

Resolve.
Protect.
Improve.



Australian Government
Aged Care Complaints Commissioner



AGED CARE COMPLAINTS
COMMISSIONER
Annual Report
2016–17

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.

11,007
contacts



+10%

from 10,050 last year

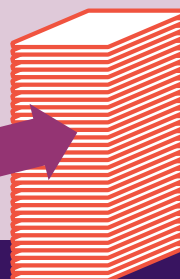
Refer page 17

3,936
complaints



2015-16

4,713
complaints

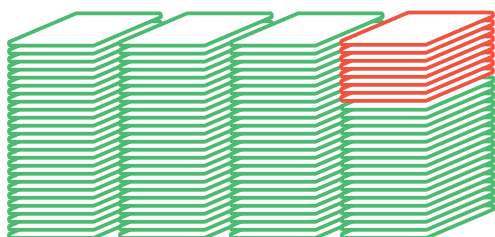


2016-17

+20%

Refer page 18

92% **Early resolution**
was achieved for 4,228 of finalised complaints



An increase of
25%
from 2015-16

Refer page 21

Most complaints were about
residential care

15%
688
complaints

78%
3656
complaints

7%
339
complaints

Home care
packages

Residential
care

Commonwealth Home
Support Programme

Refer page 18

COMPLAINT



4,617
complaints
finalised
in 2016-17

+16%
from 2015-16



Refer page 21



Australian Government
Aged Care Complaints Commissioner

Resolve.
Protect.
Improve.

The Hon. Ken Wyatt AM, MP
Minister for Aged Care and Minister for Indigenous Health
Parliament House
CANBERRA ACT 2600

Dear Minister

As required under section 95A-12 of the Aged Care Act 1997, I provide you with the Aged Care Complaints Commissioner Annual Report for the period 1 July 2016 to 30 June 2017.

Yours sincerely

RAE LAMB
Aged Care Complaints Commissioner

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Collins Street East VIC 8003

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www.agedcarecomplaints.gov.au

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COMMISSIONER'S INTRODUCTION



Annual Report 2016–17

This report marks the end of our first full financial year independently dealing with complaints about Commonwealth funded aged care services. It's been a year marked by multiple inquiries into aged care and elder abuse, fuelled by public concerns and media reports of shocking instances of poor care. As I write this, some of these inquiries are yet to conclude. What will result from all the findings and recommendations remains unclear.

But what is clear is that in Australia, with an ageing population, we must have an aged care system that is world class and free of fear. Where, as well as being confident of good care, people know that if they are worried or have a concern they can raise it and it will be quickly addressed. They need to be sure that their issues will be taken seriously and care and services will be improved. They need to know how their service, or one they are considering, deals with complaints.

That's where we come in. Making sure that complaints matter has been central to our work and activities this year.

Highlights

Complaints growth

As can be seen from the results in this report, a growing number of people are raising concerns with us. This is a great result. It means people know about us and feel they can complain.

It's also good to see that much of the growth is due to more people complaining about care at home and in the community. This has been an area where people have seldom complained previously. While the number of these complaints remains much lower than for residential care, they account for a growing proportion of our work.

I don't consider that the rise in overall complaints to us shows deteriorating standards of care. Certainly we see instances where care, or the provision of information and communication with people receiving care and their families, has been poor. And there are people who should complain, who don't. We are working hard to address that.

Nonetheless, the number of complaints has to be balanced against the fact that more than one million people receive aged care, mostly in their own homes, and that the number of people receiving aged care is growing.

Increasing our visibility

One reason for the increase in complaints may be that we are much more visible than when we began 18 months ago. As this report shows, a focus this year has been raising our profile so that more people know about us and how we can help.

“Complaints assist us to look at our processes and procedures to ensure they continue to meet the needs of our residents and staff.”

Kathie, staff member

One of the advantages of being an independent commissioner is greater freedom than former complaints scheme officials had when they worked in the Department of Health to speak publicly about what we do and how we do it. This helps to let people know about us.

Having the new formal education function as part of our mandate is also very important. Alongside the reactive complaints work this year, we have been focusing on ways to support consumers and aged care providers to better raise and deal with concerns themselves.

New activities this year have included our first one day event, a conference and workshop called “Complaints Matter” in Adelaide in April; visiting aged care services in remote communities in the Northern Territory and Far North Queensland and Thursday Island; and establishing a social media presence through Twitter, LinkedIn and our own Facebook page.

A number of new resources have been developed, including the *Complaints Commissioner’s Top 10 Tips* for people making complaints; videos explaining some of our complaints resolution processes for consumers and service providers; and some handy quick reference items such as fridge magnets prominently displaying our phone number which have been in hot demand at our information booths.

We accept that many people still don’t know about us. Finding ways to tell them will continue to be a priority. Nonetheless, as the growth in complaint numbers and the activities this year show, we are making good progress as a relatively new organisation. One week in June we asked everyone who contacted us how they knew about us and what we found was that most people find out through service providers, other agencies and internet searches. This information will help us to correctly target our activities and further raise awareness about us.

Early resolution

Another highlight this year has been the positive and co-operative relationships we have seen between many service providers, complainants and us. The high number of cases we are able to complete relatively quickly by working with the parties supports this.

It reinforces my view that the earlier and more directly concerns can be addressed between the parties, the greater the chance of successfully achieving a good result for everyone involved.

It also shows that while we welcome complaints, many cases should not have to come to us. People often tell us they have tried to raise a matter and are dissatisfied with the response or they do not feel they can raise it with the service at all. Relationships may have broken down.

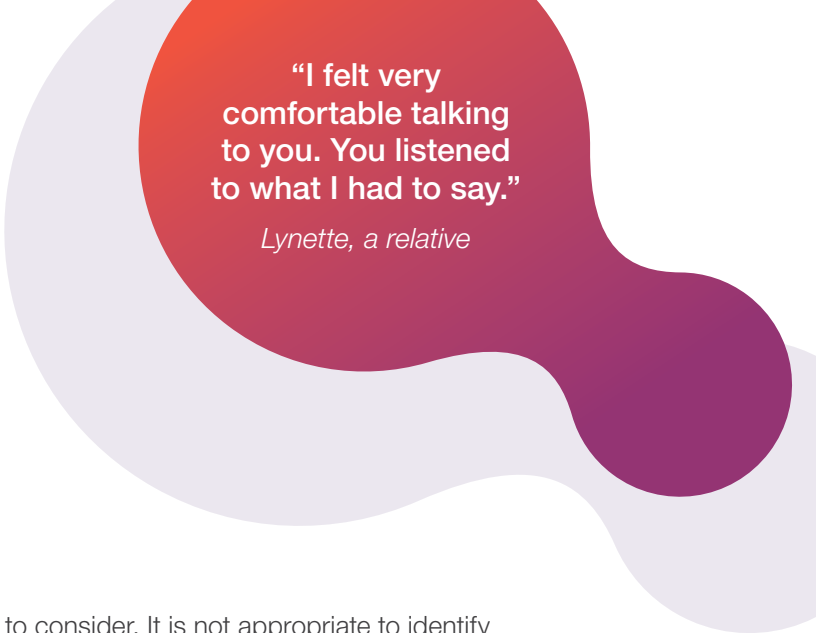
When someone has a concern about the care they or their loved ones are receiving, the first call should be to their service provider. It should feel safe and be easy to do this. Sometimes the service provider is not aware of the issue until it is raised, and more often than not, they can address the concerns quickly in the first instance.

One of the key messages we have been promoting in our presentations to service providers this year has been the importance of their first response when someone raises a concern. Just as in emergency medicine there is the 'golden hour' when if a critically injured person receives definitive care it increases their chances of survival, golden moments exist when complaints arise. The initial response can have the greatest impact on the outcome.

Challenge to industry

This year I have also challenged service providers to talk more about complaints and what they do about them. I have written to the three peak bodies for aged care providers calling for this increased disclosure by the aged care industry and seeking their assistance to encourage this among their members. We need to see aged care services putting more information about complaints on their websites and in their public materials.

Complaints are a normal part of providing care and services. We need to de-stigmatise them so that people know it is okay to complain and that when things go wrong making a complaint can lead to improvements in care. A greater transparency about complaints will increase consumer confidence in the industry.



**“I felt very
comfortable talking
to you. You listened
to what I had to say.”**

Lynette, a relative

Of course, there is privacy to consider. It is not appropriate to identify individuals involved in complaints unless they have consented. But it is open to services to talk about how many complaints they receive, the issues raised, and most importantly how they are resolved, without identifying consumers and staff.

Things can go wrong in even the best services. While many similar complaints may bring to light a systemic matter, generally what a service does about complaints matters more than the fact that they get them.

These days, where consumers are increasingly able to choose and control care, they must have good information. Services that disclose how many complaints they get, and how they deal with them, will be more attractive. For the baby boomers, such transparency may be a selling point. It will help people to feel safe raising concerns.

Acknowledgements

None of the results outlined in this report has been achieved in isolation.

As I said last year, although I hold the office and title, it is the work of my team that enables me to fulfil my functions. When I spend time in our offices around the country I continue to be deeply impressed by the professionalism, empathy and expertise I observe and hear. We are much more nationally joined up as a team, with a greater sense of our own identity, than we were 18 months ago. I am proud of my team and what we achieve. For this I thank them.

Thanks and acknowledgement are also due to members of my external consultative committee who provide us with insight and wise feedback and help to keep us in touch with the people we serve. In particular I would like to acknowledge Kay Richards who recently left the committee and thank her for her assistance and support in our first year.

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

Finally, and most importantly, thank you to the people who have raised complaints with us this year and the service providers who have worked well with us to resolve them.

We all grow old. Some of us need help as this happens. Knowing that we can freely and openly raise any concerns about our care, that these will be taken seriously and there will be a good response, helps us to feel more in control. It helps to make our later years seem less frightening.

Rae Lamb
AGED CARE COMPLAINTS COMMISSIONER

“I was feeling overwhelmed. [You] not only put me in the right direction but explained simply, reassuringly and calmly, my rights and who to go to for help.”

Pauline, a relative



ROLE AND FUNCTIONS

What we do

The Commissioner and her team work under the *Aged Care Act 1997* (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 can also 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 Government funding agreement (the Agreement). This incorporates the Department of Health Standard Funding Agreement or the Department of Social Services Funding Agreement.

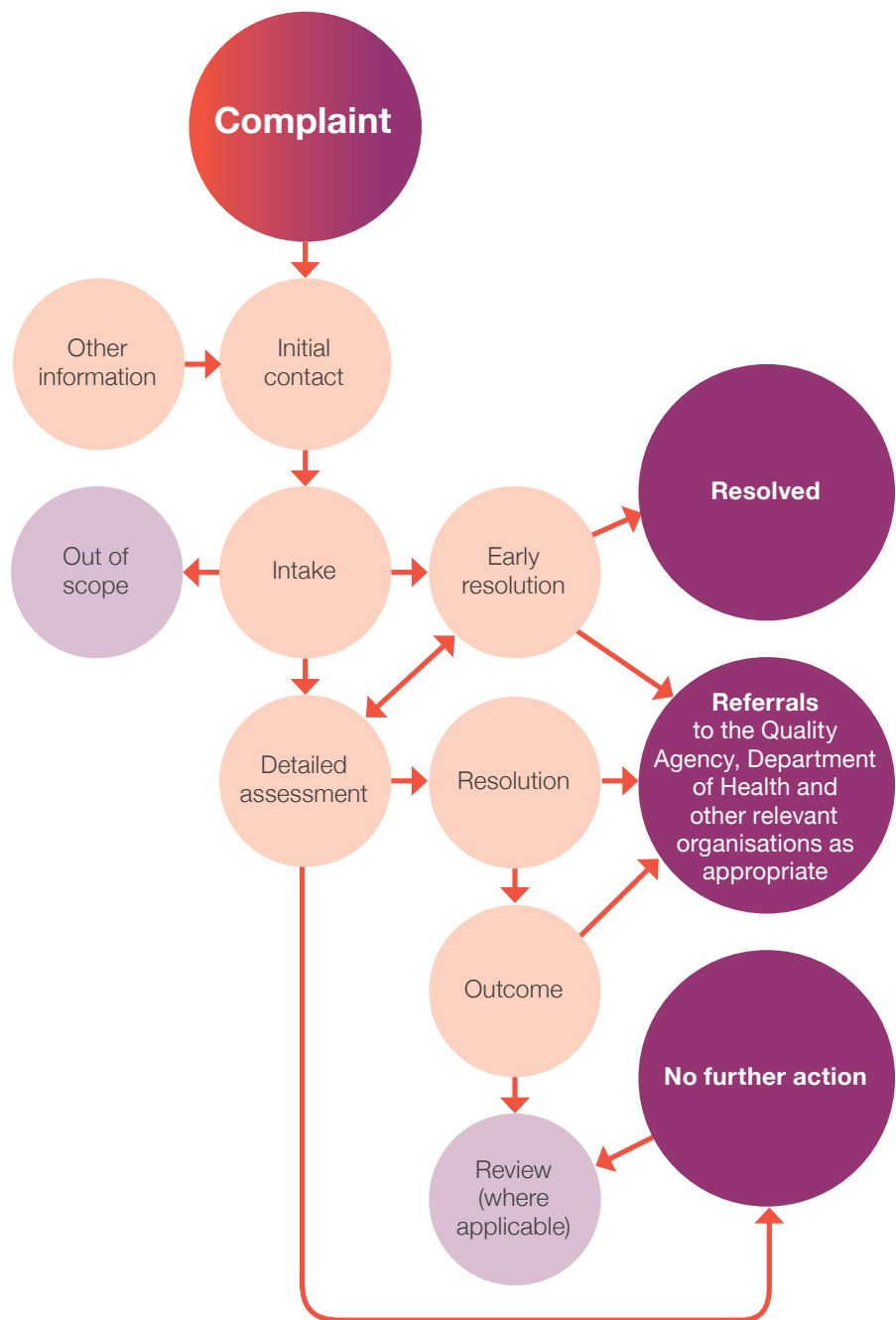
Complaints can be about Australian Government funded:

- 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.

Complaints management flow chart



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 of Health (the Department), the Australian Aged Care Quality Agency (the Quality Agency) and other relevant agencies.

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**

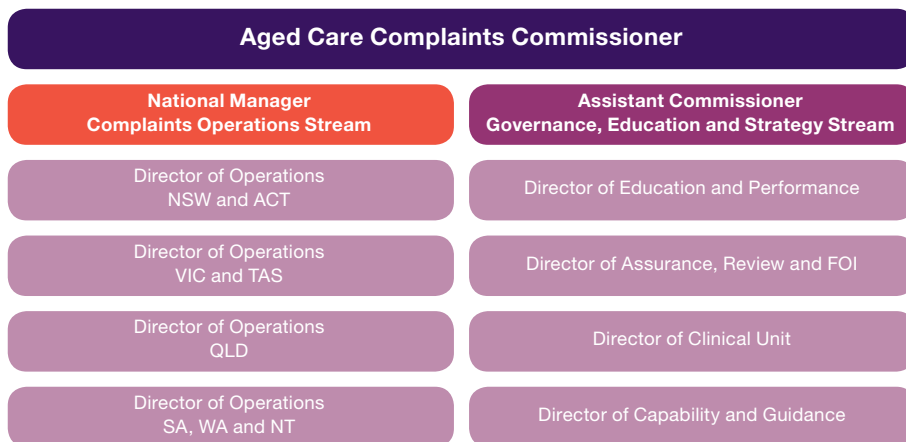
This stream works directly with people to resolve complaints. The National Manager of Complaints Operations leads and supports the Directors, who lead complaints operations across four regions (SA/WA/NT, VIC/TAS, NSW/ACT and QLD). The complaints officers come from diverse backgrounds such as nursing, 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 corporate planning and improvement, capability and procedural guidance, stakeholder relations, complaints assurance, quality reporting and data analysis. The organisation's clinical advice unit, which provides specialised advice and assistance to complaints officers about clinical matters encountered during complaints, is also a part of this stream. The stream is led by the Assistant Commissioner and officers come from 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 July 2016 to 30 June 2017 was approximately \$17.3 million. The budget is included in the Department's operations 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.

There are two other Australian Government organisations in the regulatory framework.

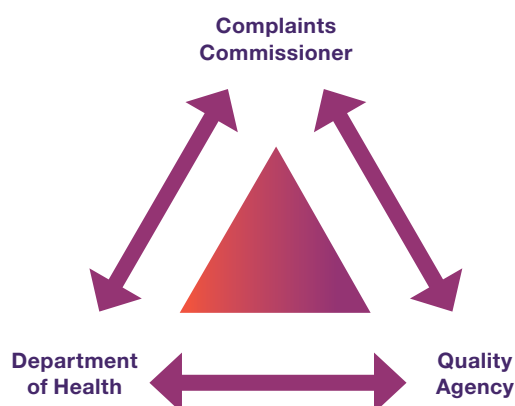
The Quality Agency is the sole agency that Australian Government funded aged care providers deal with about the quality assurance of the aged care services they deliver. This applies to services delivered through a residential aged care service, in a person's own home or in a community setting. We may 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 about 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.

While all three organisations have clear and independent roles, we work cooperatively 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.

Regulatory framework triangle



**Thank you for looking
after our elderly."**

Brenda, a daughter

Our performance

The Commissioner is required by the *Commissioner Principles 2015* to report on a number of indicators in the annual report (see Appendix).

This report provides data for the 2016–17 period and shows comparative data for 2015–16 which combines the last six months of the Aged Care Complaints Scheme (the Scheme) (1 July to 31 December 2015) with the first six months of the Commissioner’s operation (1 January 2016 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 11,007 contacts, an increase of 10 per cent from 10,050 contacts with the Scheme or Commissioner in the previous year.¹ Of these contacts, 3,399 (31 per cent) did not directly relate to the Commissioner’s functions. The remaining 7,608 contacts were for matters that related to our functions. Of these, 2,821 (37 per cent) were enquiries, a decrease from 2,921 enquiries to the Scheme or Commissioner in the previous year.

Forty-eight contacts related to resolution processes which we initiated ourselves (refer **Own initiative resolution processes** page 25) and 26 contacts related to new resolution processes which were commenced following a request for review (refer **Reviews** page 25).

¹ In the initial six months of our operation there were 5,266 contacts, of which 1,419 were enquiries.

Complaints received

The remaining 4,713 contacts were complaints, an increase of 20 per cent from 3,936 to the Scheme or Commissioner in 2015–16.² Most of the complaints, 2,838 (60 per cent), came from family members or representatives of people receiving care and 873 (19 per cent) were from people receiving care. The remaining complaints (21 per cent) were from anonymous sources, other interested parties and referrals from other agencies.



Most complaints were about residential care (3,656) and there were more than in the previous year (3,211). Residential care complaints accounted for 78 per cent of all complaints compared with 82 per cent last year.



² In the initial six months of our operation there were 2,154 complaints.

In contrast, the share of complaints about care delivered at home and in the community has grown. This year 15 per cent of all complaints were about home care packages (688) and seven per cent were about the Commonwealth Home Support Programme (339) compared with 12 per cent and six per cent respectively of complaints in the previous year.

The most common complaints about residential care were about medication administration and management (559), falls prevention and post fall management (382), and personal and oral hygiene (365).

The most common complaints about home care packages were about fees and charges (211), lack of consultation and communication (146), and communication about fees and charges (79).

For the Commonwealth Home Support Programme, the most commonly complained about issues were fees and charges (85), lack of consultation and communication (65), and consistent client care and coordination (50).

Figure 1: Number of complaints received by initiator type 2016–17

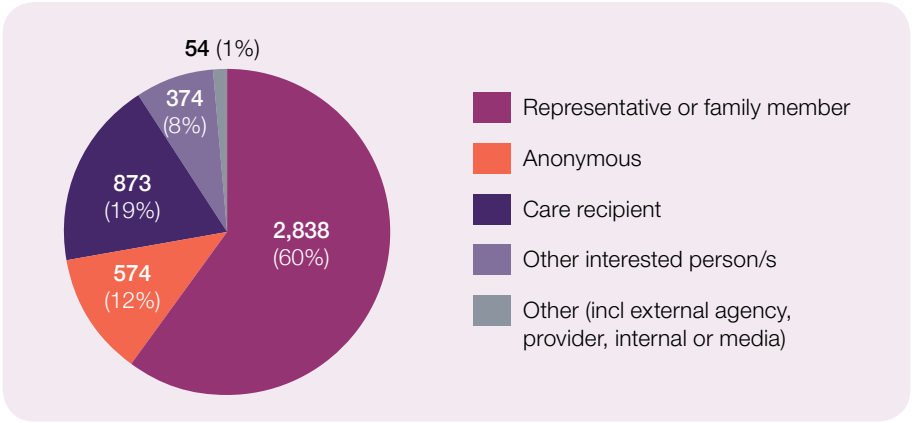
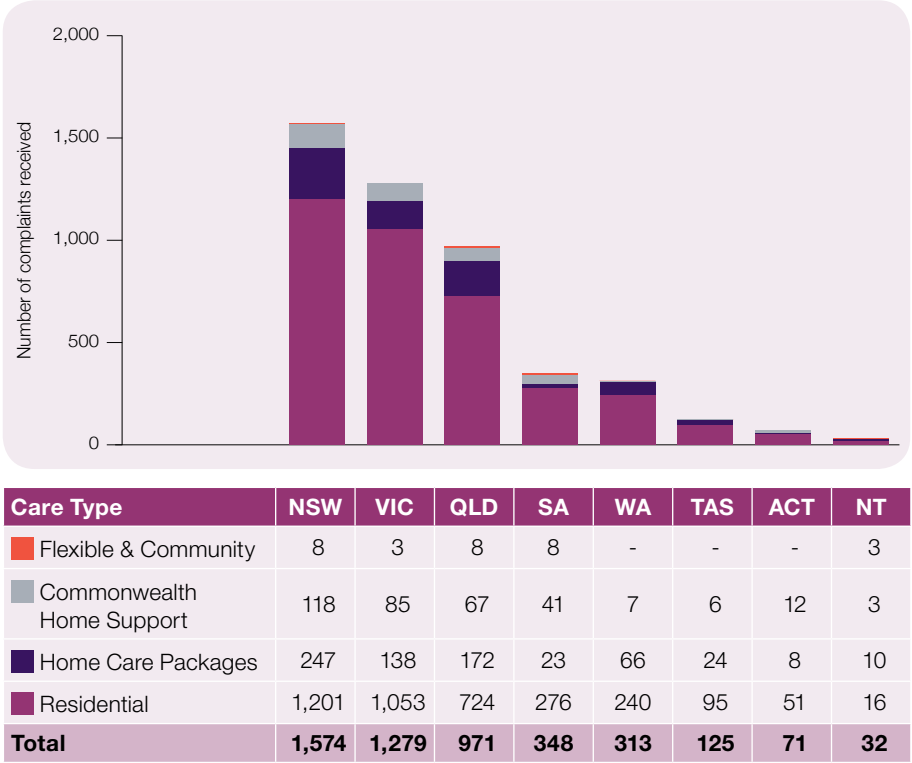


Figure 2: Total complaints received by service state/territory 2016–17



**“The Complaints Officer
was very professional
and gave good advice
which resulted in a
positive outcome.”**

*Natalie, Residential service
staff member*

Complaints finalised

We finalised 4,617 complaints, an increase of 16 per cent from the 3,989 finalised by the Scheme or Commissioner in the previous year. This year 3,437 complaints were finalised within 30 days and 4,299 within 90 days.

Complaints can be resolved in a number of ways. Where possible, we support the complainant to resolve their concerns quickly

and directly with the service provider. Early resolution was achieved for 4,228 of finalised complaints (92 per cent of complaints finalised) compared with 3,387 (85 per cent) finalised through early resolution last year.

Often, more than one issue is included in a single complaint. There are circumstances where, after an initial assessment, the Commissioner decides no further action was necessary regarding a complaint or some issues within a complaint. This includes where a particular issue is withdrawn or the person receiving care does not want an issue to be considered. Following initial assessment and action, 5,410 (63 per cent) complaint issues were finalised during early resolution to the satisfaction of the complainant. It was decided that a further 3,069 (36 per cent) complaint issues required no further action.

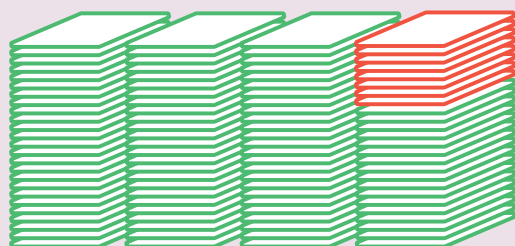


4,617
complaints
finalised
in 2016–17

+16%
from 2015–16

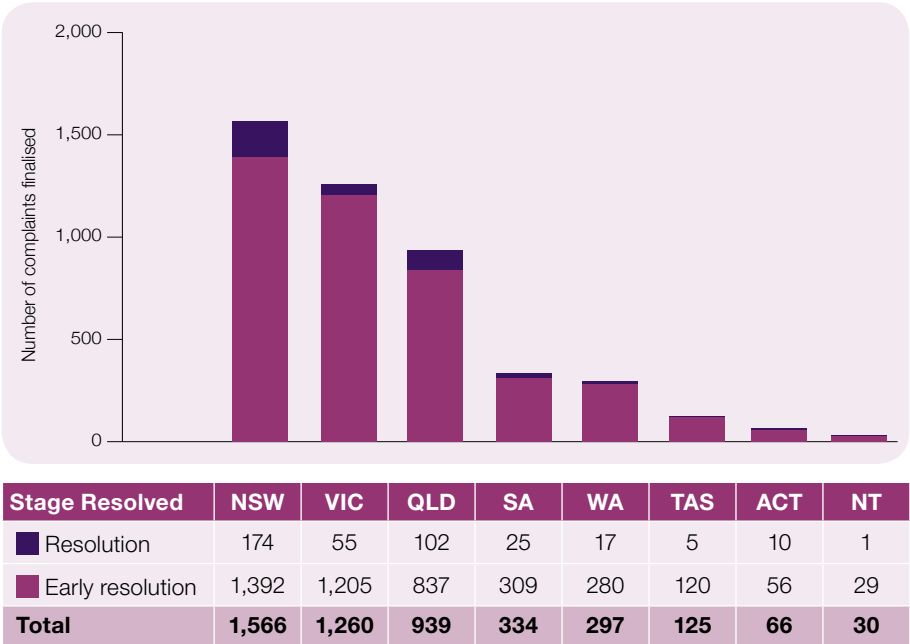


92% **Early resolution**
was achieved for 4,228 of finalised complaints



An increase of
25%
from 2015–16

Figure 3: Total complaints finalised by service state/territory 2016–17



Where early resolution is not possible or appropriate, we will examine the issues in each complaint to determine the best way to resolve them. Different issues within a complaint can be approached differently. The 389 complaints resolved using formal resolution processes were dealt with using at least one of the following approaches, including investigation (254), provider resolution (110) and conciliation (56).

Site visits

Visits to aged care services 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 may be announced because we need to ensure the right people and information will be available to us, including being able to talk to a person receiving care or a family member. 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 50 site visits during the period. Forty-three were announced and seven were not.

Notice of intention to issue directions 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 of intention to issue directions (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 will lead to a referral to the Department for consideration of compliance action.

The Commissioner sent 30 notices during the period. Of these, 27 did not result in a direction being issued because the services involved addressed the concerns that were identified in the notices. Five directions were issued during the reporting period. The time allowed for response from the relevant service providers for three of these will fall in the next reporting period. Of the two which were completed this year, both were addressed by the service provider to the Commissioner's satisfaction. One direction that was issued in 2015–16 was not complied with. This matter was referred to the Department in 2016–17 to consider taking compliance action. The five directions issued in this reporting period related to issues surrounding charging of a capital refurbishment fee, infection control and a resident's security of tenure.

Referrals

In certain circumstances the Commissioner releases information about certain matters to other organisations better placed to deal with them 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 Complaints Commissioner made 511 referrals to external organisations. Of these, 33 were to the Secretary of the Department³, 468 to the Quality Agency, and 10 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/ratio of personnel, wound management, medication administration and management, personal and oral hygiene, 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 fees and charges, and client assessment and service implementation.

"I hope the Aged Care Complaints Commissioner will keep helping in getting 'relief' for people like us when we are against a 'wall' helpless. Thanks."

Dharam, aged care resident

"There was immediate action on my concerns. Because of this intervention, there is a noticeable difference to the positive for all the residents of the area."

Norma, a wife

³ Including one referral relating to non-compliance with directions.

Own initiative resolution processes

The Commissioner can also start a resolution process on her own initiative. During the period, we commenced 48 processes on the Commissioner's own initiative. The issues were diverse but most related to fees and charges and the health care of people receiving care. We finalised 49 own initiative resolution processes, including 10 which began before 1 July 2016.

Reviews

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

- after a complaint is finalised, complainants can ask the Commissioner to review a decision to take no further action on an issue
- complainants and service providers can ask the Commissioner to review a decision 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 60 cases. Thirteen of the applications were discontinued or found to be invalid because they did not meet the required timeframes or did not state the reasons why review was sought. Nineteen reviews resulted in the original decisions being confirmed and 26 reviews led to new resolution processes. Two reviews were still in progress at the time of this report.

The Commonwealth Ombudsman (the Ombudsman) commenced four investigations under Section 8 of the *Ombudsman Act 1976* about how we handled specific complaints. We provided information in response to all four investigations. As of 30 June 2017, the Ombudsman notified us that, having considered all the relevant circumstances, no further investigation was warranted in any of the four cases.

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

While resolving complaints will always be the central part of our work, the Commissioner also has an important education role.

Our education efforts this year have continued to focus on communicating with service providers and consumers about who we are, what we do and the importance of making complaints.

The other area we have emphasised has been transparency. In an increasingly consumer focused aged care environment, the Commissioner has challenged service providers to be more open about their complaints. Service providers who better explain how many complaints they receive and, more importantly, how they respond to and learn from them, can improve relationships with their existing customers and be more attractive to new ones.

Community education

We provided 79 education sessions to different audiences. This included presentations to services providing residential aged care and home care, consumer groups and other stakeholders. As part of these education sessions, the Commissioner and her staff presented at seven major conferences and ran 17 information booths at various aged care events, in all states and territories. The Commissioner met with and spoke to boards of the Aged Care Guild and Aged Care Services Australia, spoke at Council on the Ageing (COTA) Australia's 'Implementing Increased Choices in Aged Care' conference and was a keynote speaker at the Human Rights and Social Justice Conference hosted by Aged and Disability Advocacy Australia on the Gold Coast in April.

The Commissioner also ran an interactive webinar with COTA Australia's Home Care Today in October 2016. The topic of the webinar was the role and responsibilities of the Commissioner with a focus on home care package case studies. There were 97 attendees and the feedback received was "it was very positive and the best result for interaction we have had for a webinar".

We regularly present at the Quality Agency's national Better Practice conferences and this continued with five conferences this year.

We also developed four new education resources to raise awareness of our services and to help people understand how we work.

The *Complaints Commissioner's Top 10 Tips* for making a complaint is a printed resource aimed at consumers. It provides practical tips to prospective complainants to help them get a positive outcome from their complaint.

We also developed three animations to be viewed on a computer, tablet or smartphone which explain one of our resolution approaches known as service provider resolution. The animations demonstrate how this approach works from the perspective of complainants and a service provider.

Based on positive feedback from the aged care community, we identified a need for our resources to be available in more languages. The 'I have a concern' brochures, 'do you have a concern' posters and 'the service we offer you' fact sheets are now available in seven additional languages. This means our most popular resources are now available in 24 languages other than English.

Together with these new products, we continue to maintain a comprehensive collection of print and online resources to help people receiving aged care, and their families, friends and representatives, to understand how to raise a concern within an aged care service or with us.

Community engagement

The Commissioner and her staff continue to engage regularly with representatives from industry and consumer and advocacy groups. This year we had 88 meetings with external stakeholders.

In March the Commissioner facilitated an interactive session for COTA Australia's Home Care Today, where 14 home care package consumers and their carers were invited to tell their stories of care. The audience included service providers, consumers and aged care experts. Panellists talked about struggling to find information or even know where to go for it, how care packages can hugely improve peoples' lives and how consumers and carers are using their packages in very individual and flexible ways.

The Commissioner's external Consultative Committee continued to provide an important link to the community. 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. At the four meetings this year, members, through their feedback, contributed to the development and finalisation of our corporate plan, key performance indicators, education and engagement activities, performance and complaints data and new resources.

Members also highlighted opportunities to influence and improve provider behaviour by engaging more directly with boards and chief executives, and how to better reach some of the most vulnerable older people who may not be able to access our services easily.

At the annual review of membership, most existing members were reappointed for 12 months and the committee was expanded to include consumer representatives from Alzheimer's Australia and Carers Australia.

Media awareness of our work continues to grow. This year, the Commissioner appeared on four television interviews and 13 radio interviews and we provided 33 responses to print/internet media.

We also commenced a social media presence through Twitter, Facebook and LinkedIn and we continue to promote our presence on YouTube, to increase awareness of the role and responsibilities of the Commissioner.

The Commissioner also continued her involvement with the Australian and New Zealand Health Complaints Entities meetings and as an ex officio member of the Quality Advisory Council. In June she was appointed as ex officio member of the Aged Care Sector Committee's new Quality Sub-Group.

Complaints Matter event

On 27 April 2017, we hosted "Complaints Matter", our first ever public event, at the Adelaide Convention Centre. Approximately 100 consumers and service providers attended. Speakers included:


- The former New Zealand Health and Disability Commissioner and Parliamentary Ombudsman, Professor Ron Paterson ONZM, who spoke about complaints from an international perspective. Professor Paterson reminded the audience that when it comes to complaints "we are not difficult, we are human".
- Maggie Beer, of the Maggie Beer Foundation, who encouraged the audience to consider what people living in aged care are eating and ask what we can do to improve the quality and variety of food and reduce the number of complaints about food. Ms Beer said "there is no need nor any place for institutionalised food in aged care".
- Senior staff from the Australian Competition and Consumer Commission (ACCC) and Medibank who provided insights into complaints outside of aged care. The ACCC reminded participants of every consumer's right to complain, while Medibank reminded participants that anyone who cares for consumers should care about complaints.

The event also included an interactive panel on the theme of why complaints matter.

The event ended with Changing Perspectives, a complaints workshop. The audience was divided into smaller groups and each was asked to consider the same complaint taking into account the different perspectives of the people involved – a person receiving care, her concerned daughter, a staff member and a facility manager. With the assistance of actors and facilitators, groups worked through some complex issues while trying to resolve the concern for the person receiving care.

The event was recorded and sessions have been published on our YouTube channel for the benefit of people unable to attend. Planning has begun for a similar event to be held in 2018.

Attendees completed feedback forms at the end of Complaints Matter. The feedback was highly positive, with every speaker/session rating an average of at least 4.0 out of 5.

Three overlapping circles of different shades of purple and red. The left circle contains a quote, the middle circle contains a quote, and the right circle contains a quote. The circles are set against a background of larger, lighter-colored wavy shapes.

“Fantastic Conference – loved the workshop.”

“Brilliant work. Enjoyed the workshop.”

“Would definitely like to see this as a regular event.”

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.

Early resolution

An act of good will

A service provider has ensured a great outcome for the recipient of a home care package by transferring the remaining funds from her package to her new provider.

The daughter of a home care package recipient told us she had asked her mother's provider several times to use a portion of her funds to buy a lift chair, but was told each time there weren't enough funds. The daughter said that after her mother had changed to a new service provider, she became aware that there had in fact been enough funds when she asked. She thought that the former care provider should therefore transfer the funds for a lift chair to her mother's new provider.

We explained that as this issue happened before the consumer directed care reforms, the care provider was not required to transfer the remaining package funds to the new provider. However, we did consider that the care provider should have purchased a lift chair as soon as sufficient funds were available. We agreed to consider this issue and raise it with the care provider as part of an early resolution process.

CASE STUDY

We discussed the matter with the provider on the phone and asked that they provide a preliminary response. The provider agreed to review its records and consider the daughter's requested outcome.

After this review, the provider agreed that they should have purchased a lift chair and advised that all of the remaining funds, which would cover the cost of the lift chair, would be transferred to the new provider. The provider also advised that they would work with the new provider to organise the transfer of money to streamline the process.

The daughter was very pleased with this outcome for her mother and agreed to end the complaints process.

A speedy resolution

A quick resolution has been achieved for the recipients of a home care package after a service provider acknowledged an error and waived its exit fees only days after being notified of the complaint.

The son of two home care package recipients raised a concern that he had been pressured into signing new home care package agreements for his parents which contained changes to exit fees that had not been agreed to. He told us that the provider had asked him to re-sign the agreements that were in place for his parents as part of a required update and assured him that the content had not changed.

His parents' care had been brokered out by the service provider to a separate organisation and he now wished to move his parents' home care packages to this new provider. However, due to the new signed agreements, a higher exit fee was being applied.

CASE STUDY

The son acknowledged that aside from this concern, his and his parents' relationship with the service provider had been strong and he wanted to work with them to resolve the issue. On this basis, we decided to resolve the complaint through early resolution.

We contacted the service provider and discussed the issue. We advised that as the son had expressed interest in working with them to resolve the issue, we were referring the matter to them for a preliminary response.

The service provider contacted us the next day and advised that they had reviewed their records and found that an error had been made as part of changes associated with the introduction of consumer directed care. The service provider acknowledged that it had not adequately explained fee changes to the son and immediately waived the exit fees. The provider also agreed to support the family through the transition to the new care provider and advised they would contact the son in a few months to see how the new arrangement was working for his parents.

We contacted the son and explained the service provider's actions to him. He was very pleased with how quickly a positive outcome had been achieved.

CASE STUDY

Communication is the key

A resident's quality of life has been improved after our staff met with the resident, her son and the service provider to discuss concerns and employ effective communication strategies.

The resident had complex care needs and was in a palliative state. Her son contacted us and raised concerns about her repositioning, continence care and diet.

The son told us that his mother found it hard to communicate with staff because she had poor hearing and impaired speech. Despite this, there were methods that could be used to communicate effectively with her. We told the son that it was important for us to meet with his mother to discuss the issues at hand with her directly. The son confirmed that he was happy for us to attend the facility to meet with his mother and the service provider.

At the service, we first met with the resident and asked her about her concerns. She confirmed the issues raised by her son and told us that she would like to be repositioned more regularly, fully showered after being incontinent and for her food to be served hot with less gravy. The resident said that she had told staff of these preferences but they did not understand her.

We then met with the service provider and discussed the resident's concerns and care preferences. The service acknowledged that they had not taken enough initiative to note the resident's care preferences.

They immediately took action to address this. Specialists were called on to review the resident's manual handling, nutrition and continence care and her care plans were updated to reflect her preferences.

To support better communication between staff and the resident, we suggested using a board with pictures of different care needs such as showering and toileting which the resident could point to when she needed that type of care. The resident and the provider agreed that this would be an effective tool and endorsed its introduction.

After the complaints process the son told us that he and his mother were very pleased with the outcomes and that her quality of life had improved. They appreciated the hard work that went into resolving the matter.

Resolution

Acknowledge and apologise

A service provider has apologised and developed best practice training materials after the daughter of an aged care resident raised concerns about the management of her father's deteriorating condition.

The daughter raised concerns about her father's clinical care, the labelling of his clothes and a lack of consultation by the service. As these issues were quite different, we used two different approaches – investigation and conciliation – to resolve them.

CASE STUDY

The daughter's main concern was that the service provider did not act quickly enough to get a doctor to review her father's deteriorating condition, despite his being short of breath and presenting with low oxygen levels. During our investigation, we requested and reviewed the resident's clinical records and found that it was reasonable to expect the service provider to have escalated his condition to a medical practitioner earlier.

When these findings were discussed with the service provider, they committed to improving the management of deteriorating residents by developing a number of best practice training resources for clinical and care staff. A service policy about detecting and managing deteriorating residents was also developed.

The service provider agreed to discuss these actions and the outstanding issues with the daughter during a conciliation meeting which we facilitated.

At the meeting, the service provider acknowledged that the resident's condition should have been escalated earlier and apologised to the daughter for this mistake. The service provider also advised that as well as developing training resources, they had appointed a clinical care coordinator and were recruiting more registered nurses.

The service provider also apologised for incorrect labelling of clothes and insufficient consultation. After discussing the cause of these issues, both parties agreed on outcomes to address them.

The daughter later informed us that the conciliation meeting had been very effective and she appreciated the service provider's apology.

What our customers say

Customer satisfaction survey

Complainants and service providers involved in a complaint are encouraged to complete our customer satisfaction survey. It can be completed online or in hard copy. It asks about their satisfaction with the complaints process from their first contact with us, through to resolution and outcomes. The survey also asks if they would recommend our service to others. This year, we received 304 responses from complainants and 418 responses from service providers. Of the 722 people who responded, 86 per cent were satisfied with the overall operations of the Commissioner.

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

Key performance indicators

The Commissioner developed new key performance indicators for this reporting period.

| Objective | | Indicator |
|---|-----|---|
| Resolve | 1.1 | Complaints are responded to in a timely manner and matters are finalised within reasonable timeframes to appropriate standards. |
| Measure: We aim to close 70 per cent of complaints within 30 days, 80 per cent within 60 days and 90 per cent within 90 days. We further aim to fully meet the standards in the service charter in 85 per cent of cases randomly selected for audit. | | |
| Result: Part A: Met. 74 per cent of complaints were resolved within 30 days, 89 per cent within 60 days and 93 per cent of complaints were resolved within 90 days. Part B: Not met. 84 per cent of audited cases fully met the standards of our service charter. This first audit highlighted some areas for improvement which we are acting on. In particular, we found cases that did not fully meet our standards regarding responsiveness. We have reminded staff about the need for timely and regular contact with parties to complaints. | | |

| Objective | | Indicator |
|---|-----|---|
| Resolve | 1.2 | Resolve concerns quickly and directly between the complainant and the aged care provider, whenever possible. |
| Measure: We aim to resolve at least 75 per cent of complaints through early resolution. | | |
| Result: Met. 92 per cent of complaints were resolved through early resolution. | | |
| Resolve | 1.3 | Use complaint feedback surveys to gauge how satisfied complainants and providers are with our resolution of each complaint. |
| Measure: We aim for at least 85 per cent of people who complete the survey to express satisfaction with our service, fairness and impartiality and transparent process. | | |
| Result: Met. 86 per cent of respondents were satisfied with the operations of the Commissioner. | | |
| Protect | 2.1 | Complaints with a 'significant' risk rating are escalated to a complaints manager within 24 hours. |
| Measure: We will escalate all significant risk complaints to a complaints manager within 24 hours. | | |
| Result: Met. 100 per cent of complaints rated as significant risk were escalated within 24 hours. | | |
| Protect | 2.2 | Maintain an effective and cooperative working relationship with the Department of Health and the Australian Aged Care Quality Agency through which we work towards quality aged care. |
| Measure: We aim to establish and adhere to agreements, MOUs and communication protocols with our strategic partners. We will further aim to attend all strategic meetings set out under these agreements and share information in accordance with the MOUs and legislation. | | |
| Result: Met. All strategic meetings were attended and information was properly shared, including information referrals. | | |

| Objective | | Indicator |
|--|-----|---|
| Protect | 2.3 | Providers take appropriate action in response to our notices of intention to issue directions (notices) and comply where a direction has been issued. |
| Measure: We aim to work with providers to address issues and ensure that at least 75 per cent of notices do not result in directions because appropriate action has already been taken by the provider. We will further aim to ensure that where directions have been issued, at least 95 per cent of cases have resulted in compliance with the directions. | | |
| Result: Part A: Met. We were satisfied with the actions taken following 90 per cent of notices issued during the period so that a direction was not required. Part B: Met. Two directions were issued during the period and both were complied with. Three others were still open at the end of the period so have not been included. | | |
| Improve | 3.1 | Reviews and new processes that result from reviews are used to inform staff learning and development and improve our processes. |
| Measure: We aim to provide feedback from all reviews to the original decision maker, and to consider and implement recommendations for process improvements arising from reviews where possible. | | |
| Result: Met. 100 per cent of feedback from reviews was provided to the original decision maker and all recommendations arising from reviews were considered and implemented. | | |
| Improve | 3.2 | Stakeholder feedback from multiple sources is used to identify priorities for education activities and resource development. |
| Measure: We will seek feedback from as many sources as practical, and actively consider and act on the feedback where appropriate. | | |
| Result: Met. Feedback was sought from numerous sources and actively considered and acted on. | | |

| Objective | | Indicator |
|---|-----|---|
| Improve | 3.3 | The Commissioner will continue to work with all parties to a formal resolution process to have the concerns addressed in a way that improves care and services. |
| Measure: We will aim to ensure that at least 90 per cent of issues finalised by formal resolution processes are addressed by the service provider to the satisfaction of the Commissioner without needing to issue a notice or direction. | | |
| Result: Met. 93 per cent of issues finalised by formal resolution were addressed without proceeding to notice or direction. | | |
| Improve | 3.4 | Good complaints practice and improved care and services resulting from complaints are promoted to industry and the community at large. |
| Measure: We aim to give presentations at 10 or more events where we promote positive examples. We will also aim to highlight new resources, examples and case studies through our web presence and annual report. | | |
| Result: Met. We presented at 79 events. We developed new resources and highlighted these on our website, social media and through the annual report. | | |
| Improve | 3.5 | Providers are encouraged to acknowledge, apologise and ensure improvements are made where care and services could have been better. |
| Measure: We aim to operate a multi-faceted education campaign, designed and implemented to help facilitate and foster a proactive attitude to complaints. | | |
| Result: Met. Presentations, events, mainstream and social media were used to facilitate and foster a proactive attitude to complaints. The Commissioner also wrote to industry representatives. | | |

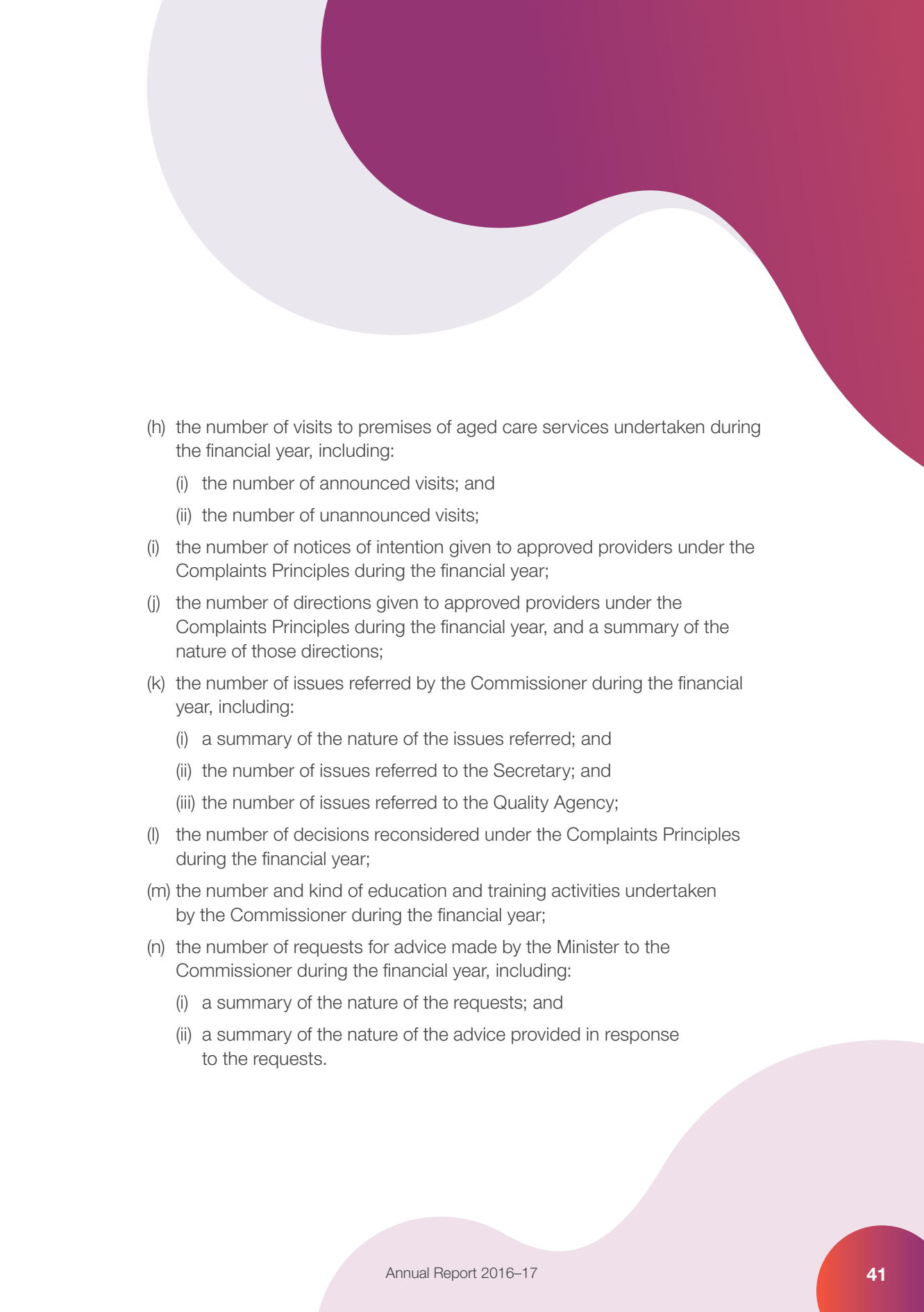
APPENDIX

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.



Notes

Resolve.
Protect.
Improve.

Notes



Contact us

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

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Website

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

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Aged Care Complaints Commissioner