



# **Commissioner for Complaints**

## **Quarterly Report Statistical Data**

**1 July 2005 – 30 September 2005**

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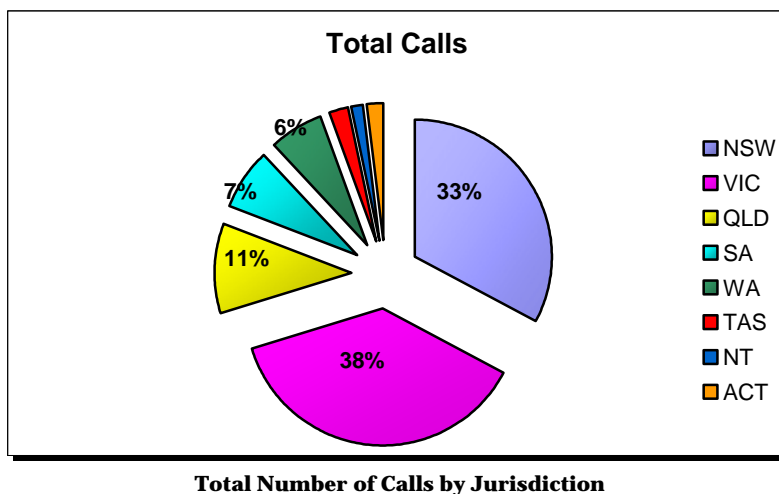
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## National Statistics

The statistical information for the following graphs is derived from various reporting elements of the CRS database.

### Total Number of Calls

During this reporting period the Scheme dealt with a total of 1,401 calls. The following figure shows the breakdown of calls recorded in each jurisdiction, that is the number of complaints and information calls, shown as a percentage of the total number of calls recorded nationally.



Of the 1,401 calls recorded, 285 (20 per cent) were registered as complaints and 1116 (80 per cent) were registered as information calls.

### Recorded Complaints

The majority (94 per cent) of the 285 complaints recorded during the reporting period related to aged residential care services. Fifteen complaints (five per cent) related to Community Aged Care Packages (CACPs), two complaints related to flexible care services and one complaint was unspecified.

As in previous reports, the relatives of residents lodged the majority of complaints recorded nationally (71 per cent). Across Australia, care recipients lodged 14 per cent of complaints, staff four per cent and friends three per cent. One ex-staff member lodged a complaint and advocates lodged two per cent of complaints. Two per cent of complaints were registered as 'unknown' and a further four per cent of complainants were recorded as 'other'.

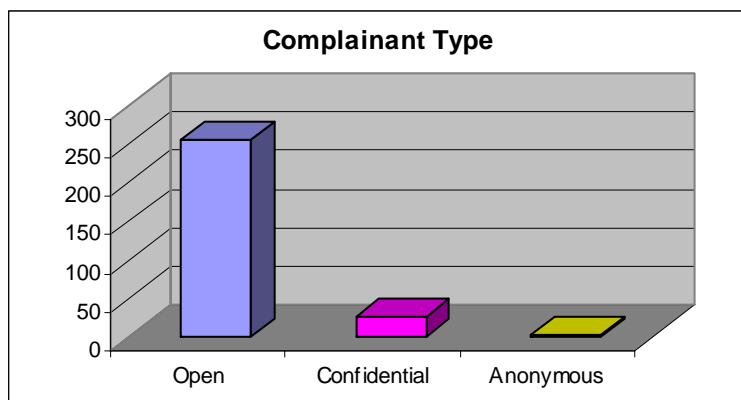
### Site Visits

During the reporting period the database records that officers undertook a total of 83 site visits either as part of the preliminary assessment or ongoing management of the issues raised. A total of 78 facilities were visited and issues relating to 80 individual complaints were discussed.

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## Complainant Type

Of the 285 complaints recorded nationally during the reporting period, 255 (89.5 per cent) were registered as open complaints, 26 (9 per cent) as confidential complaints and 4 (1.5 per cent) as anonymous complaints.



Complainant Type and Volume

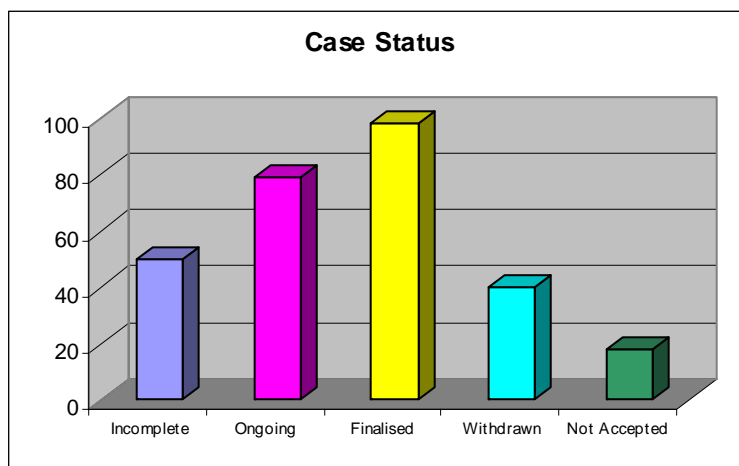
## Issue Priorities

Complaint issues are assessed as either urgent or complex. During the reporting period staff prioritised 298 issues, of those, four issues were assessed as urgent. A further 294 issues were assessed as complex.

## Average Time to Resolve Complaints

The database provides information regarding new cases both received and finalised within a period. During the quarter the Scheme finalised 99 cases that were lodged during the reporting period. The average number of days to finalise complaints received within the reporting period was 20.91 days. However, during the quarter the Scheme finalised a total of 175 complaints. The average number of days to finalise all complaints, including those lodged prior to 1 July 2005, was 51.67 days.

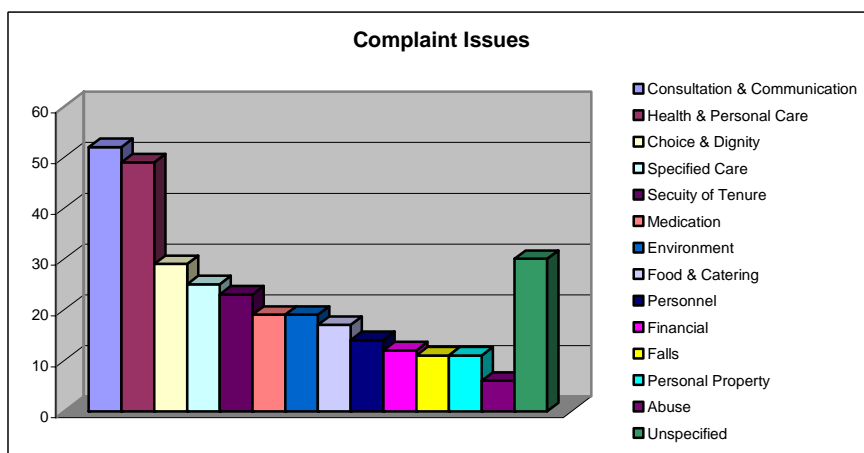
At the end of the reporting period the data show that, nationally, 18 per cent of cases were incomplete, 28 per cent were ongoing, 34 per cent had been finalised, six per cent were not accepted and 14 per cent had been withdrawn.



**Case Status: End of the reporting period**

## Complaint Issues

The Scheme uses 13 key words to record complaint issues. Officers apply one keyword to each separate issue and, wherever possible, are encouraged to create one issue per case. That is, choose the one keyword that outlines the principal concern underlying the issue and thereby the case. Second issues are created only if absolutely necessary and then, only if a different keyword is applied. The figure below shows the most frequently recorded complaint issues during this reporting quarter.



**Most frequently recorded complainant issues**

The database identifies that only 255 issues were categorised for the 285 complaints recorded during the period. Complaints registered necessarily comprise at least one issue and, given the complexity of complaints, it is expected that the number of issues would exceed the number of complaints. As in most quarters, consultation & communication and health and personal care are the most frequent complaint issues. During this reporting quarter there has been an increase in the number of complaint issues relating to specified care & services and security of tenure.

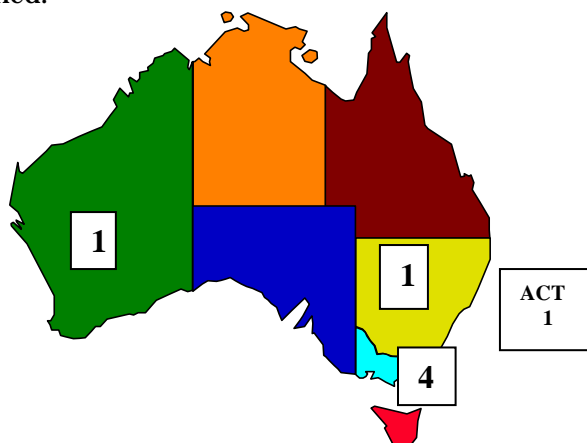
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## Non acceptance of Complaints and Appeals

Based on *last status change* the database indicates that, across Australia, a total of 24 complaints were not accepted by the Scheme during the reporting period. Six of these complaints were received prior to 1 July 2005.

Eighteen complaints lodged during the reporting period were not accepted. Of those ten were not accepted in Victoria, three in South Australia and two in New South Wales. Three jurisdictions, Queensland, Northern Territory and the Australian Capital Territory did not accept one complaint.

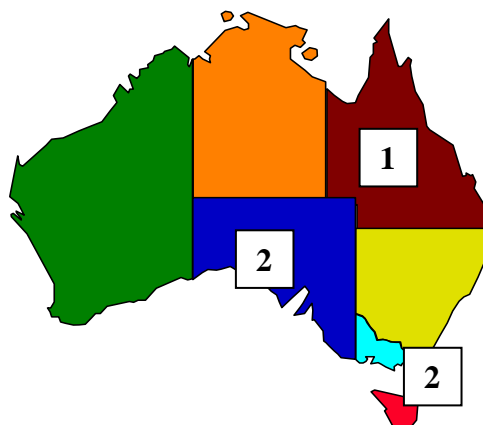
During this quarter, the Commissioner for Complaints was asked to provide advice in relation to seven appeals against the non-acceptance of a complaint. This equates to 29 per cent of all non-acceptances recorded during the period. Four appeals were lodged in Victoria (27 per cent of non-acceptances in this State). The Commissioner recommended that three of these decisions be confirmed and in the other matter recommended that the decision in relation to one issue be set aside and others be confirmed. Appeals were also lodged in relation to complaints in New South Wales, Western Australia and the Australian Capital Territory. The Commissioner recommended that these decisions be confirmed.



## Reconsideration of a Decision to Cease Dealing with a Complaint

One application for reconsideration of a decision to cease to deal with a complaint was received on the last day of the current reporting period and will be addressed at the beginning of the October-December 2005 quarter.

## Referrals and Committee Hearings by State and Territory

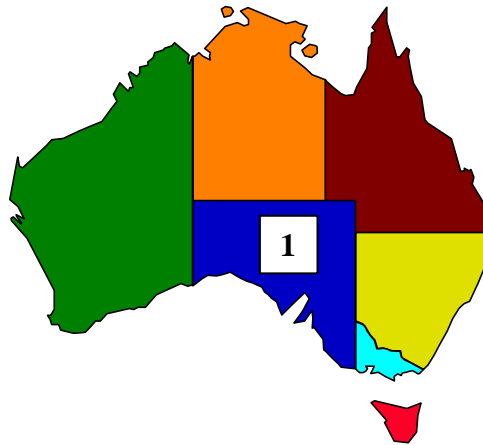


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During the reporting period five hearings were conducted. Three determinations were also finalised following hearings conducted during the previous quarter. A further four cases were referred for determination. The complaints involved a range of issues including security of tenure, medication management, clinical care, continence, falls management, personal hygiene, restricted access, behaviour management and call bell response times.

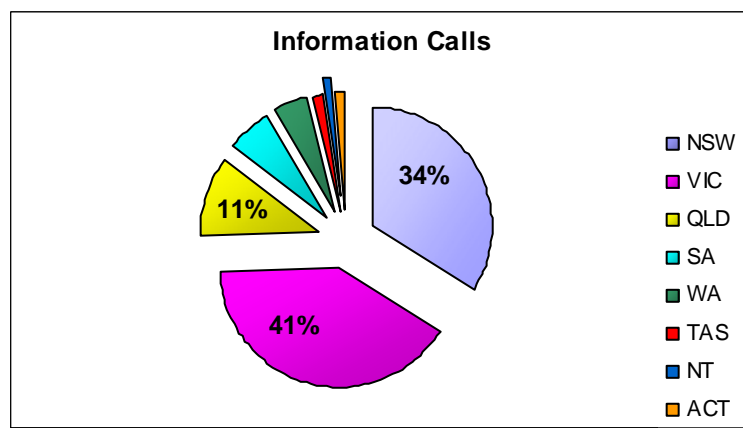
### Determination Reviews by State and Territory

One determination was appealed during the period and the Review will be conducted at the beginning of the next quarter.



### Information Statistics

During the reporting period 80 per cent of the calls registered by the Scheme (1116) were recorded as information calls. All jurisdictions recorded a higher percentage of information calls when compared to the number of complaints registered. The following figure shows a percentage breakdown of the total number of information calls received during the period.



Total number of information calls by jurisdiction

The majority of callers (74 per cent) were seeking general information. Twenty-six per cent of callers (293) sought information outside the jurisdiction of the Scheme.

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The Scheme recorded the category of 575 callers (52 per cent) seeking information, that is, the category of 541 callers (48 per cent) is unknown. Of those callers identified, five per cent were listed as 'other'. Sixty-two per cent of callers registered, identified themselves as relatives, 11 per cent as currently employed staff, 12 per cent as care recipients, two per cent as ex-staff, four per cent as friends and one per cent as advocates.

The database shows that the time taken to manage information calls was recorded in 915 cases. Of those recorded, 388 of information calls (42 per cent) received by the Scheme nationally were concluded in less than 15 minutes. Thirty-eight per cent of calls (352) took between 15 and 30 minutes, 18 per cent (161) between 30 minutes and one hour and two per cent of calls (14) were concluded between one and three hours.

The database no longer records the nature of information calls.