Ageing
Parliament House
CANBERRA ACT 2600

Dear Minister

I hereby submit my Annual Report pursuant to my obligations under section 95A-12 of the *Aged Care Act 2007*. The report includes information related to the functions of the Aged Care Commissioner during the period 1 May 2007 to 30 June 2007.

In addition, the document incorporates the final report of the Aged Care Commissioner for Complaints pursuant to Section 10.34A of the *Aged Care (Committee) Principles 1997* and covers the period 1 July 2006 to 30 April 2007. Under section 10.101 of the Principles I am also required to give you a report for presentation to the Parliament, which coordinates the reports of the activities of Complaints Resolution Committees during the year. I have included this information as part of my Annual Report (see especially Part 3 Commissioner for Complaints and Appendix 3).

Yours sincerely

A stylized, handwritten signature in black ink, appearing to read 'Rhonda Parker'.

RHONDA PARKER

Aged Care Commissioner

Foreward

In recent years there has been a move away from the paternalistic attitudes of the past where consumers assumed a passive role when receiving health care. The elimination of age discrimination was expected to encourage older people to fully exert their rights and to give them the confidence needed to become more active consumers of health services.

As an indicator of the change, an accessible complaints system for those receiving an aged care service was established. The Office of the Commissioner for Complaints, and more recently the Office of the Aged Care Commissioner, is a part of the complaints process that seeks to ensure quality and dignity characterise the care services we provide for older Australians.

However, we are continually challenged to uphold the dignity of people who are not able to do so themselves. I am reminded of the vulnerability that we all experience as we come into this world and the vulnerability experienced as we leave this world. The vulnerability at the end of the lifespan for some may be momentary, for others it can last for an extended period of time. For many older people, lesser versions of the extremes of vulnerability exist – loss of sensory and cognitive sharpness, decreased mobility, relationship isolation and financial disempowerment to name a few.

I think that, from time to time, it is beneficial for us all to contemplate the lives of those who are unable to sustain or defend their own sense of dignity and, in the context of this document, the older Australians who fit into this category. To achieve a balance between empowerment and protection requires not only good legislation but also responsible family members and professional carers. It behoves us all to look for additional ways and means to engage care recipients and their families to allow them to more directly voice their issues. Where that is not possible, we need to acknowledge the reasons why they may not be able to articulate their issues or that they are inherently restricted in the context of the powerlessness of their position.

Sometimes it is encouraging and even rewarding to recall history because it reminds us of the changes initiated and improvements made but we should never be satisfied and stand still. We need to support a process of continuous improvement; and by sharing our learning become better advocates, better voices in our own field of endeavour.

The benefits of continuous improvement have been discussed and promulgated on the world wide stage and, in reality, not too many people challenge the value of this management strategy. Just like other enterprises, aged care has adopted the premise of continuous improvement as one of its central themes; it is a significant part of the accreditation process and has become a mantra for the industry as a whole. The Office of the Aged Care Commissioner is an integral part of the continuous improvement system established for the aged care sector by the Australian Government.

Best practice is a necessary and commendable goal in all service delivery programs and one which all should aspire to and be supported to achieve. However, people can become complacent and cracks and larger problems can appear in the best of systems. Government organisations themselves are not exempt from this process.

The Aged Care Complaints Scheme operates in an environment where the aged care industry is continually evolving; consumers have a better understanding of their rights and are more able and empowered to raise their concerns. It was against this background that previous Commissioners audited complaint handling practices and listened to comments from both consumers and industry representatives. This ultimately led to the development of proposals to change the complaint handling processes and so address perceived limitations of the existing complaints resolution model. The latest phase of the continuous improvement process in the Australian system of aged care was instigated on 1 May this year with changes to the *Aged Care Act 1997* and the complaints system.

Once people acknowledge there is a better way of doing things there is a tendency to expect change overnight. It is easy for some to get frustrated or discouraged by the pace at which actual change and continuous improvement occurs. In my experience it is best not to assume that improvement and cultural change will come about just by changing external constructs. Operational excellence has its own inimitable culture, philosophy and behaviours that must be in place. Cultural change cannot occur without the participation of all those affected. It is easy for people to cite high standards and to change superficial behaviours to meet expectations but real change occurs when people believe in the goals of the change, work differently and accomplish better results.

Establishing the reputation and independence of the Office of the Aged Care Commissioner will not come without challenge. It will take time for people to understand that my Office is neither an advocate nor an apologist for the government agency being complained about and to trust we will review decisions without fear or favour. The fundamental tenets of the Office are to work in cooperation with stakeholders and to intervene with the intention of improving public administration and ultimately the quality of care and quality of life for care recipients. Independence exercised with integrity and objectivity is the aim and foundation upon which our operations and professional relationships are built.

I wish to record my thanks to the Hon Christopher Pyne MP, Minister for Ageing, for the trust he has shown in me in my appointment as Aged Care Commissioner.

I would also like to acknowledge and thank the Hon Rob Knowles and Mr Ron Brent, who each as Commissioner for Complaints had the foresight and strength of purpose to seek and support improvements to the complaint handling model and advance a range of options for consideration by the government.

I say a heartfelt thank you to the men and women who have assiduously and generously given of their time to act in their roles as chairpersons and committee members. Their task has not been an easy one and they are owed a debt of gratitude. I appreciate the professionalism, wisdom and expertise which has been evident in the determination of 210 complaints over the years.

The management of complaints is a difficult and stressful role. In aged care this is made more complicated because of the need to maintain or rebuild an ongoing relationship between the parties in dispute. I would like to pay tribute to the staff of the Complaints Resolution Scheme and the Complaints Investigation Scheme and acknowledge the efforts of all advocates in bringing their experience and balance to bear in the resolution of complaints.

The Commissioner for Complaints was well supported by Marlene Hall and Peter Prince; their proficiency and wise counsel was very much appreciated. As Aged Care Commissioner I would like to sincerely thank Graham Johnson, Peter Mayberry and Riu de Lemnos for their timely assistance and acumen.

Finally, I would like to sincerely thank my staff who maintained the tradition and stability of the Office at a time when it was necessary to deal with competing and shifting priorities and an uncertain future. In the two months since my appointment and retention of the Melbourne Office there has been considerable pressure to establish an office system and quality assurance program to support the new legislative arrangements and at the same time meet the timelines for the day to day business of the Office. It is particularly gratifying for me to note their achievements and record their positive attitude, dignified conduct and obvious pride in their work. I thank them for their professionalism, dedication, loyalty and commitment to the values of integrity and independence.

As a team, we look forward to establishing the reputation and function of the Office of the Aged Care Commissioner, being recognised for our contribution to excellence in public administration, to the quality of care and quality of life for all older Australians in receipt of an aged care service, and to an appreciation of the right of all older Australians to expect the same richness of opportunity and quality that other periods of their lives have afforded them.



Rhonda Parker

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Commissioner's Introduction

Population ageing is not a new phenomena for Australia, but is expected to accelerate over the coming years, largely as the result of a significant improvement in average life expectancy and a reduction in the birth rate. The results of the 2006 census showed Australia's median age increased from 34 years to 37 years in 2006, and the percentage of the population aged 65 and over increased from 12.6 per cent to 13.3.

The Australian Bureau of Statistics has indicated that the proportion of the population aged 65 years and over is projected to increase to between 26–38 per cent in 2051 and to between 27–31 per cent of the total population in 2101. A significant aspect of population ageing is within the aged population itself. Australians are increasingly living to old, old age and the number of people aged 85 years and over is projected to grow to 2–3 per cent of the total population by 2021, to 6–8 per cent by 2051 and to 7–10 per cent by 2101.

The majority of older people continue to reside in private dwellings, living active lives and continuing to contribute to society in meaningful ways. However, approximately one in every four older people makes some use of aged care. In this day and age older people are supported in their choice to remain living in the community, and wherever possible in their own homes, assisted by informal caregivers (family and friends). Others receive community services through government-funded programs such as the Home and Community Care Program (HACC), Linkages, Community Aged Care Packages (CACPs) and the Extended Care at Home (EACH) program.

Disability, chronic disease and illness are major factors preventing some older people from remaining self-sufficient and are the principal reasons for admission to residential aged care.

The *Aged Care Act 1997* (the Act) and *Aged Care Principles 1997* (the Principles) provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. Entitlement to residential care (either high care, low care or respite services), the EACH program and CACPs is determined by Aged Care Assessment Teams (ACATs). A person must be assessed as eligible for any of these particular services before a Federal Government subsidy is provided.

The Australian Government provides recurrent funding for each resident admitted to a residential care setting. The funding is currently formulated on a needs based model, known as the Resident Classification Scale (RCS), where the individual care needs of residents are assessed by nursing, personal care and allied health staff employed within the facility.

Approved providers must satisfy accreditation requirements in order to receive government funding. The responsibility for assessing aged care services against the Accreditation Standards (the Standards) lies with the Aged Care Standards and Accreditation Agency Ltd (the Agency).

As part of the accreditation arrangements aged care services are required to establish and maintain an internal system for dealing with comments or complaints from residents and/or their family and friends. In addition, the right to complain about any aspect of care or services is prescribed within the *Charter of Resident Rights and Responsibilities*.

Anyone experiencing difficulties with care and accommodation issues is encouraged to approach the service provider in the first instance and many complaints are resolved at this level. However, for a variety of reasons, some people prefer to access a complaints system external to that offered by the service provider. The national Complaints Resolution Scheme (the Scheme) was established on 1 October 1997 to assist people who express concern about any aspect of the care or services provided by residential aged care services, CACPs and flexible care services.

On 1 May 2007 the complaint scheme changed from a model based on alternative dispute handling principles to one based on investigation. Like its predecessor the Complaints Investigation Scheme allows anyone to make a complaint about any issue that affects a person who is, or was, eligible to receive aged care services funded by the Australian Government and that may be a breach of an approved provider's legislative responsibility. Complaints can be made orally or in writing and can be dealt with on an open, confidential or anonymous basis. A national free call telephone number is available to ensure people throughout Australia have access to the Scheme.

1. Mandate and Organisation

1.1 Background

The Australian Government recently introduced legislation to establish the Aged Care Complaints Investigation Scheme (the Scheme) to manage complaints about aged care services that are subsidised by the Australian Government. The legislation also established the role and functions of the Aged Care Commissioner (the Commissioner) and additionally introduced a regime which requires the reporting of certain types of assault and protections for those who report such assaults.

The legislative basis for the Scheme and the Commissioner is contained in the Act and the Principles.

All aged care services are required to have an internal complaints system and in many cases this is an effective way of dealing with people's concerns. If however, people are uncomfortable discussing a problem directly with the service provider they can contact the Scheme which is located within the Department of Health and Ageing (the Department) in each State and Territory.

The Scheme is a free service that accepts oral and written complaints regarding Australian Government subsidised residential aged care services, flexible services and community aged care packages. The Scheme is available to anyone who wishes to provide information (by way of a complaint or otherwise) in relation to anything that may be a possible breach of the approved provider's responsibilities under the Act or the Principles.

The Scheme has the power to investigate concerns raised and to take action where an approved provider has breached its responsibilities. The investigation process has a number steps or decision points; however, in practice many of the steps may be undertaken concurrently or in very quick succession.

Information may be provided to the Scheme confidentially or anonymously if required although this may limit the investigation process. Information provided to the Scheme may often involve more than one issue. The Scheme is able to refer some issues if it is decided that the matter could more appropriately be managed by another statutory body such as police, medical and nursing registration boards, health services commissioners etc.

After investigation the Scheme will decide whether the approved provider has met its responsibilities under the Act and Principles. In the event that a breach is identified the Scheme may decide to issue a Notice of Required Action (NRA) and a timeline for implementation.

The Agency is an independent company limited by guarantee and established under the *Corporations Act 2001* and the *Commonwealth Authorities and Companies Act 1997*. The Agency has been appointed by the Department as the accreditation body under the Act.

The core functions of the Agency are to:

- Manage the residential aged care accreditation process using the Standards.
- Promote high quality care and assist industry to improve service quality by identifying best practice, and providing information, education and training.
- Assess and strategically manage services working towards accreditation.
- Liaise with the Department about services that do not comply with the relevant Standards.

2. Role of the Aged Care Commissioner

The Commissioner holds a statutory appointment and is independent of the Department and the Agency.

The Commissioner's functions are set out in Part 6 of the *Aged Care Act 1997*, section 95A (2) as follows:

- to examine decisions that are made by the Secretary under the Investigation Principles and are identified by those Principles as being examinable by the Aged Care Commissioner, and make recommendations to the Secretary arising from the examination;*
- to examine complaints made to the Aged Care Commissioner about the Secretary's processes for handling matters under the Investigation Principles, and make recommendations to the Secretary arising from the examination;*
- to examine on the Commissioner's own initiative, the Secretary's processes for handling matters under the Investigation Principles and make recommendations to the Secretary arising from the examination;*
- to examine complaints made to the Aged Care Commissioner about:*
 - the conduct of an accreditation body relating to its responsibilities under the Accreditation Grant Principles; or*
 - the conduct of a person carrying out an audit, or making a support contact, under those Principles;**(but not a complaint about the merits of a decision under those Principles) and make recommendations to the accreditation body concerned arising from the examination.*
- to examine, on the Aged Care Commissioner's own initiative:*
 - the conduct of an accreditation body relating to its responsibilities under the Accreditation grant Principles; and*
 - the conduct of persons carrying out audits, or making support contacts, under those Principles; and make recommendations to the accreditation body concerned arising from the examination.*
- to advise the Minister, at the Minister's request, about matters relating to any of paragraphs (a),(b),(c), (d) and (e);*
- the functions (if any) specified in the Investigation Principles.*

Section 95A-12 relates to the provision of an Annual Report and states:

- (1) *The Aged Care Commissioner must, as soon as practicable after the end of each financial year, prepare and give to the Minister, for presentation to the Parliament, a report on the Aged Care Commissioner's operations during the year.*

2.1 Examinable Decisions

An aggrieved person or relevant provider who is dissatisfied about a 'relevant decision' may, within 14 days after being told by the Secretary in the Department of Health and Ageing (the Secretary) about the decision, apply to the Commissioner for examination of the decision.

An **aggrieved person** means a care recipient of the relevant provider, or his or her representative, to whom a matter under investigation relates (Type A informant). For the investigation process the relevant provider means the **approved provider** to which the investigation relates.

2.1.1 Relevant Decisions

A Type A informant may, within 14 days of being notified of the relevant decision, seek internal review by the Commissioner. Relevant decisions are:

- A decision by the Secretary to cease investigating a matter.
- A decision by the Secretary that there has not been a breach of the approved provider's responsibilities.
- A decision by the Secretary not to issue an NRA.
- The terms/conditions of an NRA.

An approved provider may, within 14 days of being notified of the relevant decision, seek reconsideration by the Commissioner. Relevant decisions are:

- A decision by the Secretary that there has been a breach of the approved provider's responsibilities.
- A decision by the Secretary to issue an NRA.
- A decision setting, adding or varying the conditions of an NRA.

2.2 Annual report

Section 95A-12 of the *Aged Care Act 1997* states:

- (1) *The Aged Care Commissioner must, as soon as practicable after the end of each financial year, prepare and give to the Minister, for presentation to the Parliament a report on the Aged Care Commissioner's operations during that year.*

(2) *The Aged Care Commissioner must include in the report:*

- (a) *the number of decisions made by the Secretary under the Investigation Principles that the Aged Care Commissioner examined during the financial year; and*
- (b) *the number of complaints about the following matters (examinable complaints) that were made to the Aged Care Commissioner during the financial year:*
 - (i) *the Secretary's processes for handling matters under the Investigation Principles;*
 - (ii) *the conduct of an accreditation body relating to its responsibilities under the Accreditation grant Principles;*
 - (iii) *the conduct of a person carrying out an audit, or making a support contact, under those Principles; and*
- (c) *the number of examinable complaints that the Aged Care Commissioner started to examine during the financial year; and*
- (d) *the number of examinable complaints that the Aged Care Commissioner finished examining during the financial year; and*
- (e) *a summary of the nature of the examinations made by the Aged Care Commissioner during the financial year of examinable complaints; and*
- (f) *the number of examinations made by the Aged Care Commissioner on his or her own initiative during the financial year; and*
- (g) *a summary of the nature of examinations made by the Aged Care Commissioner on his or her own initiative during the financial year; and*
- (h) *the number of requests for advice the Minister made to the Aged Care Commissioner during the financial year; and*
- (i) *a summary of the nature of those requests; and*
- (j) *a summary of the nature of advice given by the Aged Care Commissioner to the Minister during the financial year in response to requests by the Minister; and*
- (k) *any other information required by the Investigation Principles to be included in the report.*

3. The Office of the Aged Care Commissioner

3.1 About the Office

The Office of the Aged Care Commissioner (the Office) was established on 1 May 2007 and the location of the Office in Melbourne was confirmed at that time. Our approach to the examination of appeals and complaints is built on the seven years experience of the Office of the Commissioner for Complaints and is directed by best practice processes outlined by the Commonwealth and other Ombudsmen and Health Service Commissioners.

Our vision is to be recognised as a leader in complaints management and in public administration. The business processes and practices of the Office are guided by the International Standards ISO 10002, and as far as the legislation permits address the principles established by these standards including visibility, accessibility, accountability, responsiveness and continual improvement.

Our mission statement is: *Through an effective office of review improve the quality of aged care services by promoting excellence in complaint handling and public administration.* The statement is designed to acknowledge and value the contribution of others and aims to reflect our professionalism in the performance of our functions.

Our primary goal is to examine appeals and complaints in a thorough, objective, unbiased, transparent and timely manner and to support all recommendations and/or decisions with an explanation and sound reasons. Unlike the Commissioner for Complaints the Aged Care Commissioner does not have a role in oversighting the operations of the Scheme. However, our second objective is to continue to contribute to improving the quality of administrative practice and decision making. We believe that in fulfilling these objectives we will continue to have a positive influence on the delivery of quality of aged care services across Australia.

3.2 Budget

On 1 June 2007 approval was given for the Office to increase staffing numbers. A budget of \$1.4M was also allocated to support the establishment and operation of the Office. The salary for the Commissioner is set by the Remuneration Tribunal and is included in the \$907,000 allocation to meet salaries and on-costs. The allocation for operational costs included an amount for one off costs to meet the expenditure associated with the development of a website and databases.

3.3 Achievements

The Office is gradually establishing a public profile and presence with a range of stakeholders. The Commissioner has planned visits to meet with stakeholders in each State/Territory and has undertaken a number of speaking appointments since being appointed.

In addition to identifying vision and mission statements the Office has developed a Service Charter, Strategic and Corporate Plans; business rules and staff work plans. The Office is in the process of producing an orientation program and procedure manual to assist existing and new staff understand and meet all legislative requirements following changes to the legislation.

The Office is also finalising a comprehensive quality assurance process which includes: data analysis and reporting, case conferencing post finalisation, key performance indicators, satisfaction surveys and criteria for conducting focus groups.

The Commissioner has established contractual arrangements with a panel of external legal advisors in order to ensure that the Office receives appropriate and independent legal advice.

In addition, the Office is endeavouring to establish protocols with the Department, the Agency and the Commonwealth Ombudsman. The protocols are intended to outline cooperative working relationships between the Office and other organisations.

A project brief was finalised and accepted and work has commenced to redevelop and transfer the existing website of the Commissioner for Complaints to one appropriate for the Aged Care Commissioner. The website will include an online complaint form and will be an important avenue for the provision of information to the public. A range of brochures and fact sheets, which present consumer friendly information, will be posted on the website. Once finalised the new website will be located at www.agedcarecommissioner.net.au.

The Office is seeking to refurbish its existing premises to accommodate additional staff. To ensure maximum accessibility the Office maintains a free call telephone number, 1800 500 294 and the new postal address for the Aged Care Commissioner is Locked Bag 3, Collins Street East, Vic 8003.

Detailed specifications for the development of a case management system have been prepared and it is anticipated work will begin in the first half of the financial year.

4. Statistics

The Commissioner is only able to examine complaints about the Secretary's processes for handling matters under the *Investigation Principles 2007* or the conduct of an accreditation body or one of its assessors that occurred on or after 1 May 2007. Applications asking the Commissioner to examine an examinable decision necessarily apply to decisions made by the Scheme under the Principles. The statistics reported here therefore relate to the period 1 May – 30 June 2007.

During the lead up to the commencement date of 1 May 2007 information had been made available to approved providers and the general public through the press and in advice provided by the Department. However, because the Commissioner is restricted to dealing with decisions or complaints post that date there was a hiatus before people with a genuine grievance made contact with the Office. In June 2007 three appeals against decisions made by the Scheme were received and related to matters originating in the Northern Territory, Western Australia and Victoria. All appeals were lodged by Type A informants. Two appeals were against a decision to find no breach and the third was an appeal against a decision not to issue an NRA. Two appeals were accepted and managed the other was received outside the 14 day legislated appeal time. The legislation is prescriptive in relation to a 14 day time frame and the Commissioner does not have discretion to waive this requirement; therefore the Commissioner is unable to lawfully accept applications that fall outside that period.

Throughout this period the Commissioner did not initiate any own motion examinations. No complaints were received about the Secretary's processes for handling matters or about the conduct of the accreditation body or of persons carrying out audits or making support contacts.

The legislation also provided transitional arrangements. Section 16A.29 states:

- (1) This section applies to each person who had made a complaint under the Committee Principles 1997 in which:
 - (a) the complaint had not been determined or discontinued; or*
 - (b) if the person applied for a review of the determination resolving the complaint – the review has not been finalised.**
- (2) As soon as possible after the Investigation Principles 2007 commence, the Secretary must tell the person in writing that if the person does not elect within 30 days or have the complaint or review dealt with under the Committee Principles 1997 as in force immediately before the Investigation Principles 2007 commenced, the complaint or review will be taken to be a complaint or examination under the Investigation Principles 2007.*
- (3) The complaint or review of a person who makes an election under subsection (2) is to be dealt with under the Committee Principles 1997 as in force immediately before the Investigation Principles 2007 commenced until the earlier of:
 - (a) the resolution of the complaint or review; or*
 - (b) 1 September 2007.**
- (4) A complaint or review that has not been resolved before 1 September 2007 is to be dealt with under the Investigation Principles 2007.*

During the transition period the Office continued to manage the determination processes for those complaints referred and scheduled to be heard. At the same time the Commissioner also received correspondence from the Scheme seeking advice in relation to four appeals against the non acceptance of complaints lodged under the Principles. The transition period did not provide an avenue of appeal in these circumstances.

Commissioner for Complaints

Complaints Resolution Scheme

1. National Statistics

Legislative changes were introduced on 1 May 2007 therefore data recorded during April 2007 have been included in the final quarter shown in Figure 1. The data show that the number of complaints and information calls recorded each quarter has been proportionately similar. The data also show that, during the January – March 2007 period the number of complaints and information calls was higher than that recorded in the previous quarter and this trend continued during April 2007.

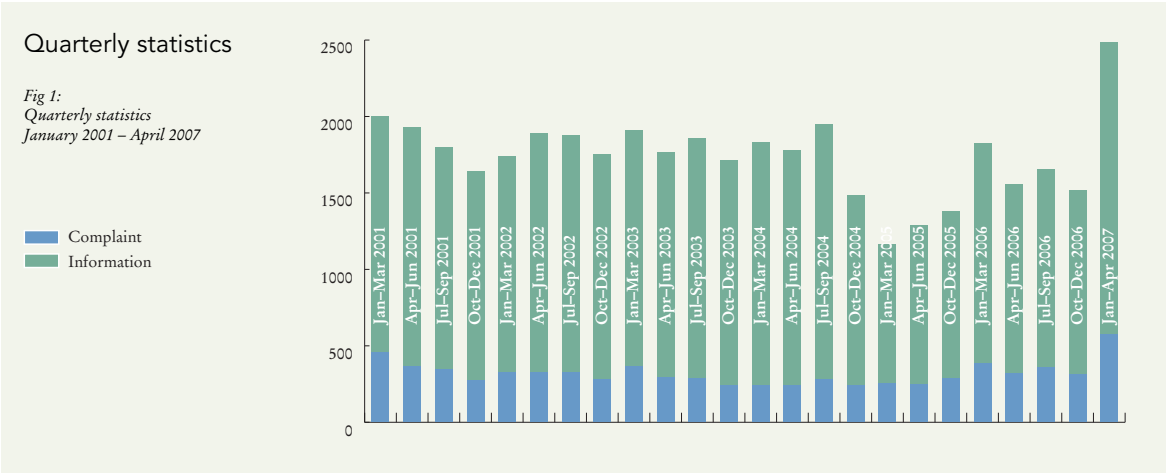
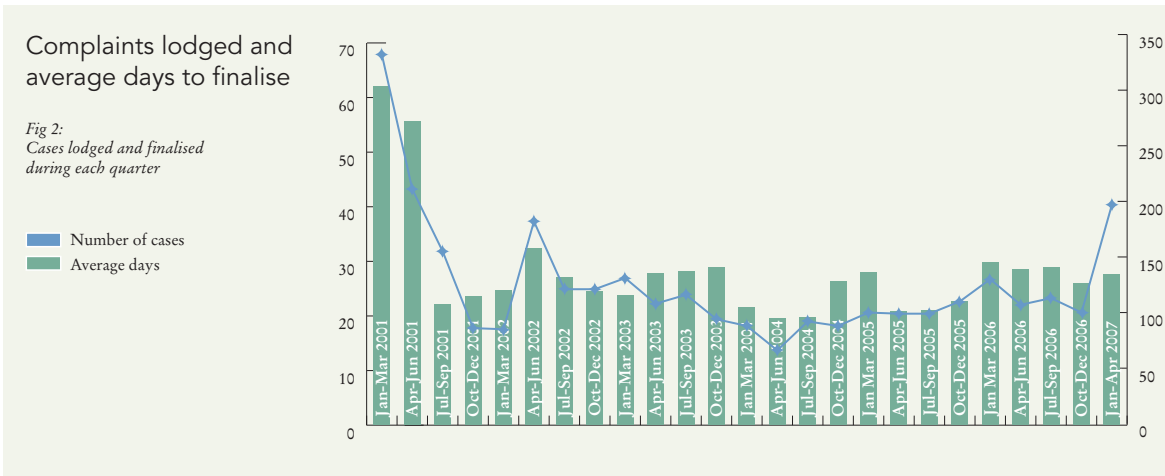
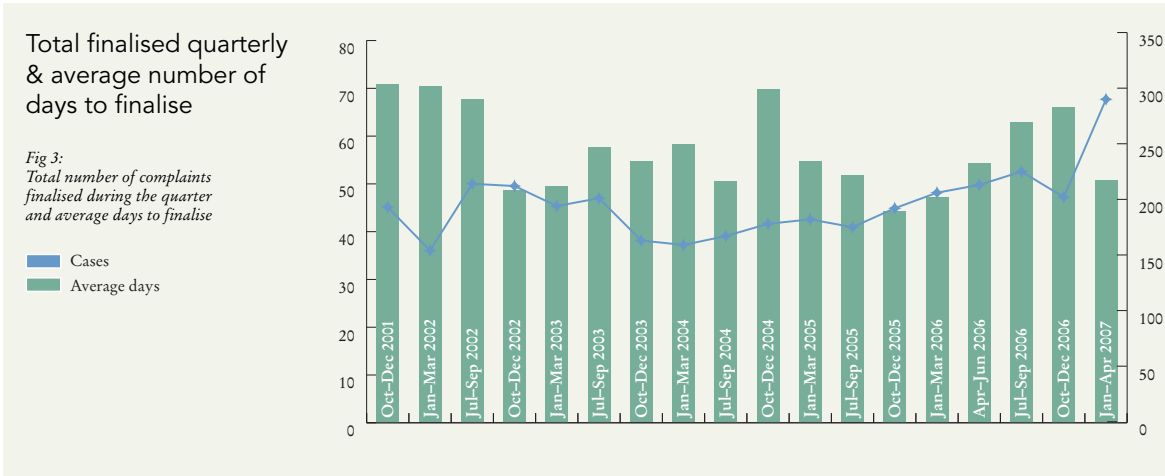


Figure 2 shows the average number of days taken to finalise complaints accepted during all reporting periods from the January – March 2001 quarter.

The data show an increase in the number of complaints lodged during January – April 2007 to almost twice that recorded in the previous quarter. The average number of days taken to finalise complaints during this period was marginally higher than that recorded during the previous quarter but is lower than the averages recorded in the period between January – September 2006.



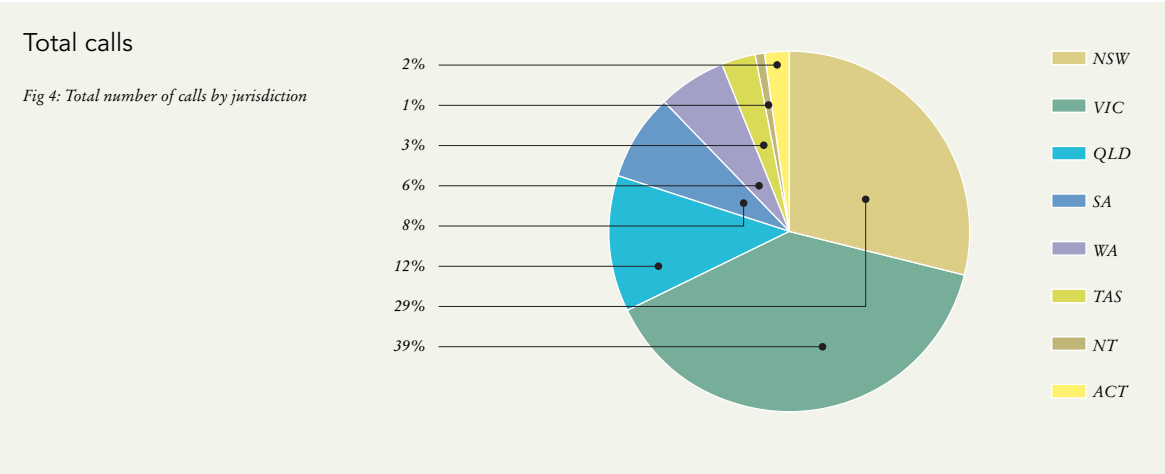
Each quarter the Scheme finalised a number of complaints that were accepted prior to the beginning of the current reporting period. Figure 3 depicts the total number of complaints finalised in a period and the average number of days to finalise all complaints resolved during the period. Between 1 January 2007 and 30 April 2007 the Scheme finalised a total of 290 complaints; 93 of those complaints were lodged prior to 1 January 2007. This figure includes complaints finalised via negotiation, mediation and determination as well as complaints that were not accepted, withdrawn or where the Scheme made a decision to cease to deal with the matter.



The following data are derived from various reporting elements of the Scheme’s database and provide information relating to the operation of the Scheme during the period 1 July 2006 – 30 April 2007. Irregularities in data reports generated from the database and difficulties in data input continue to pose problems for those responsible for data analysis and reporting and therefore, as with all statistics, care should be taken when interpreting these data. As far as is possible the report provides an update on the statistical information, issues and trends identified in previous reports.

1.1 Total Number of Calls

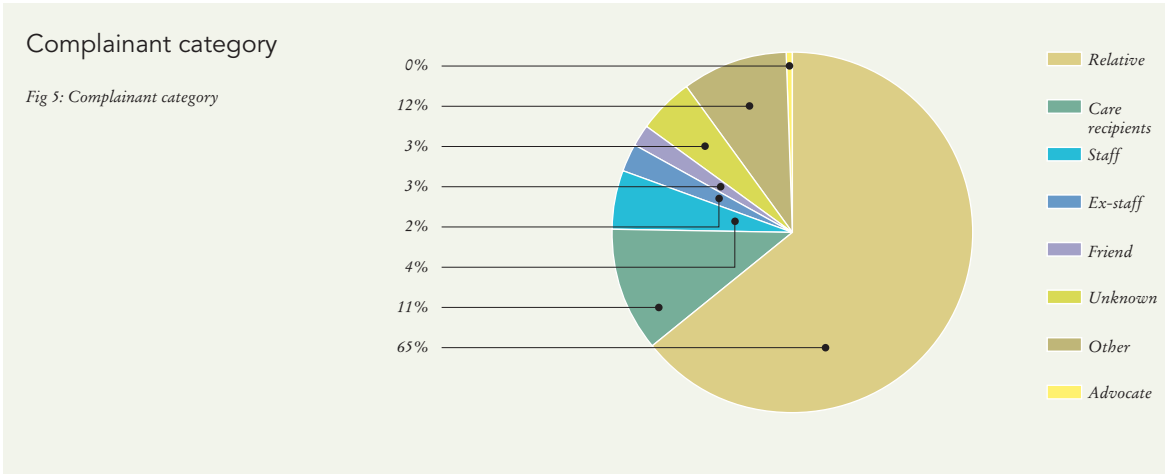
During this reporting period the Scheme dealt with a total of 5,632 calls. Of the total calls recorded 1,229 (22 per cent) were registered as complaints and 4,403 (78 per cent) were registered as information calls. The following figure shows the breakdown of calls recorded in each jurisdiction, that is the number of complaints and information calls, shown as a percentage of the total number of calls recorded nationally.



1.2 Recorded Complaints

Ninety-four per cent of complaints recorded (1,155) related to residential aged care services. Twenty-five complaints (two per cent) related to flexible care services, 44 complaints (four per cent) were about CACPs and five complaints were unspecified.

As in previous reports, the relatives of residents lodged the majority of complaints recorded nationally (65 per cent). Across Australia, care recipients lodged 11 per cent of complaints, staff four per cent, ex-staff two per cent and friends three per cent. Four complaints were lodged by advocates. Three per cent of complainants were registered as 'unknown' and a further 12 per cent of complainants were recorded as 'other'.

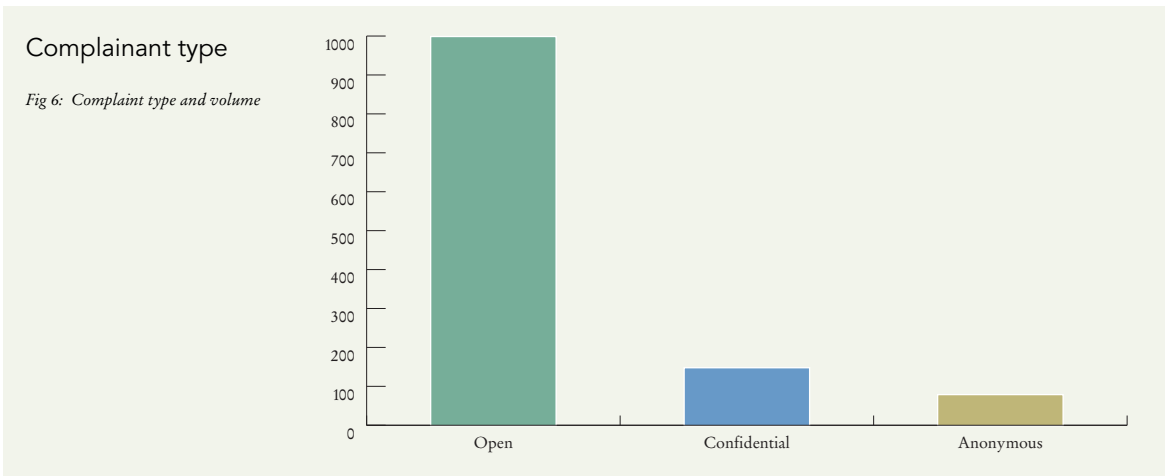


1.2.1 Site Visits

During the reporting period the database recorded that officers undertook a total of 211 site visits either as part of the preliminary assessment or ongoing management of the issues raised. A total of 181 facilities were visited and issues relating to 214 individual complaints were discussed.

1.2.2 Complaint Type

Of the 1,229 complaints recorded nationally, 1,000 (81 per cent) were registered as open complaints, 149 (12 per cent) as confidential complaints and 80 (seven per cent) as anonymous complaints. The relatively small percentage of anonymous complaints is thought to be a manifestation of recording practices, where some were recorded as information calls, and not a true reflection of the number of anonymous complaints. Readers should also note that a proportion of complainants who initially lodged a confidential complaint with the Scheme subsequently amended the status of their complaint and requested that the issues being dealt with be managed as an open complaint.



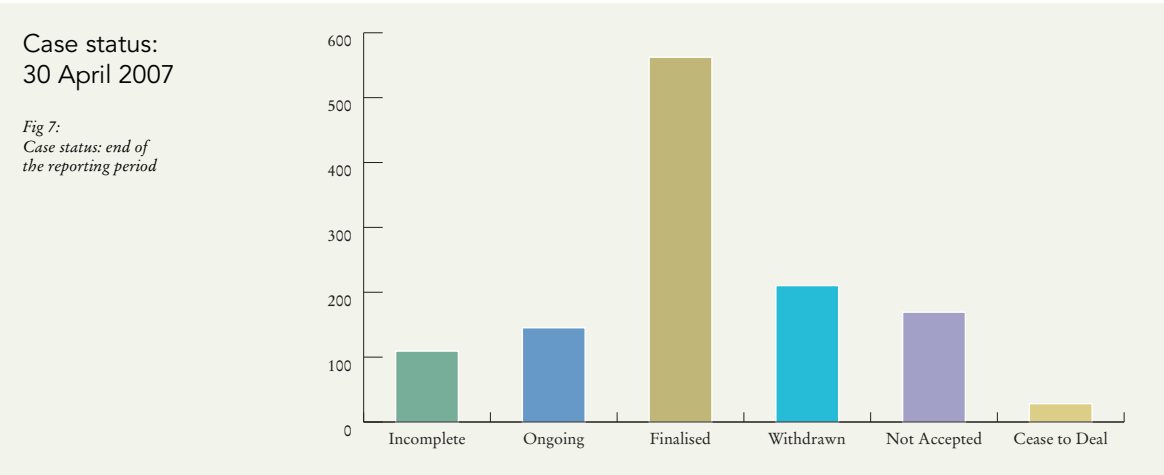
1.2.3 Issue Priorities

Complaint issues were assessed as either urgent or complex. During the period the database identified that from 1,229 complaints staff prioritised 1,485 issues. Fourteen issues were assessed as urgent and 1,471 as complex.

1.2.4 Average Time to Resolve Complaints

The database provides information regarding new cases both received and finalised within a period. The data show that the Scheme finalised 563 cases that were lodged during the reporting period. The average number of days to finalise complaints received within the reporting period was 44.31 days. There is a discrepancy in the reported number of complaints finalised during the period when comparing reports generated by the database and an examination of the raw data. The database shows an average of 59.91 days to finalise 704 complaints, including those lodged prior to 1 July 2006, compared with an average of 57.55 days to finalise 713 complaints when analysing the raw data.

At the end of the period the data show that, nationally, nine per cent of cases were incomplete (that is still in the assessment phase), 12 per cent were ongoing (having been accepted) and 46 per cent had been finalised. Seventeen per cent of cases had been withdrawn, 14 per cent were not accepted and the Scheme made a decision to cease to deal with two per cent of complaints.



The *Investigation Principles 2007* provides for a transition phase. Section 16A.29 states:

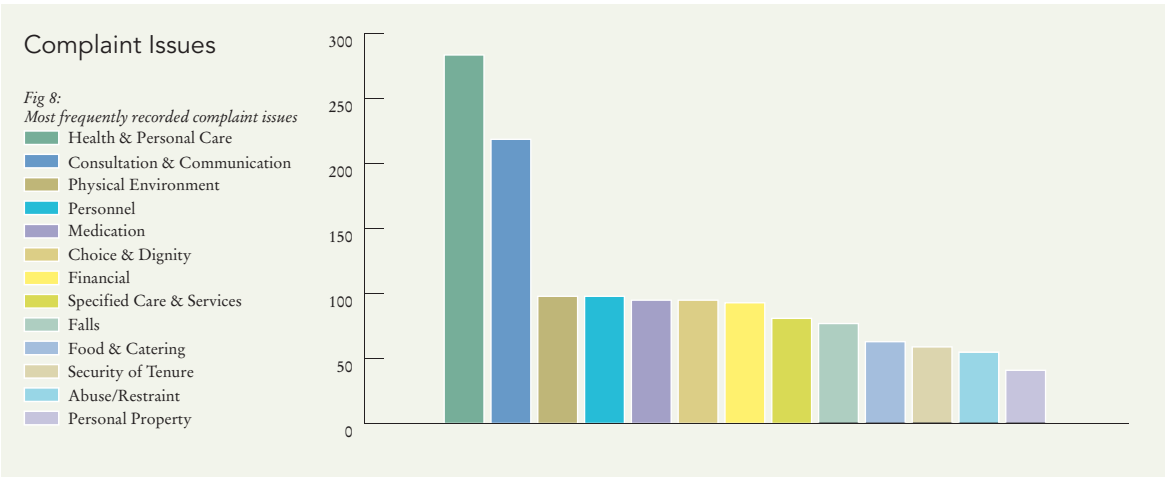
- (1) This section applies to each person who has made a compliant under the *Committee Principles 1997* in which:
 - (a) the complaint has not been determined or discontinued; or
 - (b) if the person has applied for a review of the determination resolving the complaint – the review has not been finalised.

- (2) As soon as possible after the *Investigation Principles 2007* commence the Secretary is required to tell a person in writing that if the person does not elect within 30 days to have the complaint or review dealt with under the *Committee Principles 1997* as in force immediately before the *Investigation Principles 2007* commenced, the complaint or review will be taken to be a complaint or examination under the *Investigation Principles 2007*.
- (3) The complaint or review of a person who makes an election under subsection (2) is to be dealt with under the *Committee Principles 1997* as in force immediately before the *Investigation Principles 2007* commenced until the earlier of:
- (a) the resolution of the complaint or review; or
 - (b) 1 September 2007.
- (4) A complaint or review that has not been resolved before 1 September 2007 is to be dealt with under the *Investigation Principles 2007*.

The expectation is that those complaints listed as incomplete or ongoing at 30 April 2007 would either be finalised or moved and managed by the Complaints Investigation Scheme prior to 1 September 2007.

1.2.5 Complaint Issues

The Scheme used 13 key words to record complaint issues. Officers were asked to apply one keyword to each separate issue and, wherever possible, were encouraged to create one issue per case. That is, officers were asked to choose the one keyword that outlined the principal underlying concern for the case and to create second issues only if necessary and only where a different keyword was applied. Figure 8 shows the most frequently recorded complaint issues during the ten month reporting period.



Complaints registered necessarily comprised at least one issue and, given the complexity of complaints, it was expected that the number of issues would exceed the number of complaints. Other database reports identify 1,485 issues were prioritised. Reports devoted to considering the key word applied to issues identified 1,229 complaints and recorded 1,358 identified issues and 223 unspecified issues, making a total of 1,581 issues. These reporting differences are unexplained. As in previous years, health and personal care and consultation and communication were the most frequently recorded complaint issues.

2. Comparisons in Reporting

The following statistical information has been drawn from the Scheme's database. As with all statistics, care should be taken when interpreting these data. Statistics provided here should be regarded as indicative as opposed to definitive information.

2.1 General Data

The database provides a wide range of statistical reports to assist in this activity. The table below sets out the following information for the period and includes:

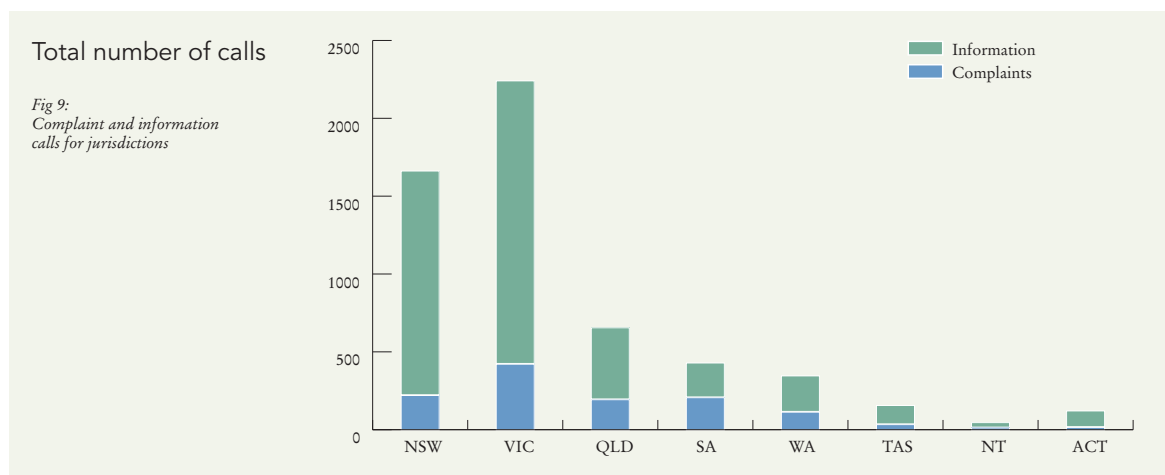
- Complaints lodged during the reporting period.
- Complaints that were both lodged and finalised between 1 July 2006 and 30 April 2007.
- The total number of complaints finalised for the period, inclusive of those lodged prior to 1 July 2006.
- Complaints that were lodged but not accepted between 1 July 2006 and 30 April 2007.
- The total number of complaints not accepted for the period inclusive of those lodged prior to 1 July 2006.
- The average number of days taken to finalise complaints that were lodged and finalised during the reporting period, as amended.
- The average number of days taken to finalise complaints that were lodged and finalised during the period, as extracted from the database Performance Report.
- The average number of days taken to finalise the total number of complaints finalised between 1 July 2006 and 30 April 2007 inclusive of those complaints lodged prior to 1 July 2007.
- The average number of days from lodgement to non acceptance of a complaint inclusive of those lodged prior to 1 July 2006.
- The average number of days from lodgement to non acceptance of a complaint for those lodged within the period 1 July 2006 – 30 April 2007.

Table 1: Comparisons in reporting

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	National
Complaints lodged for the period	222	423	195	208	115	35	14	17	1,229
Complaints lodged & finalised during the period – report	98	114	98	141	76	18	8	10	563
Complaints lodged & finalised during the period – raw data	101	119	102	146	77	18	8	10	581
Total complaints finalised – report	133	174	115	150	83	30	9	10	704
Total complaints finalised during the period – raw data	136	174	116	155	84	29	9	10	713
Complaints lodged & not accepted during the period – report	31	119	7	1	2	6	3	1	170
Total complaints not accepted during the period – raw data	35	126	7	1	3	7	3	1	183
Average days to finalise those complaints lodged and finalised during the period – raw data	45.70	70.85	43.97	25.83	29.57	79.69	26.30	52.79	44.31
Average days taken to finalise all complaints – report	59.75	99.01	57.85	26.45	29.19	105.57	29.89	52.30	59.91
Average number of days taken if including all complaints finalised during the period – raw data	59.74	92.24	55.39	27.26	29.78	99.99	30.57	52.79	57.55
Average number of days from lodgement to non acceptance for all complaints, inclusive – raw data	44.07	31.27	34.12	16.68	104.33	34.38	21.48	36.68	34.93
Average number of days from lodgement to non acceptance for all complaints lodged and not accepted in the period – raw data	38.69	31.35	34.12	16.68	49.13	33.55	21.48	36.68	32.86

Note: The data shown here are derived from raw data and figures generated by the complaints data base and show minor differences.

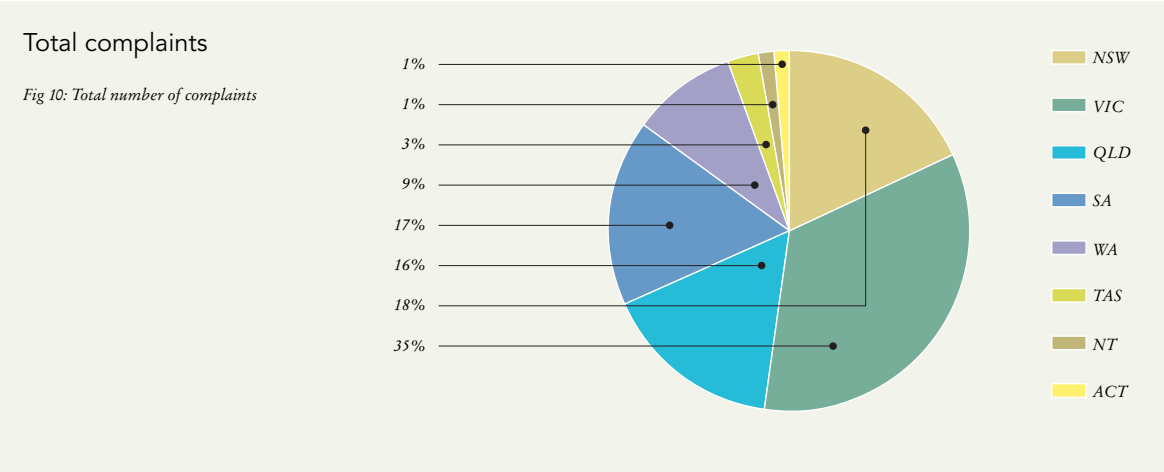
The figure below sets out the balance of complaint and information calls for each jurisdiction.



The data show a workload breakdown of new cases in each State/Territory and demonstrate that all jurisdictions received and registered a higher number of information calls, compared to complaints lodged, and formed a significant proportion of their workload.

2.2 Recorded Complaints

Victoria recorded 423 complaints (35 per cent of the total), followed by New South Wales where 222 complaints (18 per cent) were recorded. South Australia recorded 208 complaints (17 per cent), Queensland recorded 195 complaints (16 per cent) and Western Australia recorded 115 complaints (nine per cent). Thirty-five complaints (three per cent) were registered in Tasmania, 17 complaints (one per cent) were registered in the Australian Capital Territory and 14 complaints (one per cent) were recorded in the Northern Territory.



The table below shows the category of complainant across Australia. The data demonstrate that the majority of complaints lodged in each jurisdiction were registered as open complaints. The small number of anonymous complaints is thought to be a reflection of recording practices.

Table 2: Complainant type by jurisdiction

Jurisdiction	Open	Confidential	Anonymous
NSW	216	6	0
VIC	340	52	31
QLD	175	20	0
SA	124	36	48
WA	83	32	0
TAS	32	3	0
NT	13	0	1
ACT	17	0	0
Total	1000	149	80

2.2.1 Referrals

It should be noted that a complaint may have a number of elements/issues for resolution and a referral made to an external agency does not necessarily mean that officers take no further action with regard to the complaint.

During the reporting period a range of issues were referred either to an external organisation or internally for further consideration and/or action. The database indicates that a total of 778 issues were referred. Of that number 262 referrals (34 per cent) were made internally, predominantly to compliance; 29 matters were referred to the Police, 51 for mediation, nine to State Health and eight were recorded as 'other'. Data input is poor; for example the data show only 17 cases were referred for determination when the actual number was 38 and, despite a policy decision that the Scheme would refer internally to compliance rather than direct to the Agency, the data show 381 matters (49 per cent) were referred to the Agency.

2.2.2 Site Visits

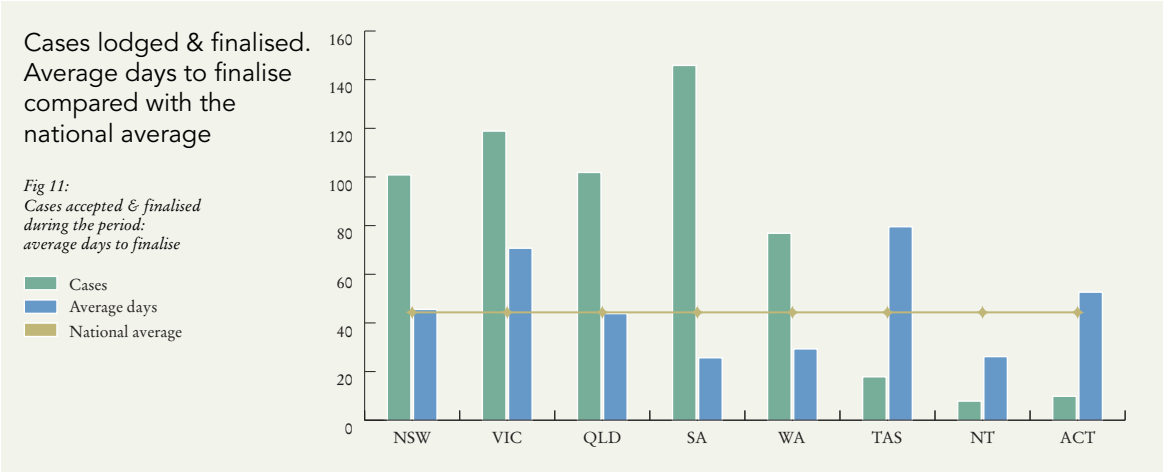
A comprehensive assessment is essential not only in making decisions whether to accept a complaint or otherwise but to also clarify issues and parties/action plan etc. Complainants and service providers in contact with this Office through either the ongoing management of a complaint, satisfaction surveys and/or focus groups indicated a clear preference for the Scheme to adopt an investigation model when dealing with complaints.

While the operations of the Scheme were based on alternative dispute resolution principles, site visits were a welcome addition to the process. Complainants believed that site visits were the beginning of a process which looked at all their issues and concerns. Providers have stated that, while the processes did not include a comprehensive investigation, at least their view was considered during the assessment process.

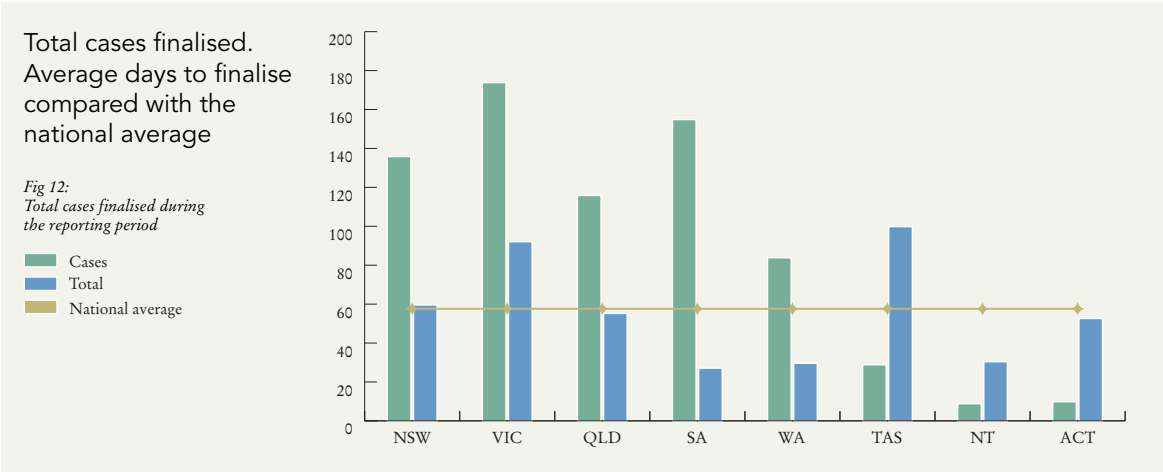
A total of 211 visits were conducted nationally either as part of the preliminary assessment or ongoing management of complaints raised with the Scheme; continuing the pattern established in the previous quarter where the data show a reduction in the number of site visits conducted when compared to earlier reporting periods. A total of 181 facilities were visited and issues relating to 214 individual complaints were discussed. During the ten month reporting period officers in Victoria conducted 72 site visits; 53 site visits were undertaken in Queensland, 26 in Tasmania and 24 in South Australia. Fifteen visits were undertaken in Western Australia, eight in New South Wales; seven visits were conducted in the Australian Capital Territory and the Northern Territory conducted six site visits.

2.2.3 Finalisation

In addition to the number and complexity of complaints, the workload, staff numbers and skill mix in each jurisdiction continued to impact on the average number of days taken to finalise complaints. As in previous reporting quarters the number of issues assessed as urgent was minimal (14). The following figure shows the total number of complaints, based on raw data, accepted and finalised during the reporting period (581 cases) and the average number of days taken to finalise those complaints, compared to the national average (44.31 days).



The following figure shows the total number of complaints finalised during the reporting period (713 cases), including those accepted by the Scheme prior to 1 July 2006, and the average number of days to finalise cases in each jurisdiction compared to the national average (57.55 days).



2.3 Non acceptance of Complaints and Appeals

Based on *last status change* the database indicates that, across Australia, a total of 183 complaints were not accepted by the Scheme during the reporting period. Thirteen of these complaints were received prior to 1 July 2006.

During the reporting period 170 complaints lodged were not accepted by the Scheme. This equates to 14 per cent of complaints lodged during the period. Of these, 70 per cent were not accepted in Victoria, 18 per cent in New South Wales, six per cent in Queensland and three per cent in Tasmania. Two per cent of complaints not accepted originated in the Northern Territory and one per cent in Western Australia. One complaint was not accepted in both South Australia and the Australian Capital Territory.

The Commissioner for Complaints was asked to provide advice in relation to 21 appeals against the non acceptance of a complaint. This equated to 13 per cent of complaints that were not accepted during the period or 11 per cent of all complaints not accepted during the period. Advice was sought in relation to one appeal each in the Australian Capital Territory and Queensland; two appeals in Tasmania, three in New South Wales and 14 appeals in Victoria. The Commissioner recommended twelve decisions be confirmed; four decisions be set aside and substituted with a decision to accept the complaint. In five appeals, where the complaints were multifaceted, the Commissioner recommended that the decision in relation to some issues be confirmed and some decisions be set aside and the issues accepted.

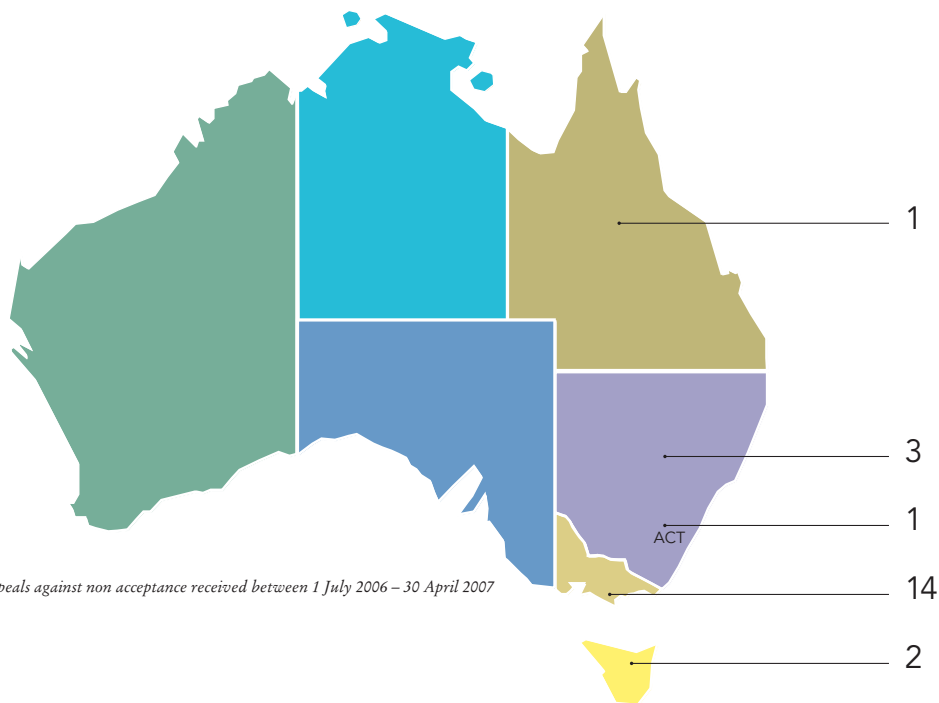


Fig 13: Appeals against non acceptance received between 1 July 2006 – 30 April 2007

2.3.1 Reconsideration of a Decision to Cease Dealing with a Complaint

During the reporting period the database shows that the Scheme ceased dealing with 29 complaints. The Commissioner provided advice in relation to seven applications for reconsideration of a decision to cease to deal with a complaint including one matter referred at the end of the previous reporting period. Five applications related to cases in Victoria and two related to matters in South Australia. In six cases the Commissioner recommended that the original decision be confirmed and in one matter the recommendation was to set the original decision aside.

2.4 Contact with the Commissioner for Complaints

During the reporting period the Commissioner finalised six investigations relating to complaints about the Scheme's operations. Additionally, 22 contacts were received from individuals raising concerns about the operations of the Scheme and/or the management of their complaint and resolution was achieved through negotiation. Sixty-six contacts were from people whose concerns about the Scheme's processes were resolved by providing clarification or additional information. These figures do not include five individuals who contacted the Office repeatedly expressing concern about the Scheme's processes. The figures also exclude callers seeking clarification about complaints handling or aged care matters or callers seeking information outside the jurisdiction of the Office.

2.5 Ministerial Advice

The Office provided advice to the Minister from time to time, as requested. The Minister also asked the Commissioner, as an eminent person, to investigate allegations that Departmental and Agency staff were present in a nursing home when a resident was calling for help and failed to respond to those calls. The resident subsequently died. A comprehensive investigation which included interviews of all relevant parties was undertaken. The investigation established that the allegations were unfounded. The Minister was provided with a report on 11 May 2007.

3. Chairpersons' Reports

Between 1 July 2006 and 30 April 2007 38 complaints, or three per cent of all complaints received, were referred for determination. Thirteen cases remained outstanding from the previous reporting periods – three of these cases had been heard previously and the decisions were finalised in this period.

Forty-four hearings were conducted. Prior to the scheduled hearings three cases were withdrawn, two were finalised, one was deferred owing to court action instituted by a provider against a care recipient and one complainant elected to transfer the complaint to the Investigation Scheme.

Hearings were conducted in metropolitan and regional centres and involved services from the public, private and charitable sectors. Chairpersons reported they had heard cases in and beyond the State in which they reside.

In addition to issues outlined in previous years Chairpersons reported that:

- poor communication was often the basis for complaints and in many cases the ill feeling between the parties has been exacerbated by the passage of time making resolution and the rebuilding of ongoing relationships more difficult;
- aged care was beset by a range of workforce issues which are not peculiar to Australia but have the potential to impact adversely on the provision of quality care;
- complaints had become more complex over time and there had been an increase in the number of cases where lawyers had been involved in the complaints process;
- there was a widespread lack of knowledge and understanding about:
 - rights and responsibilities of people holding Power of Attorney or guardianship
 - the application of palliative care in residential settings
 - best practice in medication management
 - strategies and skills to deal with difficult behaviours (exhibited by both residents and family members);
- complaints were sometimes lodged by family members who had unreasonable expectations and were rude to staff;
- complainants held mixed reasons for bringing cases before a committee, that is motives were either described as altruistic or as wanting their "day in court";
- some providers adopt a defensive approach and an apparent reluctance to achieve resolution through either an internal or external complaints process. This was often evidenced by an unwillingness to say 'sorry' and by restricting access to family members who are seen as 'difficult';
- in a number of cases the Scheme had not been clear or thorough when discerning and assessing complaint issues;
- despite corporatisation some providers showed a lack of sophistication and professional management strategies were sometimes adopted at the expense of care factors

Most complaints referred to committees for determination related to residential care services. The complexity of complaints continued to escalate over time and more recently the number of issues referred for determination had been at the higher end of the scale. While there was an unmistakable inequality between the parties this had often been ameliorated when advocacy services had been present to act on behalf of the care recipient.

As in previous years, the issues referred for determination related to all aspects of a provider’s responsibilities under the Act and Principles. Problems included clinical care matters such as pain, medication, behaviour and wound management, nutrition and hydration, continence and bowel management, dental care, mobility and falls. Other issues included consultation and communication, security of tenure, restricted access, bonds, fees and charges, choice and dignity, resident rights and agreements, internal complaints process and staffing.

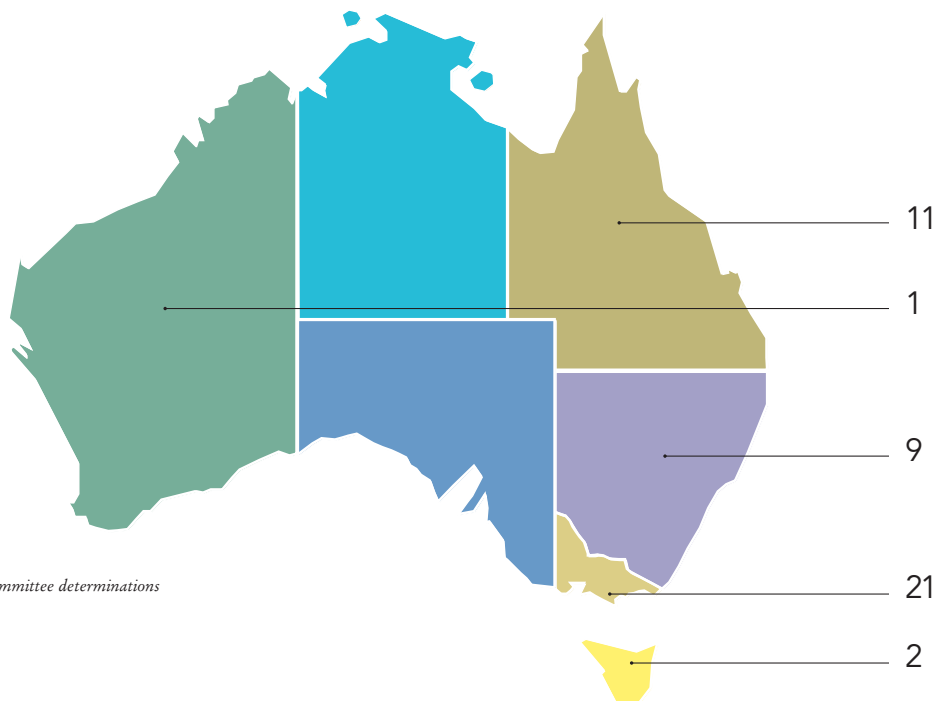


Fig 14: Committee determinations

New South Wales and the Australian Capital Territory

Ten complaints were scheduled to be heard during the financial year. One case was deferred as the result of action taken in the Supreme Court by the provider against the complainant. Including the transitional period a total of nine cases were heard, including one matter that was lodged in May 2004 and had been the subject of hearings in the Federal Court.

Excluding the complaint lodged in 2004, the average time between lodging the complaint and the hearing in New South Wales was 119 days and the average time between the hearing of the case and finalisation of the report was 44 days.

Victoria

In Victoria, seven complaints were outstanding from the previous period. One case had been heard previously and the decision was finalised during this reporting period. Seventeen complaints were referred for determination during the financial year. Twenty-one hearings were conducted. One complaint was finalised prior to the hearing, one complaint was withdrawn and one complaint was transferred to the Scheme.

The average time between lodging the complaints and the hearing was 179 days and, on average, 34 days elapsed between the hearing and the provision of a determination report.

Queensland

In Queensland, three cases were outstanding at the beginning of the period and nine were referred during the financial year. One case was withdrawn prior to the hearing. Eleven hearings were conducted. The average time between lodgement of the complaint with the Scheme and the hearing was 123 days and the average time between the hearing and the provision of a determination report was 51 days.

Western Australia

One case was referred and heard in Western Australia. The time between lodgement of the complaint with the Scheme and the hearing was 87 days and a total of 32 days elapsed between the hearing and finalisation of the determination report.

Tasmania

Two determination hearings were conducted in relation to complaints originating in Tasmania. The average time between lodgement of the complaints and referral to the committee was 112 days and the average time taken between the hearing and the finalisation of the determination reports was 12 days.

3.1 Determination Reviews by State and Territory

Fourteen applications for review were received, including one determination which covered two complaints. One determination had been reviewed previously and was finalised during this reporting period. Two applications were not accepted – the remaining cases were finalised. Determination Review Panels (the Panels) were required to confirm, vary or set aside the original decision. In the 13 matters finalised, panels confirmed the original decision in four cases and varied the decision in nine cases.

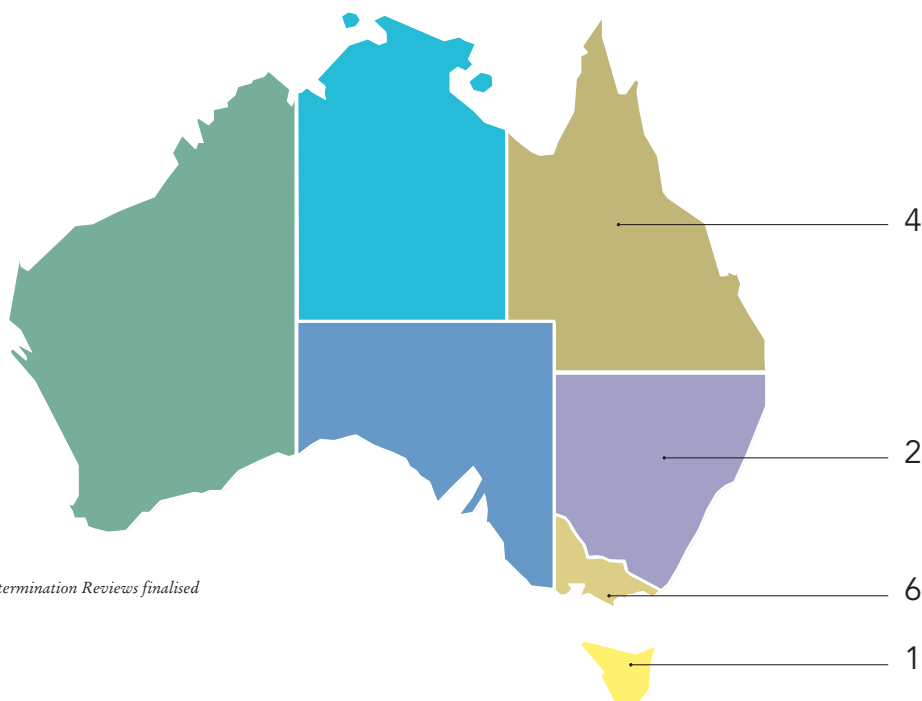
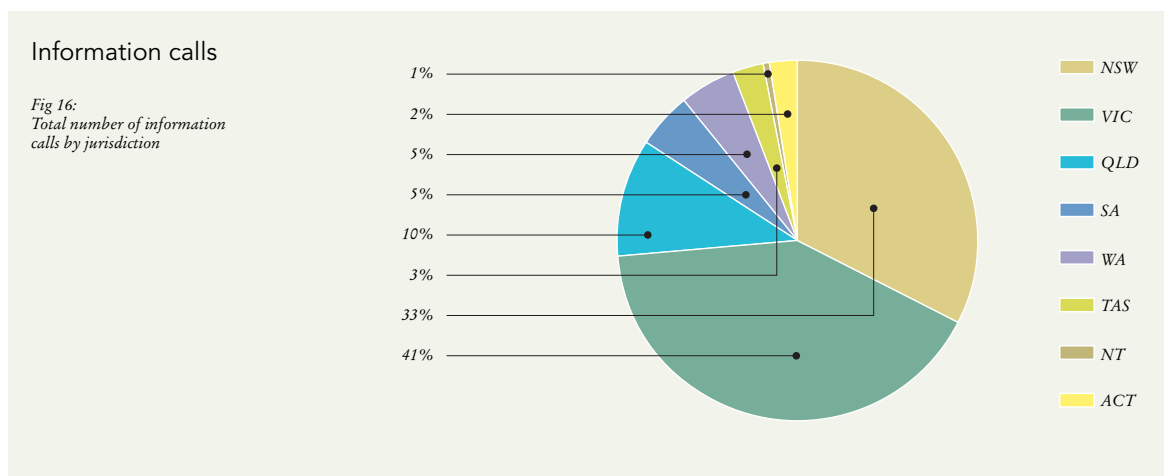


Fig 15: Determination Reviews finalised

4. Information Statistics

During the reporting period 78 per cent of the calls registered by the Scheme (4,403) were recorded as information calls. The following figure shows a percentage breakdown of the total number of information calls received during the period.



The majority of callers (68 per cent) were seeking general information. Thirty-two per cent of callers (1,392) sought information outside the jurisdiction of the Scheme. Whilst complaint officers continued to respond to all information calls, the intent was to record only those matters falling within the Scheme's jurisdiction on the database.

In reporting information statistics the database provides conflicting figures. In recording caller categories within these statistics the database actually reports on 4,193 information calls (including 2,222 callers listed as unknown), rather than the total 4,403 information calls stated here and in other database reports. This means that in accepting 4,403 information calls as the accurate figure, the number of caller categories listed as unknown is actually 2,532 (57 per cent). It is unclear what proportion of these callers, if any, were anonymous complainants.

The Scheme recorded the category of 1,971 callers (45 per cent) seeking information. Of this group of callers, 52 per cent identified themselves as relatives, 12 per cent as care recipients, 17 per cent as currently employed staff, five per cent as ex-staff, three per cent as friends, two per cent as advocates and the category of 185 callers (nine per cent) was recorded as 'other'. The category of 2,222 callers was listed as 'unknown'.

The database shows that the time taken to manage information calls was recorded in 3,436 cases or 78 per cent of all calls taken. Of those recorded, 1,956 information calls (57 per cent) received by the Scheme nationally were concluded in less than 15 minutes. A further 33 per cent of calls (1,151) took between 15 and 30 minutes, eight per cent (292) between 30 minutes and one hour and one per cent of calls (37) were concluded between one and three hours.

Office of the Commissioner for Complaints

Commissioner	Hon R Knowles Mr Ron Brent Ms Rhonda Parker	Until 31 October 2006 1 November 2006 – 31 March 2007 1 April 2007 – 30 April 2007
Director	Ms Jennifer Theisinger	
Principle Review Officer	Mr Grant Davies	
Review Officer	Ms Meg Parris	
Services Manager	Ms Maria Cioccia	

Panel of Chairpersons

Mr George Amarandos
Professor Derek Anderson
Mr Brian Easton (from 31 August 2006)
Mr John Kelly
Hon Lou Lieberman (from 31 August 2006)
Professor Charles Mulvey (until 31 August 2006)
Professor Alan Pearson
Ms Helen Twohill
Mr Roger Valentine

Panel of Committee Members

Ms Vivienne Allanson	Dr Michael Anderson	Ms Margaret Allen
Professor Robert Beal	Ms Mandy Beylacq	Ms Marcia Coleman
Mr Ian Campbell	Dr Judith Davis	Mr Chris Gardiner
Professor Jeff Giddings	Ms Janne Graham	Ms Patricia Harper
Ms Jenny Harrison	Dr Philip Henschke	Ms Marjorie James
Mr John Jameson	Mr Allen Martin	Dr Chris Moorhouse
Mr Alasdair McGregor	Ms Diana Noack	Ms Melanie Ottaway
Ms Pauline Pallister	Mr Rusty Priest	Ms Sheila Rimmer
Ms Sheree Ritchie	Professor Gordon Senator	Ms Beverley Stehn
Ms Josephine Tiddy	Mr Luigi Tuia	Ms Lesley Woolfe
Ms Jacqueline Woodhead		

Appendix 1: Performance Indicators

The performance indicators established for the Scheme are numerical measures, expressed as a percentage, which were designed to describe important and useful information about the performance of the Scheme and to demonstrate whether the Scheme was achieving its overall objectives and meeting set targets.

This report provides an analysis of the data collated for the period between 1 July 2006 and 30 April 2007. The following figures show the comparative achievements of each jurisdiction against set indicator targets and the national average. It should be noted that jurisdictions were not able to report against every indicator and this report does not address indicators 3 and 13.

Indicator 1 measures the prompt provision of an acknowledgment letter to people contacting the Scheme to lodge a complaint. The acknowledgment letter was to be provided within four days of the initial contact and the expected target is 100 per cent. The data for the reporting period indicate that an average of 85 per cent of contacts across Australia received an acknowledgment letter within the stipulated timeframe.



Indicator 2 measures the time between the receipt of a complaint and the time taken to inform the complainant of how the Scheme proposed to manage the complaint. This contact should have been made within seven days following the receipt of a complaint and should have advised whether the complaint had been accepted or referred or was still being assessed. The data show that nationally this occurred in an average of 87 per cent of cases during the reporting period. The target set is 85 per cent.



Indicator 3 relates to the prompt referral to appropriate internal or external agencies. While the database shows that 778 issues were referred during the reporting period the measurement of time between receipt of the complaint and the referral of the complaint, or part thereof, is not available.

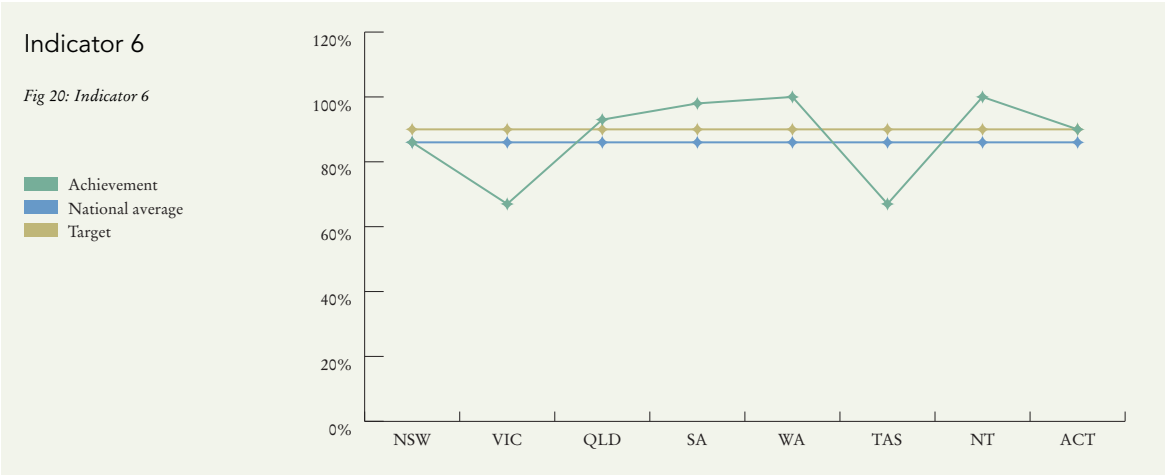
Indicator 4 is based on the assessment of all related factors and the need to document an initial action plan to optimise the outcome of any intervention. The action plan was to be documented within seven days of the acceptance of the complaint. The target for Indicator 4 is 90 per cent. During the reporting period this indicator was met in a national average of 84 per cent of cases.



Indicator 5 is based on the rationale that there should have been prompt and appropriate intervention in the case of all issues that had been assessed as urgent. The indicator measures the time between the receipt of issues assessed as urgent and the undertaking of an appropriate intervention within seven days. The target set for this indicator is 90 per cent. Records elsewhere indicate that a total of 14 complaint issues were assessed as urgent. Indicator reports show 11 denominators against one

numerator. The report incorrectly records an achievement of 100 per cent. In other reports anomalies have arisen in cases which include both urgent and non-urgent issues and where complaint officers may not have completed the necessary database actions to record the appropriate intervention in relation to the urgent issue.

Indicator 6 measures the time between the acceptance of a complaint and finalisation of that complaint and provides the number of accepted complaints with a finalisation date recorded within 90 days. The target is 90 per cent of complaints to be finalised in 90 days. The database shows a national average of 86 per cent.



Indicators 7.1 and 7.2 measure the number of written contacts made within seven days of finalisation. They are based on the rationale that, as complaints are finalised, timely feedback to all complainants and service providers is essential in order to both ensure good consumer relations and satisfaction, and to optimise the outcome and expedite any follow up arrangements. The target set for both indicators is 90 per cent. The database identifies a national average of 93 per cent for indicator 7.1 and 86 per cent for indicator 7.2.

Indicator 7.1: Complainants

Fig 21: Indicator 7.1

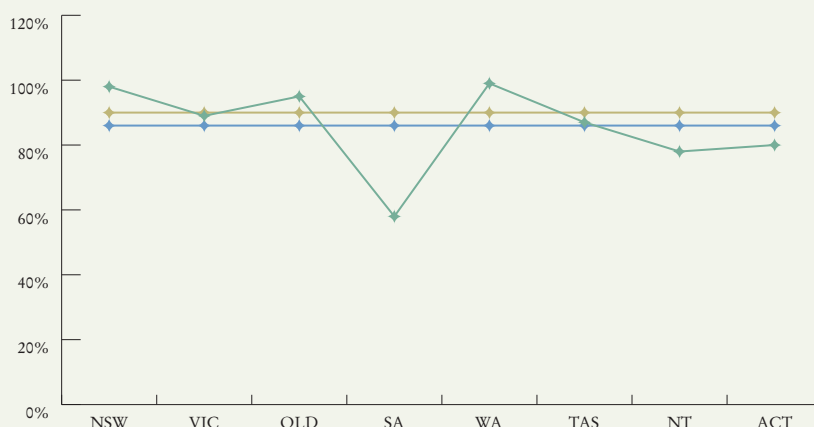
■ Achievement
■ National average
■ Target



Indicator 7.2: Providers

Fig 22: Indicator 7.2

■ Achievement
■ National average
■ Target



Indicator 8 has a target of 100 per cent. The indicator proposes that Determination Reports outlining the results of hearings conducted by committees should have been provided within seven working days from the date the report was received by the secretariat. The target was met in all cases (100 per cent).

Indicator 9 requires that a Determination Review: Notice of Decision was to be provided to all parties by the Commissioner's office within seven days of the signing of the report. A target of 100 per cent has been set and was met in all cases during the reporting period.

Indicator 10 is based on the rationale that complainants are entitled to receive timely advice as to the outcome of their appeal against the non acceptance of their complaint. The Commissioner was required to provide advice to the Secretary in relation to these matters. The indicator measures the time between the Secretary's request for advice and the provision of that advice by the Commissioner. The target for this indicator is 100 per cent. Advice was sought on 21 occasions and the target was met in 13 cases (62 per cent).

Indicators 11.1 and 12.1 record the number of complainants and service providers respectively who have been provided with a satisfaction survey for completion at the time each complaint is finalised. A target of 95 per cent has been set for both indicators. In both instances the database records a national average of 98 per cent.



Indicators 11.2 and 12.2 record the number of complainants (expressed as a percentage) and service providers who indicate they are satisfied or partly satisfied with the way their complaints were handled by the Scheme. Both indicators have a target of 80 per cent During the July 2006 – April 2007 reporting period a total of 298 complainants and 332 providers returned completed surveys. The figures taken from the satisfaction survey database show that 87 percent of complainants were satisfied (258) and six per cent were partly satisfied (19) – giving an overall satisfaction rate of 93 per cent. Separately, 87 per cent of providers indicated that they were satisfied (289) and nine per cent said they were partly satisfied (29) – therefore a total of 96 per cent of providers were satisfied or partly satisfied with the service provided by the Scheme.

Indicator 13 relates to the provision of staff training and reports the number of new and current staff who undertook an internal or national training program against the total number of new staff employed. The database is unable to provide this information.

Appendix 2: Satisfaction Surveys

Satisfaction surveys aim to provide information about the various elements of the Scheme’s processes as well as capture relevant client demographic information such as age groups and ethnicity. This report considers the information obtained through satisfaction surveys returned from complainants and service providers across Australia during the period 1 July 2006 – 30 April 2007. During the reporting period 298 complainants and 332 providers responded to questionnaires. Readers should note that respondents who did not participate in mediation, determination or determination review did not

address these questions, nor did respondents always answer every question that is applicable to their experiences.

A total of 713 complaints were finalised during the reporting period. Assuming both parties to the complaints finalised during the period received survey forms, the overall response rate for surveys returned to the Commissioner’s office during this period was 51 per cent. Taken separately, the response rate for complainants was 42 per cent while the response rate for service providers was 47 per cent.

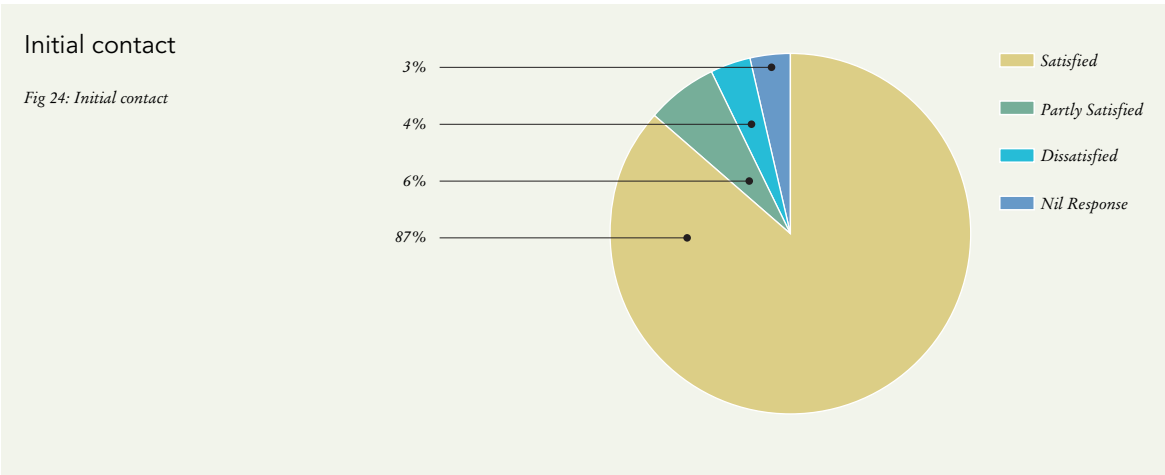
The return rate remains high for a voluntary survey. Notwithstanding this, the non-response rate for various individual questions increased and the percentage of respondents reporting satisfaction with the various elements decreased overall.

The satisfaction survey forwarded to complainants comprised 15 questions, including questions relating to ethnicity and age groups while providers were invited to respond to 13 questions and to identify in which State the service operated. Respondents were asked to provide a yes/no answer, or rate their response according to an accompanying scale. Complainants and providers were invited to provide additional written comment when responding to all questions except two. A range of categories and keywords had been established in order to record and analyse these responses.

Satisfaction Survey: Complainant Responses

Initial Contact

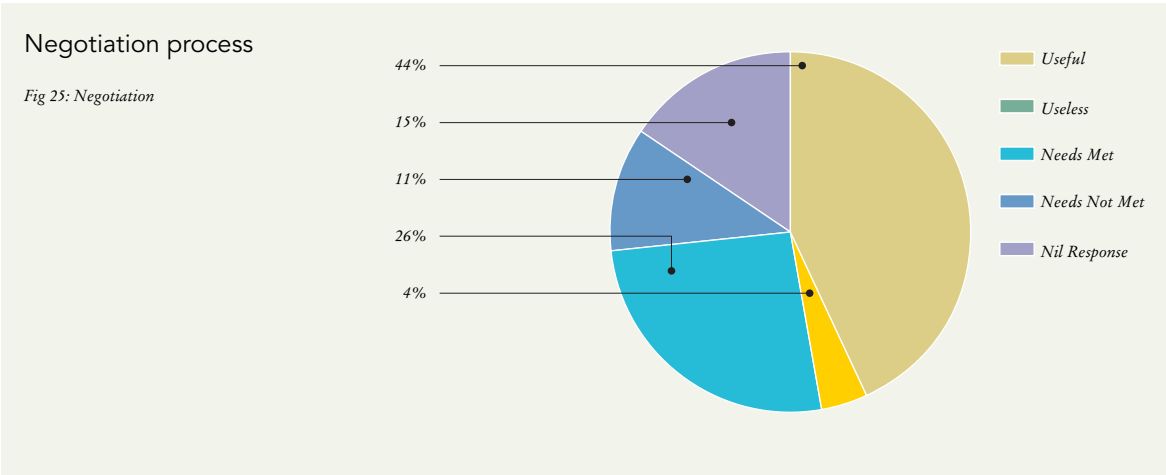
The data show that 87 per cent of complainants who returned surveys were satisfied with their initial contact with the Scheme. Six per cent of respondents said they were partly satisfied, four per cent said the contact was unsatisfactory and three per cent of respondents did not answer this question.



The majority of respondents made positive comments about their interaction with staff at the initial contact, describing staff as sincere, caring, understanding, non-judgemental, informative and professional.

Negotiation Process

Respondents were asked whether they found the process adopted during the negotiation phase to be useful and able to meet their needs or otherwise. A total of 70 per cent said this phase was useful and their needs were met, while 15 per cent said the phase was useless and their needs were not met. Fifteen per cent of respondents did not answer the questions.

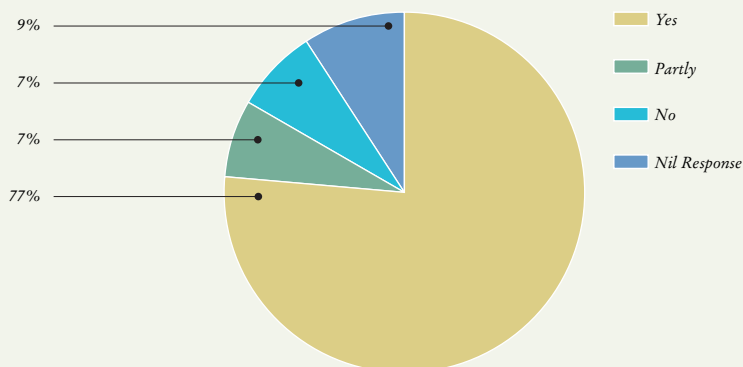


Some complainants found the process productive and supportive and staff were described as straight-forward, polite and efficient. Others expressed the view that negotiation was inefficient and ineffective and were critical of the time taken during this process.

Complainants were also asked if they were kept informed of the progress. Seventy-seven per cent said they were kept informed, seven per cent said they were partly kept informed and seven per cent said they were not kept informed. Nine per cent of respondents did not answer the question.

Kept informed

Fig 26: Kept informed



Mediation Phase

If the complaint went to mediation, complainants were asked to indicate whether they felt mediation was successful, partly successful or unsuccessful and are invited to provide general comments about the mediation process. Thirty-three complainants responded to this question. Of those, 18 (55 per cent) indicated mediation had been successful; nine respondents (27 per cent) said that mediation was partly successful and six complainants (25 per cent) said mediation was unsuccessful

The comments regarding mediation were mixed. Those who said the process was successful generally commented on the professionalism of the mediators and the constructive processes. Others found the process to be less positive – comments included; that the day was wasted, they objected to statements made, the respondent could not expand on their issues; issues were not dealt with and that the problem still existed.

Determination

Complainants were invited to comment on the determination process and were asked whether the committee gave them every opportunity to put forward their view. Eighteen complainants responded to this question. Seventeen respondents said they were provided with an opportunity to put their views to the committee and the other responded in the negative. Respondents are also asked whether the committee provided reasons for their decision that they could understand. Fifteen people responded to the question. Fourteen respondents answered this question positively and one responded in the negative.

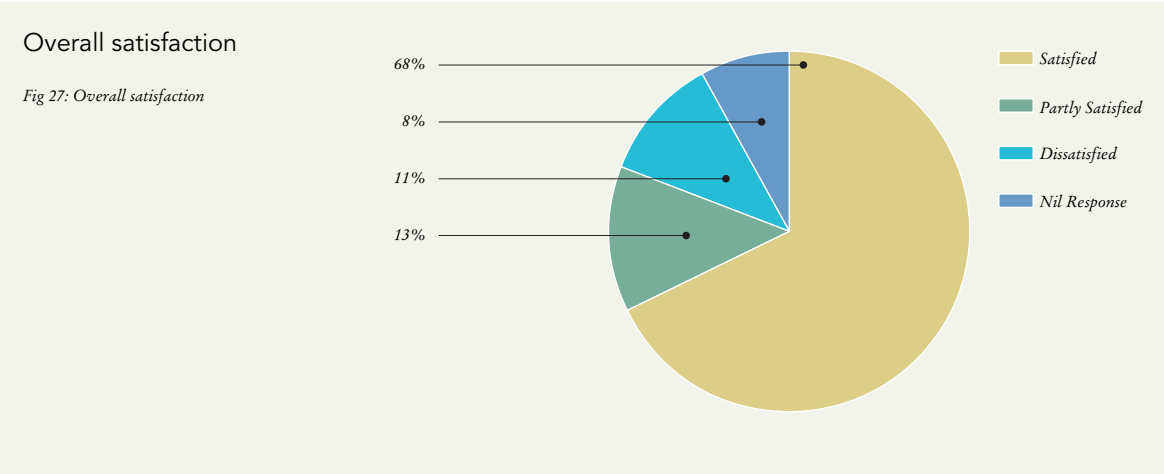
Complainants were also asked, if the complaint progressed to a review of the determination, whether the information provided by the Commissioner's Office was helpful and whether they understood the reasons given in the determination review report. Two people responded. One indicated that the information provided was useful and the other indicated the information was not useful. Three respondents said that the reasons given in the determination review were understood.

Resolution

Complainants were asked whether they felt the complaint had been resolved, and if not, why not. Sixty-one per cent of respondents said the complaint had been resolved, 28 per cent felt the complaint had not been satisfactorily resolved, and 11 per cent did not answer the question. Many respondents continue to reserve judgement and indicated that success would only become apparent when changes were implemented by the providers. Therefore the comments provided tend to point towards a lack of trust between complainants and providers rather than a commentary on the Scheme’s capacity to resolve complaints.

Overall satisfaction

The data show that 68 per cent of complainants were satisfied with the overall service provided by the Scheme and a further 13 per cent indicated they were partly satisfied. Eleven per cent indicated they were dissatisfied and eight per cent did not answer the question.



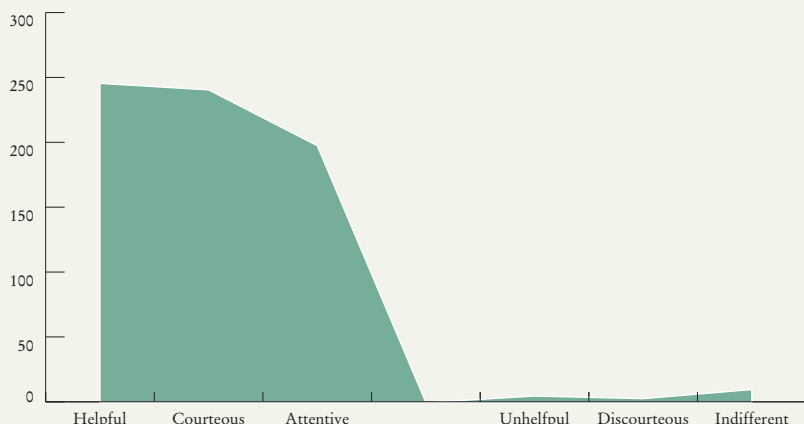
There were many positive comments about staff attitudes including that they were polite, amicable, caring, provided first class assistance and went to some trouble to provide information.

Some respondents expressed frustration with the current legislative limitations and commented on their own inability to provide proof and the compromise reached. Others commented again on the lack of feedback, timeliness and perceived provider bias.

Complainants were asked to comment on staff attitudes encountered during the management of their complaint. Respondents were able to tick more than one box. The majority of staff were found to be helpful, courteous and attentive.

Complainants' perceptions of staff

Fig 28:
Complainants' perceptions of staff



Suggestions for improvement

Suggestions for improvement were often duplicated and included:

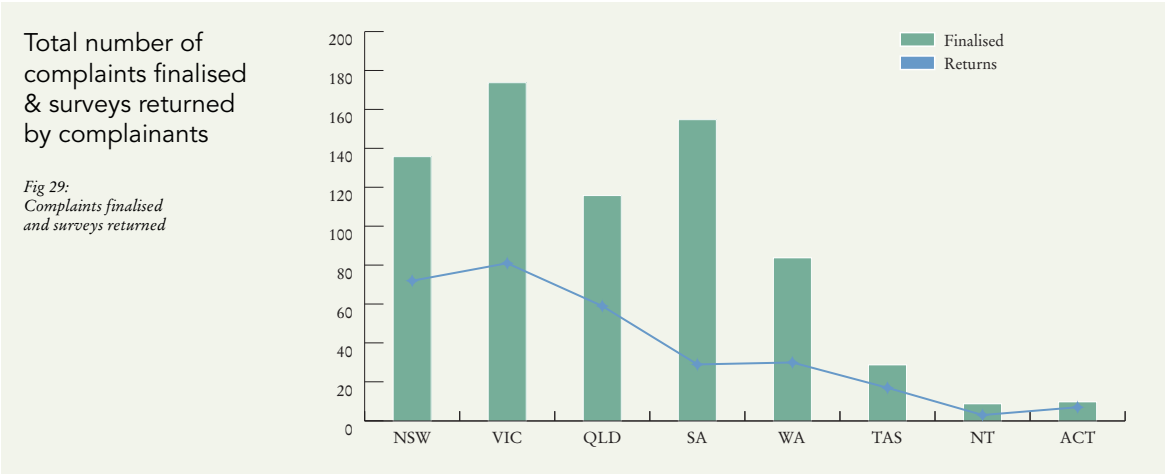
- Communication – including improving oral and written communications and the explanations around the Scheme's processes, and providing written details of meetings held and regular communication.
- Provide staff names and telephone numbers to assist communication.
- Listen, analyse and address the issues raised.
- Investigation – increasing the powers available to the Scheme, including the ability to conduct random and regular checks and thoroughly investigate complaints.
- Interview complainants and witnesses.
- Timeliness – to speed up the process.
- Encourage face to face meetings.
- Employ staff who understand aged care and the needs of the elderly.
- Provide feedback.
- Impartiality – hold the service provider accountable for their obligations to provide services and not make assumptions that all residents have dementia.
- To follow-up complaints with a personal inspection process; conduct random checks.
- Ensure continuity of complaints officers.
- Encourage facility management to see complaints as an opportunity to improve rather than viewing them as a personal affront.

Demographics

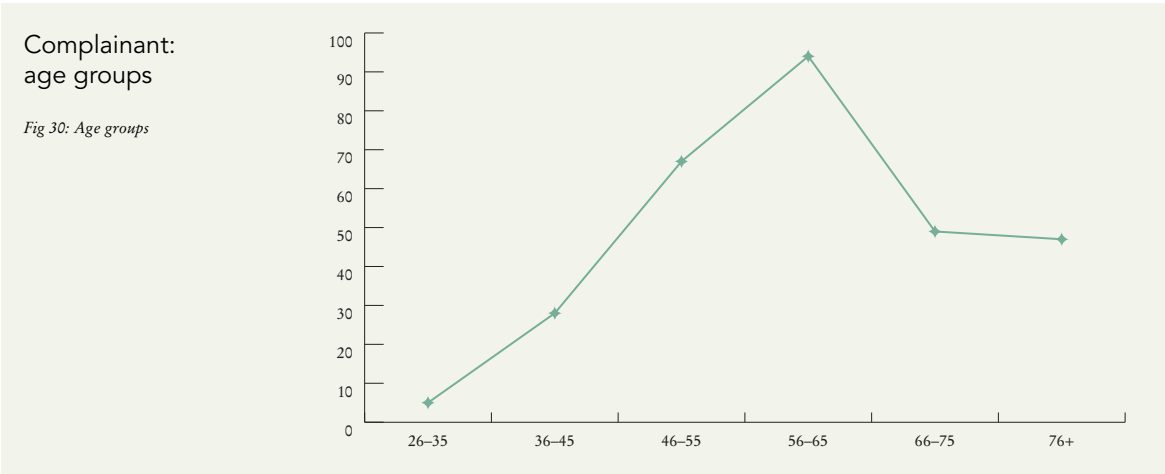
Twenty-four per cent of respondents identified that their dealings were with the Scheme in New South Wales, 27 per cent were Victorians and 20 per cent interacted with the Scheme in Queensland. Ten per cent of respondents dealt with South Australia and Western Australia respectively, six per cent in Tasmania, one per cent in the Northern Territory and two per cent dealt with the Scheme in the Australian Capital Territory. Thirteen respondents identified themselves as indigenous Australians.

Thirteen respondents identified that their first language was other than English. Languages spoken included Greek, Spanish, Maltese, French, Italian, and Cantonese.

The source of survey responses is related to the number and origin of complaints finalised during the period and is depicted in the graph below.



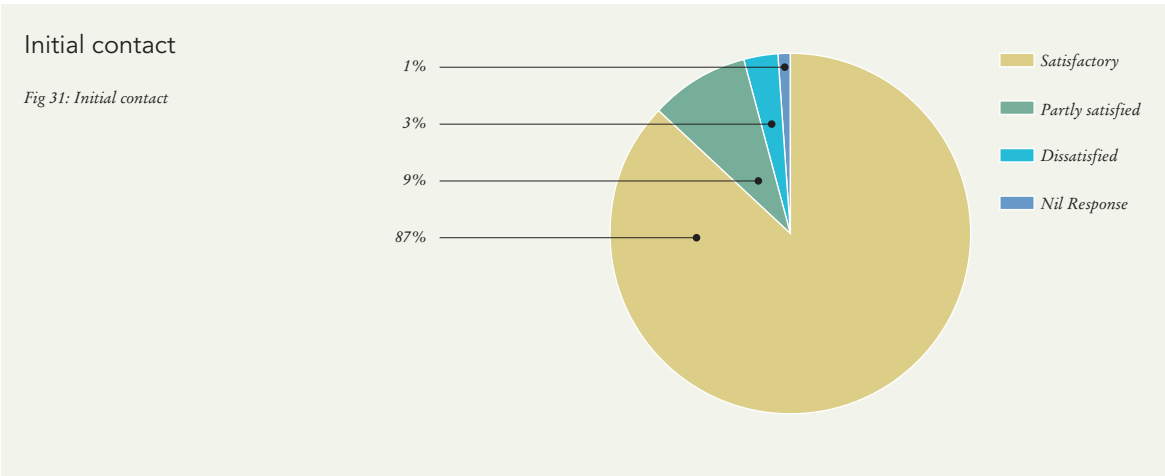
Respondents were asked to identify one of seven age groups in which they belonged. All but eight complainants answered the question. The age distribution is set out in the graph below.



Satisfaction Survey: Provider Responses

Initial Contact

Respondents were asked to describe their initial contact with staff and were invited to make a general comment. The data show that 87 per cent of providers said their initial contact with the Scheme was satisfactory. Nine per cent of respondents said the contact was partly satisfactory, three per cent said the contact was unsatisfactory and one per cent did not answer the question.



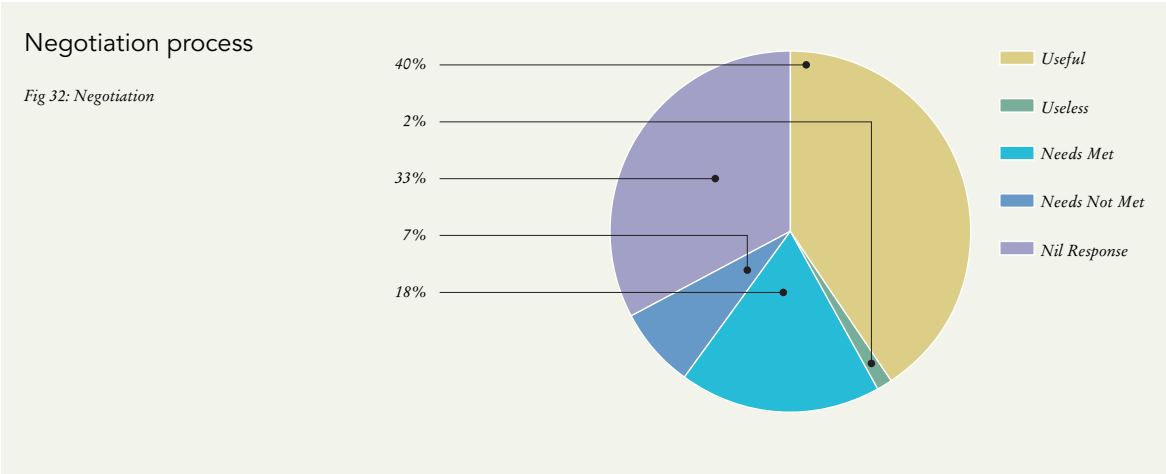
Service providers generally complimented staff at the initial point of contact. Respondents described staff as helpful, pleasant, reassuring, polite, professional, friendly and non judgmental. A minority of respondents said staff were judgmental, biased and accusing – adopting a ‘you are guilty’ approach, displayed a total lack of understanding and were not able to answer questions. Some providers indicated that communications were not clear or adequate, and the quality of written communication was poor. Timeliness was also an issue in relation to correspondence sent.

Negotiation Process

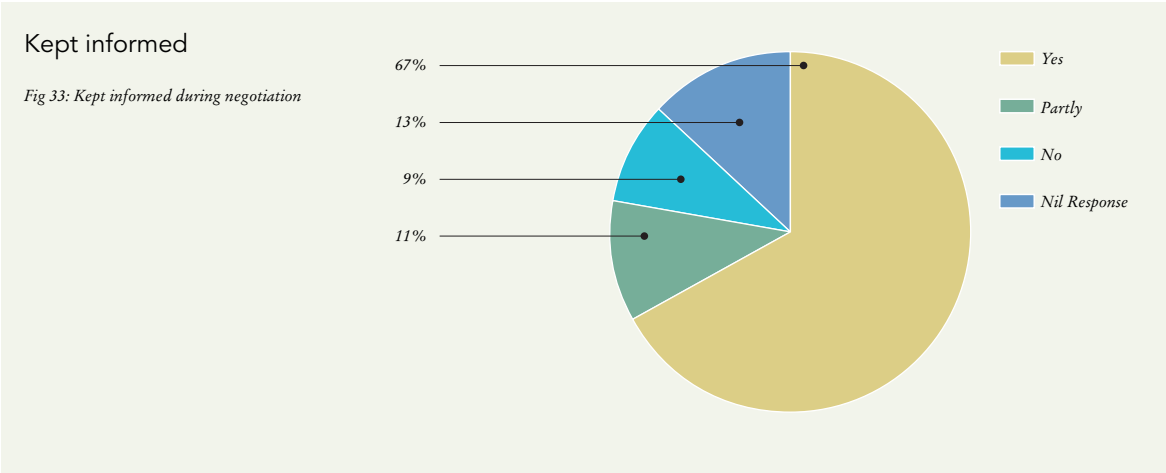
Respondents were asked whether they found the process adopted during the negotiation phase to be useful and able to meet their needs or otherwise. Fifty-eight per cent of providers said either that the process was useful or met their needs. Seven per cent said their needs were not met and two per cent described the process as useless. Thirty-three per cent did not answer the question. The percentage of respondents who choose not to answer this question remains high. Rather than a lack of clarity in the question asked, based on the responses received, it appears that some respondents did not recognise the process adopted by the Scheme as negotiation.

Survey responses provided mixed comment in answer to questions about negotiation. Comments included:

- There was no negotiation, referring to the receipt of correspondence advising of finalisation, or only phone calls updating the Scheme’s contacts with the other party; the process was too narrow.
- Correspondence was too difficult to read; the language was ambiguous.
- Timeliness was a concern.
- Staff was very informed and considered all parties needs.
- The process was very fair, clear and well managed.



Providers were also asked if they were kept informed of the progress during negotiation. Sixty-seven per cent indicated they had been kept informed, 11 per cent said they were partly kept informed; nine per cent said they had not been kept informed and 13 per cent did not answer the question.



Mediation Phase

If the complaint went to mediation, providers were asked to indicate whether they felt mediation was successful, partly successful or unsuccessful, and were invited to provide general comments about the mediation process. Thirty-five providers responded to this question. Eighty-eight per cent (31) indicated mediation had been successful. Comments received were that one mediation process did not stick to the issues, while another was too long with too many irrelevancies discussed. Another provider said that they were not invited to show evidence of their actions through documentation. A different comment was that the process was excellent and allowed for informal discussion which was helpful to both parties.

Determination

Providers were invited to comment on the determination process and are asked whether the committee gave them every opportunity to put forward their view. Fourteen providers responded to this question, twelve responded in the affirmative and two said that they were not given an opportunity. They were also asked whether the committee provided reasons for their decision that they could understand. Twelve providers said they understood the reasons given and one responded in the negative. Providers indicated that the process was fair to all and well run and parties were able to ask questions and provide responses. One provider said that the committee ignored documents supplied.

Providers were also asked, if the complaint progressed to a review of the determination, whether the information provided by the Commissioner's Office was helpful. Two respondents said the information provided was useful, one said that it was not. Providers were asked whether they understood the reasons given in the determination review report. Four respondents answered and said they understood the reasons given.

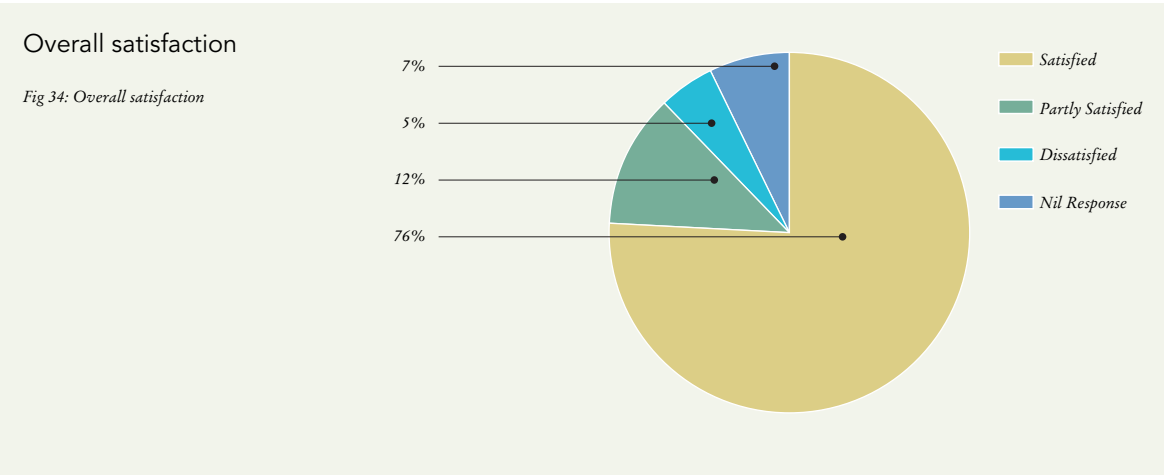
Resolution

Providers were asked whether they felt the complaint had been resolved, and if not, why not. Seventy-nine per cent of providers considered the complaint was resolved, 11 per cent that it was not and ten per cent did not answer the question.

The majority of comment was negative and related to expectations of the complainant, complaints not being justified or that the resolution may only be temporary. Additionally providers indicated that the complaint had no added value, the issues were unsubstantiated or petty; resolution was not possible because the system was ridiculous. Other comment was that the complaint reminded the provider to communicate directly with staff, that staff of the Scheme were very helpful and that it would be nice to sit and discuss complaints directly with the person who made them. As with complainant responses it appears that providers saw resolution as dependent on their ongoing interactions with family members and care recipients rather than commenting on the capacity of the Scheme to resolve the complaint at hand.

Overall satisfaction

The data show that 76 per cent of providers were satisfied with the overall service provided by the Scheme while 12 per cent were partly satisfied. Five per cent were dissatisfied and seven per cent did not answer the question.



Comments were often duplicated. Comments included:

- clinical facts were not well understood by officers;
- the Scheme allowed the complainant to change the issues;
- the Scheme operated in a fair way, staff were pleasant and professional;
- the complainants had no real issues;
- the captured complaint issue was very ambiguous;
- time was wasted and the process dragged on too long;
- staff were judgemental and lacking in common sense and empathy, utterly hostile and bullying attitude;
- issues were not substantiated;
- the provider had to comply but the complainants did not;
- not sure there was any resolution; this person complained continuously.

Service Improvement

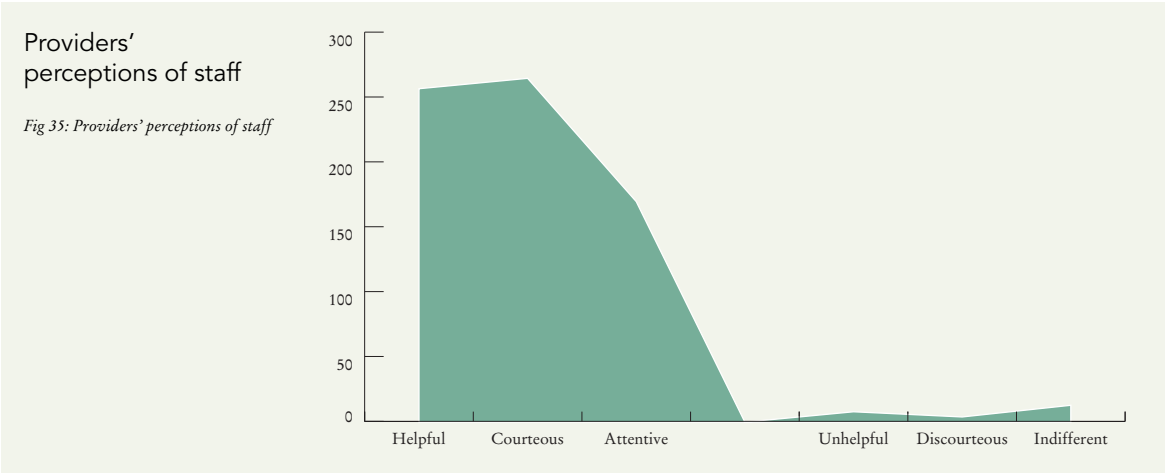
Service providers were asked if their service had changed or was likely to change as a result of the complaints process and were invited to describe the changes. Forty-seven per cent of providers indicated their service had changed, 35 per cent indicated their service had not changed and 18 per cent of respondents did not answer this question. The actions taken by providers included:

- review and amendments to policies, procedures and care plans;
- improved communication processes; increased number of resident/relatives meetings;
- improved handover practices;
- changes to the internal complaints process;
- increased commitment to continuous improvement;
- increased staff education and awareness;
- improvement of documentation;
- documenting call bell response times;
- decision not to admit residents with dysfunctional families;
- preparation of OH&S manual and associated competencies;
- risk management undertaken and gaps identified.

Others commented that changes had already been implemented, that the real issue was often not the one lodged with the Scheme and that providers would be more proactive.

Staff Attitudes

Providers were asked to comment on staff attitudes encountered during the management of their complaint and are able to tick more than one box. The majority of respondents found staff to be helpful, courteous and attentive.



Suggestions for improvement

Twenty-five per cent of respondents provided suggestions for improvement. Proposals articulated by providers included:

- Clarify the relationship between the Scheme and the Agency.
- Clearly articulate expected outcomes.
- Determine the reasonableness of the complaint first, refuse to accept spurious, repetitive complaints from disgruntled ex-staff.
- Do not visit on Friday afternoons when key staff are unavailable.
- Ensure officers are aware of issues related to guardianship and family representatives.
- Suggesting complainants contact providers first and for the Scheme to check if a response has been provided to the complainant.
- Provide a more responsive, impartial and timely service with improved communication.
- Employ staff with the required knowledge and skills to understand the issues they are investigating; employ staff who understand legal issues.
- Better analysis of and adherence to the issues.
- Have a session to follow up mediation.
- Use a softer approach when visiting facilities; provide the same level of courtesy to providers to that shown to complainants.

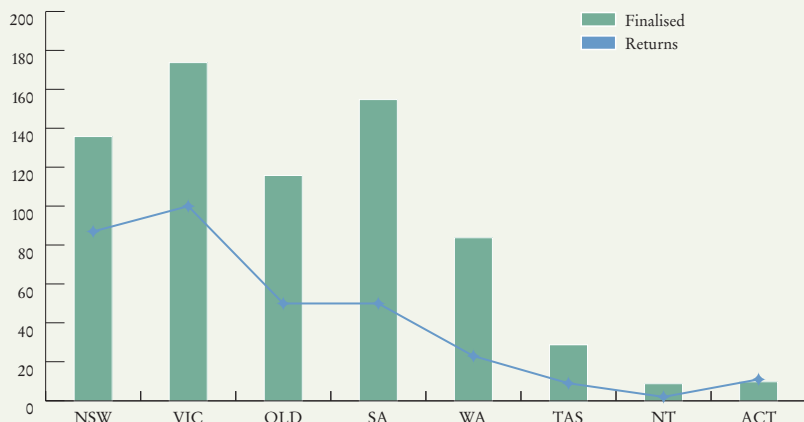
Other comment was in the form of compliments for staff, the mediation process, that complainants involved in particular complaints were not happy and too ready to blame the provider; and that a provider's internal process was excellent. Other providers indicated they had no confidence in the Scheme to remain unbiased or in its understanding and application of natural justice principles.

Providers were asked to identify which State/Territory their service was located in. Twenty-six per cent of providers indicated the service was located in New South Wales, 30 per cent were from Victoria and 15 per cent were from Queensland and South Australia respectively. Seven per cent of providers responded from Western Australia and three per cent were from Tasmania. One per cent of providers responding to the survey were from the Northern Territory and three per cent were located in the Australian Capital Territory.

The following graph depicts the source of survey responses received which is related to the number and origin of complaints finalised during the period.

Total number of complaints finalised & surveys returned by providers

Fig 36:
Complaints finalised
and surveys returned



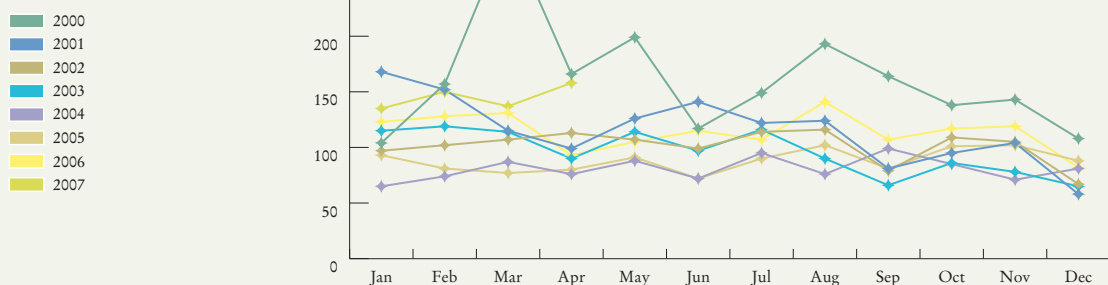
Appendix 3: Trends Over Time

Complaints Resolution Scheme

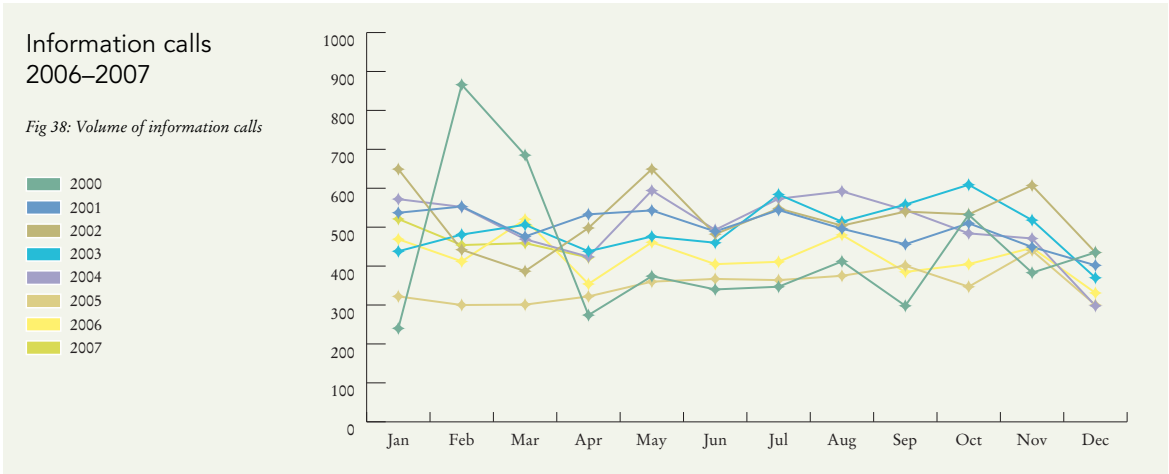
The volume of complaints recorded during the 2000 calendar year is higher than that recorded in subsequent years. The statistics show a trend to higher complaint numbers in the first five months of 2007. The next largest complaint numbers were recorded in 2006 (1,368) and 2001 (1,385). The data show a downturn in complaint numbers in April, September and December each year and this appears to be linked to the times when Australian schools are traditionally on vacation. Peaks in activity may be attributed to intermittent media attention.

Complaints 2006–2007

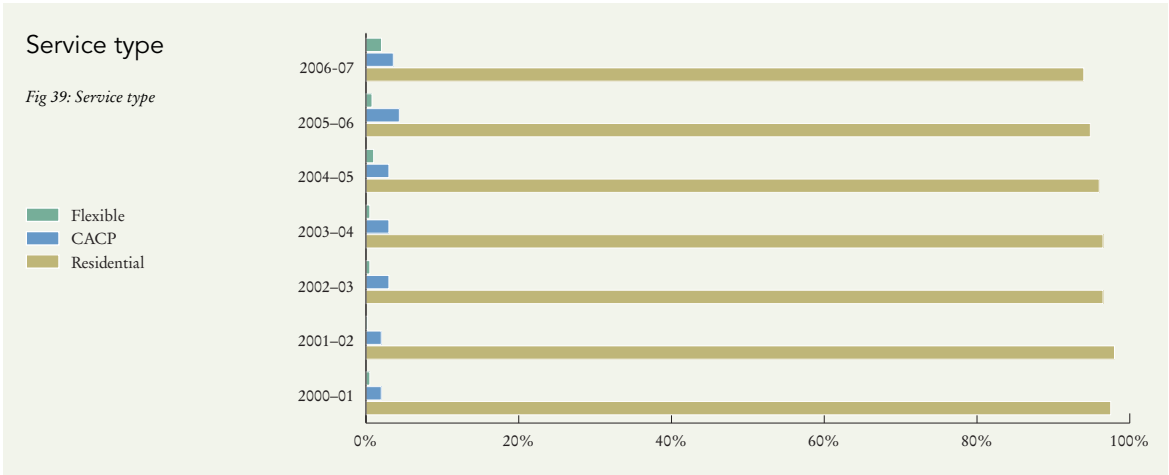
Fig 37: Volume of complaints



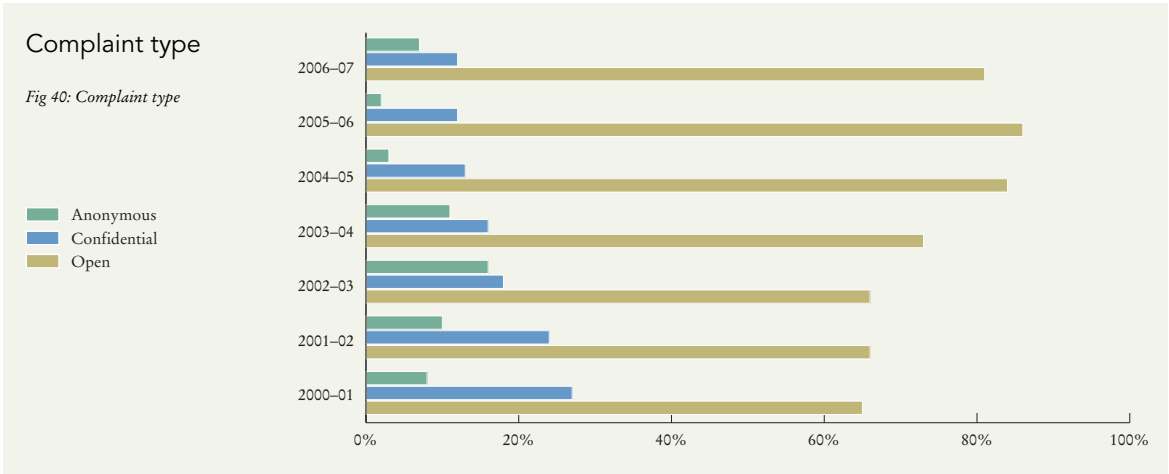
A significant proportion of the Scheme's workload each year has been devoted to the time spent in responding to information calls, either from callers providing information about particular facilities or issues or seeking information about the aged care industry.



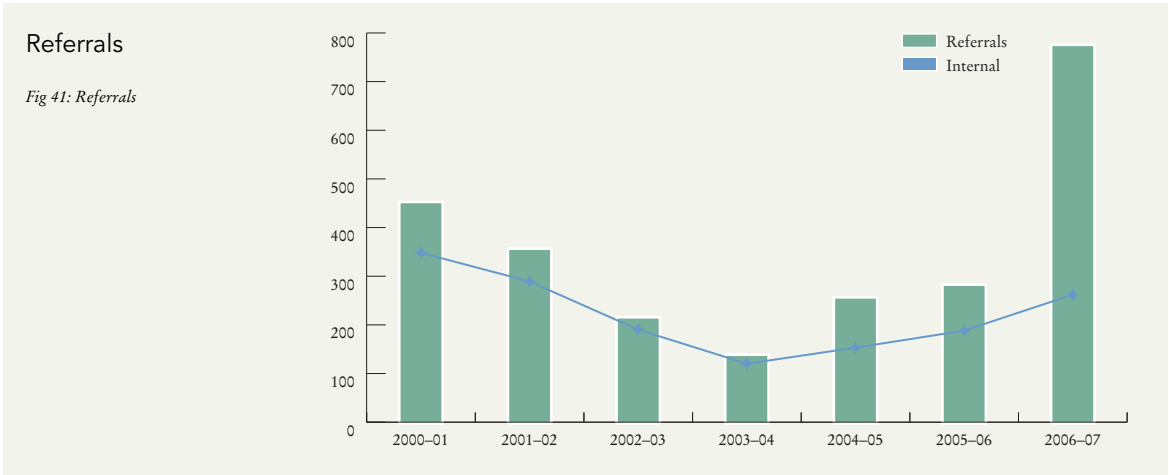
The Scheme was able to deal with complaints about aged care services subsidised by the Australian Government, including high and low residential care, CACPs and flexible services. The graph below shows that the majority of complaints each year relate to residential care (previously known as nursing homes and hostels). At the same time there have been small increases in the number of complaints related to CACPs and flexible care.



Anyone was able to make a complaint to the Scheme, either verbally or in writing. Complaints could be anonymous, confidential or open. Trend analysis shows an increase in the number of open complaints lodged with the Scheme. At the same time there has been a decrease in the number of confidential complaints from a high of 27 per cent in 2000 – 2001 to 12 per cent in 2006 – 2007. While noting a slight increase in 2007, overall the data show a decrease in the number of anonymous complaints recorded. The graph below shows the proportion of complaint types received between 2000 and 2007.



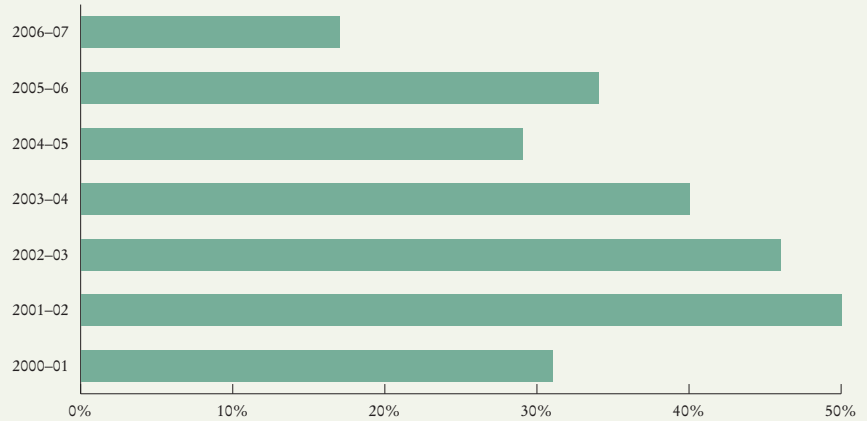
Officers were required to decide whether a complaint should be accepted by the Scheme or whether another statutory authority or organisation would more appropriately deal with the entire complaint or part of the complaint. From time to time referrals occurred during the resolution process. The graph below indicates an increase in the number of referrals made in 2006 – 2007 and shows the number of internal departmental referrals made as a proportion of all referrals.



Site visits were often undertaken to gather information during the assessment phase. The number and percentage of site visits recorded nationally each year varies. Variations are obvious between jurisdictions and in part this is relative to the number of complaints received; however, available resources, travel distances, philosophy and local practice all contribute. National data show a decrease in visits over time; this is particularly evident in the 2006 – 2007 data collated over ten months.

Site visits

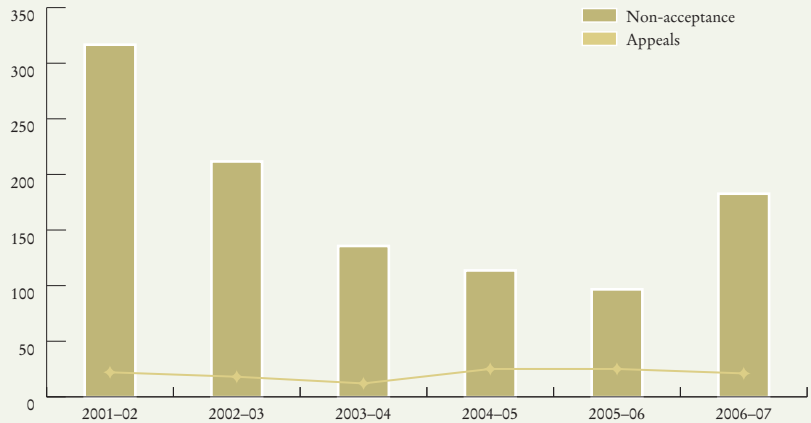
Fig 42: Site visits



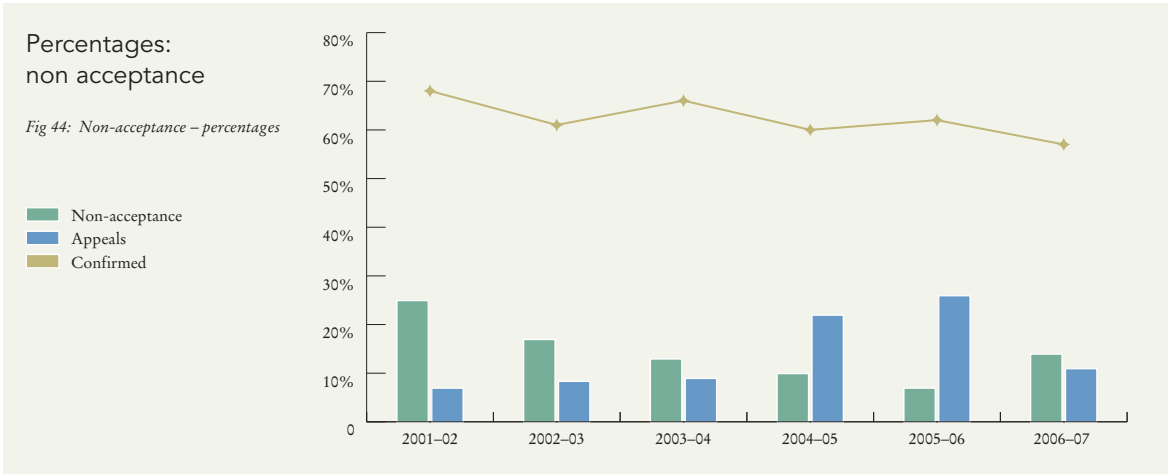
In the event a complaint was not accepted by the Scheme the complainant was entitled to ask the Secretary to reconsider the decision. The Secretary then referred the request to the Commissioner for advice. The graph shows an overall reduction in the number of complaints lodged in a period and not accepted by the Scheme. The number of appeals received has remained relatively stable.

Number of complaints not accepted & number appeals accepted

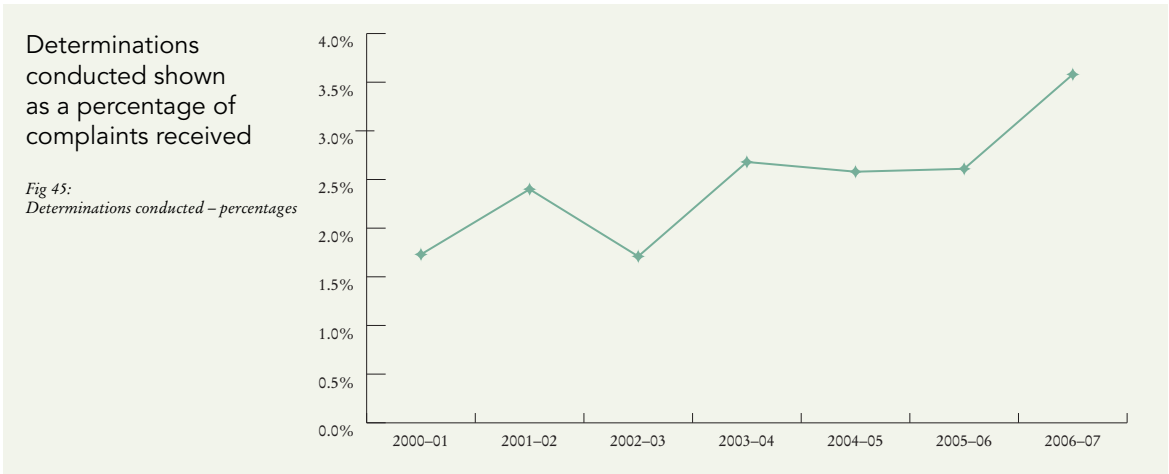
Fig 43:
Complaints not accepted and appeals



After examining the appeal the Commissioner was able to recommend either that the original decision be confirmed or that the decision be set aside and the complaint accepted. The following graph shows the percentages of complaints non accepted, appeals and recommendations by the Commissioner to confirm the decision of the original delegate.



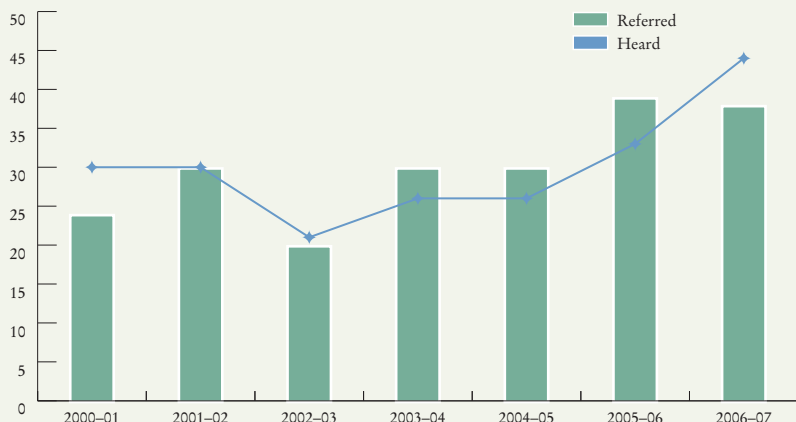
The Scheme was based on alternative dispute resolution principles and had the capacity to finalise complaints by negotiation or mediation. Complaints not resolved by either of these processes were referred to committees for determination. The figure below shows the number of hearings conducted each year as a percentage of complaints received.



Over time there has been an increase in the number of complaints referred for determination and the number of hearings held.

Determinations

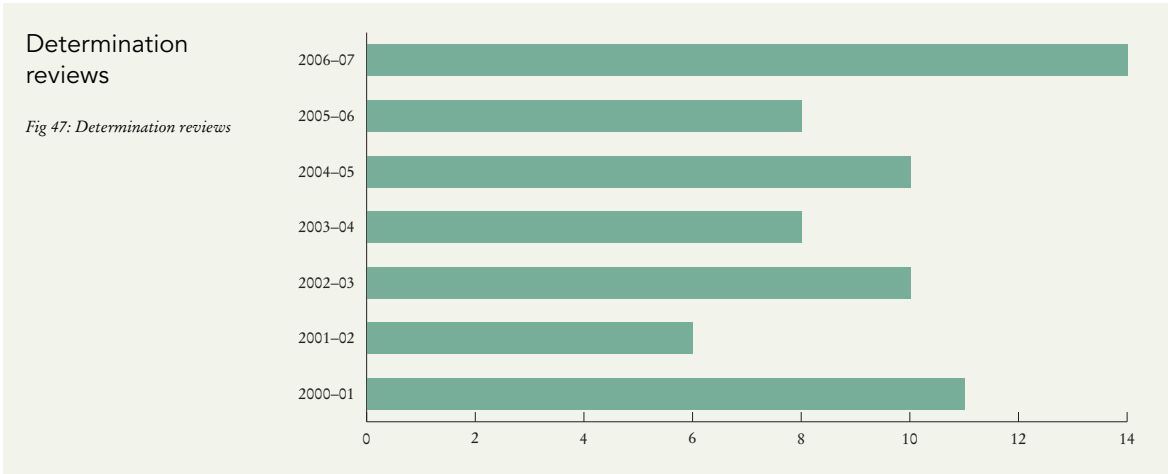
Fig 46:
Determinations referred and heard



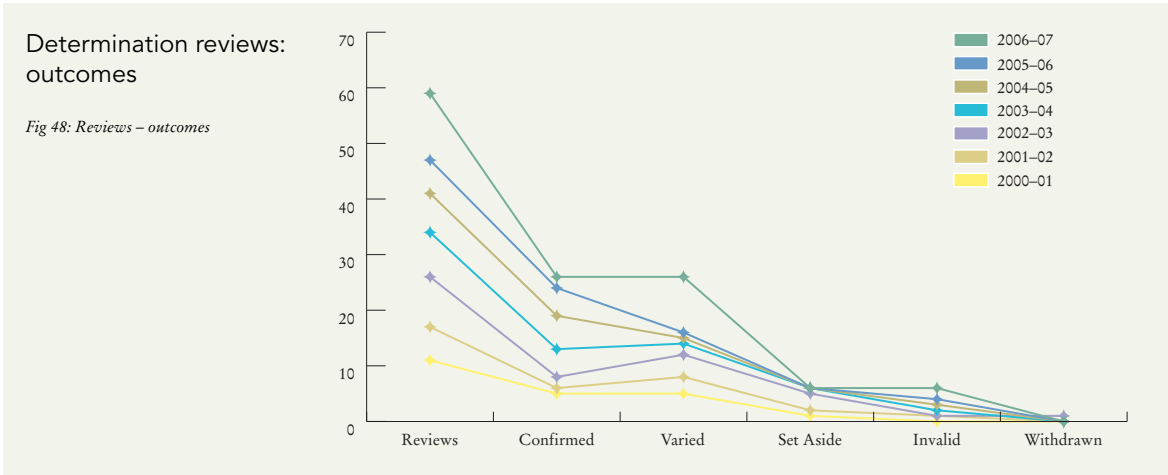
There are a number of factors that may have contributed to the increase in the number of complaints referred for determination. One possibility is that consumers are more aware of their rights and are less willing to compromise. Other possibilities are that

- complaints are more complex and difficult to resolve;
- there is a skill deficit in the Scheme;
- attention is being given to finalising complaints prior to legislative change.

The number of applications seeking determination reviews has fluctuated each year. Prior to this financial year the greatest number of determination reviews were conducted in 2000 – 2001 when 11 reviews were carried out. Between 2000 and 2007 YTD six applications for review were not accepted. The majority of these applications were received outside the legislative timeframe. In 2004 – 2005 one complaint was withdrawn prior to the scheduled hearing. During this period panels reviewed a total of 58 determinations – 30.36 per cent of the 191 determinations handed down.



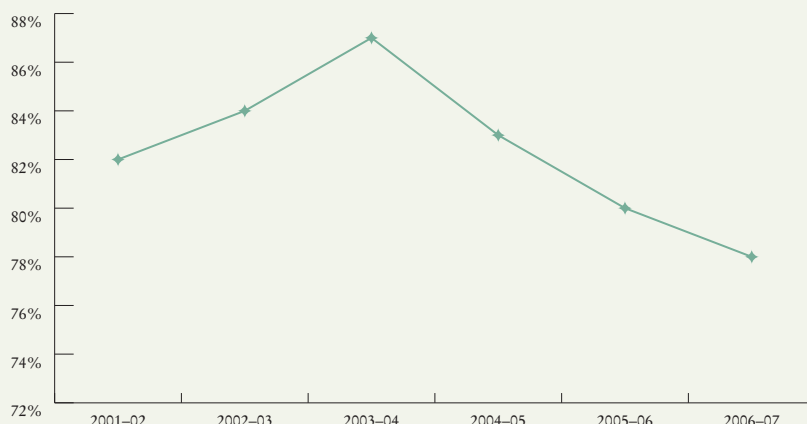
Panels confirmed 27 decisions (47 per cent) and varied 25 decisions (43 per cent). Many of the variations confirmed the original decision but expanded the requirements imposed on the approved providers. In six cases (ten per cent) the panel set the decision aside, predominantly on grounds of natural justice.



The management of information calls was a significant aspect of the Scheme’s workload. It should also be recognised that officers continued to deal with information calls where callers were seeking information other than through the complaint line. The following graph is based on figures from the Scheme’s database and shows information calls as a percentage of the workload.

Information calls: percentage of workload

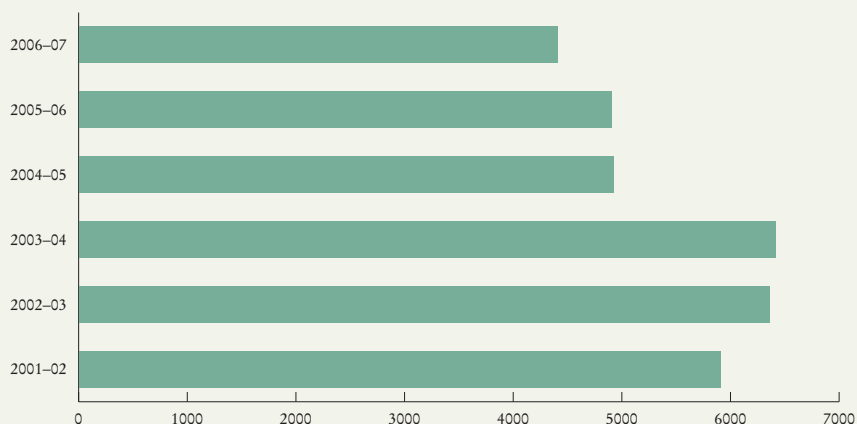
Fig 49: Information calls – workload



The data show a reduction in the number of information calls recorded over time. In part this is thought to reflect measures introduced by both Queensland and Western Australia to record off line, that is, outside the Scheme's database all contacts unrelated to the provision of aged care services subsidised by the Australian Government.

Information calls

Fig 50: Information calls – totals

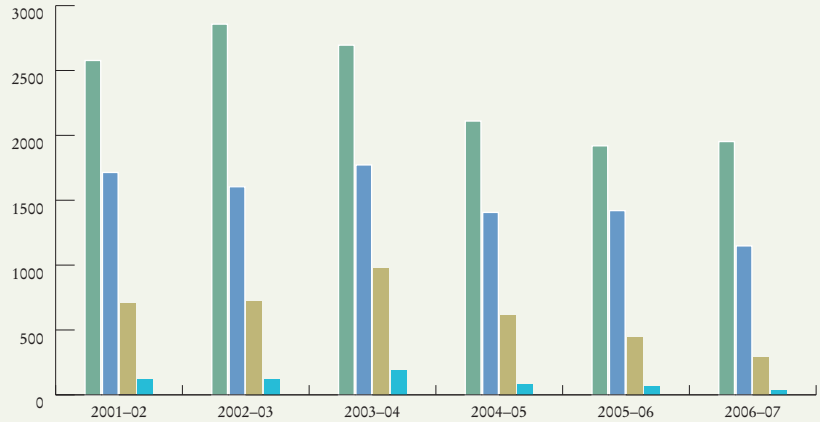


While the time taken to deal with information calls is not recorded in all instances there is sufficient reliable data to show trends nationally. The data show that the majority of calls were concluded within 15 minutes and a significant proportion is completed between 15 – 30 minutes.

Information calls: time taken

Fig 51: Information calls – time taken

1–3 hours
30–60 min
15–30 min
15 min

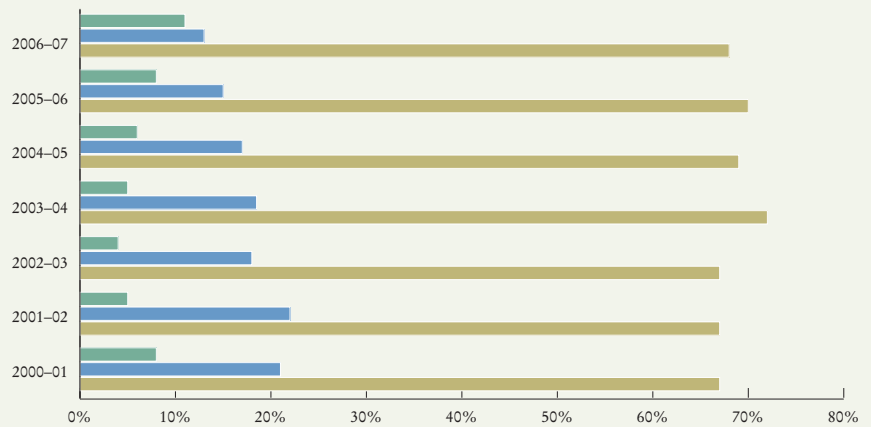


Data analysis over the last seven reporting periods indicates that, taken as a whole, there has been an increase in the number of complainants who reported they were dissatisfied with the overall management of their complaint. There has also been a reduction in the percentage of complainants who reported they were partially satisfied with the Scheme. The percentage of complainants expressing satisfaction has fluctuated marginally over time.

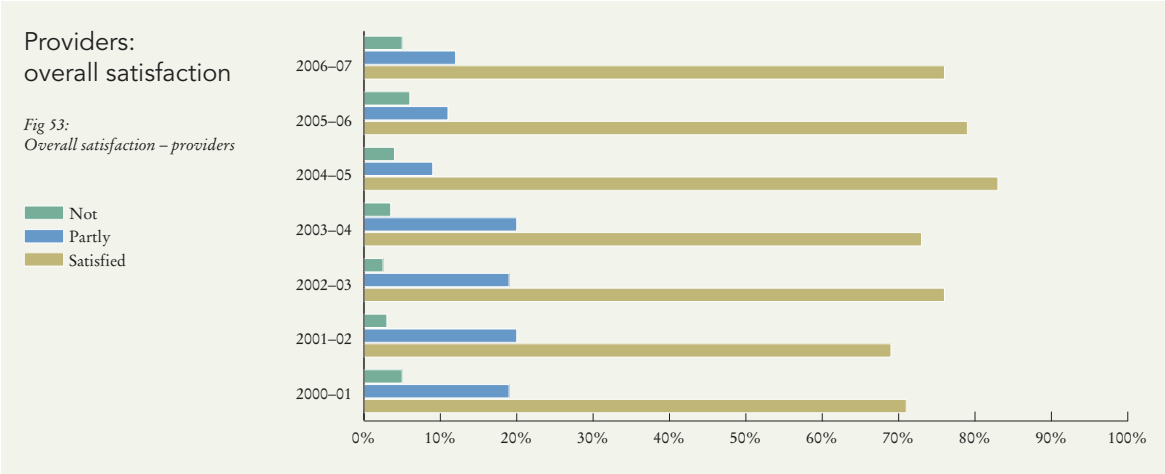
Complainants: overall satisfaction

Fig 52:
Overall satisfaction – complainants

Not
Partly
Satisfied



The overall satisfaction rates reported by providers have consistently been higher than that of complainants. The highest satisfaction rate (83 per cent) was achieved in the 2004 – 2005 financial year but has decreased steadily since that time and is currently recorded at 76 per cent. As with complainants figures, the data show a decrease in the number of respondents who were partly satisfied, while the number of respondents who report dissatisfaction with the overall services provided by the Scheme has remained reasonably static, ranging between 2.5 per cent and six per cent. The current dissatisfaction rate is five per cent.



Appendix 4: Glossary

ACAT	Aged Care Assessment Team
Act	<i>Aged Care Act 1997</i>
Agency	Aged Care Standards and Accreditation Agency Ltd
CACPs	Community Aged Care Packages
Commissioner	Commissioner for Complaints (until 30 April 2007) Aged Care Commissioner (from 1 May 2007)
Committee	Complaints Resolution Committee
Department	Department of Health and Ageing
EACH	Extended Aged Care at Home
HACC	Home and Community Care
Minister	The Hon Senator Santo Santoro MP, Minister for Ageing (27 January 2006 – 16 March 2007) The Hon Christopher Pyne MP, Minister for Ageing (from 21 March 2007)
NRA	Notice of Required Action
Office	Office of the Commissioner for Complaints (until 30 April 2007) Office of the Aged Care Commissioner (from 1 May 2007)
Principles	<i>Committee Principles 1997</i> made under the Act <i>Investigation Principles 2007</i> made under the Act (after 1 May 2007)
RCS	Resident Classification System
Panel	Determination Review Panel
Scheme	Complaints Resolution Scheme (until 30 April 2007) Complaints Investigation Scheme (after 1 May 2007)
Secretary	Secretary in the Department of Health and Ageing
Standards	Accreditation Standards in Schedule 2 to the <i>Quality of Care Principles 1997</i> made under the Act

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