

Aged Care Commissioner

Post to:
Locked Bag 3
Collins Street East VIC 8003

Telephone:
Freecall 1800 500 294
03 9665 8033

Facsimile:
03 9663 7369



AGED CARE COMMISSIONER

ANNUAL REPORT

1 JULY 2008 – 30 JUNE 2009



Australian Government

Office of the Aged Care Commissioner
Level 4, 12-20 Flinders Lane, MELBOURNE VIC 3000
Locked Bag 3, Collins Street East, VIC 8003
Tel: 1800 500 294, (03) 9665 8033, Fax: (03) 9663 7369
ABN: 83 605 426 759

The Hon Justine Elliot MP
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 1997*. The report includes information related to the functions of the Aged Care Commissioner during the period 1 July 2008 to 30 June 2009.

Yours sincerely

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

RHONDA PARKER
Aged Care Commissioner

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CHAPTER 1. FOREWORD AND OVERVIEW

1.1 Commissioner's Foreword

If ability to cope with change is a criterion for success, this last year was a test of mettle for most of the population. Those involved in aged care were most certainly included in that group. The international and national financial markets created change and uncertainty for all. Together with those challenges, aged care had its own challenges to add to the mix.

Change is certainly on the agenda in aged care. At a macro level, the government will respond to the National Health and Hospitals Reform Commission report with its recommendations for reform of health and care services, some of which have significant implications for aged care.

Just over a decade on from major legislative and systems reform in aged care, the government has embarked on a number of reviews in the sector. The government is reviewing the accreditation process and, in a separate review, it is also reviewing the accreditation standards.

Other bodies have also undertaken their own examination of the aged care sector and its ability to meet present and future demand. The Productivity Commission is conducting a review of the cost of regulation in aged care. It also conducted a review of trends in aged care during this last year. The Senate conducted an inquiry into aged care and made 31 recommendations.

In the twelve years since the reform of the *Aged Care Act 1997 (Cth)* (the Act) the ageing of the population continues to accelerate change across a range of sectors. However, no sector feels the brunt of that change as much as the organisations that deliver aged care services. Part of the pressure in this environment of increasing demand and increasing complexity of care needs is to maintain quality of care.

As such, the performance of the quality framework and the quality drivers in the system become critical. These mechanisms exist in aged care in a number of forms, as prescribed by the Act.

The compliance function of the Department of Health and Ageing (the Department), the accreditation function of the Aged Care Standards and Accreditation Agency Ltd (the Agency), the complaints system required of each aged care approved provider, the complaints handling role of the Complaints Investigation Scheme (the Scheme), the review and complaints role of the Aged Care Commissioner (the Commissioner), as well as the Administrative Appeals Tribunal and Commonwealth Ombudsman, make up the range of options for an external review of the quality of a service provided by either the aged care approved provider or the aged care bureaucracy.

The Commissioner plays a small part in that process.

The Office of the Aged Care Commissioner (the Office) does not receive complaints directly about the quality of an aged care service. That is the domain of the Scheme. Rather, the Commissioner, as an office independent of the bureaucracy, exists to examine the processes and actions of the aged care bureaucracy, that is, the Scheme and the Agency, or some of their decisions.

Complaints schemes serve a number of objectives, two of the most important being to create openness and transparency and to act as a lever for continuous quality improvement. The quality assurance process will be compromised if the complaints process is not effective as a lever and driver of quality.

There is no dispute in any section of our society that our elders should receive quality of care in their later years. As we consider how to manage the demands of the ageing population, it is important to consider not only the volume but also the complexity of demand. Over the course of the last year I have been reminded of the needs of non-English speaking older Australians, indigenous older Australians, older Australians in remote areas and the overwhelming challenge of dementia, all of which we must remember as we plan for the future.

In writing this report I am mindful of the support and working relationships with a wide range of individuals and organisations directly and indirectly involved in aged care. The role of the 'umpire' is clearly one where parties will regularly not agree with the decisions made by this Office. However, the Office seeks to conduct its work so that the decisions made will be well-understood and respected, even if not agreed upon. Further, I have always believed the reputation of this Office critically depends on its independence. I believe it is the most fundamental of qualities required for the medium and long term benefit and contribution of any office of review, and one which all parties will ultimately respect.

During the course of the year, the Office benefited directly from the expertise of a number of individuals. During the development of our case management system, staff in my Office worked closely with the IT group and database developers from the Department. I would like particularly to acknowledge the support of Paul Baumgarten, Dolph Page, Daniel Cochrane and Singh Talwar in bringing this project to its conclusion.

During the course of the year this Office contracted staff of the Australian Government Solicitor to provide our legal support. Katie Miller and Ned Rogers make a significant contribution to the professionalism of this Office, and I am grateful to them for it and the high quality advice they provide.

I also wish to acknowledge the work of my staff who consistently work with professionalism and sensitivity to the needs of the older people with whom they come into contact.

I would like to thank the Minister, the Honourable Justine Elliot, for her support. In particular, I considered it a privilege to visit and report to her on the aged care services provided to indigenous elders at Tjilpi Pampuka Ngura (Docker River) in the Northern Territory.

I continue to consider it a privilege to work to improve the ageing experience of older Australians. They have built our industries, professions, community organisations, democratic freedoms and cultural identity. They have raised and built our families. As we consider how we will provide environments that will enable older people to enjoy a quality experience as they age, and provide care when they lose their vigour, we must never forget who they are, or forget the respect and dignity they deserve.

1.2 Overview

Demographic forces can have a profound effect on a society and Australia, like other countries, is facing the challenges of an ageing population.

Data presented by the Australian Bureau of Statistics predict that 25 per cent of the population will be aged over 65 by 2056. We are also told the fastest growing sub-population is the group aged over 80 years and that the number of people in this group will almost double in the next 20 years.

Ensuring the health and wellbeing of this rapidly expanding population group is challenging for many reasons. The elderly are a highly vulnerable group, and events, such as the global financial crisis and influenza epidemics, can create additional pressures and adversely impact on their lives. However, the main vulnerabilities of older people, which place them at risk of poor quality of life, are the reduction of income on retirement and the combination of disability and social loss which are most likely to occur in advanced age.

Health tends to deteriorate with age and many older people experience a decline in functional, cognitive and emotional health and often require a unique or personalised combination of material and physical support. The slowing of population growth and consequent reduction in family size has undermined the traditional sources of support available to older people, creating the need for alternatives.

Chronological age has long served as a basis for allocating public resources and this is expected to place increasing pressure on government spending. While the majority of older people remain independent, disability and chronic disease are prevalent in this population group and, as a consequence, they are the greatest users of health care services.

The *Aged Care Act 1997 (Cth)* (the Act) and *Aged Care Principles 1997 (Cth)* (the Principles) provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. At 30 June 2009 there were 2,784 operational residential aged care facilities offering 175,225 places in Australia. At 30 June 2009 there were also 40,195 Community Aged Care Packages (CACPs), 4,478 Extended Aged Care at Home (EACH) and 2,036 EACH Dementia places operational in Australia.

This tiered approach aims to recognise the continuum of care and is designed to ensure older Australians receive high quality care in the right setting, and that transitions between care settings are managed appropriately.

Entitlement to residential care (either high care, low care or respite services), or a community-based service such as the EACH program and CACPs, is determined by Aged Care Assessment Teams. A person must be assessed as eligible for any of these services before a subsidy is provided by the Australian Government.

A proportion of older people receive community services through government-funded programs such as the Home and Community Care Program, Linkages, CACPs and the EACH program.

There are numerous reasons why some older people seek admission to residential aged care. In the report *Residential aged care in Australia: 2007-08*, the Australian Institute of Health and Welfare records that the occupancy rate in aged care facilities ranged between 92-95 per cent and indicated that just over two per cent of occupied place days were used for respite purposes.

Consistent with its 2007 report *Older Australia at a Glance*, the Institute also reported the distribution of length of stay for existing permanent residents at 30 June 2008 was towards longer lengths of stay, with only seven per cent of permanent residents staying in residential care for less than three months. Nineteen per cent of people had been resident between three and twelve months, 52 per cent for one to five years and 21 per cent were resident for five years or more. This fact, together with the vulnerability of this population, differentiates this group from other health care users.

The government provides recurrent funding for each resident admitted to a residential care setting. The funding is formulated on a needs-based model, where the individual care needs of residents are comprehensively assessed. Approved providers must also 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 residents' 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. A national Complaints Resolution Scheme was established on 1 October 1997 to assist people who expressed concern about any aspect of the care or services provided by residential aged care services, CACPs and flexible care services.

The complaint scheme changed from a model based on alternative dispute resolution principles to one based on investigation on 1 May 2007. The changes were designed to improve the efficiency and effectiveness of complaint handling and introduced the concept of a Notice of Required Action (NRA) as a remedial and enforceable step prior to consideration of sanctions. It also introduced the capacity to lodge complaints against the accreditation body relating to its responsibilities under the *Accreditation Grant Principles 1999 (Cth)*, or the conduct of an assessor carrying out audits, or making support contacts, under those principles.

The legislation allows a person to give information to the Complaints Investigation Scheme (the Scheme), by way of complaint or otherwise, about any matter involving an approved provider's responsibilities under the Act and Principles. Information can be given to the Scheme orally or in writing and can be dealt with on an open, confidential or anonymous basis.

An NRA outlines the steps an approved provider must take to conform to the legislation and the timeframe necessary for the remedial steps to be taken to address any identified deficiencies in meeting its responsibilities.

CHAPTER 2. ABOUT THE OFFICE

2.1 Aged Care Commissioner's Role and Functions

The Aged Care Commissioner (the Commissioner) holds a statutory appointment and is independent of the Department of Health and Ageing (the Department) and the Aged Care Standards and Accreditation Agency Ltd (the Agency).

The Commissioner's functions are set out in Part 6 of the Act, section 95A-1(2) as follows:

- (a) *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;*
- (b) *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;*
- (c) *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;*
- (d) *to examine complaints made to the Aged Care Commissioner about:*
 - (i) *the conduct of an accreditation body relating to its responsibilities under the Accreditation Grant Principles; or*
 - (ii) *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;*
- (e) *to examine, on the Aged Care Commissioner's own initiative:*
 - (i) *the conduct of an accreditation body relating to its responsibilities under the Accreditation Grant Principles; and*
 - (ii) *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;*
- (f) *to advise the Minister, at the Minister's request, about matters relating to any of paragraphs (a),(b),(c), (d) and (e);*
- (g) *the functions (if any) specified in the Investigation Principles.*

An aggrieved person or relevant approved provider who is dissatisfied about an examinable decision may, within 14 days after being told by 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.

The Principles, initially promulgated on 1 May 2007, were amended on 1 January 2009. The amendments included the addition of a further type of examinable decision (being the decision not to investigate a complaint); the removal of the obligation for appellants to lodge their application to the Commissioner in writing, and the removal of the obligation for complainants to advise either the Scheme or the Agency of an intention to lodge a complaint with the Commissioner.

The amendments also provide for the Scheme to make a reconsideration decision and notify the parties within 21 days after receiving the Commissioner's recommendation.

A care recipient or representative may, within 14 days of being notified of the relevant decision, seek a review by the Commissioner. Section 16A.21 of the Principles identifies examinable decisions as:

- a decision by the Secretary not to investigate a matter relating to an approved provider's responsibilities
- 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 that directly relate to the aggrieved person.

An approved provider may, within 14 days of being notified of the relevant decision, seek a review by the Commissioner. Section 16A.22 of the Principles identifies examinable decisions as:

- 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.

2.1.1 Annual Report

Section 95A-12 of the Act relates to the provision of an annual report by the Commissioner 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 that year.*

Our annual report, therefore, is a public record of the work undertaken each financial year. It provides the Minister, the Parliament and the wider community with an opportunity to find out what business processes are in place, what has been achieved and the challenges faced during the year.

2.2 The Office of the Aged Care Commissioner

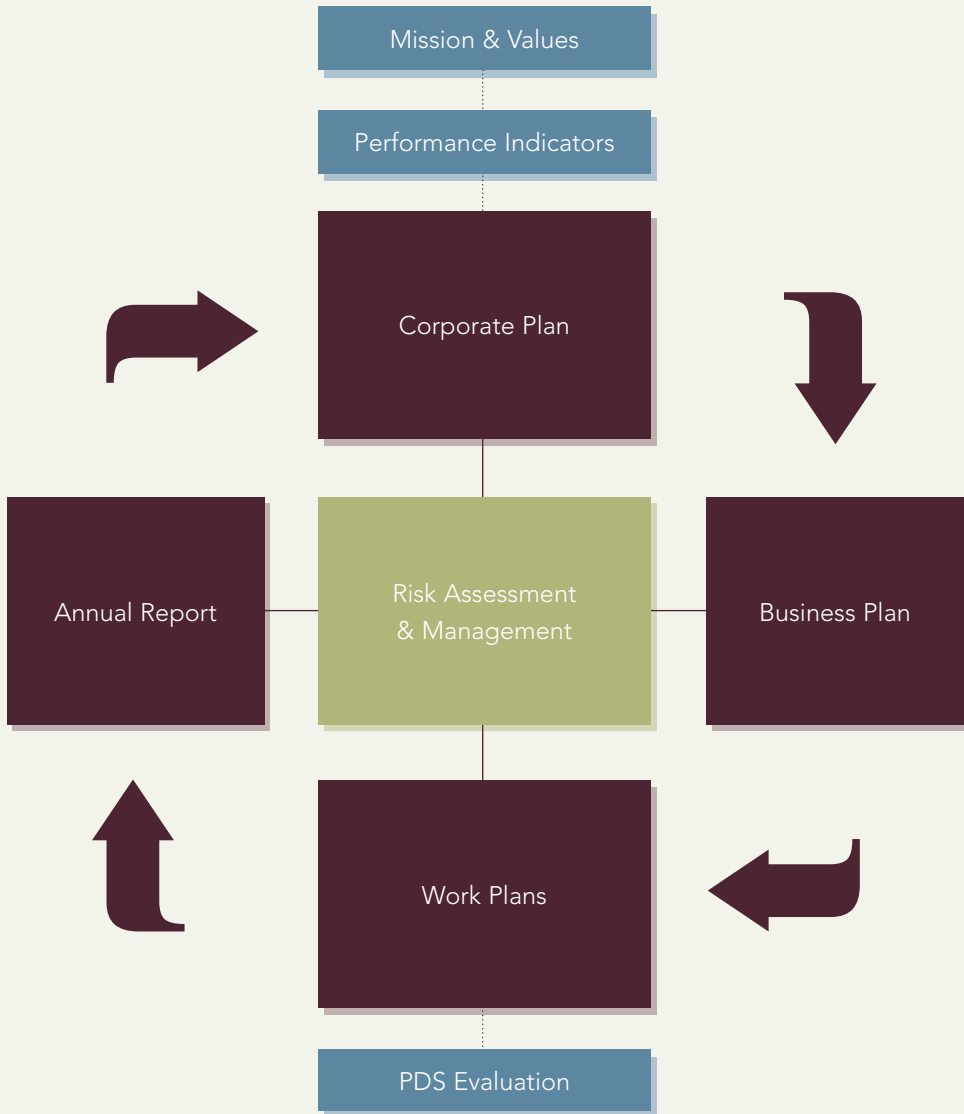
Following legislative changes the Office of the Aged Care Commissioner (the Office) reviewed all policy documents developed to support its business processes and practices. These include:

- Service Charter
- Corporate Plan
- Business Plan
- Procedures Manual
- Risk Management Strategy
- Internal Complaints Mechanism
- Performance Indicators.

As the following figure shows, these documents are interrelated. Our corporate plan provides broad strategic direction for our work and is supported by additional centralised office policies and plans. The business plan outlines the detailed strategies and activities to support the corporate plan. Performance indicators form part of a broader quality improvement strategy and track performance on two levels; individual files and systems, and policies and structures. The Office also has a general work plan which provides a further basis for the performance development arrangements for individual staff.

Accountability

Figure 1: Accountability and the interrelationship of documents



The Office has prepared a user manual designed for those staff using the case management system. The existing procedures manual is to be modified to include these processes.

The vision for the Office is: *To be recognised as a leader in complaints management and in fostering excellence in public administration.*

The mission statement is: *In collaboration with others, promote continuous improvement in the quality of aged care services for older Australians through leadership in complaint handling, by fostering excellence in public administration and delivering a service that is characterised by fairness, impartiality and balance.*

This statement is designed to acknowledge and value the contribution of others and aims to reflect the commitment to professionalism of Office staff in the performance of all functions.

The business processes and practices of the Office are guided by international complaints handling standards and are directed by best practice processes outlined by the Commonwealth and other Ombudsmen and Health Service Commissioners. The primary goal for the Office 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. The second aim is to continue to contribute to improving the quality of administrative practice and decision making. It is hoped that in doing these things the Office will continue to have a positive influence on the delivery of quality aged care services across Australia.

To ensure maximum accessibility the Office maintains a free-call telephone number 1800 500 294. The Office is located at Level 4, 12-20 Flinders Lane Melbourne and is open between 9-5 each weekday, except public holidays. The postal address is Locked Bag 3, Collins Street East, Vic 8003.

2.2.1 Budget

A budget of \$1.35M was allocated for the 2008-2009 financial year to support the operation of the Office. The salary for the Commissioner is set by the Remuneration Tribunal and is included in the allocation to meet salaries and on-costs.

Although most organisations experience scarce resources in the current economic environment, the Office found it necessary to present a submission for additional funding at the mid-year review. Based on workloads and previous commitments the submission sought funding for the employment of two additional staff. As business plans submitted to the Business Investment Committee in July and October 2008 had not met with success, the mid-year budget submission also sought funding for the development of a case management system. Additionally, the submission sought funding for the purchase and installation of a second compactus. The submission was unsuccessful.

In February 2009 a revised business case submitted to the Business Investment Committee was successful in obtaining \$275,478 to develop the database and reporting system; however, funding to maintain the database was not allocated in this process and will have to be sourced from within existing allocations.

The Office is dependent on the Ageing and Aged Care Division of the Department for funding.

In June 2009 the Department advised that it proposed to initiate an activity based costing project to consider the appropriate level of funding and a formula for growth. The project is planned to include a number of programs, including this Office, and is to consider:

- the design and delivery of a funding model
- a future financial strategy
- a process improvement strategy.

The project is timed to commence in the new financial year.

2.2.2 Service Charter

The Service Charter includes key information about the service delivery approach of the Office and provides a clear statement about the responsibilities and standards of service the community can expect from it.

The charter is a 'living document' that is reviewed annually and will evolve as there are changes to the Office and/or the legislation. While some individual commitments in the charter have legislative links, the document is not intended to present legally enforceable rights or responsibilities.

2.2.3 Staffing

The Office comprises a committed team of eight people who have come from a range of backgrounds with a diverse mix of skills and experience. The collective experience provides the capacity to examine matters with the necessary investigative, administrative, legal and clinical considerations and supports the Office in its role as an independent office of review.

During the year two senior investigators left the Office to pursue different careers and two new staff members were recruited. The Office also entered into an arrangement with the Australian Government Solicitor (AGS) and welcomed the addition of legal advisors two days a week to provide independent legal counsel.

2.2.4 Website

The website is intended to be a user friendly and practical resource for people who access the site, explaining what we do and how we do it. Changes to the legislation in January 2009 meant that a range of documents held on the website required amendment. Visitors to the site are able to make an online complaint about the processes used by the Scheme; the conduct of the Agency, or the conduct of persons carrying out site visits or making a support contact under the *Accreditation Grant Principles 1999 (Cth)*. The website is an important avenue for the provision of information to the public and links to other organisations to assist the reader. A range of brochures and fact sheets, which present consumer friendly information and an online complaint form are also available on the website which can be located at **www.agedcarecommissioner.net.au**.

2.2.5 Satisfaction Surveys

Satisfaction surveys are designed to provide information from informants and approved providers who have had dealings with this Office during the financial year. Additionally, we have sought to capture client demographic information such as ethnicity, age groups and approved provider types (see section 6.2, page 41).

2.2.6 Case Management System

After eighteen months of effort and delays, in February 2009 the Office was finally successful in obtaining an additional one-off payment of \$275,478 to support the development of a case management database and reporting system. The method of delivery was broken into three phases (work packets 1, 2 and 3). Testing during the development and acceptance phases was conducted by staff in this Office, allowing project costs to be curtailed without compromising the fundamental nature and capabilities of the system.

Work packet 1 was released for testing on 7 April 2009. This work packet was implemented and operational on 9 June 2009, with the project ahead of time and budget. Work packet 2 was released for testing on 27 May 2009 and will be deployed at the beginning of August 2009 along with work packet 3, comprising predominantly the reporting elements of the database. It is envisaged that the system will be fully operational by September 2009. The case management system is expected to improve efficiencies in work practice in the Office.

2.2.7 Activities and Achievements

During the reporting period the Commissioner was an invited speaker at a number of conferences. The Commissioner and staff met with state/territory officers in Queensland, Victoria, Tasmania and New South Wales to discuss issues of mutual interest, including the Commissioner's role and the construction and use of statements of reasons.

The Commissioner also met with a range of individuals and industry groups including:

- Commonwealth Ombudsman
- Victorian Ombudsman
- Energy and Water Ombudsman
- Private Health Insurance Ombudsman
- National Health & Medical Research Council
- Australian Institute of Family Studies
- Alzheimer's Australia and Alzheimer's Western Australia
- Ethnic Communities' Council of Victoria
- Centre for Cultural Diversity
- Healthmedia Group
- State Trustees

- Health Services Commissioner, Victoria
- Liquor, Hospitality and Miscellaneous Workers Union
- Australian Association of Gerontology.

In November 2008 the Commissioner was invited to join the membership of the Ageing Consultative Committee and has attended meetings as scheduled.

Accountability to the Parliament and the wider public is not one dimensional and the Office continues to operate a comprehensive quality assurance system as part of ongoing improvement and accountability processes. The system includes: financial management processes, data analysis and reporting, post case conferencing, key performance indicators, satisfaction surveys and focus groups.

Administrative decision making is intrinsically complex and diverse. In April 2009 the Office conducted a wide-ranging review of existing processes to ensure administrative decisions are correctly made from a legal and merits perspective, that best practice initiatives are available and reports are presented in a timely manner, within the available funding.

A comprehensive orientation program is provided to all new staff members. The Procedures Manual, developed to assist staff to understand and meet all legislative requirements, continues to be revised to address legislative change and to ensure consistency alongside the development of the case management system. During the year the Office introduced a staff training and development program. The schedule of sessions includes presentations on clinical, administrative, legal and investigative matters. In-house resources, supported from time to time by the AGS team and the aged care channel's suite of programs, are used for these sessions.

In addition to managing the Commissioner's statutory functions, the Office received a significant number of contacts from people who required advice or assistance to manage lifestyle and other issues. In many cases the Office does not have any formal powers to consider the concerns raised by these callers as they fall outside the Commissioner's jurisdiction. Nonetheless, where possible, staff re-direct callers to the appropriate service or give them information that may enable them to find a solution themselves.

2.2.8 Legislative Change

The environment in which the Office operates is never static and there is a need to be flexible and readily adapt to change. During the course of a number of examinations, this Office identified opportunities to clarify or strengthen the legislation and statutory framework, and made suggestions accordingly.

To improve access to the services provided by this Office, amendments to the legislation were sought and accepted. Changes were introduced in January 2009. These included:

- Removal of the requirement for complainants to advise either the Department or the Agency of an intention to lodge a complaint with the Commissioner, prior to doing so.
- Removal of the requirement for applications to examine a decision to be in writing.

It is considered that, following an analysis of the take up of verbal appeals, the legislation would be further amended to allow people to lodge complaints verbally.

The Office also sought changes to the *User Rights Principles 1997 (Cth)* to better explain the interest rates on bonds. This suggestion was also accepted and the changes were included in amendments to the regulations in January 2009.

The Office also suggested clarification to text in the Residential Care Manual. Changes, to provide clarification, were also recommended to s 1.31 of the *Accountability Principles 1998 (Cth)*.

CHAPTER 3. RELATIONSHIPS

In 2007 the Australian Government introduced legislation to establish the role and functions of the Commissioner. The Act is the primary law under which the Commissioner exists and operates. The Principles further outline the Commissioner's role and functions. The Commissioner was appointed by, and is responsible to, the Minister. The Commissioner's current appointment concludes on 30 April 2010.

As an independent statutory office holder the Commissioner sought to establish sound working relationships with a range of stakeholders and met with a number of peer groups and individuals. These meetings have included:

- The Commonwealth, Victorian, and Private Health Insurance Ombudsmen
- Health Service Commissioners
- Advocacy Services
- Industry Organisations
- Ethnic Communities.

The Office has established protocols with the:

- Commonwealth Ombudsman
- Aged Care Standards and Accreditation Agency Ltd
- Department of Health and Ageing.

The success of inter-agency protocols is largely dependent on a healthy climate of commitment and cooperation existing between organisations. This requires willingness and an effort to build and maintain good working relationships.

For the most part the protocols have successfully established good reference points and have had a positive impact on inter-sectoral practices. It is noted that for the Agency, a review by the Commissioner is still a relatively new and unfamiliar process. However, the Office believes that strong links of accountability are developed by the effective participation in a transparent process.

It is very important for the Office to maintain cooperative relationships with those entities it has responsibility to scrutinise. Two essential ingredients for any relationship to function well are the commitment of the parties to open and honest communication and a strong desire to make the relationship work. This requires following through on commitments and addressing any difficulties that arise as early as possible.

While there are a number of factors which determine the relationship, and its parameters, a good working relationship allows for open and frank discussions about individual issues and any systemic concerns identified. The Office believes that a free flow of information helps to build up a picture of the issues and risks that face each organisation. Solutions are able to be achieved in a more informed way and the resolution of complaints is accelerated.

All organisations want to be recognised, appreciated and, most significantly, respected. The Office, the Scheme and the Agency each have a role in promoting high quality care within the aged care service system and all strive to improve the lives of older people accessing care and services. While each of these organisations have their own loyalties, as they serve the interests of the entity and the staff they employ, it is important to respect and value the management and governance role of other entities and the legal structures within which they are expected to work.

The role of a review body, umpire or arbitrator will not always be popular. In order to overcome any resentment or acrimony and to build confidence and respect, the Office remains impartial and even-handed in the management of each appeal and complaint received. This is essential if the integrity of the Commissioner's findings and recommendations are to be appreciated and valued by government, organisations and the general public.

3.1 Office of Aged Care Quality and Compliance

The Commissioner has an important role in examining decisions and processes of the Scheme and intends to discharge that role with the aim to improve systems in a practical way that engages both approved providers and the Scheme.

The Office of Aged Care Quality and Compliance (OACQC) in Canberra is responsible for the overall management of the Scheme. Scheme staff are located within each state/territory office and are therefore responsible to state managers on a day-to-day basis.

Quarterly statistics are exchanged during the financial year as per established protocols. In order to better analyse access to this Office, the Commissioner has sought additional information relevant to the finalisation of 'in scope' complaints. These statistics do not identify own motion reviews or examinations undertaken by the Scheme.

Based on available statistics, the Commissioner has received applications to examine two per cent of decisions made by the Scheme and has received complaints about the Scheme's processes in relation to one per cent of complaints finalised nationally.

For the most part, liaison with the Department is through OACQC, in particular the Director and staff of Complaints Review and Finance Section. A positive and effective relationship has developed, assisting the Office in dealing with matters in a timely and responsive manner.

On occasions this Office has successfully sought to conciliate an own motion examination where a person's appeal rights have been overlooked by the Scheme. At other times the Scheme has also initiated its own investigations once the receipt of an appeal or complaint has been advised by this Office.

The Commissioner and the Director of this Office meet with OACQC staff on a regular basis. This contact at senior level is mutually beneficial, presenting an opportunity for discussion in relation to potential problems or where a problem has emerged. While agreement is not always present, the meetings foster understanding and a more positive and collegiate relationship. This Office trusts that these processes will continue to lead to greater consultation and to build a shared trust in the future.

3.1.1 The Complaints Investigation Scheme

The Scheme is a free service that accepts oral and written information and complaints regarding Australian Government subsidised aged residential care services, flexible services and CACPs. 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 of 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 and capacity. Information provided to the Scheme often involves more than one issue. The Scheme is able to refer some issues if it is decided that the matter could be more appropriately 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 an NRA or it may determine that the breach has been remedied.

The legislation permits the Commissioner to examine certain decisions made by the Secretary's delegate. In reviewing decisions the evidence and all reasonable inferences deducible from them are considered in the light of the Scheme's findings and the appropriate legislation. The Commissioner will recommend the original decision be confirmed if that decision is supported by substantial evidence, that is, evidence that a reasonable person might accept as adequate to support the conclusion, given the legislation. The Commissioner will recommend the original decision be varied where some aspect of the decision cannot be supported or where additional breaches are found. A recommendation to set aside a decision is made where the Commissioner is convinced that a fair minded person, with the same facts before them, could not have reached the same conclusions as those arrived at originally.

Legislative change in January 2009 extended the time the Department has to reconsider a decision that has been appealed to the Commissioner from 14 days to 21 days. The legislation requires the Scheme to advise the parties at the end of this timeframe. The legislation also requires the Secretary to advise the Commissioner of the final decision made on reconsideration; however, no timeframe is stipulated in the legislation.

There are occasions when issues related to the matter under review arise which should be brought to the attention of management and warrant a best practice comment. These issues generally relate to administrative procedures or the conduct of the investigation itself. These matters are included in the final report to the Department under a section titled 'Related Issues'. The recommendations made in the related matters report are intended to inform management, improve processes and assist learning (see also section 4.2.3, page 25).

The Office originally sought to have a formal feedback and monitoring process of the matters raised in reports outlined in the protocols with OACQC. However, this was not supported. The purpose of monitoring responses was to inform the work of the Office, assist in assessing the effectiveness of its work and the rate at which the advice and/or recommendations were being responded to or implemented. The response rate to issues raised has been disappointing. To improve the rate of feedback and the capacity to assess effectiveness, a formal follow-up procedure with state managers will be instigated by the Commissioner in the new financial year.

3.2 The Aged Care Standards and Accreditation Agency (Ltd)

The Agency is an independent company limited by guarantee and established under the *Corporations Act 2001 (Cth)* and the *Commonwealth Authorities and Companies Act 1997 (Cth)*. 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.

Approved providers wishing to appeal accreditation decisions made by the Agency must apply to the Administrative Appeals Tribunal. However, the Commissioner is authorised to examine a complaint about the conduct of the Agency and/or the conduct of a person making a support contact.

During the reporting period the Commissioner met with the Chief Executive Officer and the Chairman of the Board of the Agency to discuss processes of the Commissioner's office and various points of objection by the Agency to those processes.

This Office continues to be challenged as it seeks to perform its legislated function in regard to the Agency. As mentioned previously, this is in part due to the unfamiliarity of the Agency with the review function of the Commissioner. The Office uses the same processes to examine a matter with the Scheme as with the Agency. The Scheme, with its longer working relationship and familiarity with the processes of the Office, has no similar objections.

The relationship with the Agency is, however, embryonic and this Office will continue its efforts to build a positive and effective association into the future.

3.3 The Commonwealth Ombudsman

The doctrine of independence does not mean that this Office is unaccountable for its actions, or that the Office is unconstitutionally unaccountable.

The Commonwealth Ombudsman has wide reaching and significant powers and functions which are set out in the *Ombudsman Act 1976 (Cth)*. Section 4(2) and section 5 of that Act refer to the investigation, following a complaint or on the Ombudsman's own motion, of actions taken by Commonwealth agencies that relate to a matter of administration, including actions taken by persons classed as Commonwealth approved providers. As such, the Ombudsman has the power to investigate the Commissioner's actions and processes.

The Office has developed an open, transparent and cooperative relationship with the Ombudsman.

During this financial year the Ombudsman advised that they were dealing with seven complaints lodged by people after their dealings with this Office. Five of those cases were finalised by the Ombudsman after investigation, with no adverse findings. Two cases remain open and under investigation.

CHAPTER 4. PERFORMANCE AND STATISTICS

4.1 Annual report

Section 95A-12 of the Act 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.*

The Commissioner is able to examine, on appeal, relevant decisions made by the Scheme and to receive and examine complaints about the Secretary's processes for handling matters under the Principles. The Commissioner is also able to examine complaints about the conduct of the accreditation body or the conduct of a person carrying out an audit or making a support contact. The Commissioner is restricted to examining matters that occurred on or after 1 May 2007. The statistics reported here relate to the period 1 July 2008-30 June 2009.

4.2 Examinable Decisions

Applications asking the Commissioner to examine an examinable decision necessarily apply to decisions made by the Scheme under the Principles. The legislation is prescriptive in relation to the 14 day appeal timeframe. The Commissioner does not have discretion to waive this requirement; therefore, the Commissioner is unable to lawfully accept applications that fall outside that period.

During the reporting period the Commissioner received a total of 142 applications to examine decisions (appeals). Of these 77 per cent were lodged by care recipients or their representatives and 23 per cent by approved providers. Of all the appeals received, 12 (eight per cent) were received outside the 14 day timeframe. This is the same percentage of appeals received outside the legislative period as were received during the last reporting period. Three of these cases were conciliated with the Scheme, and it agreed to conduct an internal review and provide appeal rights to the appellants again at the end of this process. Two appeals were lodged by Type B informants and were unable to be accepted by the Commissioner and two cases raised issues outside the Commissioner's jurisdiction.

Changes to the legislation introduced in January 2009 removed the requirement for appellants to lodge their application in writing. A total of 66 appeals were received after 1 January; of this number 35 per cent (23) were lodged orally. Five appeals (22 per cent) lodged orally were made outside the 14 day timeframe.

The reason for the 'late' lodgement of appeals is unclear. It could be that personal or business issues prevent people from lodging applications within the legislative timeframe; or that people are unaware the legislation does not allow for discretion in this matter.

Figure 2 shows that 32 per cent of the total number of appeals originated in New South Wales, 25 per cent from Victoria and 15 per cent from South Australia. Thirteen per cent of appeals originated from complaints lodged in Queensland, seven per cent in Western Australia and six per cent in Tasmania. One per cent of appeals were lodged about decisions made in the Northern Territory and the Australian Capital Territory respectively.

Total appeals

Figure 2: Total number of appeals received

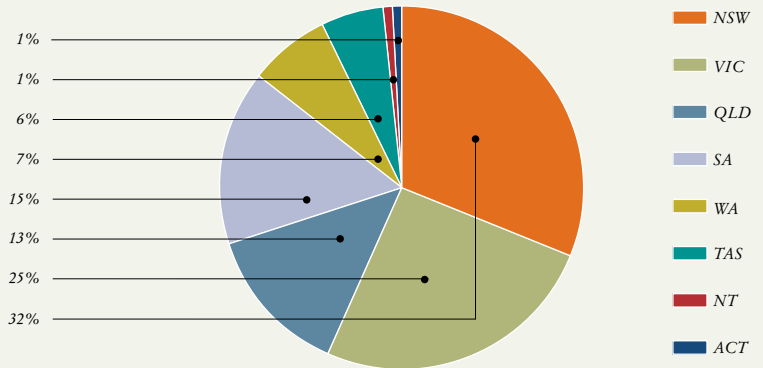
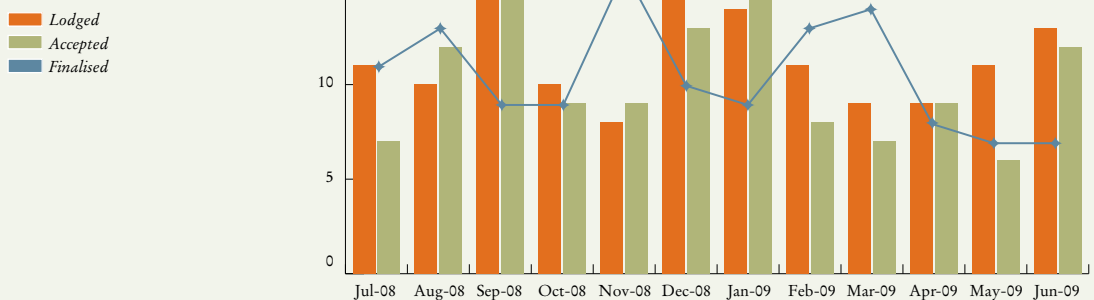


Figure 3 shows the level of activity in relation to the management of appeals. The graph shows the number of appeals lodged, accepted and finalised each month. At the end of the reporting period the examination of 19 appeals was underway and these cases are due to be finalised in July and August 2009.

While the following graph excludes activity around the appeals that were not able to be progressed by the Commissioner, it should be noted that there is a degree of action required in the assessment of the application, subsequent correspondence and reporting of these matters.

Appeals: Activity

Figure 3: Lodgement, acceptance and finalisation of appeals

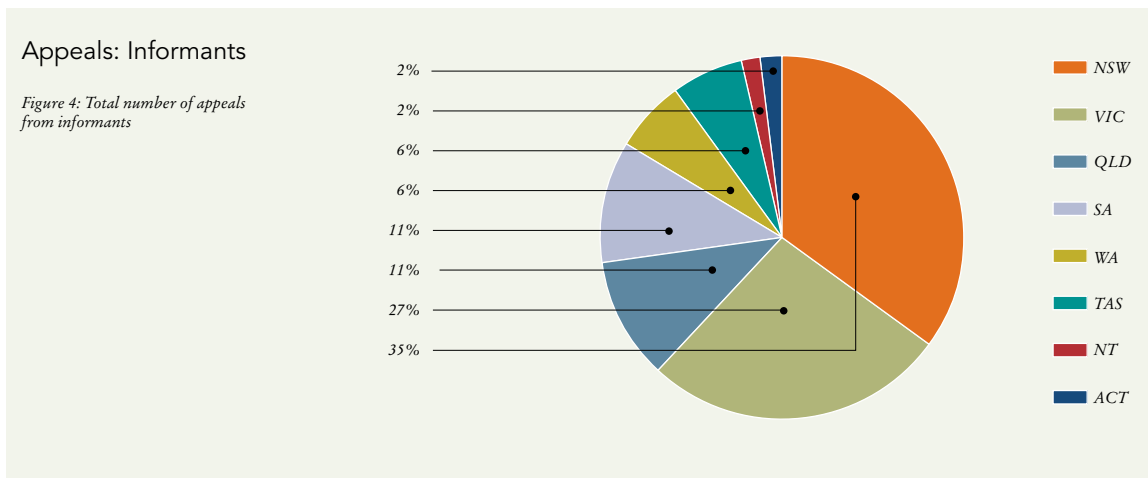


Appeals from Informants

The legislation allows care recipients and/or their representatives (Type A informants) to appeal relevant decisions.

Care recipients or their representatives are able to appeal decisions:

- not to investigate a complaint (after 1 January 2009)
- that the approved provider has not breached its responsibilities
- not to issue an NRA
- the terms and conditions of an NRA
- to cease investigating a complaint.



Thirty-five per cent of appeals lodged by informants were in relation to decisions made in New South Wales. Twenty-seven per cent of appeals came from Victoria and 11 per cent originated in Queensland and South Australia. Informants from Western Australian and Tasmania each lodged six per cent of appeals and two per cent of appeals related to decisions made in the Northern Territory and the Australian Capital Territory.

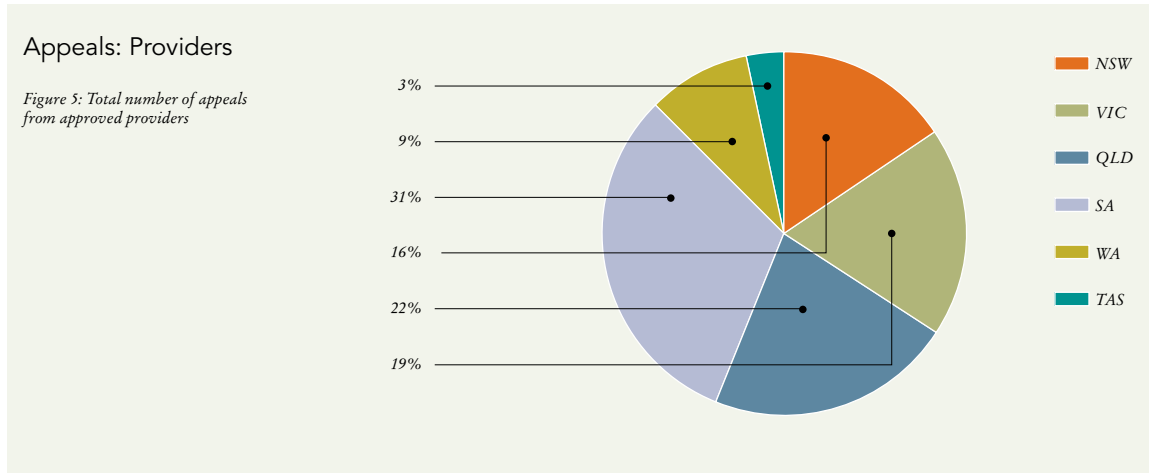
Ten per cent of the applications from informants (11) were received outside the legislative timeframe. Three of these cases were conciliated and the Scheme in the relevant state office undertook to conduct a review of the original decision. Two per cent of applications (two) were lodged by Type B informants, one appeal related to matters outside the Commissioner's jurisdiction and one application related to a matter that was not a relevant decision.

The majority of informants (79 per cent) whose applications were accepted appealed the Scheme's decision not to find the approved provider in breach of its responsibilities. Eleven per cent of applications from informants appealed the Scheme's decision not to issue an NRA. Five per cent of appeals related to a decision to cease investigating a complaint; four per cent of applications related to the terms and conditions of the NRA issued, and one informant appealed decisions that the approved provider was not in breach and not to issue an NRA.

Appeals from Approved Providers

Approved providers are able to appeal decisions:

- that the approved provider is in breach of its responsibilities
- to issue an NRA
- setting, adding or varying the terms and conditions of an NRA.



The majority of applications received from approved providers (31 per cent) related to decisions made in South Australia. Twenty-two per cent of appeals from approved providers originated in Queensland, 19 per cent came from Victoria and 16 per cent from New South Wales. Nine per cent of applications came from Western Australia and three per cent originated in Tasmania. No appeals were received from approved providers in either the Northern Territory or the Australian Capital Territory.

One application from an approved provider was received outside the legislative timeframe and one appeal was withdrawn.

The majority of approved providers (78 per cent) whose applications were accepted appealed the Scheme's decision to find the approved provider in breach of its responsibilities. Twenty-two per cent of approved providers appealed the decision to issue an NRA.

A total of 125 appeals were finalised during the reporting period. The average number of days to finalise these matters was 56 days. Taken separately, the average number of days to finalise 93 applications received from informants was 55.39 days and the average number of days to finalise 32 applications from approved providers was 55.31 days.

4.2.1 Commissioner's Recommendations

The Commissioner does not have determinative powers, but is required to provide a recommendation to the Secretary after examining the appeal against a decision made by the Scheme.

Of the 125 appeals finalised during the reporting period the Commissioner recommended that the Scheme's decision be confirmed in 49 per cent of cases (61). In 38 per cent of cases (48) the Commissioner recommended that the original decision be varied and in 13 per cent of cases (16) the Commissioner recommended that the original decision be set aside.

The following graph shows the breakdown of recommendations relevant to each jurisdiction.



4.2.2 Reconsiderations

Prior to legislative changes on 1 January 2009 the Secretary was required to advise the parties of the reconsideration decision within 14 days after receiving the Commissioner's recommendations. Subsequent to these changes the Secretary has 21 days, after receiving the Commissioner's recommendation, to re-examine the matter and advise the parties of the reconsideration decision. The legislation also requires the Secretary to advise the Commissioner of all decisions made on reconsideration.

During the reporting period the Scheme advised the Commissioner of the reconsideration decision in relation to 120 of these cases, and provided advice about an additional five cases that were completed by the Commissioner in the previous financial year.

Of the total 125 reconsideration decisions advised, the Scheme disagreed with the Commissioner's recommendation in nine instances (seven per cent) and partially disagreed with the Commissioner's recommendation in a further three instances. Added together this means that the Scheme did not accept the Commissioner's recommendations in ten per cent of the 120 cases reconsidered. The average number of days for the Commissioner to receive notification of reconsideration decisions was 25 days.

Further analysis shows that the Scheme did not accept the Commissioner's recommendation in three of the 16 cases where the recommendation was to set aside the original decision. The Scheme did not accept the Commissioner's recommendation in five of the 47 cases where the Commissioner's recommendation was to vary the decision and, in a further three of these cases, disagreed with some of the recommendations made and agreed with others.

In one of the five reconsideration decisions for cases completed in the previous reporting period, where the Commissioner's recommendation was to confirm the original decision that the approved provider had not breached its responsibilities, the Scheme decided to set aside the original decision and found that the approved provider had breached in relation to the administration of medication however, and that the approved provider had taken action to remedy the breach and no further action was required. All other recommendations to confirm the original decision were accepted.

4.2.3 Related Issues

During the examination of an appeal, process or best practice issues that are not directly part of the appeal process are sometimes identified as matters that should be brought to the attention of the Department.

Throughout the reporting period the Commissioner raised related issues in 15 cases, that is, in 12 percent of appeals finalised. These best practice issues are often repeated within and between jurisdictions. Not all related issues carried a recommendation; however, the best practice comments were predominantly associated with administrative practices and included comments on:

- statements of reasons
- conduct of the investigation
- record keeping
- referral to the Agency when there was a no breach finding
- confidentiality
- notification to the informant.

The Commissioner received written responses in relation to three cases (South Australia 1; New South Wales 2). This advice was to the effect that the Commissioner's recommendations had been noted and identified the action to be taken. Related issues are also addressed in section 3.1.1 on page 16.

In short, these recommendations relate to issues that did not form part of the appeal to the Commissioner but address matters arising out of the investigation that require comment or, from a practice point of view, require correction. Reports on related issues are included in the final report provided to the Department. In a recent review of the Office's processes it was decided that in the coming financial year related issues, and any recommendations made, will be advised in the finalisation letters sent to all state/territory managers, as well as in the body of the report. It has been agreed that the Commissioner's office will formally write to OACQC where a response to related issues (action taken report) has not been received by the Commissioner three months after issuing the report.

4.3 Complaints

During the reporting period the Commissioner received a total of 22 complaints. A total of 17 complaints were finalised. Two matters were conciliated and 15 were finalised following an investigation.

Examinations conducted by the Office are not designed as a test in legitimisation but are intended to fulfil the functions set out by the Parliament, address natural justice and accountability issues and meet the expectations of the wider community.

The Commissioner is also able to make recommendations to the Secretary or accreditation body following an examination or a complaint against these organisations (see section 4.2.1, page 24). Recommendations vary but generally suggest appropriate corrective action in an area of practice. Often, more than one action is recommended.

The timeliness of complaint investigations has been a matter of concern. The length of time taken is affected by a number of factors. These include time taken to receive the necessary documents relevant to the investigation, determining the complaint issues, the availability of individuals for interview or to respond to consultation opportunities, as well as resource availability in the Office. The time taken to conclude investigations continues to be a challenge and is an area marked for improvement.

The Office is restricted in conducting an efficient investigation if organisations do not respond to requests for information and documents in a timely way. The Commissioner does not have a capacity to require staff participation in interviews or require organisations to produce documents. Some investigations, particularly in respect of the Agency, have been hindered by challenges to the Commissioner's capacity to act and by delays in obtaining information and documents.

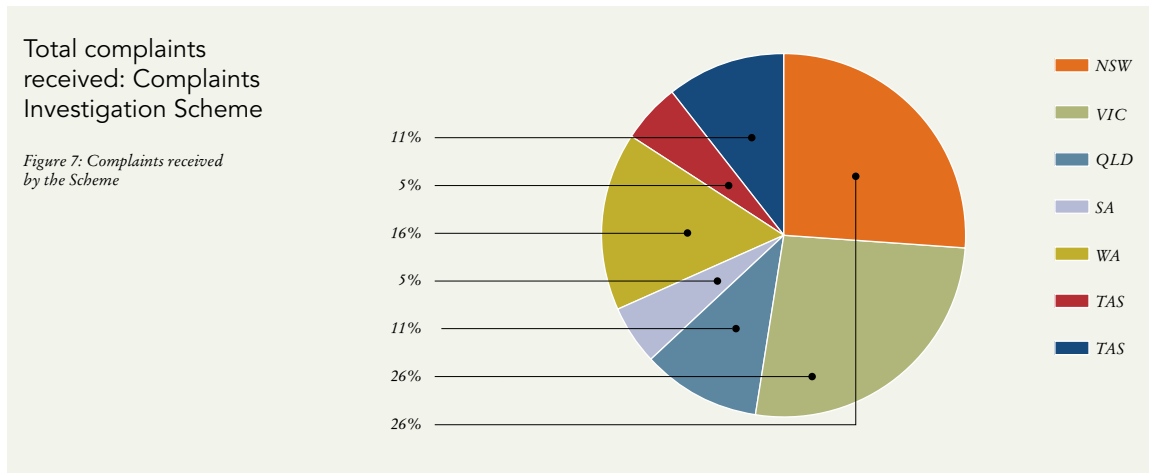
There is currently no requirement under the legislation for either the Department or the Agency to appropriately or adequately action recommendations made, or indeed to formally respond to the Commissioner's recommendations. However, the Commissioner has an expectation that a response be provided, not only because quality improvement and good practice would seem to dictate this, but also because the Commissioner should be able to report to the Minister, the Parliament and the wider community the value or otherwise of the role and the recommendations made.

In the examination of complaints, related issues are, for the most part, associated with general process or conduct matters. It is understood that following an examination of a complaint about the Secretary's processes all finalised reports are considered by the Department's Executive prior to responding to the Commissioner.

4.3.1 Office of Aged Care Quality and Compliance

Nineteen complaints were lodged in relation to the Secretary's processes for handing complaints under the Principles. Ten complaints (53 per cent) were lodged concurrently with an appeal against the Scheme's decision; three of these complaints were withdrawn after the finalisation of the appeals process.

In a situation where an appeal and complaint are lodged at the same time, the Office has adopted a guiding principle whereby the complaint will be accepted and managed after the appeal has been finalised.



Four of the 19 cases were withdrawn and one was closed. Excluding these matters a total of 14 cases were finalised; two were conciliated and 12 were finalised following an investigation. The average number of days taken to finalise these fourteen cases was 213 days.

The Commissioner made recommendations in relation to nine investigations. The recommendations related to administrative processes and included matters such as:

- record keeping, including the making of contemporaneous notes
- consideration be given to visiting the homes of people making complaints in relation to the provision of community care
- the provision of natural justice
- staff training
- statement of reasons.

The Commissioner received a response from the Department in relation to five cases (42 per cent). In the first matter the Department agreed with the Commissioner's recommendations in relation to record keeping and maintenance of contemporaneous notes. However, the Department was ambivalent when it came to making visits to an informant's home in complaints relating to CACP/ flexible care issues.

In responding to natural justice issues, the Department provided legal argument stating that a Notice of Non Compliance is not a decision which in itself adversely affects the interests of approved providers.

The third response received from the Department indicated that consideration will be given to providing staff with additional training as to the Scheme's role and how it relates to other bodies. The response also signified that consideration would be given to the issue of providing appropriate feedback to informants.

In the fourth response received the Department agreed that it was essential to cite the correct legislation and that the provision of a comprehensive statement of reasons is important. The response disagreed on natural justice issues raised by the Commissioner.

The Commissioner made no recommendations in the fifth matter. The Department acknowledged receipt of the report and the findings.

4.3.2 The Aged Care Standards and Accreditation Agency

Two approved providers lodged complaints related to the Agency; both originated in Queensland. One of these complaints comprised two elements and related to the conduct of the accreditation body and the conduct of persons carrying out a review audit. These elements are treated and reported as two separate complaints. The remaining complaint related to the conduct of a person carrying out a support contact.

Three complaints were finalised during the reporting period. One approved provider had complained about the conduct of the accreditation body and the conduct of persons carrying out a support contact in New South Wales. These matters were investigated and reported separately. The complaints were not substantiated. In the second complaint finalised the Commissioner recommended that amendments be made to the Agency's website in respect of details regarding the approved provider's performance record. This recommendation was accepted and changes were made. The average number of days to finalise these cases was 447 days.

4.4 Internal Complaint

Complaints can, and should, help organisations to identify areas of service that need improvement or show where expectations of service levels exceed what can reasonably be delivered. To facilitate this, the Office maintains an internal complaints policy which provides a framework for responding to complaints and for using consumer feedback to improve services. The objective in investigating internal complaints is to firstly address the complainant's dissatisfaction and secondly to take remedial action if necessary and consider how to prevent similar issues arising in the future.

During the reporting period one approved provider wrote to the Commissioner complaining about the content and tenor of the findings in an appeal report made by the Office.

An investigation of the issues found that staff worked within their prescribed roles and in line with existing procedures during the examination of the appeal lodged by the approved provider. During the course of the investigation areas for improvement were identified in relation to the acknowledgement of appeal correspondence, the procedures manual and information available on the Commissioner's website. Three recommendations were made to the Commissioner in relation to these matters; all were accepted and acted upon.

4.5 Own Motion Investigations

The Commissioner did not initiate any own motion examinations during this reporting period.

4.6 Requests from the Minister

During the reporting period the Commissioner received two requests from the Minister.

In September 2008, the Australian Broadcasting Company published stories, in both written and multimedia formats, in relation to the death of a female Aboriginal elder (the Elder) at Tjilpi Pampaku Ngura (Docker River) Flexible Aboriginal Aged Care Service (the Service) in 2007.

The Minister asked the Commissioner to conduct an assessment of the Department's handling of the Service and the death of the Elder. Additionally the Commissioner was asked to report on the actions of the Department leading up to, and after, the incident, beginning with the complaint issues raised about the Service in early 2005, through to the recent provision of monitoring of the staffing at the facility – particularly at night.

The Commissioner reported to the Minister in November 2008 and made a total of 13 recommendations. In summary these recommendations were:

- Within six months undertake a formal review of ATSI aged care strategy clarifying the relationship between the Department and Flexible Aboriginal Aged Care Services and the nature of the clients of the service.
- Within six months establish an ATSI Aged Care Advisory body to provide advice on building capacity and improving quality in indigenous aged care services.
- Within 12 months amend the Act and Principles to enable the existing 30 flexible Aboriginal aged care services to fall within its jurisdiction under a new section entitled Flexible Indigenous Aged Care Services.
- Within three months, fund a program of roving quality managers to visit flexible programs with the objective of making support normative, building capacity locally by developing administrative systems, providing education and training and advising on governance.
- As part of the quality framework, consideration should be given to the introduction of appropriate financial controls against which the Department can ensure the funding provided to the Flexible Aboriginal Aged Care Services is used appropriately through a service activity reporting structure which captures the quality, quantity, timeliness and cost of activity in the Service.

- The development of a quality framework should note the flexible aged care approved providers' requests for a peer assessment model, as opposed to a process with a 'paperwork orientation' and include a complaint handling process.
- Monitor the safe use of fires and ensure an adequate number of appropriately skilled staff in the service, including overnight.
- Commission an external, independent review of the services, including the implementation of any recommendations accepted and the other initiatives announced recently, in a time deemed appropriate but no later than three years.

In October 2008, the Sydney Morning Herald reported that staff from Peninsula Village Nursing Home had been dismissed for allegedly assaulting women in its care. The media also reported that complaints had been lodged with the Department alleging physical abuse of a female care recipient in 2005. The Minister asked the Commissioner to conduct an examination of the Department's handling of previous complaints at Jack Aldous Memorial Nursing Home and Peninsula Village Nursing Home on the New South Wales central coast.

The Commissioner reported to the Minister in April 2009 and made a total of six recommendations.

These recommendations related to the use and intent of protocols and processes in risk management procedures and in addressing issues such as hygiene and gastroenteritis. It was recommended that protocols, identifying relevant responsibilities in monitoring public health issues, such as gastroenteritis, be established with each state/territory. The Commissioner also made comment regarding the Scheme's referrals of complaints to the Agency, recommending that the Scheme carefully assess each complaint being referred to the Agency and should investigate all complaint issues raised when they relate to the care of an individual, particularly where those issues are deemed to be serious, regardless of whether the complaint is referred to the Agency or withdrawn by the complainant.

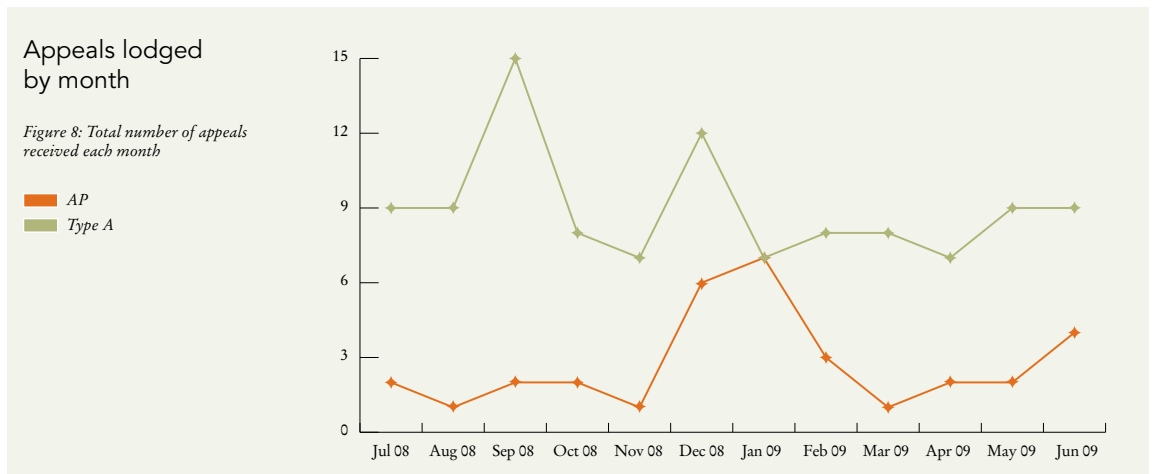
CHAPTER 5. TRENDS AND ISSUES

5.1 Trends

The monitoring of trends and issues is important not only to identify matters which give rise to concern and identify where improvements can be made, but also because such analysis can bring about a better deployment of resources, generate educational opportunities and lead to more informed decision making.

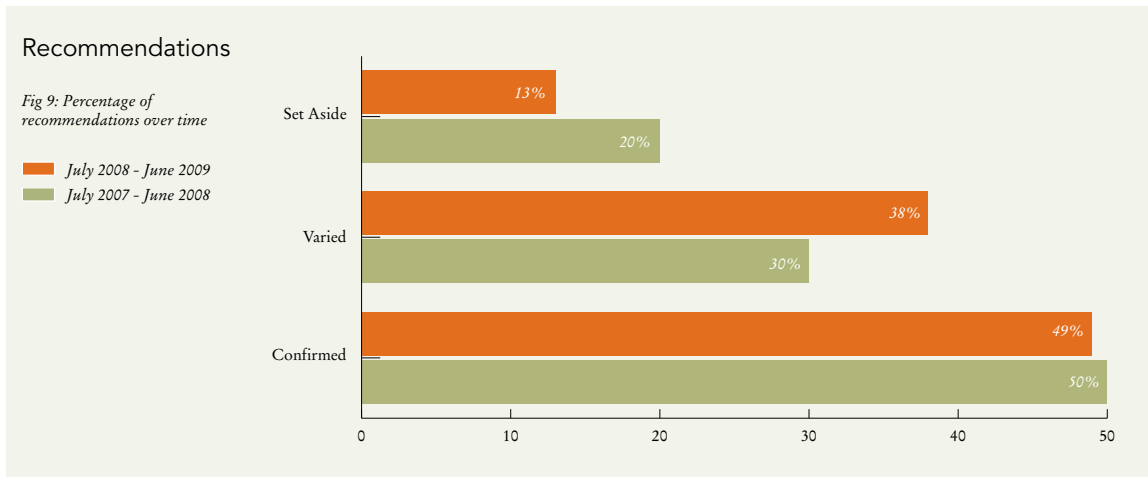
5.1.1 Appeals

During the year the Commissioner received a total of 142 applications to examine a decision made by the Scheme; an increase on the figures reported in the last financial year. Figure 8 depicts the number of appeals received each month and demonstrates that the majority of appeals were lodged by informants.



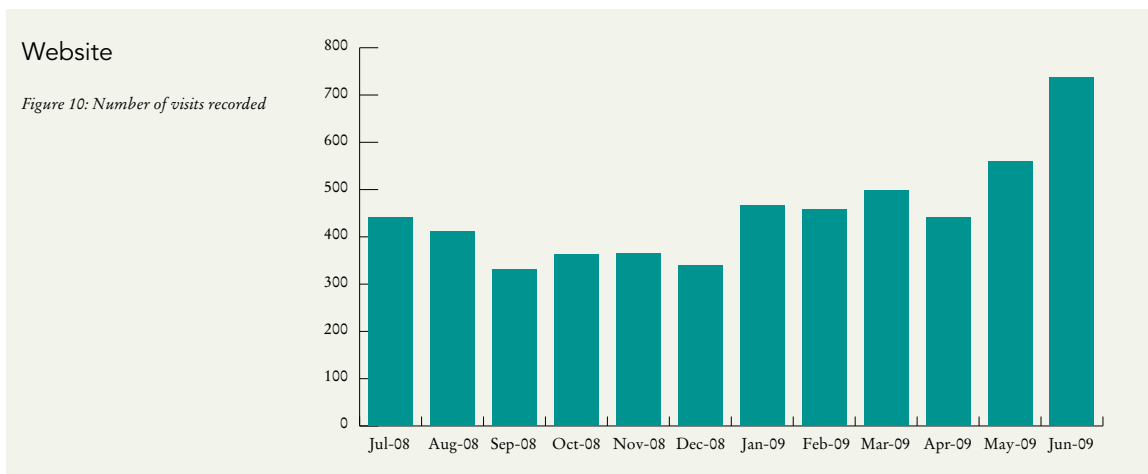
The data show comparable lodgement patterns to the last reporting period with similar numbers lodged by both approved providers and informants in January and an increase in numbers towards the end of the financial year. As the number of complaints received and finalised by the Scheme is unknown, it is unclear whether this relates to an increase in matters finalised by the Scheme during these periods.

After reviewing a relevant decision the Commissioner must provide a recommendation to the Secretary. Figure 9 shows that during the financial year the trend was for a slight decrease in the percentage of recommendations to confirm the original decision when compared to the previous reporting period. During the same period there was an increase in the percentage of recommendations to vary the original decision and a decrease in the recommendations to set the original decision aside and make a new decision. The complexity of complaints and the number of appeal issues have increased over the reporting period and is considered to be the contributing factor in this variation.

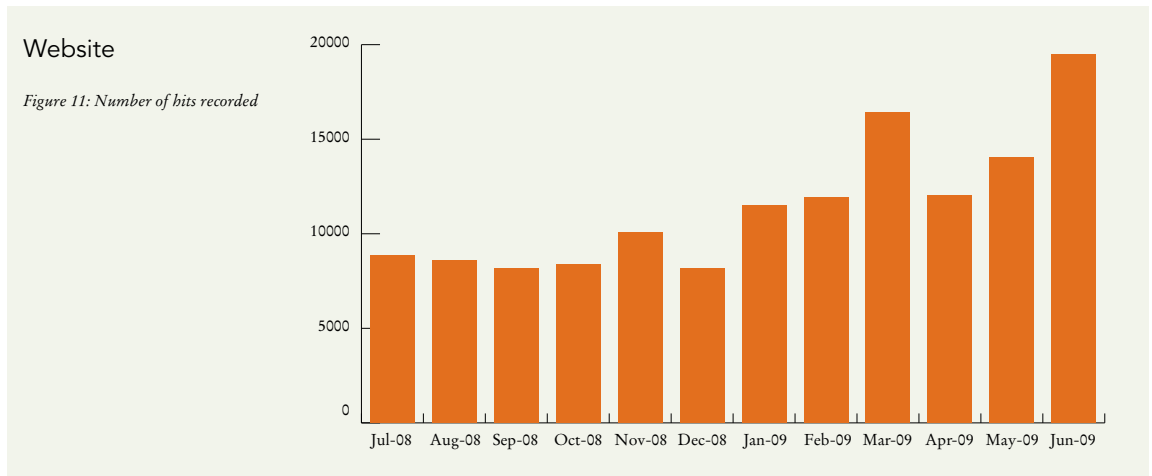


5.1.2 Website

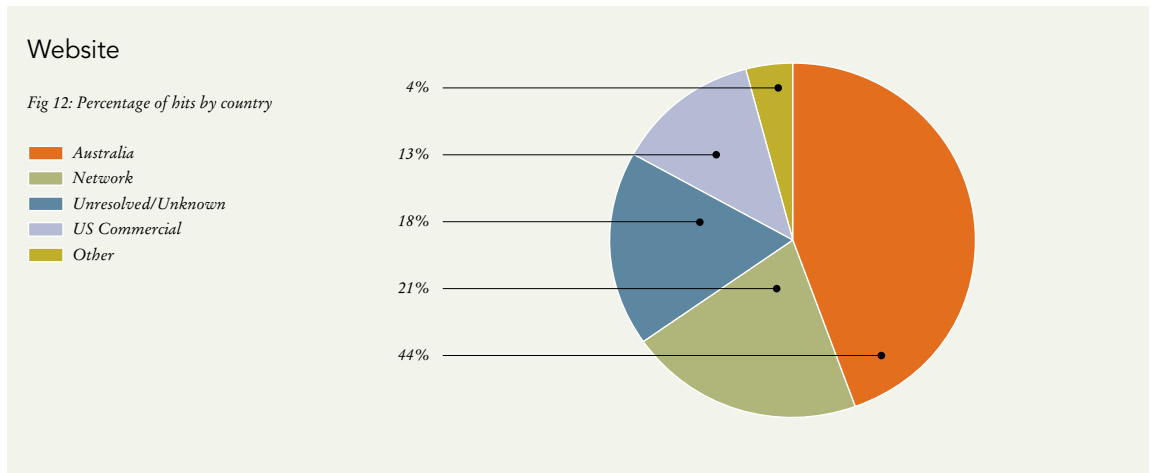
The website of the Office of the Aged Care Commissioner became operational in February 2008. Statistics gathered for the reporting period demonstrate that the website received a total of 5409 visits between 1 July 2008 and 30 June 2009. While this is the first full year of its operation the data reflect a slight increase in activity when compared with the number of visits recorded in the first five months of operation.



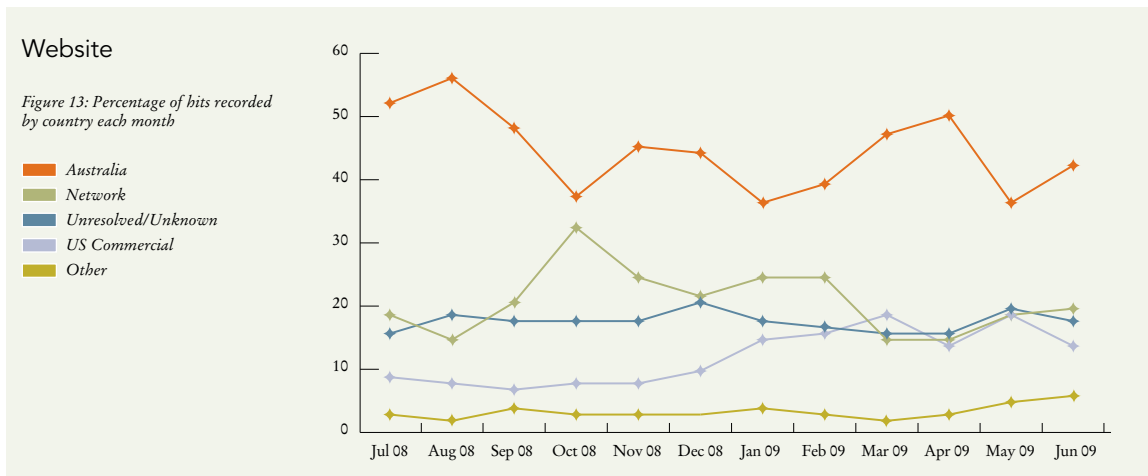
Data collected also capture the number of hits on the website. This is a measurement of the amount of information downloaded from the site. The data again show a changing pattern in hits from the site with an increase in activity in the second half of the financial year, possibly as a result of legislative changes introduced in January 2009.



The data also show a changing pattern when analysing which countries are actually visiting the website. Compared to the last reporting period current data show a reduction in the number of visitors to the site from outside Australia.



Previously, between 22–32 per cent of hits to the site were from Australia. Figures for this financial year clearly show an increase in local activity. While the data show an increase in activity from USA, towards the end of the reporting period the statistics demonstrate an overall down turn in activity compared with previous reporting periods.



5.2 Issues

5.2.1 Recommendations and Related Issues

The Commissioner has recommendatory powers only and has not been given the authority to determine outcomes. Further, the Commissioner has no capacity to require responses to recommendations made in the examination of a complaint, nor is there a requirement for a response to be provided to the related issues comments on administrative practice the Commissioner includes in a proportion of reports. In order to be accountable, and to assess effectiveness, outcomes need to be monitored and reported. Presently, the Commissioner is unable to report whether recommendations made by the Office are successful in effecting improvements or in facilitating modifications to practice because of the paucity of feedback. This feedback would inform the work of the Commissioner's office, its effectiveness in its role as a driver for change and improved performance, as well as an understanding of the changes being effected in the aged care bureaucracies.

Some might argue that there is no legislative requirement for the Department or the Agency to respond to matters raised as recommendations or related issues. Conversely, it can also be argued that a review body is not fulfilling its role in identifying and preventing administrative errors or other irregularities if it is indifferent to inaccuracies or errors, either by commission or omission, and does not bring those matters to the attention of the organisation being examined.

The limited response to the recommendations made in relation to complaints and related issues is disappointing and reduces the effectiveness of the role of the Office.

5.2.2 Statement of Reasons

Following an investigation the Secretary may determine whether the relevant approved provider has, or has not, breached its responsibilities under the Act. The legislation requires the Secretary to give a relevant approved provider written notification of any breach of its responsibilities, and to give a statement of reasons to a care recipient or their representative for the decisions made.

A statement of reasons improves the quality of decision making and promotes confidence in the administrative process. A statement of reasons is also important as a matter of fairness. It is imperative to provide reasons which disclose proper, adequate and intelligible reasons for the decision. This enables people affected by the decision to determine whether the decision has been lawfully made. A well constructed statement of reasons assists people affected by the decision to decide whether there are grounds for appeal, and to assess the strength of the case against them should they seek an appeal.

A statement of reasons should be constructed as part of the decision making process. It should clearly set out the decisions made, must contain the findings on material questions of fact, and refer to the evidence or any other material on which those findings were based, giving the real reasons for the decisions. This might require reference to legislation and any relevant policy statements, guidelines or practices which were taken into account in arriving at the decision.

As previously reported, in a number of cases examined by this Office the statements of reasons provided by the Scheme were insufficient, failed to make adequate findings on the material questions of fact, did not refer to evidence and, on occasions, did not address all issues complained about or investigated. In some cases, while a decision was noted, no statement of reasons was provided for the decision.

5.2.3 Impartiality and imbalance of Power

The continuation of public confidence in the complaints system is dependent upon it being balanced and impartial and in making every effort to ensure the factual content of its decisions is comprehensive, accurate and relevant.

Understandably, parties are often disappointed with an unfavourable outcome; however, it is essential that they believe the investigation is all inclusive and the process is fair. Where natural justice applies, then the decision-maker must comply with the rules of natural justice.

One of the rules of natural justice is the rule against bias. This rule states that a decision-maker must not have an interest in the matter to be decided, and there must not be an appearance that the decision-maker fails to bring an impartial mind to the decision. Under this rule, the issue of bias is not limited to actual bias. A decision will be invalid if a fair-minded observer might reasonably apprehend that the decision-maker might not bring an impartial mind to the decision.

In reviewing some cases, evidence sufficient to create a reasonable apprehension of bias can be found in some of the statements made and actions taken by Scheme investigators during the course of investigating a complaint.

There have been a number of cases examined by this Office (appeals and complaints), where the investigator has relied too heavily on readily available information obtained from the approved provider and, at the same time, seemingly failed to consider, or ignored, information offered by the informant. In some cases, the investigator did not speak to the informant or other witnesses. This has been evidenced, for example, by refusals to consider photographs offered or to conduct meetings with informants.

Informants recognise that, when investigating their complaint, Scheme officers visit and discuss the issues with the approved provider. Informants, when complaining to this Office, often claim Scheme officers have not shown them the same courtesy and have given no weight to the fact that they have witnessed and documented certain events. For the informants involved this further underscores the imbalance of power between themselves, the approved provider and government officials.

This Office has encountered occasions where a decision-maker has exhibited a degree of partiality or favouritism towards approved providers. During the investigation of one case the officer involved discussed with an approved provider actions that should be taken in order to prevent the issuing of an NRA. In another instance, the officer reported that staff had provided different information during the investigation of a complaint and agreed that the approved provider should reinterview staff to ensure the scenarios were consistent. For the informants involved this had the appearance of invalidating the complaint raised and negating any altruistic motives held for system improvement.

Actions such as those described here represent a lack of integrity and fairness in the investigation process and, if confirmed on review, would invalidate the original decision made.

5.2.4 Obligation to give Natural Justice

An obligation to provide natural justice is implied in a statute where that statute confers a power on a public official to 'destroy, defeat, or prejudice a person's rights, interests or legitimate expectations', unless natural justice is excluded by plain words of necessary intentment.

One of the rules of natural justice is the 'hearing rule'. This rule requires that, before making a decision that may affect a person's interests, the decision-maker must give that person an opportunity to comment on information which is adverse to the interests of the person. A decision-maker is not required to invite comment on all adverse information, but only information which is 'credible, relevant and significant' to the proposed decision.

This Office provides natural justice to persons whose interests may be affected by a decision proposed to be made by this Office. Persons whose interests may be affected by decisions of this Office include Type A informants; approved providers; the Scheme; aged care accreditation assessors; and the Agency.

It has been suggested that, because this Office provides natural justice before determining an application for review of a decision of the Scheme under the Principles, the Scheme is not required to give natural justice before making a decision under the Principles.

A decision by the Scheme that an approved provider has breached its responsibilities under the Act or Principles and/or a decision to issue an NRA to an approved provider will prejudice the relevant approved provider's rights and interests. A decision by the Scheme that an approved provider has not breached its responsibilities and/or a decision to end an investigation without determining whether there has been a breach may defeat or prejudice a Type A informant's interests and legitimate expectations.

Other factors which indicate that the Scheme is obliged to provide natural justice include: the Scheme's decision, though subject to merits review, is a final decision; the Scheme is obliged to give a statement of reasons for its decision to Type A informants and approved providers; and the Commissioner's recommendations are not binding on the Scheme.

This Office considers that the availability of a merits review process, that is, an examination by the Commissioner, does not exclude the Scheme's obligation to give natural justice before making a decision.

5.2.5 Burden of proof

The rules of evidence applying in civil and criminal litigation do not apply in administrative decision making. While administrators must comply with the criteria for lawful decision making, an administrator is entitled to take account of any relevant information in reaching a decision. For example, it is open to an administrator to have regard to hearsay statements; unsubstantiated claims and assertions; government policy as well as the views and decisions of other administrators; to draw on their own knowledge and experience and to apply that wisdom; and to draw inferences about the most plausible version of disputed events.

The criteria for lawful decisions regulate the decision-maker's reliance on that information. For example, a decision will be invalid if based on irrelevant facts; moreover, the doctrine of natural justice requires that a person be given an opportunity to comment on adverse information that is relevant, credible and significant to the decision.

Defined narrowly, an administrative decision must be supported by some evidence that bears a logical connection to it. It is therefore important that administrators and others are aware of evidentiary principles that provide guidance to decision-makers. These principles include: factual claims that are corroborated can more easily be accepted; hearsay evidence is not necessarily reliable; a person's opinion will be more credible if it falls within their recognised area of expertise, and the failure of a person to provide evidence, which is within their capacity to provide, can lead to an unfavourable inference being drawn against that person.

Notwithstanding the previous comments, for informants the burden of proof, that is providing sufficient information to support their claims, often proves difficult. In the first instance, investigators must be willing to speak with them, repeatedly and at length if necessary, and to any witnesses they wish to nominate. Secondly, informants generally do not visit their relatives with pen and paper in hand or a camera at the ready in order to document what they observe. The information they are able to provide must often be weighed against considerable documentation kept by the approved provider.

In bringing a complaint or seeking an appeal, informants can have difficulties in accessing relevant hospital or approved provider documentation, even in cases where they hold an Enduring Power of Attorney or similar authorisation. The consequence of this is that informants may lodge an application to obtain documents through Freedom of Information, which can attract a cost, and, because of the time taken, seek to lodge appeals outside the legislative timeframe.

Investigators are placed in a difficult position when an informant says they were witness to a particular activity, for example a claim about the maladministration of medications, when the approved provider can produce documentary evidence, by way of a signed medication chart, indicating medications were administered appropriately; or the care recipient has complained about rough handling and there is no evidence to support the claim.

Informants often assert that staff members are unlikely to record self incriminating information, such as mistreatment or misadventure, in any document. In the absence of documentary evidence supporting the claim, investigators are left to consider the complaint on the balance of probabilities based on other forms of evidence.

Complaints lodged with the Scheme generally require the investigation of actions which purportedly occurred at a certain point in time. The Scheme's general practice is to view and note written policy documents and, in the absence of contemporaneous notes, the Scheme commonly presumes the written procedures were followed in accordance with the policy notwithstanding the claims and observations made by informants.

The difficulties facing both investigators and informants are well understood. However, the onus for the thorough investigation of a complaint rests with the Scheme. This includes responsibility to, and recognising, the issues around the burden of proof.

CHAPTER 6. QUALITY ASSURANCE

The development, implementation, management and reporting of quality assurance activities takes time and effort, however the overall benefits are significant. A comprehensive quality assurance program will demonstrate accountability and assist in meeting the commitment to continuous improvement. The quality assurance program developed utilises broad systemic approaches supported by other measures, including policy and procedural documents, which provide for and enhance best practice.

6.1 Performance Indicators

A suite of 11 performance indicators, with subsets, were developed in May 2007. These indicators were reviewed and amended in January 2009. The indicators are numerical measures, expressed as a percentage, and are designed to describe important and useful information about the performance of the Office and to demonstrate whether the Office is achieving its overall objectives and meeting set targets.

As stated earlier, the case management and reporting system for the Office is currently being implemented. Where feasible, staff have collated data in relation to the established indicators in Excel spread sheets.

Indicator 1 measures the provision of an acknowledgement letter to people contacting the Office to lodge an appeal or complaint. The acknowledgement letter is to be provided within four working days after the initial contact and the established target is 100 per cent. Ninety-four per cent of contacts across Australia were sent an acknowledgement letter within the stipulated timeframe.

Indicator 2 measures the time between receipt of the appeal or complaint and the time taken to inform the appellant or complainant that the Commissioner is unable to accept their appeal or complaint. This contact should be made within 14 days following the receipt of an appeal or complaint. This period allows the Office to receive relevant documents from either the Scheme or the Agency and to confirm jurisdictional issues. The expected target is set at 90 per cent. The Commissioner was unable to deal with 15 appeals and one complaint. One hundred per cent of these contacts were sent correspondence advising the Commissioner was unable to deal with their matter within the stipulated timeframe.

Indicator 3 relates to the development of an investigation matrix. The matrix is to identify the issues, potential breaches, where evidence might be found, the avenues of inquiry and timelines for follow-up as appropriate. The matrix is to be developed within 14 days of the acceptance of the appeal or complaint and the expected target is 90 per cent. During the reporting period the target was met in 59 per cent of accepted cases.

Indicator 4 measures the time between the acceptance of a complaint and finalisation of that complaint. Complaints should be resolved and finalised in accordance with the assessed complexity measure (straightforward or complex), that is, between 30 and 141 days. The target set is 70 per cent. The target was met in 12 per cent of cases.

Indicator 5: Part A measures the time between the receipt of an appeal and a documented finalisation date and provision of a recommendation to the Secretary recorded within 60 days. This indicator is based on a legislative requirement to provide the Secretary with a recommendation. The target set is 100 per cent. The target was met in 99 per cent of cases; this includes 15 cases where the recommendation was due to be provided on a weekend and the report was sent on Monday.

Part B of Indicator 5 measures the time between receipt of an appeal and provision of a report to the Secretary about a refusal to examine a decision under s16A.24(3) of the Principles. The Commissioner did not refuse to examine any decisions under subsection 3.

Indicator 6 is based on the rationale that appellants and complainants should receive timely feedback regarding the finalisation of an appeal or complaint. The indicator measures the number of written contacts made within seven working days of finalisation (a) in relation to appeals, and (b) in relation to complaints. The target for each indicator is 100 per cent. The targets were met in 100 per cent of cases.

Indicator 7 measures the number of investigation reports provided to (a) OACQC and (b) the Agency within four days from the date the Commissioner's investigation of a complaint is finalised. The target set is 100 per cent. A total of 15 cases were finalised. Twelve were finalised following an examination of the Secretary's processes for handling a complaint. Three complaints relating to the accreditation body or assessors were finalised during the reporting period. The target was met in 100 per cent of cases.

Indicator 8 measures the number of post case conferences conducted after a complaint or appeal has been finalised. The intention is to critically review the management of a case once finalised and to identify any areas for improvement. The target set is 35 per cent. Fifteen complaints and 48 appeals were discussed at a post case conference. The indicator was met in 46 per cent of finalised cases.

Indicator 9: Part A measures the number of satisfactions surveys sent to complainants after the finalisation of a complaint with a target of 95 per cent. During the reporting period 15 complaints were finalised. Satisfactions forms were sent to all complainants therefore this indicator was met in 100 per cent of finalised cases.

Part B of the indicator also measures the number of satisfaction surveys returned from complainants who indicate they rate the overall handling of their complaint as either very good or good. The target set for this indicator is 80 per cent. Three completed surveys were returned. One complainant reported an overall satisfaction rating of very good, and two rated the handling of their case as good. Therefore the target was met in 100 per cent of completed surveys.

Indicator 10: Part A measures the number of satisfaction surveys sent to the parties after the finalisation of the appeal process with a target of 95 per cent. During the reporting period 125 appeals were finalised and 250 satisfaction surveys were sent. Therefore this indicator was met in 100 per cent of cases.

Part B of the indicator also measures the number of satisfaction surveys returned from people after the finalisation of an appeal process who indicate they rate the overall handling of the appeal as either very good or good. The target set for this indicator is 80 per cent. Thirty-two completed surveys were returned. The data show that 16 respondents rated this as very good and five respondents said it was good. This means that 66 per cent of respondents (21) reported that the overall management of the appeal was either good or very good. The target was not met.

6.2 Satisfaction Surveys

Satisfaction surveys are sent to parties as appeals and complaints are finalised. A satisfaction survey is sent to the complainant when a complaint is finalised and surveys are sent to the parties when appeals are finalised. A pre-paid envelope is provided to facilitate responses. The satisfaction surveys comprise nine questions and provide capacity for written responses in relation to three questions. The survey sent to informants includes demographic data and the survey sent to approved providers includes questions related to the service they operate.

It became obvious during the first reporting quarter of this financial year that not all respondents understood the separate and different roles of the Commissioner and many responses confused this office with the Scheme. Survey forms were amended in October 2008 and now carry advice to respondents that the survey only relates to their dealings with this Office. However, some written responses received during subsequent months continue to indicate a degree of confusion on the part of respondents between the services provided by this office and those of the Scheme. It should also be noted that not all respondents answer each question asked.

During the reporting period a total of 35 completed survey forms were returned. The majority of survey forms (32) related to finalised appeals and three related to finalised complaints. Eighteen responses (51 per cent) were received from approved providers and 17 (49 per cent) from informants.

Assuming 262 satisfaction surveys were sent the overall response rate was 13 per cent. Taken separately, 12 complaints were finalised during the reporting period therefore the response rate in relation to complaints was 25 per cent. One hundred and twenty-five appeals were finalised in the same period giving a response rate of 13 per cent in relation to appeals.

Question one asks respondents to rate our professionalism and service. The overall average rating score for question one is 3.7 – satisfactory. Taken separately the average score received from approved providers for this question is 4.5 and from informants is 2.9.

Question two asks respondents to rate the way we communicated in writing. The overall average rating score for question two is 3.8 – satisfactory. Taken separately the average score received from approved providers for this question is 4.6 and from informants is 3.1.

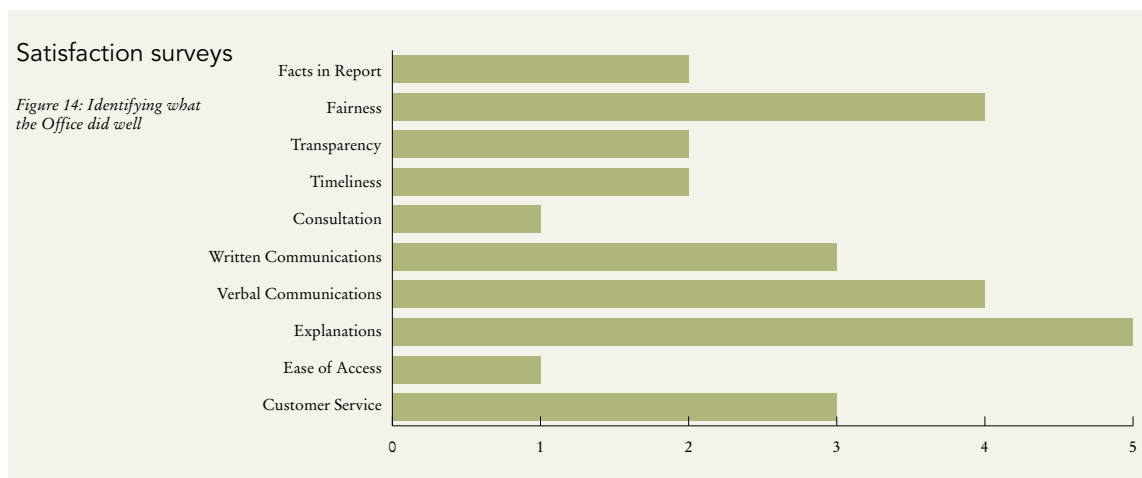
The third question asks respondents to rate our ability to provide clear reasons for our recommendations. The overall average rating score for question three is 3.7 – satisfactory. Taken separately the average score received from approved providers for this question is 4.5 and from informants is 2.8.

Respondents are asked to rate the overall fairness and impartiality displayed by the office in question four. The overall average rating score for question four is 3.7 – satisfactory. Taken separately the average score received from approved providers for this question is 4.5 and from informants is 2.8.

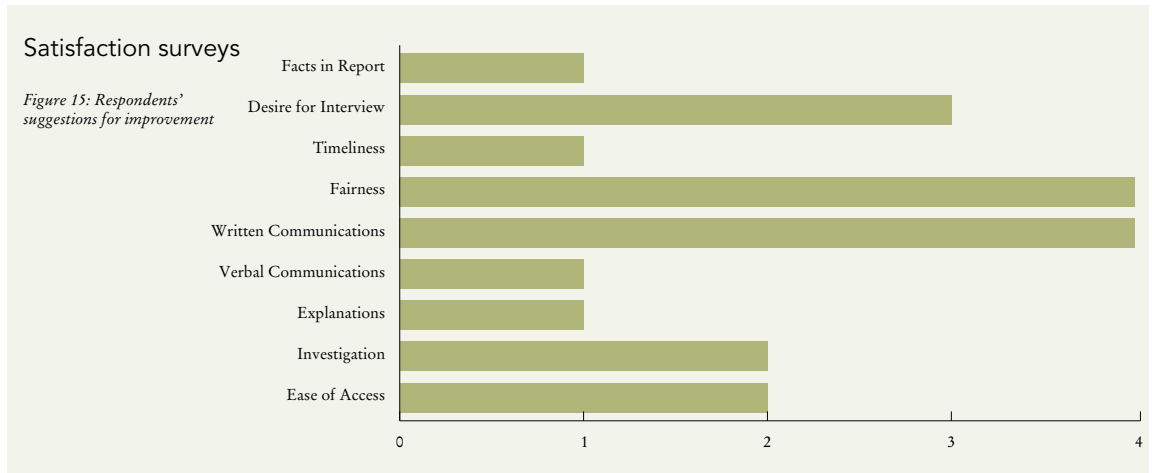
Question five asks respondents to rate the consideration, courtesy and respect afforded to them. The overall average rating score for question five is 3.9 – satisfactory. Taken separately the average score received from approved providers for this question is 4.6 and from informants is 3.2.

General feedback is sought in question six which asks respondents for an overall rating on how their case was handled. The overall average rating score for question six is 3.7 – satisfactory. Taken separately the average score received from approved providers for this question is 4.5 and from informants is 2.8.

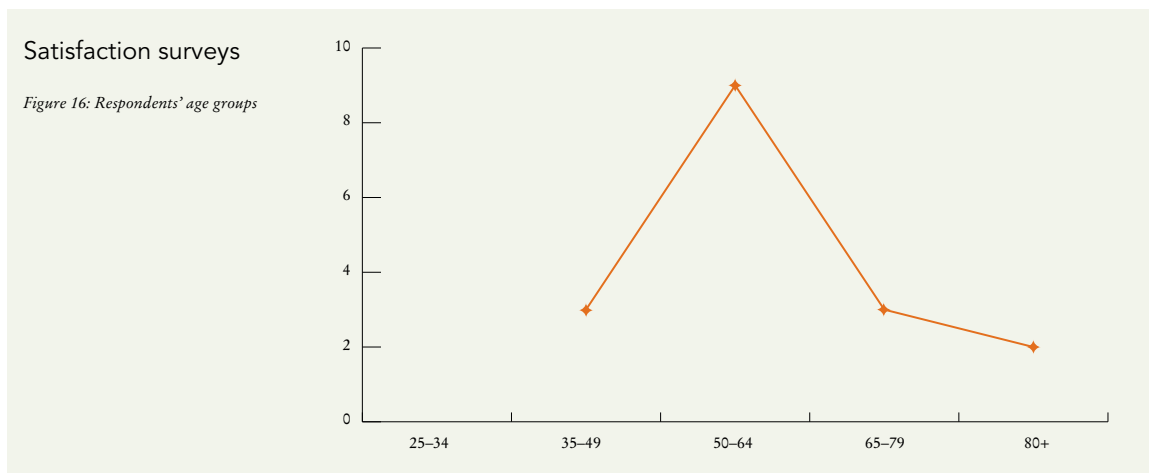
Question seven asks respondents to identify what the Office did particularly well. Seven approved providers and six informants responded to this question. Figure 14 depicts the responses received.



Question eight asks what aspect of work the Office could improve. Figure 15 depicts the responses received and also shows areas of overlap or contradiction with information reported in Figure 14.



No respondents indicated a first language other than English and none identified themselves as an Aboriginal or Torres Strait Islander. All informants identified their age group. The figure below identified that the majority of informants contacting this office said their age group was 50-64 years of age.



All but three respondents identified the facility location. Twelve facilities were located in Victoria, eight in New South Wales, five in Queensland, three in Tasmania and one in the Australian Capital Territory. Ten approved providers identified their business as church/charitable, five were privately owned and one was identified as a government facility. Two approved providers did not identify the nature of their business.

There is a noticeable difference in the responses received from approved providers and informants. As our processes for each party do not differ, the reason for this is unclear. It may reflect an approved provider's broad understanding of the regulatory system, including the Commissioner's role and on the other hand, an informant's expectations of both the system and the Commissioner.

However, another hypothesis is that reported satisfaction levels reflect the recommendations made by the Office. That is, where the respondent believes the outcome was favourable to their interests they are more likely to be satisfied with the work undertaken by the Office.

An analysis of satisfaction surveys returned during the reporting period was conducted in order to test this hypothesis.

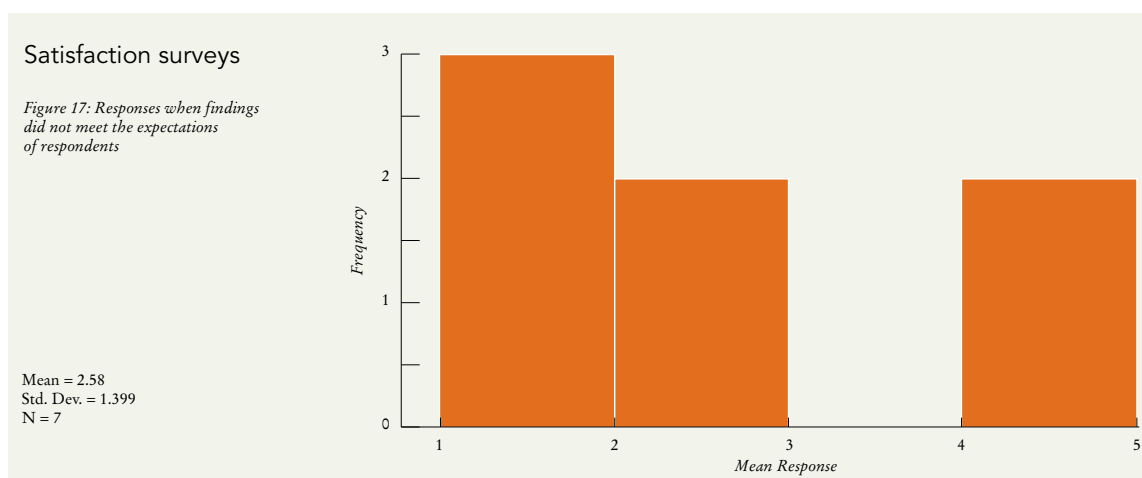
6.2.1 Methodology

Satisfaction surveys which did not identify the relevant approved provider, informant or case type were excluded from the analysis. Surveys relating to complaints were also excluded as they are connected to a different type of outcome and are difficult to classify, precluding an in-depth analysis.

Respondents who had elected to identify themselves were matched to the related case. The Commissioner's decision was recorded and scored according to whether the findings from this Office were in line with the respondent's expectations and interests. A score was assigned to each rating from 'Very Poor' (one) to 'Very Good' (five) to enable further calculation and analysis.

Descriptive statistics were obtained for the mean response based upon whether the Commissioner's finding was for or against the respondents' interests. Nineteen survey responses were received from parties where the Commissioner's recommendations essentially met the respondent's expectations. Seven responses were received where the recommendations made did not support the respondent's expectations.

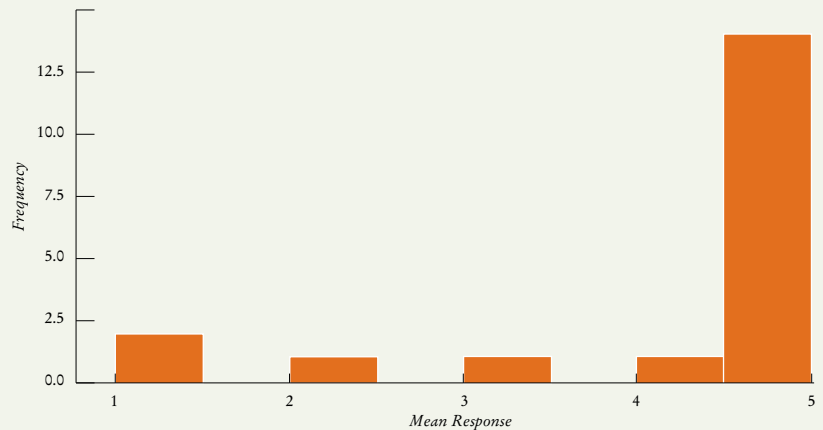
The mean response from parties for whom the Commissioner had found in favour was 4.23, equal to a rating between 'Good' and 'Very Good'. In contrast, the mean response from parties where the decision had been against their interests was 2.58, equal to a rating between 'Poor' to 'Satisfactory'.



Satisfaction surveys

Figure 18: Responses when findings met the expectations of respondents

Mean = 4.23
Std. Dev. = 1.358
N = 19



6.2.2 Results

A mean response was calculated based upon the satisfaction rating, for the six questions contained in each survey. Analysis showed that, as the responses were not normally distributed, further hypothesis testing was not possible and the association could not be conclusively proven.

However, the difference between the means of the two groups does suggest that there is a correlation between whether the ACC's recommendations met the expectations and interests of the respondent and their response to the satisfaction survey.

It should be noted that the sample size in this instance was small and there was a marked difference in the number of responses for each group. With a larger sample size and equal numbers in each group, further hypothesis testing may be possible in the future.

6.2.3 Conclusion

The satisfaction surveys were introduced this year in an endeavour to gather feedback from customers to be used to improve the business processes of the Office. Quality feedback from stakeholders is an important source of information in assessing and improving performance. An analysis of the data received from the satisfaction surveys indicates they do not provide reliable information on which the Office could plan its quality improvement efforts. The surveys, and gathering data from customers, will be reviewed in the coming year.

6.3 Post Case Conferences

The Office has established a best practice initiative whereby the management of cases is critically reviewed post finalisation and the sending out of decisions to the parties. Using a systematic approach, the intent is to build quality into each level of work, including the decision making process, by identifying any areas for improvement and/or barriers to the implementation of best practice procedures.

This process assists in ensuring consistency and conformity with office procedures and the legislation. Post case conferencing also assists participants in the recognition of trends and issues; not only those facing office staff, but also those issues confronting approved providers and their staff, as well as users of aged care services and their representatives.

Conferences involving the senior management team occur on a weekly basis. A group case conference is conducted on a monthly basis and includes cases presented by the senior investigators.

During the financial year a total of 137 cases were finalised. Of these 63 cases (46 per cent) were methodically reviewed. The learnings from each case were recorded and considered as part of ongoing quality improvement processes.

Glossary

Act	<i>Aged Care Act 1997 (Cth)</i>
Agency	Aged Care Standards and Accreditation Agency Ltd
AGS	Australian Government Solicitors
CACPs	Community Aged Care Packages
Commissioner	Aged Care Commissioner
Department	Department of Health and Ageing
EACH	Extended Aged Care at Home
Minister	The Hon. Justine Elliott MP,
NRA	Notice of Required Action
OACQC	Office of Aged Care Quality and Compliance
Office	Office of the Aged Care Commissioner
Principles	<i>Investigation Principles 2007</i>
Scheme	Complaints Investigation Scheme
Secretary	Secretary, 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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