



**Australian Government**  
**Aged Care Complaints Commissioner**

Resolve.  
Protect.  
Improve.

# Aged Care Complaints Commissioner Annual Report

1 July 2015 – 30 June 2016





# Resolve. Protect. Improve.

## Our vision

People trust that making a complaint is worthwhile; that it will lead to resolution for the individual and improve care for others.

## Our values

- We will be approachable, independent, impartial, and fair in the way we respond to complaints and concerns.
- We will listen to you, explore what went wrong and work with the people involved to fix it.
- We will help to ensure that complaints improve care.

## Our objectives

**Resolve** – To work with you and the service provider to acknowledge and resolve your concerns or complaint and make a positive difference for people receiving aged care.

**Protect** – To take timely action on issues raised through complaints to ensure people receiving aged care are well cared for and protected.

**Improve** – To work with the aged care community to learn from complaints and act on opportunities to improve aged care.



**Australian Government**

**Aged Care Complaints Commissioner**

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Locked Bag 3, Collins Street East VIC 8003  
Tel: 1800 500 294

The Hon. Sussan Ley MP  
Minister for Health and Aged Care  
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*. This report includes information relating to two functions I have held in the last financial year. This includes my role as the former Aged Care Commissioner from 1 July 2015 to 31 December 2015 and for my current role as the Aged Care Complaints Commissioner during the period of 1 January 2016 to 30 June 2016.

Yours sincerely

A handwritten signature in black ink, appearing to read 'RAE LAMB'.

**RAE LAMB**  
**Aged Care Complaints Commissioner**

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# Commissioner's Foreword

There is a question I ask almost every time I speak publicly. I have been asking it for more than 12 years and invariably the answer is the same.

I ask how many people have made a complaint, any kind of complaint.

Usually a significant number of people raise their hands.



I then ask how many people have complained about health, disability or aged care services.

Hardly anyone puts up their hand.

It's not surprising when you think about it. Making a complaint takes time and energy. People with concerns about health, disability or aged care services may be frail or unwell. Their complaint may be about someone they depend on for care. They may fear repercussions.

Unscientific as my questions are, the results are in line with those from international studies which show very few people who have cause to complain actually do so. Complaints, particularly in areas like health and aged care, are generally the tip of the iceberg.

They are rare and important. They shine light on opportunities to improve care.

This is why our primary objectives are to *resolve, protect and improve*. To make sure that when someone takes the time and effort to make a complaint, it makes a positive difference to care and services.

On New Year's Day 2016 my job changed. The word "Complaints" was inserted into my title as Aged Care Commissioner signifying that responsibility for dealing with complaints about Australian Government funded aged care services had transferred from the Secretary of the Department of Health (the Department) to me, an independent statutory office holder.

I moved from the back seat where I had been providing independent review of the Department's complaints handling processes, to the driver's seat for aged care complaints.

This is my first annual report in the new role. It is also the first time so much information about aged care complaints has been made available in this way. The former Aged Care Complaints Scheme (the Scheme) did not have a standalone annual report<sup>1</sup>.

Here you will find out what we have been doing in our first six months. What we are hearing and seeing from complaints, how we are dealing with them and how we are working to support both service users and service providers to resolve matters as early and directly as possible and to ensure that complaints improve care.

<sup>1</sup> Information about the Scheme was included in the Department's annual report and the annual Report on the Operations of the *Aged Care Act 1997*.

## Highlights

On 1 January 2016 we had three immediate priorities. The transition of responsibility from the Department to me needed to be complete. The new independence of the complaints handling arrangements needed to be very clear. We needed to be visible.

We hit the ground running. Our new website and updated and rebranded information was in place, as were a clearly articulated Vision, Objectives and Values setting out the kind of organisation we actively aspire to be. I had already travelled the country meeting with staff and representatives of service providers and consumer groups promoting these and the new organisation.

Our staff were ready and supported. From day one, national and local media took interest and reported the new arrangements.

That momentum has continued. Aged care complaints now have a 'face' – there is an independent Commissioner people can go to rather than a department. This makes it easier for people to understand where to go with their concerns. As can be seen later in this report, it has been reflected in an increased number of contacts, complaints and enquiries to us.

We are increasingly engaged with the aged care community. At least one major presentation and one meeting are held with stakeholders each week, often more.

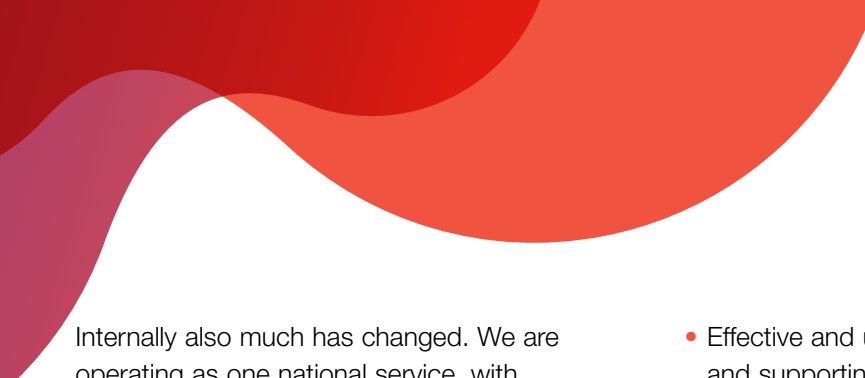
We have information booths at key conferences around the country. I have met and/or exchanged letters with all the state and territory health complaints entities, the Australian Health Practitioner Regulation Agency, coroners and other organisations with responsibilities relevant to ours.

We have provided information to state and Commonwealth inquiries into elder abuse and other topics relevant to our work. We are developing and distributing exciting new resources to help consumers as well as service providers to resolve complaints about aged care.

We have set up and will continue to meet regularly with a consultative committee of representatives from a wide range of groups including service users, nursing staff and providers, those who speak other languages, Aboriginal and Torres Strait Islander peoples, and members of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) community.

We have strong professional relationships with the Department and the Australian Aged Care Quality Agency (the Quality Agency) and written understandings which acknowledge our separate roles but recognise our need to work closely together in the interests of safe, good quality aged care and services.

In March, aged care advocacy services used my office to hold their first national face to face meeting in many years, and we discussed opportunities to work more closely together while still respecting our quite separate and different roles.



Internally also much has changed. We are operating as one national service, with complaints officers located in seven cities covering regions rather than individual states and territories.

Staff working on complaints or education and other organisation-wide activities can work from any of our locations.

I began the year by spending a week in each office working among the frontline staff, hearing the complaints coming in and how we respond. I was, and continue to be, impressed by the empathy and expertise exhibited by my team. It gave me a good understanding of the issues we are seeing in complaints and the challenges involved. It also highlighted some opportunities for process improvement which we are continuing to explore.

In February, our national leadership group got together for the first time, for a two-day planning meeting. We set ourselves six strategic priorities, with both an external and internal focus.

In no particular order these are:

- Working as one national team.
- Helping people to resolve concerns as early and directly as possible while promoting the value of complaints in improving care and services and protecting older Australians.
- Ensuring people know who we are and how we can help, and that we communicate simply, empathetically and fairly.
- Working co-operatively and effectively with the Department, the Quality Agency and other key organisations in pursuit of quality aged care.

- Effective and united leadership, empowering and supporting staff.
- Doing ourselves what we expect others to do – measuring our performance, striving for continuous improvement, promoting good outcomes, and acknowledging, apologising and learning from our mistakes.

As can be seen elsewhere in this report we have made a good start and are working hard to achieve these aims. There is more to be done and I expect to report further good progress next year.

## Former role

This report also encompasses the final six months of operation as the Aged Care Commissioner, examining complaints not only about the former Scheme but also the Quality Agency.

As the report shows, in the months following the May 2015 Budget announcement of the change to my role and functions, there was a noticeable drop in the number of complaints to me in the former role. This coincided with a drop in complaints to the Scheme. It also continued the trend of previous years, although it was more marked. Given this, it is difficult to be sure of the reasons.

Nonetheless it was a busy six months as the complaints we received continued to be highly complex, involving multiple issues. Furthermore there was significant work involved in preparing for and undertaking the transition from a small Melbourne-based office of review with about 10 people managing up to 100 complaints a year, to a multi-site organisation with more than 160 people working on thousands of complaints and enquiries.

## Acknowledgements

In summary, there is much to be proud of from the first six months as Complaints Commissioner and the final months of my previous role. This is due to the wonderful people on whose shoulders I stand. I acknowledge these staff, past and present, as well as the continuing assistance of outposted lawyers from the Australian Government Solicitor.

Although I hold the office and title, it is the collective efforts and support of my team that enable me to fulfil my functions. The team has made the transition to the new independent arrangements seamlessly, with patience and professionalism. I thank them for that.

I also want to acknowledge the co-operative and effective way staff from the Quality Agency and the Department work with me and my team in relation to our shared responsibilities in aged care.

More generally, thanks are due too for the strong support and assistance of the Departments of Social Services and Health<sup>2</sup> before, during, and since the transition. I was handed a robust complaints function in January and I now rely on departmental 'back office' support to do this job. That support is provided with respect for the independence of the office and the demands of the role.

Finally, and most importantly, I pay my respects to the individuals who come to us with their concerns about aged care and the many service providers who work with us to resolve matters.

As I indicated at the outset, complaints are not easy. This applies regardless of whether you are raising the concern or being complained about. So thank you for working with us to ensure that complaints are valued and improve aged care and services across Australia.

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<sup>2</sup> Responsibility for aged care and the former Aged Care Complaints Scheme transferred from the Department of Social Services to Health during machinery of government changes in September 2015.



# Aged Care Complaints Commissioner Annual Report

1 January 2016 – 30 June 2016

## Role and functions

### A new independence

On 1 January 2016, the Aged Care Complaints Commissioner (the Commissioner) replaced the former Scheme. This increased the independence of complaints handling for Australian Government funded aged care services by separating it from the Department which funds and regulates such services.

The Commissioner Rae Lamb is a statutory office holder, appointed by the Minister for Health and Aged Care under Part 6.6 of the *Aged Care Act 1997* (the Act). Her current appointment expires on 4 January 2017.

## What we do

The Commissioner and her team work under the Act and the *Complaints Principles 2015* (the Principles).

The Commissioner's main functions are to:

- **resolve complaints** about Australian Government funded aged care services, and
- **educate people and aged care providers** about the best ways to handle complaints and the issues they raise.

The Commissioner also has the capacity to undertake a resolution process on her own initiative if we receive any information that raises concerns about the responsibilities of an aged care service provider. Further, the Commissioner may be requested to advise the Minister about matters relating to any of her functions.

## How we manage complaints

Anyone can raise a concern with the Commissioner and her team. Our service is free.

We can examine concerns relating to an aged care service provider's responsibilities under the Act or the Department's Standard Funding Agreement or the Department of Social Services' Standard Comprehensive Grant Agreement (the Agreement).

Complaints can be about Australian Government funded:

- residential or respite care
- Home Care Packages
- Commonwealth Home Support Programme services, and
- flexible care, including transition care, innovative care or multi-purpose services and the National Aboriginal and Torres Strait Islander Flexible Aged Care Programme.

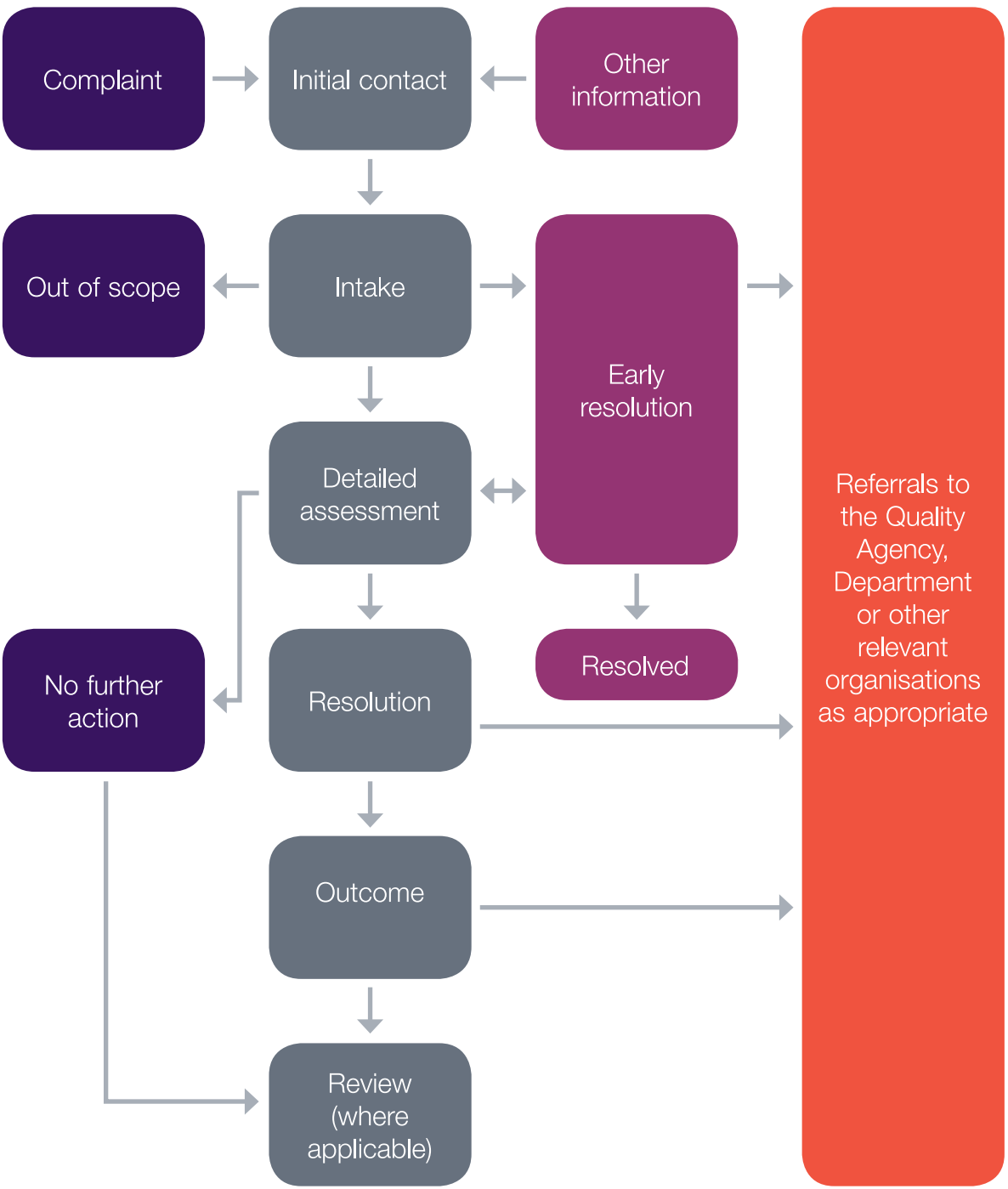
Complaints can be made by telephone on 1800 550 552, by mail or through our website using an online complaints form.

Complaints about aged care services are generally received and managed by complaints officers in the region where the care is being provided.

Our approach ranges from supporting people to resolve their concerns with the aged care service provider (either through early resolution or the service provider resolution process and conciliation), to investigation. We may visit a service to seek information.

Where necessary, the Commissioner has the power to direct a service provider to demonstrate that it is meeting its responsibilities under the Act or the Agreement. The Commissioner can also, at any time, refer matters to the Department, the Quality Agency and other relevant agencies.

Complaints Management Flow Chart



## About our team

We have approximately 160 experienced staff based in Adelaide, Brisbane, Canberra, Hobart, Melbourne, Perth and Sydney dealing with complaints from across Australia. We aim to operate as one national team across multiple sites and with two streams as follows:

- **Complaints Operations Stream**

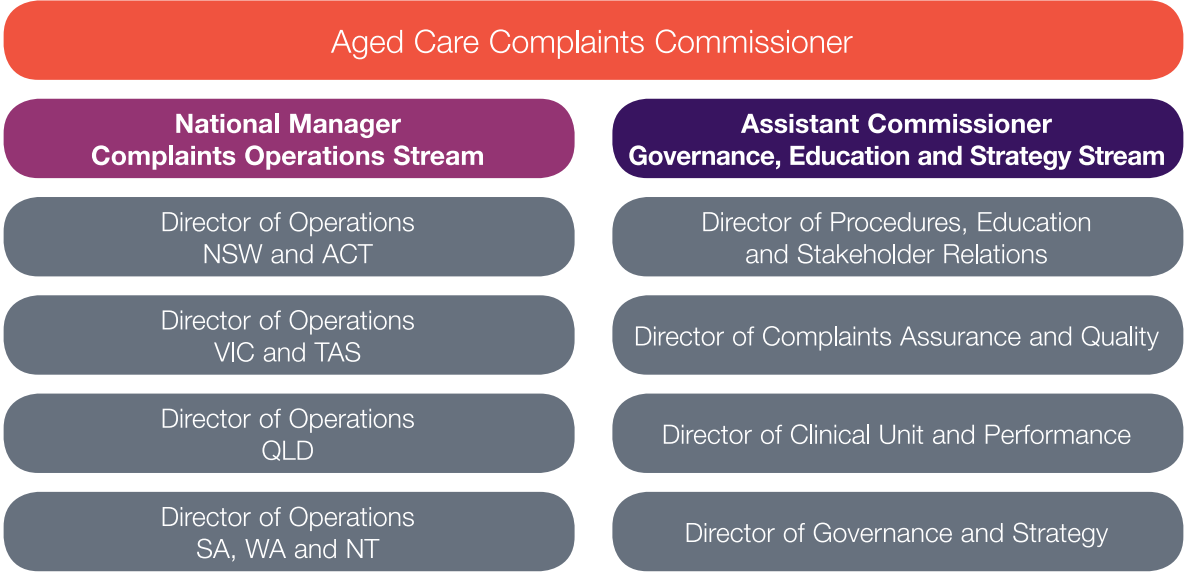
This stream works directly with people to resolve complaints. The National Manager of Complaints Operations leads and supports the Directors, who lead complaints operations across four regions (SA/WA/NT, VIC/TAS, NSW/ACT and QLD). The complaints officers come from diverse backgrounds such as nursing, allied health, police, law, counselling, mediation and administration.

- **Governance, Education and Strategy Stream**

This stream is responsible for the education function and the development of associated resources, as well as corporate and strategic functions including service planning and improvement, procedures and training, stakeholder relations, complaints assurance, quality reporting and data analysis. It is led by the Assistant Commissioner and officers come from diverse backgrounds such as: law, nursing and allied health, communications, aged care policy, information technology and administration.

All staff are public servants. They are required to uphold the Australian Public Service Values and the Australian Public Service Code of Conduct.

## Organisational structure and leadership team





## Budget

The budget for 1 January to 30 June 2016 was approximately \$9.3 million. The budget falls under the Department, Outcome 6, and is monitored and reported on by the Department.

## Our legal framework

Along with the Act and the Principles, the Commissioner acts in accordance with relevant legislation including:

- the *Commissioner Principles 2015*
- the *Public Governance, Performance and Accountability Act 2013*
- the *Privacy Act 1988* and the *Australian Privacy Principles*
- the *Information Principles 2014*, and
- the *Freedom of Information Act 1982*.

## Our regulatory and compliance framework

We are part of the regulatory framework for ensuring quality services for people receiving Australian Government funded aged care.

The regulatory framework governs:

- who may provide Australian Government funded aged care services
- the type of care and services that must be provided
- the standard of care and services that must be provided, and
- the rights and responsibilities of people receiving aged care and those providing it.

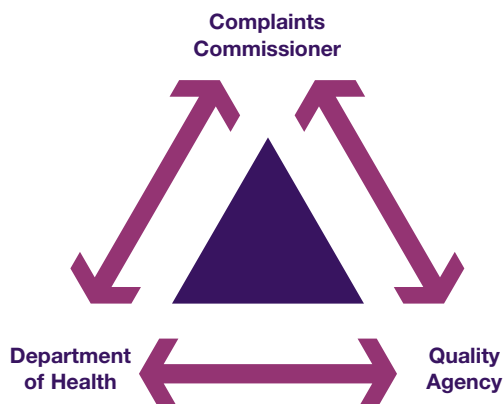
Two other government agencies contribute to the regulatory framework.

The Quality Agency is the sole agency that Australian Government funded aged care providers deal with in relation to the quality assurance of the aged care services they deliver. This applies to services delivered through a residential aged care service, in a person's own home or in a community setting. We may refer information to the Quality Agency where issues might be of a systemic nature to help inform future quality monitoring of aged care services.

The Department is responsible for managing national programs in relation to regulation of approved providers and grant management for service providers. Through these programs it:

- monitors provider compliance with the Act or their Agreement with the Australian Government
- establishes, promotes and enforces prudential regulations protecting accommodation payments paid by residents to approved providers, and
- determines and monitors the appropriateness of entities, including their key personnel.

## Regulatory framework triangle



While all three organisations have clear and independent roles, we work cooperatively with each other through formal referral arrangements, information sharing and regular meetings. This is to ensure there is a coordinated approach to protecting the safety and wellbeing of people receiving aged care services.

**'... it has made an enormous difference, no more heartaches for me over money matters.'**

*Feedback from complainant*

**'It's nice to have a professional, objective external agency that supports the resident and staff.'**

*Feedback from service provider*

## Our performance

The Commissioner is required by the *Commissioner Principles 2015* to report on a number of indicators in her Annual Report (see Appendix). This year the reporting period is from 1 January to 30 June 2016.

### Public contact

People often contact us with questions and concerns, some of which do not directly relate to the Commissioner's functions. These are mainly received through the free call telephone line (1800 550 552). Where matters are outside the Commissioner's functions, we provide the person with helpful information or refer them to another organisation that can help. Examples of such contacts include complaints about retirement villages (which are regulated by the states and territories), questions about industrial matters and requests for legal or clinical advice.

We recorded 5,223 contacts during the six month period. Of these, 1,635 (31 per cent) dealt with matters that were outside of our scope. This left 3,588 contacts (69 per cent) which were about matters within our scope. Of these, 1,406 were enquiries, a 23 per cent increase on the

corresponding period of 1 January to 30 June 2015. There were also 29 contacts which became "own initiative processes", discussed later.

### Complaints received

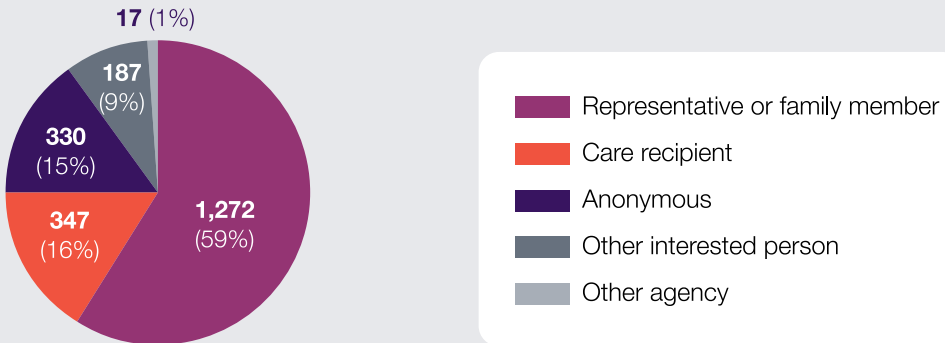
The remaining 2,153 in-scope contacts recorded were formal complaints. Family members or representatives of people receiving care accounted for 1,272 (59 per cent) of complaints and 347 (16 per cent) were from care recipients. The remaining 534 (25 per cent) were from anonymous complainants, other interested people (such as a friend of the care recipient) and referrals from other agencies.

Compared to the corresponding six month period in 2015, the number of complaints has increased by 11 per cent (from 1,938 to 2,153). This may be due to the transition to an independent Commissioner and the public becoming more aware of the office and the support we can offer.

**'... an excellent service under very emotional circumstances.'**

*Feedback from complainant*

**FIGURE 1 – COMPLAINTS RECEIVED BY INITIATOR, 1 JANUARY TO 30 JUNE 2016**



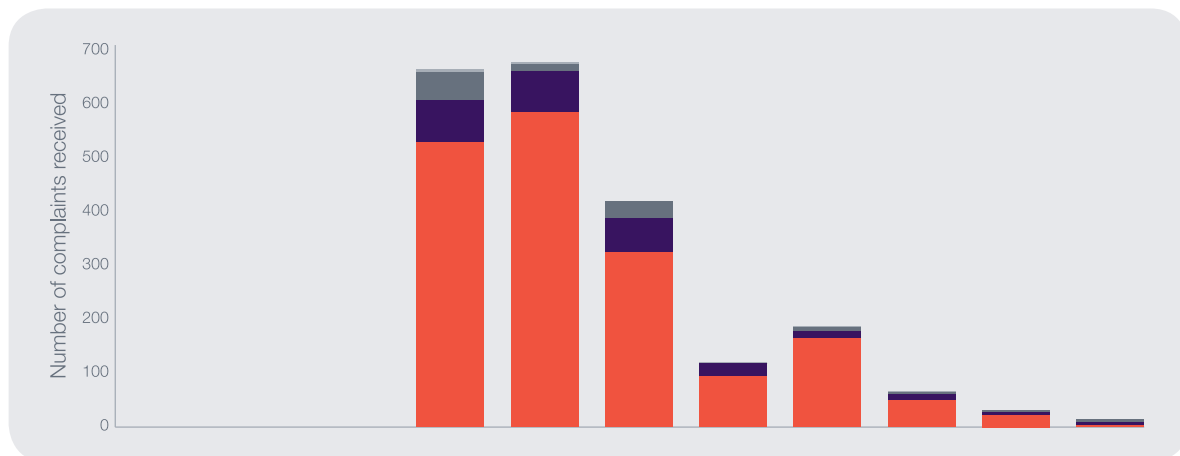
Most complaints, 1,746 (81 per cent), were about residential aged care, 276 (13 per cent) were about home care packages, 114 (five per cent) were about Commonwealth Home Support Programme and 17 (one per cent) were about flexible and community care services.

Complaints about home care packages and the Commonwealth Home Support Programme accounted for 18 per cent of all complaints in 2016. This compares to 12 per cent in the corresponding period in 2015.

**‘The handling of each issue has been of a consistently high standard, impartial and courteous.’**

*Feedback from service provider*

**FIGURE 2 – TOTAL COMPLAINTS RECEIVED 1 JANUARY TO 30 JUNE 2016**



	NSW	VIC	QLD	WA	SA	TAS	ACT	NT
Flexible & Community Care	6	3	1	2	2	2	0	1
Commonwealth Home Support	51	13	30	0	8	4	4	4
Home Care Packages	78	76	63	25	12	11	4	7
Residential Care	521	576	320	92	163	49	22	3
<b>Total</b>	<b>656</b>	<b>668</b>	<b>414</b>	<b>119</b>	<b>185</b>	<b>66</b>	<b>30</b>	<b>15</b>

The most common issues complained about for residential care related to clinical care (267), the administration of medication (200), continence management (178) and the choice and dignity of the person receiving care (163).

For home care services, the most commonly complained about issues related to fees (94) and other financial concerns (55) and communication between the service and person receiving care (66). Commonwealth Home Support Programme complaint issues were very similar, with fees (14), lack of communication (13) and other financial concerns (eight) being the most common.

The most common complaint issues for flexible care services were about the conduct or behaviour of service staff (four), infections and infection control (three) and lack of training, skills and adequate qualifications of the staff (three).

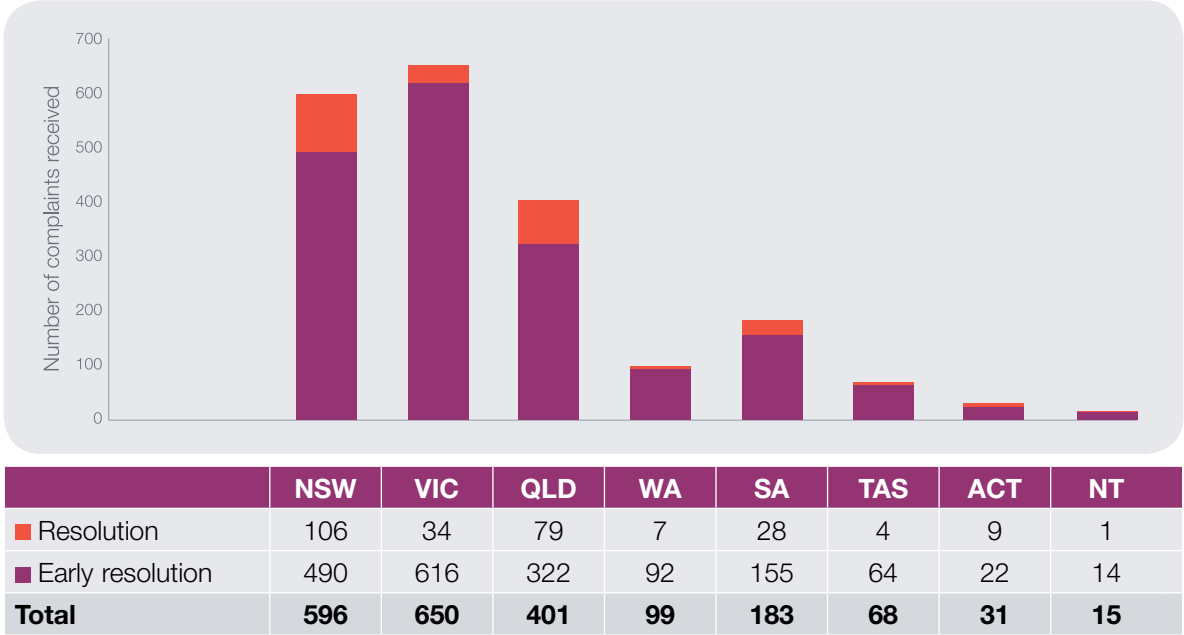
## Complaints finalised


The Commissioner **finalised 2,043** complaints, some of which were received by the former Scheme before 1 January 2016. Of these, 1,865 **(91 per cent)** complaints were **finalised within 90 days**. This compares to 88 per cent in the corresponding period in 2015.

Complaints may be resolved in a number of ways. Where possible, the Commissioner’s practice is to support the complainant to resolve their concerns quickly and directly with the service provider. This is because the earlier and more directly matters can be resolved, the better the outcome may be for the parties. **Early resolution** was achieved for 1,775 **(87 per cent)** of the complaints finalised, compared to 81 per cent in the corresponding period in 2015.

There are some circumstances where, after an initial assessment of the complaint issues, the Commissioner decides to take no further action. This includes where the complaint is withdrawn early in the process or the person receiving care does not want the issue to be considered. Following initial assessment, 561 (32 per cent) of the complaints finalised during early resolution required no further action.

FIGURE 3 – TOTAL COMPLAINTS FINALISED 1 JANUARY TO 30 JUNE 2016





Where early resolution is not possible or appropriate, we will examine the complaint and work out the most appropriate approach to resolve each issue. As a result, a complaints process may use multiple resolution approaches. Out of the 268 complaints (13 per cent) resolved using formal resolution processes, we used investigation 142 times, service provider resolution 111 times and conciliation 38 times.

**Service provider resolution is an approach where we ask the service provider to examine a concern within a specified timeframe. This may involve them working directly with the complainant to achieve an outcome. The service provider is required to outline to the Commissioner in writing how they have resolved the concern. If they have not resolved it satisfactorily, the Commissioner may ask them to do more, or decide to take further action. The complainant is also asked whether their concerns have been addressed.**

## Site visits

Visits to aged care services allow us to get a sense of the environment where services are provided. It can be an effective way to collect and test information about a complaint. During these visits complaints staff make independent observations and interview staff and people receiving aged care.

The visits can be announced (where the service provider is told about the planned visit beforehand) or unannounced, depending on the complaint issues. Visits are not announced if it is likely to affect the resolution of the issue, place the safety, health or wellbeing of any person at risk or place any person at risk of intimidation or harassment.

Our staff made **49 site visits** during the period. Of these, 35 were announced and 14 were not.

## Notice of intention to issue directions (notice) and directions

During a resolution process, it may become clear that the Commissioner needs to direct a service provider to take action to comply with its responsibilities under the Act and the Principles or Agreement. Before issuing a direction, the Commissioner must give a notice to the service provider that she intends to issue a direction and explain the preliminary findings on any issues of concern. The notice gives the service provider the opportunity to respond to the concerns by identifying how it has, or will, address the issues identified.

If the response to the notice is inadequate, the Commissioner will direct the service provider to take certain action to comply with its responsibilities. Service providers are required to comply with directions. Failure to meet directions can lead to a referral to the Department for consideration of compliance action.

The Commissioner sent notices for nine complaints during the period. Of these complaints, five were finalised without leading to directions. This was because the services addressed the concerns that were raised. The other four complaints were still ongoing at the end of the reporting period. In one of these, the Commissioner issued directions about a single issue relating to additional charges in residential care.

## Referrals

In certain circumstances the Commissioner releases information to other organisations such as the Department, the Quality Agency, state and territory governments, Public Health Units, the police, coroners, the Australian Health Practitioner Regulation Agency and health care complaints bodies.

Referrals to the Quality Agency generally relate to complaints that show a breakdown of processes or practices that affect, or may affect, a number of people receiving aged care, or a failure that has been ongoing. This includes any process or practice that the Commissioner is not confident will be resolved and prevented for everyone affected, even though specific issues may have been resolved for an individual.

Referrals are made to the Secretary of the Department where information has been received or a resolution process has identified that a service provider's non-compliance with their responsibilities in the Act, the Principles or the Agreement is of such concern that the Department may need to take compliance action.

The Commissioner made **231 referrals** to external organisations. Of these, 18 were to the Secretary of the Department and 123 were to the Quality Agency. The remaining 90 were to other external agencies such as state and territory governments, advocacy organisations and coroners.

Issues and concerns most commonly referred to the Quality Agency included the number and qualifications and training of personnel, quality of clinical care, quality of food, infection control, administration of medication and continence management.

The referrals to the Department related to matters that were out of scope for the Commissioner or were of a nature that the Department was the more appropriate agency to deal with them. The referrals included concerns raised about funding claiming practices and decisions made by the Department when managing aged care programmes.

## Own initiative resolution processes

The Commissioner can also initiate a resolution process on her own initiative.

During the period, **29 processes** were commenced on the Commissioner's own initiative, and 51 issues were examined. The issues were diverse but most related to care recipients' health or personal care.

Twenty-two own initiative resolution processes were finalised. Five of these began before 1 January 2016.

## Reviews

People who make complaints and the service providers involved have the right to seek a review of the Commissioner's decisions or to complain about our process. They can do the following:

- after a complaint is finalised, complainants and service providers can ask the Commissioner to review the decision to take no further action or to end a resolution process
- anyone involved in a complaint can complain to us about the handling of the complaint or a complaints officer's conduct, and
- any person involved in the complaint can seek external examination by the Commonwealth Ombudsman if they are not happy with our actions in managing a complaint or a subsequent review.

The Commissioner received applications to review 28 cases. A total of 18 of these were for complaints finalised by the previous Scheme. Four of the applications were discontinued or found to be invalid because they did not meet the required timeframes or reasons. Seven reviews resulted in the original decisions being confirmed and 13 led to new resolution processes. Four cases were still in progress at the time of this report.

## Requests from the Minister

There were no requests by the Minister for formal advice from the Commissioner.

## Education and other activities

### Education and community engagement

Under the Act, the Commissioner also has an important role in educating service providers and service users about good complaints handling and matters arising from complaints such as opportunities to improve care.

In the first six months, the focus has been on communicating with people about the change to the independent Commissioner, and her role in relation to complaint handling. This has included important messages about our objectives to Resolve, Protect and Improve, and what these mean. We have used mainstream media, the new website and a range of events and conferences to deliver these messages.

### Community education

The Commissioner and her staff presented at 31 conferences and held six information booths at various aged care events. These occurred in all the states and territories and to a range of audiences. For example, the Commissioner addressed the National Aged Care Alliance, Leading Age Services Australia Tri-State conferences, was a keynote speaker at the World Elder Abuse Awareness Day in Adelaide in June, and presented at the Quality Agency's national Better Practice conferences in Darwin and Melbourne. Further presentations are scheduled for the other state Better Practice conferences later this year.

On 1 January 2016, our website was launched with the Commissioner's new visual identity, updated information and more than 100 updated and rebranded resources. As well as providing an online complaints form for people to raise their concerns with us, our website gives people more information about the work we do in managing aged care complaints and also aims to educate industry about best practice complaints handling.

The Commissioner provides 180 free education and information resources including online and print material. Most of our resources aim to help people receiving aged care, and their families, friends and representatives to understand their options to raise a concern within the aged care service or with us and to understand the complaint process. To connect with people from culturally and linguistically diverse backgrounds, resources are available in 25 languages. There are also resources for Aboriginal and Torres Strait Islander peoples including 21 printed resources and 28 animated video and audio tracks that have been translated into six languages.

**'Resolve, Protect and Improve was very relevant to our delegates.'**

*Feedback from participant*

To support service providers and their staff to resolve concerns within the service and achieve fast and sustainable outcomes for people receiving aged care, a 'Better Practice Guide to Complaint Handling' is available. This is a package of 46 tools, such as quick reference cards translated into five languages.

A significant number of these resources have been distributed to various organisations since 1 January 2016. For example, more than 2,000 welcome packs containing our new look brochure, poster and factsheet have been distributed to service providers, advocacy services and other aged care organisations. In June 2016, more than 250 service providers that deliver aged care services to older Aboriginal and Torres Strait Islander people received a tailored pack titled

**'Your engaging delivery was fantastic to inform, inspire and challenge our audience.'**

*Feedback from participant*

'A Little Yarn Goes a Long Way' containing print and visual resources. We have also produced several animated videos to provide external audiences with information on complaints handling processes, including a new one for providers and complainants outlining the service provider resolution process and a new one for complainants outlining how we can assist them.

## Community engagement

In the lead up to 1 January 2016, the Commissioner invited representatives from industry, consumer and advocacy groups to meetings across Australia to discuss the changes. Since then, 42 meetings have been held with external stakeholders.

In early 2016, the first Aged Care Complaints Commissioner Consultative Committee was established. It met for the first time in Canberra in May 2016. Its members represent the interests of consumers and industry, Aboriginal and Torres Strait Islander people, the LGBTI community and people from culturally and linguistically diverse backgrounds.

It provides an important link to these communities and a consultative forum particularly for the new education function. The first meeting sought feedback on some newly created educational tools and members will be consulted as more initiatives are proposed. The Committee has also provided feedback on new key performance indicators for the Commissioner. Its membership will be reviewed annually so others have opportunities to be involved.



Members of the Aged Care Complaints Commissioner Consultative Committee, from left to right: Larissa McIntyre, Australian College of Nursing, Mary Patetsos, Federation of Ethnic Communities Council of Australia, Samantha Edmonds, National LGBTI Health Alliance, Rae Lamb, Aged Care Complaints Commissioner, Kay Richards, National Aged Care Alliance/ LASA, Anne Burgess, National Aged Care Alliance/COTA, Shona Moloney, Aged Care Complaints Commissioner and Matthew Moore, Institute of Urban Indigenous Health.

The Commissioner hosted the Older Persons Advocacy Network's national meeting in March 2016 in her Melbourne office. The group consists of all state and territory based Commonwealth funded aged care advocacy bodies for older Australians. The Commissioner met with them, and all parties committed to building stronger working relationships in the aged care complaints arena. The Commissioner also consults with this group about education products, and feedback has already been sought on a new resource for consumers seeking help in raising their concerns about aged care.

The Commissioner has also met with and exchanged letters with all state and territory Health Care Complaints entities. The exchange of letters formalises information sharing arrangements including the process for referring information between organisations and other mechanisms for maintaining ongoing relationships. This helps to ensure that the most appropriate organisation is dealing with an issue.

The new arrangements attracted considerable media interest in January with 13 radio and television interviews and 10 news article features. The media features covered the independent approach to resolving complaints, the Commissioner's vision for complaints to improve quality of care as well as some broader aged care issues. Between February and June, information about the Commissioner featured in 14 news articles and two television stories.

## Staff education

Wide ranging skills and knowledge are required to effectively and efficiently resolve complaints about aged care. To ensure that our staff have these skills and this knowledge, a range of in-house and external learning and development resources have been provided to our staff.

This includes two training sessions about complaints handling for new starters and more than 10 training and information sessions on topics such as aged care law, quality improvement and internal policies.

With staff spread across seven cities, we are increasingly using digital technology to deliver training. Six instructional animated videos have been produced. Four cover priority learning topics for staff and two cover the use of our complaints information management database. Staff have also been actively encouraged to complete an e-learning module on issues faced by members of the LGBTI community in aged care.

New policies and resources have been provided to support frontline staff in managing difficult conversations, unreasonable conduct, and threats of self-harm. Many staff have attended external courses including accredited training in mediation and conciliation.

**'Our delegates appreciated the case study, hearing people's stories.'**

*Feedback from participant*

# Case studies

One of the best ways of understanding how complaints make a positive difference is through examples.

The following case studies are based on real events but all identifying details have been removed.



# Case studies

## Early resolution

**A service provider agreed to pay to replace a resident's missing teeth after we advised the resident's daughter on how best to raise her concerns directly with the service provider.**

The resident's false teeth were misplaced by the service. When the daughter initially spoke with care staff she was told that she would need to arrange to have the teeth replaced herself. This would cost her thousands of dollars.

The daughter contacted us and spoke to a complaints officer about her concern. She said she didn't want to raise a formal complaint but she was unsure about what to do, as she felt the service provider was not taking her concern seriously.

The complaints officer suggested that she consider meeting with the service's manager to discuss the issue. The complaints officer explained that by doing this, she would be able to express her concern clearly and receive immediate feedback from a senior person at the service. The complaints officer suggested that the daughter consider taking an aged care advocate or a support person to the meeting. The complaints officer advised that if the meeting was unsuccessful, the daughter could still come back and complain to the Commissioner.

The daughter said she hadn't considered taking someone with her to a meeting and she would like to try this before raising a formal complaint. She was grateful for the advice. The complaints officer told her to call back at any time if she wanted to discuss the issue further, or if she needed more support managing her concern.

The following week, the daughter rang and advised that she had taken an aged care advocate to meet with service management. She said that by having the advocate with her for support, she felt more confident, empowered and comfortable to discuss her concern. The service manager had been unaware of the issue, and after discussing it openly with the resident's daughter, had agreed to cover the costs associated with replacing the care recipient's false teeth.

This was a great outcome for the resident and was achieved very quickly. By encouraging the daughter to talk directly with service management about her concern, the Commissioner empowered both parties to resolve the issue independently and this helped strengthen their ongoing relationship.

## Service provider resolution

**The relationship between a service provider and a resident's family has been strengthened as a result of our intervention. A communication protocol is in place so that the family and the service can work together better. This has had a positive impact on the resident's quality of life.**

The resident was highly sensitive to light and sound and was becoming unwell from weekly concerts at the service. A family member asked the service to modify his room so that sound from these activities would not affect him. The service agreed to make the changes and relocated the resident to another service while the work was undertaken.

As the agreed date for completion of the works approached, the family member became concerned about the unfinished modifications. The temporary accommodation was also not ideal. The service advised that it had obligations to meet various legislative requirements including state building codes and therefore the work could not be rushed.

The family member sought our help. In discussing the complaint with both parties, it was clear to us that there had been miscommunication about what modifications were required and the date they would be completed. There had been discussions but there were no written agreements.

The Commissioner formally referred the matter back to the service and asked it to work closely with the family member to come to a written agreement. The complainant was comfortable talking with the service about the complaint.

The service later reported back to the Commissioner on the actions it had taken to resolve the matter. It had facilitated a case conference with the family member and agreed in writing to a number of modifications and a timeframe for their completion. A communication protocol had also been developed for any future requests for room modifications.

The Commissioner discussed the report with the family member who was happy with the agreed outcomes. The modifications had been completed and the resident had returned to the service. This included the installation of a soundproof door. This measure alone had made a significant improvement to the resident's health and quality of life. The family member was also pleased with the new communication protocol and was confident any future requests would be actioned quickly as a result.

# Case studies

*continued*

## An apology

**A service provider has apologised, updated its home care agreements and strengthened its complaints mechanism after the family of a home care recipient was left confused about who they should complain to about his care.**

The family of a man receiving a home care package became concerned about the management of his medication, pressure wounds and falls risk. They raised their concerns with the service provider but were told that his care was being brokered out to a separate organisation and they needed to speak directly with it. The family were confused as there was no information about brokered services in the home care agreement.

When the family contacted the brokered service provider about their concerns they were unsuccessful in getting a response. They then contacted us.

We reviewed the agreement and found no information about brokerage arrangements or the complaints process. We asked the service to review the agreement to make it more transparent, informative and clear. We also asked the service to reconsider the care issues originally raised by the family and consider apologising to them for the difficulties they had experienced in getting their concerns heard.

The service reviewed the agreement and acknowledged it was not informative enough. It amended all of its agreements to include a clause about brokered arrangements and information about its complaints process. This included details about how to raise a complaint with the Commissioner.

The service also re-examined the original care issues and apologised to the family for failing to action them appropriately when they were first raised. It explained that responsibility for managing complaints remained with it even if the care was being brokered to another organisation. While the care issues were no longer ongoing, the service ensured that regular review and monitoring of the resident was in place so they wouldn't arise again.

The family appreciated the service's apology and was pleased that the amendments to the home care agreements would provide clarity to other residents and their families in the future.

## A simple solution thanks to a complaint

**Residents in a secure dementia unit have greater access to their families following a complaint about restricted access arrangements. The service has replaced its system of limited swipe cards per family with a secure coded keypad.**

A daughter complained to us that when her mother had recently moved into a secure dementia unit their large family had only been given two swipe cards so they could visit her. This was a problem because family members without a card had to seek out busy staff to get access in and out of the unit. This was particularly difficult after hours and on weekends. They had asked for additional cards and been refused.

We spoke to the service provider and raised the concern that the swipe card policy was impacting on the resident's right to select and maintain social and personal relationships without restriction. The service provider acknowledged it had not considered the impact its policy had on the resident. A number of alternative access arrangements were discussed and it agreed to trial a keypad code system.

A few days later the daughter rang and advised the new system had been installed and it was much easier for family to see her mother. She was delighted by the quick and successful outcome to her complaint.



## What our customers say

### Customer satisfaction survey

People who have been involved in a complaint are encouraged to complete our customer satisfaction survey. Both complainants and service providers are invited to complete our survey through the letters we send after the complaint has been finalised. The survey can be completed online or in hard-copy. It asks about customer satisfaction with the complaints handling process from first contact, through to resolution and outcomes. The survey also asks if the person would recommend our service to others. Since January 2016, we have received 189 responses from complainants and 273 responses from service providers. Of the 462 people who responded, 82 per cent were satisfied with the operations of the Commissioner.

Feedback received from surveys and other channels is considered as part of our internal quality improvement processes. Additionally, feedback is reviewed regularly by senior staff and the Commissioner to help identify opportunities for improvement.

### Key performance indicators

The Commissioner is developing new key performance indicators (indicators) which will be in place for the 2016-17 financial year and reported on in the next annual report.

For the six months covered by this report, the Commissioner has used the previous Scheme's indicators as set out in the Department of Social Services' Portfolio Budget Statement for 2015-16.

### Outcome 3: Ageing and Aged Care

#### Programme 3.5 deliverables

Timely and effective resolution of complaints through the Aged Care Complaints Scheme

Indicator	Result
80 per cent of complaints finalised by the Aged Care Complaints Scheme within 90 days.	Exceeded. 91 per cent of complaints were finalised within 90 days.
64 per cent of complaints resolved by the Aged Care Complaints Scheme at early resolution.	Exceeded. 87 per cent of complaints were resolved at intake or detailed assessment phase.

## Part 2

# Aged Care Commissioner Annual Report

## About the Aged Care Commissioner

Before 1 January 2016, Rae Lamb was the Aged Care Commissioner. She was appointed by the Minister under Part 6.6 of the Act on 5 January 2011 and held this position until 31 December 2015.

**This section of the report** covers her final six months of operations as the Aged Care Commissioner.

Functions

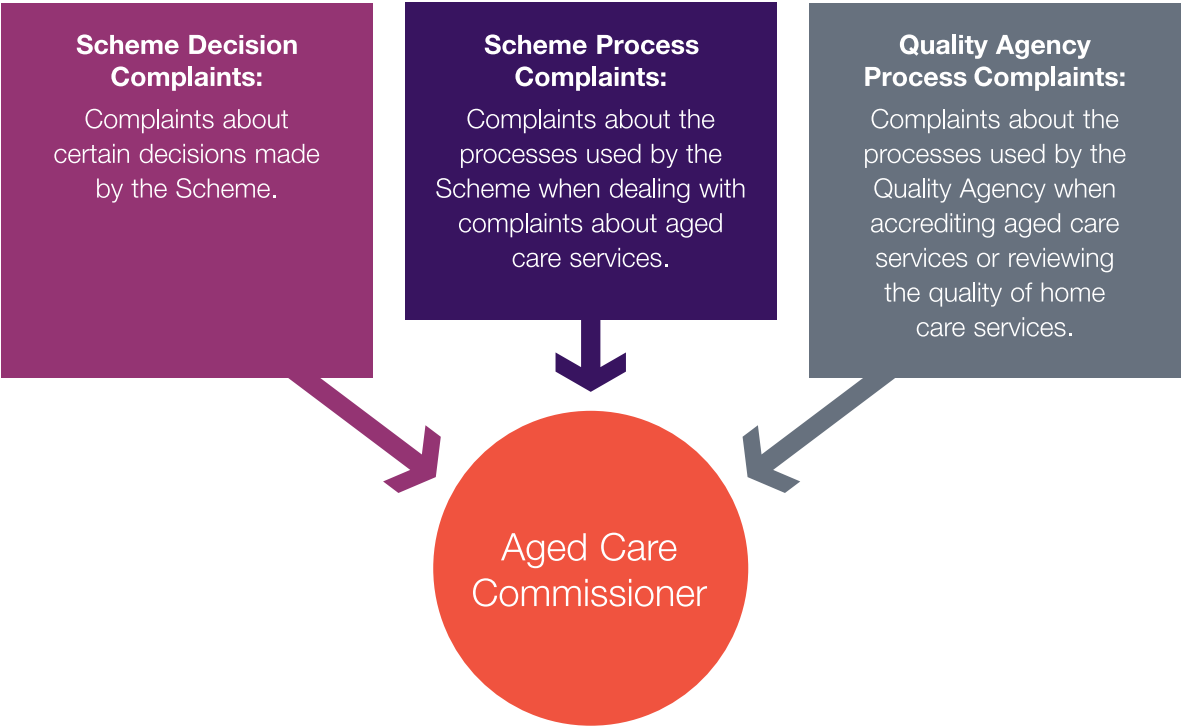
Under the Act and the previous *Complaints Principles 2014*, the Aged Care Commissioner examined complaints about the:

**Scheme** which examined concerns about the care or services provided to people receiving Australian Government funded aged care. It was administered by the Department of Social Services before this responsibility was transferred to the Department of Health as part of Machinery of Government changes in September 2015.

**Quality Agency** which accredits and monitors Australian Government subsidised residential aged care and home care services.

The Aged Care Commissioner was able to examine three types of complaints as shown in figure 4.

FIGURE 4: TYPES OF COMPLAINTS WHICH CAN BE MADE TO THE COMMISSIONER



### Outcomes of an examination

When the Commissioner finished examining a complaint about the Scheme, she either made recommendations to it or directed it to re-examine all or part of the complaint taking particular matters into account.

Where she found issues with the Quality Agency's processes, she recommended certain actions to improve its processes.

### Other functions

The Commissioner was able to examine matters on her own initiative after identifying what might have been a systemic issue or issues relating to the processes of the Scheme or the Quality Agency.

At any time, or at the Minister's request, the Commissioner could also advise or provide a report to the Minister about matters relevant to her statutory functions.

### Staffing

The Commissioner was supported by 10 staff including a Director and Assistant Directors who assisted with overseeing the office's operations.

A team of senior investigators examined complaints. A complaints intake and administration team provided wide support.

Lawyers from the Australian Government Solicitor (AGS) attended the office regularly to provide independent legal advice to the Commissioner.

### Budget

The budget for the full financial year of 2015-16 was \$1.526m (pro rata), however as described earlier, this role ended on 31 December 2015. This included staff salaries. The budget fell under the Department of Social Services' *Outcome 3 – Ageing and Aged Care* which was transferred to the Department of Health as part of the Machinery of Government changes. This was monitored and reported on by the Department.

# Performance reporting

## Public enquiries

People often contacted the Commissioner's office to enquire about matters outside the scope of the Commissioner's functions. Staff would provide information such as contact details for organisations that may be better placed to assist them.

From 1 July to 31 December 2015, the Commissioner recorded 310 'out of scope' enquiries, with 214 of these received by telephone and 96 in writing.

**310** 'Out of Scope' Enquiries

## Complaints overview

Complaints about a Scheme decision had to be made by the person who complained to the Scheme, or by the aged care service provider involved. Anyone could make a complaint about the Scheme's processes or about the accreditation and review processes of the Quality Agency.

The number of complaints about the Scheme represented a very small percentage of complaints made to the Scheme itself. Most complaints came from aged care recipients and their families rather than aged care services. This is consistent with previous years.

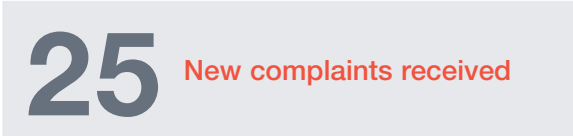
There were no complaints about the Quality Agency. Although this relates to half of the year only, this is a departure from previous years when there were a very small number of complaints about the Quality Agency.

Overall, there was a significant decrease in the number of complaints received and finalised by the Commissioner. Compared with the first two quarters of 2014-15, there was a 39 per cent decrease in the number of complaints received and a 14 per cent decrease in complaints finalised.

It is difficult to pinpoint why complaints to the Commissioner continued to decline. One reason may be that the Scheme also received fewer complaints in this period, with an eight per cent decrease in complaints received. Service users and service providers may also have been more satisfied with the outcomes of Scheme complaints processes. Further, in May 2015 the Government announced that the office would be phased out and the Commissioner would take over responsibility for the Scheme. Regardless, the complaints received continued to be complex, including some from people with several related complaints to the Scheme. Most of the complaints raised multiple issues for examination.

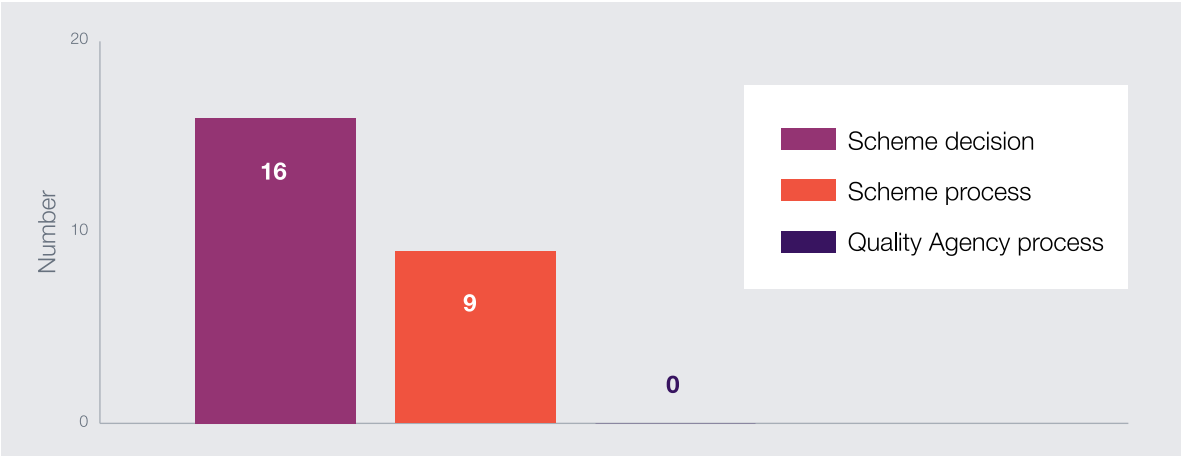
### Complaints received

The Commissioner received 25 complaints. Of these, 16 (64 per cent) related to Scheme decisions, while nine (36 per cent) were about the Scheme's complaints handling processes.



The Commissioner decided to either examine or to take no further action within the 14 day statutory timeframe in relation to all but one complaint. In that complaint, the decision to examine or take no further action was made in 15 days, due to an administrative error.

FIGURE 5: COMPLAINTS RECEIVED BY TYPE



### Complaints commenced

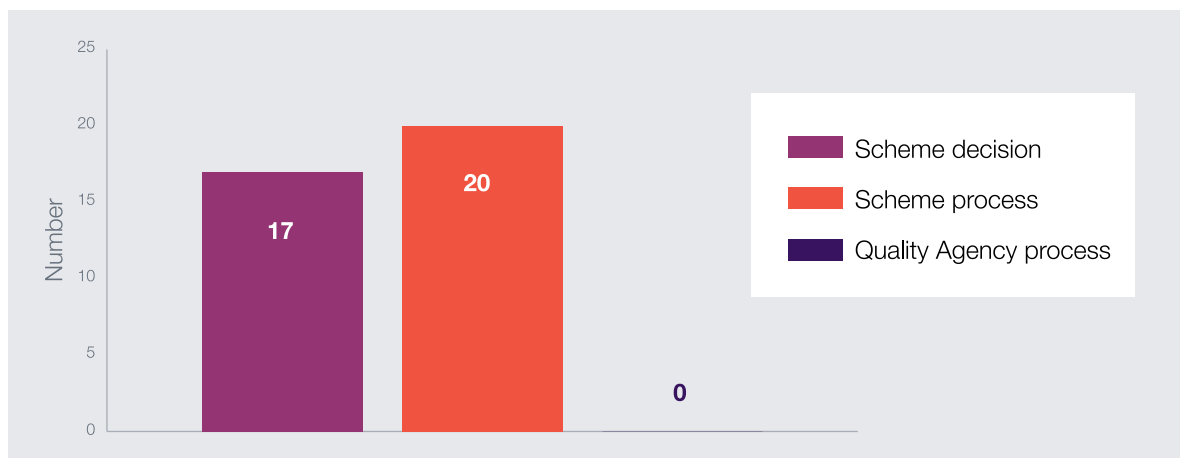
The Commissioner accepted 11 complaints for examination. Of these, eight (73 per cent) were about the Scheme's decisions and three (27 per cent) were about the Scheme's complaints handling processes.

Fourteen complaints were finalised without examination.

### Complaints finalised

A total of 37 complaints were finalised, of which 17 (46 per cent) were about the Scheme's decisions and 20 (54 per cent) were about the Scheme's complaints process. Some of these were received during 2014-15.

**FIGURE 6: COMPLAINTS FINALISED BY TYPE**



### Complaints about Scheme decisions

Anyone who complained to the Scheme and was unhappy with its decision could ask the Commissioner to examine that decision. Similarly, the service provider which was the subject of the complaint could ask the Commissioner for a review. If the Commissioner accepted the complaint, she had 60 days to complete the examination.

### Received and accepted

As noted on the previous page, the Commissioner received 16 complaints about Scheme decisions. All of these came from people who had originally made a complaint to the Scheme.

The Commissioner accepted and commenced examination of eight decision complaints.

### Finalised without examination

The Commissioner could finalise a complaint without examining it for a number of reasons. For example, the complaint may have been withdrawn or it may have been outside the Commissioner's jurisdiction.

Three complaints relating to Scheme decisions fell outside the Commissioner's jurisdiction, one was withdrawn by the complainant and the Commissioner decided to take no further action on another four.

### Finalised before completion of examination

The Commissioner decided to take no further action on one complaint before the examination was finalised.

### Finalised by examination

Eight complaints about Scheme decisions were finalised by an examination. Within these, the Commissioner examined 30 distinct issues. 'Issues' are essentially a complaint within a complaint, each one being the subject of a separate Scheme decision and requiring separate examination by the Commissioner.

**30** Issues with Scheme decisions were examined

Some of these complaints were received before the start of the financial year.

All examinations were completed within the statutory timeframe of 60 days from the date of acceptance. On average, the examinations were completed in 55 days.

**55** An average of 55 days to examine the Scheme's decisions

### Nature of examinations

The complaints examined by the Commissioner raised a range of concerns about decisions made by the Scheme, including concerns that the Scheme:

- required the service provider to take actions in response to the complaint that were not proportionate to the identified deficiencies
- did not obtain adequate information to investigate or resolve the complaint

- relied on irrelevant information or placed too much weight on certain information in coming to its decision
- failed to adequately investigate or address the complainants' concerns, and
- did not answer questions that were relevant to the issues under examination.

### Next steps following an examination

After examining a Scheme decision, the Commissioner could:

- decide to take no further action
- recommend that the Scheme did not re-examine the complaint (did not undertake 'a new resolution process'), or
- direct the Scheme to re-examine the complaint (undertake 'a new resolution process').

In her directions, the Commissioner could specify matters the Scheme needed to take into account when re-examining the complaint. The Scheme was required to tell the Commissioner when it was considering ending the new resolution process and its reasons for that decision. The Commissioner could comment on that preliminary decision, and the Scheme was required to take her comments into account before finalising the case.

### Directions to the Scheme

The Commissioner directed the Scheme to re-examine all or some issues in four of the eight complaints (50 per cent) finalised by examination. In the other four (50 per cent), the Commissioner recommended that no further resolution process be undertaken.

4

**Times the Commissioner directed the Scheme to re-examine a complaint**

### Impact of the Commissioner's directions

In directing the Scheme to undertake a new resolution process, the Commissioner required it to perform various actions including reviewing information previously gathered in relation to the complaint, speaking to the parties involved, and obtaining additional documentation including clinical advice, to inform its consideration of complex clinical issues.

In finalising the new resolution processes directed by the Commissioner, the Scheme:

- identified shortcomings in the care provided that had not been addressed through the first process
- assisted the parties to reach a resolution to these issues through the service provider improving its service, for example by improving policies and guidelines, providing training for staff and creating a position for a new staff member within the service

- achieved individual resolution through the service provider offering a remedy such as an apology or the waiver of money owed by the complainant, or
- referred potentially systemic problems to the Quality Agency.

### Complaints about Scheme processes

Complaints about the Scheme's complaint process could be made up to 12 months from the end of the process.

### Received and accepted

As noted earlier, the Commissioner received nine complaints about the Scheme's process. Three were accepted and the Commissioner commenced examination of them.

### Finalised without examination

As with complaints about the Scheme's decisions, there were a variety of reasons why the Commissioner could decide to not examine a complaint about the Scheme's process.

The Commissioner did not examine six complaints. For five of these, the Commissioner decided to take no further action. One complaint was withdrawn.

### Finalised before completion of examination

The Commissioner decided to take no further action on one complaint before the examination was finalised.

### Finalised by examination

The Commissioner completed examination of 13 complaints about the Scheme's process, involving 31 issues.

# 31

**Scheme process issues  
were examined**

Complaints about the Scheme's processes were finalised on average in 140 days. These complaints were generally complex and required primary information to be obtained from a variety of sources. As a result, they usually took longer to examine than decision complaints.

Unlike decision complaints, there was no prescribed timeframe for the Commissioner's examination of process complaints.

### Nature of examinations

The 31 process issues examined by the Commissioner, included whether the Scheme:

- properly identified the complainant's concern
- adequately considered information the complainant provided
- obtained and considered all relevant information
- adequately explained its decision to finalise the complaint
- took too long to handle the complaint, or
- adopted an appropriate approach to resolve the complaint.

### Recommendations to improve Scheme processes

The Commissioner made 15 recommendations for improvements to the Scheme's complaints process. These reinforced a number of good complaint handling practices, including:

- the need to keep adequate file notes in relation to complaints, explaining why certain decisions have been made and providing detail of what was said during discussions with complainants
- the importance of a clear explanation of any concerns the Scheme has about whether a service provider is meeting its obligations, so that it has sufficient information to be able to respond properly
- the importance of consistently following the internal guidelines when making decisions about how a complaint should be handled, and
- the need to clearly articulate the Scheme's role and ability to address issues to enable complainants to understand what it is that the Scheme may or may not be able to achieve through a complaint.

The Scheme accepted nine (64 per cent) of the Commissioner's recommendations before the end of the calendar year. The remaining five recommendations were made at the end of December 2015 and consequently were not accepted until after the transition to the Complaints Commissioner. They were accepted in February 2016.

One recommendation was rejected by the Scheme. It arose from an examination in which the Commissioner found the Scheme had not applied its guidelines in deciding to use an 'early resolution' process for the complaint. The guidelines at the time indicated that a decision of this nature had to be made by the complainant. The Scheme explained that the guideline was incorrect and decisions about how complaints would be resolved were for the Scheme to make. The Commissioner agreed that rather than accepting the recommendation, the guideline required amendment. The Scheme updated its guidelines as a result.

### 15 Recommendations made to the Scheme for improving its processes

#### Implementation of Commissioner's recommendations

As per her usual practice, towards the end of 2015, the Commissioner followed up the Scheme's progress on implementing recommendations it had accepted for nine complaints from the year to date, along with some outstanding actions from previous years.

Most of the Commissioner's recommendations accepted during 2015-16 were already implemented by the end of 2015. Most actions remaining from 2014-15 were also completed by December 2015, with Scheme training sessions including matters arising from the Commissioner's recommendations. Some further training and a review of the Scheme's practices around assessment and documentation of risk

were scheduled for 2016 to be completed by the Aged Care Complaints Commissioner.

In implementing the Commissioner's recommendations, including those from the previous year's own initiative examination of the referral process between the Scheme and the Quality Agency, the Scheme took actions including:

- training staff on a number of topics such as drafting notices of intention to issue directions
- posting reminders on its intranet about the importance of following the guidelines on matters arising from the early resolution of complaints
- apologising to a complainant for including incorrect information about them in the final feedback on their complaint
- updating Scheme guidance and templates relating to the process for handling referrals to the Quality Agency
- publishing a fact sheet for consumers about the referral process, and
- inviting service providers to share positive complaint handling stories on the Department's website.

#### Complaints about Quality Agency processes

The Commissioner received no complaints about the Quality Agency's process for accrediting aged care services and reviewing home care services during this period. Accordingly, no new recommendations were made.

### Implementation of the Commissioner's previous recommendations

The Commissioner asked the Quality Agency for an update on its progress on two outstanding recommendations made the previous year as a result of a complaint. These related to its arrangements for residents or representatives to be able to provide information to assessors confidentially during audits. The Quality Agency advised that these actions were still in progress, as they relate to ongoing feedback from certain trials it was conducting. The trials relate to appropriate avenues for residents and representatives to provide information.

In relation to outstanding recommendations from the Commissioner's own initiative examination into the referral process between it and the Scheme, the Quality Agency advised that all but one had been implemented. The remaining action is likely to be covered in a review of the accreditation standards in conjunction with the Department.

### Own initiative examinations

The Commissioner did not undertake any own initiative examinations in the half year. As explained above, she continued to work with the Scheme and the Quality Agency on the implementation of the recommendations from her previous year's own initiative examination.

### Requests from the Minister

There were no requests from the Minister for formal advice from the Commissioner.

### Complaints to the Commonwealth Ombudsman

People with complaints about the Commissioner's actions had the option of complaining to the Commonwealth Ombudsman.

The Commonwealth Ombudsman commenced two investigations into the Commissioner's handling of complaints. The office responded to both by providing the information sought. One investigation was finalised with no adverse findings against the Commissioner before the end of the 2015. The other was finalised with no adverse findings in February 2016.

### Quality assurance

Each year, the Commissioner and her staff have undertaken a number of continuous improvement activities to ensure a consistently high quality of service.

In previous years the office ran an annual survey of complainants, service providers and Scheme officers, seeking their feedback on the office's processes. A file audit was also conducted annually. Both of these activities allowed the office to gather information to reflect on our service, in order to identify areas for improvement and change our practices accordingly.

Due to the planned transition of the office to the Aged Care Complaints Commissioner there was no benefit in collecting further information aimed at improving the service.

Instead the focus was on maintaining day to day complaint handling at a high standard, measured by the other performance indicators discussed below, and preparing for a smooth transition to the new Aged Care Complaints Commissioner. Significant work was involved in preparing for and managing the transition.

### Post-case conferences

During the last six months of the office's operations, the Commissioner and staff continued to meet every two months to review recently closed cases. During these conferences, investigation and complaints intake staff discussed what was learned from recently

finalised cases. This provided an opportunity for education about the issues raised in complaints, good complaint handling principles and reflection on lessons relevant to the office's procedures or to future cases. It assisted with consistency across all cases and afforded staff a developmental opportunity.

### Key performance indicators

The Commissioner had internal targets to assist in monitoring the office's performance and the quality of its work. There were 10 indicators relating to four performance measures. The office's performance across each indicator is outlined below.

#### Performance Measure One

*Complaints to the Commissioner are responded to promptly, people are regularly updated, and matters are finalised within reasonable timeframes.*

Indicator	Result
95 per cent of complaints are acknowledged in writing within three working days of their initial contact with the office.	Fully met. 95 per cent of complaints were acknowledged within three working days.
All complaints (100 per cent) are assessed and decisions made regarding acceptance or no further action, within 14 days of receipt by the office.	Not met. 92 per cent of complaints were assessed and decisions made within 14 days One case was assessed and a decision made in 15 days, due to an administrative error.
100 per cent of decision complaints are completed within 60 days from acceptance.	Fully met. 100 per cent of decision complaints completed within 60 days. On average, examinations were completed in 55 days.
80 per cent of process complaints are completed within 182 days (six months) of acceptance, and 100 per cent are completed within 365 days (a year).	Fully met. 92 per cent of process complaints (12 cases) were finalised within six months. 100 per cent of process complaints were completed within one year.

### Performance Measure Two

*The Commissioner and staff consistently provide a high standard of service to the people who contact the office, and demonstrate fairness, impartiality and best practice in the manner in which complaints are handled. Opportunities to improve the service and internal processes and practice are identified and followed up.*

Indicator	Result
A random sample of all files closed in the previous six months is reviewed by the Director once a year to monitor the quality of service and documentation. Any concerns are followed up through staff training and feedback and/or adjustments to practices and procedures.	Not done.
All complainants and service providers (from decision complaints) are surveyed once a year about our processes. 90 per cent who respond rate the office 4 or above (Agree or Strongly Agree) on the below factors: <ul style="list-style-type: none"> <li>• High standard of service</li> <li>• Fairness and impartiality</li> <li>• Best practice</li> </ul>	Not done.
At least a third (33 per cent) of all finalised complaints are reviewed at a post-case conference. Lessons from the complaint and the way it was managed are identified, shared with all staff and recorded.	Exceeded. 54 per cent of finalised cases were presented at a post-case conference and lessons were recorded.
All complaints about the Office are handled in accordance with the Service and Privacy Complaints Manual, and opportunities for improvement are reported to the Commissioner.	Fully met. No formal complaints about the office's process were received.

### Performance Measure Three

*The Scheme improves its processes as a result of the recommendations from the Commissioner.*

Indicator	Result
95 per cent of all recommendations for process improvement are accepted by the Complaints Scheme.	Not met. The Scheme accepted 64 per cent of the recommendations made by the Commissioner.

### Performance Measure Four

*Staff are well supported in their roles with regular opportunities for further training and professional development.*

Indicator	Result
A staff training or development opportunity is offered on average once a month, with at least six 'all staff' training/development opportunities provided during the year.	Exceeded. An average of two training/development opportunities were provided each month, and eight 'all staff' training opportunities were provided.

# Appendix



## Excerpt from *Commissioner Principles 2015*

### Section 6 – Annual Reports

For subsection 95A-12(2) of the Act, a report on the Aged Care Complaints Commissioner's operations during a financial year must include the following information:

- (a) an assessment of the performance of the Commissioner's functions during the financial year, using any performance indicators or outcomes set out for the Commissioner in portfolio budget statements for the financial year;
- (b) the number of times the Commissioner was contacted during the financial year;
- (c) of those contacts, the number that were within the scope of the Commissioner's functions;
- (d) the number of complaints made to the Commissioner under the Complaints Principles during the financial year, including:
  - (i) the number that related to residential care; and
  - (ii) the number that related to home care; and
  - (iii) the number that related to flexible care;
- (e) the issue or issues most commonly raised in those complaints;
- (f) the number of complaints finalised during the financial year and what approaches were used in finalising the complaints;
- (g) the number of resolution processes undertaken by the Commissioner during the financial year on his or her own initiative, including:
  - (i) a summary of the nature of the issues that were the subject of the resolution processes; and
  - (ii) how many of the resolution processes were finalised during the financial year;
- (h) the number of visits to premises of aged care services undertaken during the financial year, including:
  - (i) the number of announced visits; and
  - (ii) the number of unannounced visits;
- (i) the number of notices of intention given to approved providers under the Complaints Principles during the financial year;
- (j) the number of directions given to approved providers under the Complaints Principles during the financial year, and a summary of the nature of those directions;

- (k) the number of issues referred by the Commissioner during the financial year, including:
  - (i) a summary of the nature of the issues referred; and
  - (ii) the number of issues referred to the Secretary; and
  - (iii) the number of issues referred to the Quality Agency;
- (l) the number of decisions reconsidered under the Complaints Principles during the financial year;
- (m) the number and kind of education and training activities undertaken by the Commissioner during the financial year;
- (n) the number of requests for advice made by the Minister to the Commissioner during the financial year, including:
  - (i) a summary of the nature of the requests; and
  - (ii) a summary of the nature of the advice provided in response to the requests.

**'I found this process  
very clear, professional  
and non-judgemental –  
Thank you'**

*Feedback from  
complainant*

## Contact us

If you have any comments or questions about this Annual Report please contact:

### **The Annual Report Officer**

Aged Care Complaints Commissioner

Locked Bag 3

Collins Street East MELBOURNE VIC 8003

Phone: **1800 500 294**

Email: [enquiries@agedcarecomplaints.gov.au](mailto:enquiries@agedcarecomplaints.gov.au)

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### **Website**

This Annual Report is available electronically  
on our website at:

<https://www.agedcarecomplaints.gov.au/about/annual-report/>

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**Australian Government**

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**Aged Care Complaints Commissioner**