



Commissioner for Complaints

Annual Report 1 July 2001 to 30 June 2002

Office of Commissioner for Complaints
GPO Box 1245
Melbourne VIC 3001



COMMONWEALTH OF AUSTRALIA

Office of the Commissioner for Complaints
Level 8, 123 Lonsdale Street, Melbourne VIC 3000
MDP 115
GPO Box 1245, Melbourne VIC 3001
Tel: 1800 500 294, (03) 9665 8033, Fax: (03) 9663 7369
ABN: 83 605 426 759

The Hon Kevin Andrews MP
Minister for Ageing
Parliament House
CANBERRA ACT 2601

Dear Minister

Pursuant to my obligations under section 10.34 A of the *Committee Principles 1997* I hereby submit my second Annual Report on the operation of the Complaints Resolution Scheme for the period 1 July 2001 to 30 June 2002.

Under section 10.101 of the Principles I am also required to give you a report, for presentation to the Parliament, which coordinates the reports on activities of Complaints Resolution Committees during the year. I have included that report as part of my Annual Report (see especially parts 6 and 7).

Yours sincerely

ROB KNOWLES
Commissioner for Complaints



Commissioner's Introduction

In recent years, many large organisations in both the public and private sectors have embraced total quality management principles, part of which involves establishing and maintaining a complaints mechanism. In the residential aged care sector, the establishment of an internal complaints mechanism is also a requirement of accreditation. A key challenge for my Office, and indeed for the Complaints Resolution Scheme, is to build a culture of acceptance of complaints within the aged care industry.

It is something of a cliché to say that complaints should be welcomed for the lessons they can teach. However, complaints and complainants are a rich source of raw material that can be used in a positive way to improve the standards and quality of care rather than be seen as unwelcome intrusions in the day to day delivery of services or as a threat to administration.

I believe this is important, not only to build a platform for complaints to be used as a quality improvement mechanism, but also to overcome long-standing feelings of fear and concern about retaliation and the perception that complaints may be viewed as a personal attack on the integrity of staff.

Complainants have a variety of objectives in making their grievances known. In my experience it is not common for a complainant to be motivated by prejudice or malice. Some complainants may be cantankerous, others hold unrealistic expectations and there are those whose complaints are made out of feelings of grief or guilt. This does not mean that their complaints are not justified, but it can mean that it may be very difficult to satisfy them. They all, however, want to be taken seriously, to have their views - and the fact that they had reason to complain - acknowledged, and for the individual or the organisation to be prepared to take action.

A simple apology can be a very important objective for some complainants. If an apology is not provided, or is delayed, the complainant is less likely to be satisfied. All too often a failure to say 'sorry' at an early stage is the reason for complaints proceeding further through the system than is really necessary or appropriate. Apologies can be given without an admission of blame or liability in relation to the substance of the complaint.

At the same time apologies should not be used to simply brush complainants off. An apology, however gracious, without answers or follow-up action and information, is not going to be a sufficient response to the most serious complaints, and can too easily be used as an attempt to excuse everyone.

It is clear that the fear of litigation often produces a defensive unhelpful response to complainants - perhaps on the basis of legal advice - which leaves complainants with an even deeper sense of grievance and distrust. In my view, this defensive response in fact increases the risk of litigation.

Complainants also want information, an explanation of what happened and why. This information must be in a language that the complainant can understand. If an explanation attempts to deny the complainant's experience of events it is unlikely to be accepted. Explanations can also degenerate into the form of making excuses.

Complaints can be used positively to improve services. The contribution that complaints can make is now part of the conventional wisdom of quality management and they present practical opportunities to test and evaluate the policies and practices implemented by the facility. Complaints can help identify or confirm individual or systemic problems. By providing effective responses to complainants, service providers can also maintain and enhance their own reputation. The damage done to the reputation of providers by not adequately responding to complainants has been demonstrated in other service sectors.

I continue to place emphasis on the need to resolve complaints as early as possible, without sacrificing either thoroughness or competence. Too often in modern life there is an imbalance between the values adopted by organisations and the values demonstrated in their day to day operations, and I believe that for trust to exist each party must be fair and open in their dealings with each other.

Good administrators readily adopt measures that promote improvements in service delivery. I very much welcome and applaud the heightened awareness of service providers and the various initiatives directed at improved service delivery, including a commitment to transparent, effective internal complaint handling. These initiatives can only serve to benefit everybody, not the least the service providers themselves whose work is enhanced by the satisfaction of delivering a high standard of care and whose efforts are rewarded by improved consumer relationships.

During the year I have been grateful for the support of David Graham, Jane Bailey and Stephen Taylor, Aged and Community Care Division, Department of Health and Ageing. I would also like to acknowledge the officers of the Complaints Resolution Scheme who provide a valuable community service, sometimes in difficult circumstances, and who consistently strive to improve and enhance their own work practices.

I would also like to sincerely thank and pay tribute to the dedication and competence of my staff who have provided me with full support throughout the year.

Rob Knowles
Commissioner for Complaints

Table of Contents

COMMISSIONER'S INTRODUCTION	III
1. MANDATE AND ORGANISATION	1
1.1 Background	1
2. ROLE OF THE COMMISSIONER	3
2.1 About the Office	4
2.2 Budget	5
2.3 Demand	5
2.4 Achievements	6
2.4.1 Supervising chairpersons and other members of committees	6
2.4.2 Coordinate and review complaints received by the Secretary and provide advice to the Secretary on all appeals against the non-acceptance of complaints	6
2.4.3 Oversight the effectiveness of the Scheme	6
2.4.4 Deal with complaints about the operation of the Scheme	7
2.4.5 Manage the determination process, including the review of determinations	8
2.4.6 Promoting an understanding and acceptance of the Scheme	8
2.4.7 Advise the Minister on matters relevant to the operation of the Scheme	8
3. THE COMPLAINTS RESOLUTION SCHEME	8
3.1 The objectives of the Complaints Resolution Scheme	9
3.2 The role of Complaints Resolution Officers	10
3.2.1 The nature of complaints	10
3.2.2 Site visits	11
3.2.3 Non-acceptance of complaints	11
3.3 The role of mediators	11
3.4 The role of Complaints Resolution Committees	12

3.5	The role of Determination Review Panels	13
3.6	The role of the Approved Provider	13
3.6.1	Responsibilities under the Act	13
3.6.2	Responsibilities under the Aged Care Principles	14
3.6.2.1	Quality of Care Principles 1997 – Accreditation Standards	14
3.6.2.2	User Rights Principles 1997 - Charter of Residents’ Rights and Responsibilities	15
4.	QUALITY ASSURANCE	15
4.1	Database	15
4.2	Performance Indicators	15
4.3	Satisfaction Surveys	16
4.4	Service Charter	16
5.	COMPLAINTS RESOLUTION COMMITTEE	17
5.1	Legislative framework and committee selection	17
5.1.1	Committee appointments	17
5.1.2	Convening a Complaints Resolution Committee	17
6.	CHAIRPERSONS’ REPORTS	18
6.2.1	Determination Reviews	21
7.	TRENDS AND ISSUES	23
7.1	Ageing in Place	24
7.2	Security of tenure	25
7.3	Access to appropriate care	25
7.4	Restricted access	25
7.5	Complaint handling	25
8.	CONCLUDING REMARKS	26

APPENDIX 1:		
	COMPLAINTS RESOLUTION SCHEME: STATISTICS FOR THE PERIOD 1 JULY 2001 TO 30 JUNE 2002	29
1.	COMPLAINTS	29
1.1	Issue priorities	31
1.2	Complaint type	31
1.3	Complaint issues	32
1.4	Non-acceptance of complaints	33
1.5	Referrals	35
1.6	Average time to resolve complaints/issues	36
APPENDIX 2:		
	SATISFACTION SURVEY: STATISTICS FOR THE PERIOD 1 JULY 2001 TO 30 JUNE 2002	42
	Table 1 Satisfaction Survey: Complainant Responses	43
	Table 2 Satisfaction Survey: Service Provider Responses	45
APPENDIX 3:		
	PERFORMANCE INDICATORS	49
APPENDIX 4:		
	GLOSSARY	54
LIST OF FIGURES		
	Figure 1: Complaints Resolution Committee Hearings	19
	Figure 2: Determination Reviews	23
	Figure 3: Quarterly Complaint Statistics	30
	Figure 4: Total Number of Complaints	30
	Figure 5: Issue Priorities	31
	Figure 6: Complaint Type	32
	Figure 7: Complaint Issues - Administration	32
	Figure 8: Complaint Issues – Consumer Rights	32
	Figure 9: Complaint Issues – Environment	33
	Figure 10: Complaint Issues – Level of Care	33
	Figure 11: Total Complaints Not Accepted	34
	Figure 12: Appeals Against Non-Acceptance	35
	Figure 13: Finalisation of Urgent Issues	37

Figure 14: Finalisation of Complex Issues	37
Figure 15: Finalisation of Minor Issues	37
Figure 16: Case Status – National Data	38
Figure 17: Finalised Cases	38
Figure 18: Total Number of Calls	39
Figure 19: Total Calls Registered	39
Figure 20: Information Calls	40
Figure 21: Information Calls – Administration	41
Figure 22: Information Calls – Consumer Rights	41
Figure 23: Information Calls - Environment	41
Figure 24: Information Calls – Level of Care	41
Figure 25: Complainant – Overall Satisfaction Rate	43
Figure 26: Complainant – Were you kept informed?	44
Figure 27: Complainant – Were your wishes respected?	44
Figure 28: Complainant – Did you receive information about your rights?	44
Figure 29: Complainant – Suggestions for Improvement	45
Figure 30: Provider: Overall Level of Satisfaction	46
Figure 31: Provider: Were you kept Informed?	46
Figure 32: Provider: Were your Needs respected?	46
Figure 33: Provider: Were you given Information about your Rights?	47
Figure 34: Provider: Suggestions for Improvement	47
Figure 35: Performance Indicator 1	49
Figure 36: Performance Indicator 2	50
Figure 37: Performance Indicator 3	50
Figure 38: Performance Indicator 5	51
Figure 39: Performance Indicator 6	51
Figure 40: Performance Indicator 7.1 & 7.2	52
Figure 41: Performance Indicator 11.1 & 12.1	53

1. Mandate and Organisation

1.1 Background

Some 19 million people from diverse cultural backgrounds currently live in Australia. Indigenous people comprise 2 per cent of the total population and 23 per cent of residents were born overseas – more than half of this group were born in a non-English speaking country. Like many other industrialised countries, Australia faces the prospect of a progressively ageing population as the result of advances in medical technology and a declining birth rate. Life expectancy has increased over time and today the average life expectancy for Australians at birth is 82 years for women and 77 years for men. It should be noted, however, that the life expectancy for indigenous Australians remains lower at 63 years for women and 56 years for men. Population trends provided by the Australian Bureau of Statistics show that the number of people aged 65 and over is expected to increase from 2.3 million, or 12 per cent of the population, in 1998, to 5.1 million people, or 21 per cent of the population, by 2,031.

The proportion of people with a severe disability is relatively low among people until age 75 when there is a noticeable increase in the development of health related problems, both in chronic and acute illnesses and diseases. The numbers increase as people advance in age and at age 80 over 51 per cent of women and 36.5 per cent of men are reported to have a profound or severe core activity restriction.

It is well recognised that most people would prefer to continue living independently in their own homes, however, chronic illness and disease are major factors preventing older people from remaining self-sufficient. Significant proportions of older people continue to live in private dwellings and some require a level of assistance to do this. Often support is provided by informal caregivers (family and friends), while others rely on government-funded programs such as the Home and Community Care Program (HACC), Community Aged Care Packages (CACPs) and Linkages.

Approximately 6 per cent of older Australians are admitted to aged residential care services. The psychosocial model of care has now replaced the institutional model and we know that the predictors of admission to residential care are overwhelmingly health related rather than social issues.

The *Aged Care Act 1997* (the Act) and *Aged Care Principles 1997* (the Principles) provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. From October 1997 the structure of aged care services changed and nursing homes and hostels

were combined into one system. At 30 June 2002 there were 2,977 residential aged care services, providing 142,627 places, throughout Australia. In addition to these facilities a total of 24,430 CACPs were provided. A number of Extended Aged Care at Home (EACH) programs are operational as are 56 Multi-Purpose Services (MPSs) providing 1,089 places and 106 packages. Under the Aboriginal and Torres Strait Islander Aged Care Strategy, 23 services receive flexible funding to provide 297 places and 94 packages across Australia.

A comprehensive assessment is essential in ensuring that an appropriate level of care is offered to individuals and/or preventing inappropriate or premature admission to services. An Aged Care Assessment Team (ACAT) must first assess a person as eligible for a particular service before a Federal Government subsidy is provided for residential care (either high or low care and including respite care); CACPs or EACH programs.

ACATs comprise health professionals who employ a multidisciplinary and holistic approach to assess the needs of each individual and as such they are well placed to provide advice on access to the full range of aged care services. People seen by ACATs generally have a quality of life considerably below full health and the prevalence of cognitive impairment (dementia) is high in those approved as eligible for residential care.

Recurrent Commonwealth funding is provided for each resident admitted to a residential care setting. The funding is based on a needs based model, known as the Residential Classification System (RCS), where the individual care needs of residents are assessed by nursing, personal care and allied health staff employed within the facility. Residents also pay fees which contribute to the ongoing and capital costs of residential care.

Almost half of the care recipients accommodated in residential aged care services are aged 85 years and over, however, residents in the Northern Territory and other rural and remote areas tend to have a younger age profile. Across Australia approximately 4.5 per cent of all residents are aged less than 65 years. The average length of stay in residential care is approximately 32 months for high care and 23 months for low care.

In order to receive Commonwealth funding aged care facilities must satisfy their accreditation requirement. The responsibility for assessing aged care services against the Accreditation Standards (the Standards) lies with the Aged Care Standards and Accreditation Agency (the Agency). In order to achieve accreditation each service is assessed against the Standards which were introduced in 1997. The 44 Standards cover management systems, staffing and organisational development; health and personal care; resident

lifestyle; physical environment and safety systems. In addition to a primary focus on care the Standards present an increased concentration on continuous improvement, education and staff development.

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

Anyone experiencing difficulties with care and accommodation issues that may be a breach of an approved provider's legislative responsibility, is encouraged to approach the service provider in the first instance and many complaints are resolved at this level. However, for a range of reasons, some people prefer to access a complaints system external to that offered by the service provider. For this reason, a national Complaints Resolution Scheme (the Scheme) was established on 1 October 1997 to assist people who express concern about any aspect of the care or services provided by residential aged care services, CACPs and flexible care services. The mandate of the Commissioner for Complaints (the Commissioner) and the Scheme is confined to these services and is limited to the period following the commencement of the Act and the Principles in October 1997.

The Scheme allows anyone to make a complaint about any issue that affects a person who is, or was, eligible to receive Commonwealth-funded aged care services and that may be a breach of an approved provider's legislative responsibility. Complaints can be made orally or in writing and can be dealt with on an open, confidential or anonymous basis. A national call free telephone number is available to ensure people throughout Australia have access to the Scheme.

In addition to dealing directly with complaints, the Scheme has the capacity to refer issues to other appropriate investigative and regulatory bodies. For example, where systemic issues are identified these are referred to the Agency; other matters may be referred to Medical and Nursing Registration Boards, Police, Coroner, and to Health Service Complaints Commissioners as appropriate, in each State and/or Territory.

2. Role of the Commissioner

Legislation to establish the statutory role of the Commissioner for Complaints commenced on 31 August 2000. The Commissioner's role is set out in the *Committee Principles 1997* as follows:

10.34A The Functions of the Commissioner for Complaints

-
- (1) In addition to chairing committees, the Commissioner's functions are:
- to supervise the chairpersons and other members of the Complaints Resolution Committees;
 - to coordinate and review complaints received by the Secretary;
 - to oversight the effectiveness of the Scheme;
 - to deal with complaints about the operation of the Scheme ;
 - to manage the determination process, including the review of determinations;
 - to promote an understanding and acceptance of the Scheme;
 - to advise the Minister on matters relevant to the operation of the Scheme.
- (2) The Commissioner's functions also include the following:
- to give regular reports to the Secretary and the Minister about issues arising out of complaints dealt with under the Scheme;
 - to annually review, and report to the Minister about the operation of the Scheme.

Additionally, the Commissioner is required to nominate chairpersons and committee members to hear particular matters, to coordinate all Complaints Resolution Committee (the Committee) reports for the financial year and to give the reports to the Minister for presentation to the Parliament. The Commissioner is also required to provide advice to the Secretary in instances where an application to reconsider the non-acceptance of a complaint has been received.

It should be noted that while the statutory responsibility for overseeing the effectiveness of the Scheme rests with the Commissioner, the Scheme is administered by the Department of Health and Ageing (the Department) through its various State and Territory offices.

2.1 About the Office

The second year of operation has been a time of consolidation and consultation. The mission statement, service charter and values for the Office of the Commissioner for Complaints were confirmed. The annual work plan was reviewed in line with the three year strategic plan for the Office and revised as appropriate. Considerable effort has been directed towards progressing an awareness and information strategy. During the year the Commissioner contributed articles to a number of health care journals, a range of information sheets have been developed, meetings have been conducted with a variety of stakeholders and, by invitation, the Commissioner and staff have participated in a range of education and information sessions. In April 2002, the Minister for Ageing, the Hon Kevin Andrews, officially launched the Office's website. The website may be found at www.cfc.health.gov.au.

2.2 Budget

An indicative salary and operational budget of \$744,000 was allocated to support the ongoing operation of the Office. The salary for the Commissioner is set by the Remuneration Tribunal and is included in the budget allocation of \$407,000 for salaries and on costs. The allocation for operational costs in this financial year is \$337,000. Legal costs and costs incurred by committees are met by the Department's Quality Outcomes Branch (previously known as the Complaints and Compliance Taskforce). From 4 February 2002 the Commissioner's Office has been responsible for administration of costs incurred by committees, including travel. While the Office has a discrete budget allocation, during the 2001-2002 financial year these funds have been authorised and managed by the Quality Outcomes Branch.

2.3 Demand

During the reporting period, 40 different individuals have raised concerns about the operation of the Scheme and/or the management of their complaints with this Office. This figure represents 3.2 per cent of complainants who have had dealings with the Scheme during this financial year. A minority of issues were resolved through the provision of further information. The majority of these complainants raised issues in relation to complaints that were ongoing. Following intervention and liaison with the Scheme, complainants have continued to utilise the Scheme and achieve resolution of their complaint without seeking further recourse through the Commissioner.

During the year an in depth investigation of the management of one complaint was finalised. The report provided 13 recommendations to the Department. The implementation of these recommendations is in progress.

The Office has also received a number of calls from people seeking information. A small proportion of those calls related to the committee and hearing processes while others have sought information about the aged care system and Commonwealth-funded services in particular.

In addition to these matters the Office has regularly interrogated the database on a random basis and has scrutinised a number of complaints to establish whether the Scheme has followed due process in the management of those complaints.

2.4 Achievements

A number of achievements have been recorded during the reporting period. All operations have been pursued through effective action plans based on an initial three-year strategy.

2.4.1 Supervising chairpersons and other members of committees

- Separately constituted committees are convened by the Commissioner at the time individual complaints are referred for determination. Discrete committees are drawn from the panel of potential chairpersons and panel of committee members and are arranged having given due recognition to the workload and expertise of the individuals concerned.
- A manual setting down the guidelines for conducting hearings and the preparation of Determination Reports has been disseminated to all chairpersons and committee members. During the year this Office conducted briefing sessions across Australia in relation to the manual and its application.
- The Office continues to monitor the costs associated with committee hearings.
- Preparation and distribution of a newsletter. The newsletter is designed to keep all committee members informed and up to date with events in aged care and the Scheme and is circulated three times a year.
- Apart from the ongoing contact necessary in the conduct of hearings and reviews regular meetings have been scheduled with chairpersons.

2.4.2 Coordinate and review complaints received by the Secretary and provide advice to the Secretary on all appeals against the non-acceptance of complaints

- This Office interrogates the database on a regular and random basis. Complaints Resolution Officers (CROs), the Office, and the Quality Outcomes Branch frequently communicate in relation to trend information, the ongoing management of individual complaints and workload issues.
- The Commissioner continues to provide advice to the Secretary when an appeal is lodged against the non-acceptance of a complaint.

2.4.3 Oversight the effectiveness of the Scheme

- The Commissioner and staff have participated in the ongoing national induction program. During the year a total of 21 staff from all States

and Territories have participated in this program and have reported a high level of satisfaction.

- The Department secured funding to further develop and enhance the Scheme's database. It is anticipated that the changes now being made will improve the capacity of the Scheme to identify and capture the information collected as part of its operations, and enable an accurate and more comprehensive reporting of this information, including performance indicators.
- The Commissioner and staff have participated in the six-monthly consistency meetings for all program managers and executive officers.
- The Commissioner's Office is currently participating in the revision of the Scheme's Procedure Manual and other projects.
- A range of educational needs for staff of the Scheme has been identified. In order to establish a broad skill base and a baseline for ongoing education a two-day educational program was developed and piloted in two jurisdictions.
- In August 2001 the Commissioner advised the Scheme that he required CROs to provide an adequate statement of reasons when notifying complainants that their complaints were not accepted. With that advice, he provided information about how to structure an adequate statement of reasons prepared by the Administrative Review Council and training was provided in some jurisdictions. This was followed by a formal education session on the preparation of statements of reasons in August 2002.
- Efforts have been made to ensure there is a stronger focus on identifying complaints and compliance issues and referring appropriately.
- This Office is responsible for the ongoing collation, analysis and reporting of satisfaction surveys from both complainants and service providers and the analysis and reporting of performance indicators.

2.4.4 Deal with complaints about the operation of the Scheme

- During the reporting period 40 complainants contacted the Commissioner's office to complain about the operation of the Scheme. These complaints were ultimately referred to the relevant jurisdictions and resolved satisfactorily. Twenty seven of these approaches regarding the Scheme were treated as information calls and were satisfactorily addressed after discussion with either or both the complainant and relevant jurisdiction.
- One formal investigation was concluded during this period.

-
- This Office also receives calls from complainants whose matters have been addressed and who are contemplating or have initiated appeals for review.
 - A solid and cooperative working relationship has been developed with the Commonwealth Ombudsman.

2.4.5 Manage the determination process, including the review of determinations

- The Commissioner continues to monitor workload issues and to nominate the composition of individual committees, recognising previous duties, experience and expertise. During the reporting period 30 hearings were conducted. Seven applications for a review were received. One of these applications was not accepted. Statistics are discussed separately in this report.

2.4.6 Promoting an understanding and acceptance of the Scheme

- In order to improve knowledge and give a better understanding of both the Scheme and the role of the Commissioner, a number of speaking engagements and meetings have been undertaken with both consumer and provider groups.
- The Commissioner attends the regular meetings of Australian and New Zealand Health Complaints Commissioners and Ombudsmen.
- The Office has developed a comprehensive website, which came on line in March 2002. The website provides information about the Commissioner's role and the Scheme, including fact sheets and statistical information.

2.4.7 Advise the Minister on matters relevant to the operation of the Scheme

- The Commissioner provides a quarterly report to the Minister on matters relevant to the operation of the Scheme.

3. The Complaints Resolution Scheme

The Scheme enables people to formally raise concerns about Commonwealth-funded aged care services, including CACPs, residential care and flexible services. The Scheme is also seen as a way of offering both parties the opportunity to address a grievance in a way that enhances or rebuilds the relationship between the provider, the care recipient and their family which is so necessary to any ongoing association.

While the Commissioner has a statutory requirement to oversight the effectiveness of the Scheme, the administration of the Scheme is the responsibility of the Department.

Since its inception the Scheme has received in excess of 6,000 complaints. Approximately 95 per cent of complaints are resolved by negotiation and/or referral, 2 per cent through mediation by an independent mediator, 2 per cent of complaints are finalised via a determination by a committee, and a small percentage are withdrawn.

There are a number of separate but inter-related elements within the Scheme that underpin the resolution process: assessment, negotiation, mediation, determination and review.

- preliminary assessment is handled by CROs prior to the acceptance or non acceptance of a complaint;
- negotiation is managed by the CROs;
- mediation is conducted by qualified mediators;
- determination is conducted by committees, which are constituted of independent members with skills in aged care and complaints resolution; and
- determination review and oversight of the Scheme is the responsibility of the Commissioner.

3.1 The objectives of the Complaints Resolution Scheme

The objective of the Scheme is to attempt to resolve complaints about Commonwealth- funded services. The Scheme strives to:

- foster a positive view of complaints as opportunities to reconsider and enhance the delivery of aged care services and programs;
- be free and accessible with the paramount consideration being to resolve complaints for complainants;
- encourage the resolution of complaints at the service level;
- promote and respect the rights of parties to the complaint including confidentiality;
- ensure that it keeps parties to a complaint informed;
- ensure that it allows all parties the opportunity to comment on, and complain about, its operation;
- ensure that it includes appropriate measures to ensure and specifically remind parties that all parties to a complaint should be free from victimisation or intimidation; and
- ensure that, in appropriate cases, issues are referred to other relevant agencies.

3.2 The role of Complaints Resolution Officers

The role of CROs is to:

- apply the requirements of the legislation;
- work within the requirements of administrative law;
- work within the delegated powers vested in the Secretary;
- receive inquiries which could become complaints;
- explain to the inquirer the roles and responsibilities of the Scheme and the rights of all parties involved in the process if a complaint is made;
- liaise with complainants, service providers, and any other party to a complaint;
- determine the issues which may form the basis of a complaint and decide which issues can be handled by the Scheme and which issues can be referred elsewhere;
- gather further information, if required, in relation to issues in order to assist in their resolution;
- be independent and impartial when attempting to resolve complaints through negotiation;
- resolve complaints through negotiation, or where not able to do this, prepare complainants and the other parties for possible mediation;
- refer, as required, complaints to the committees for determination;
- provide, as required, determination information to the Determination Review Panels (the Panels) for review; and
- be accountable for ensuring that decision-making and the progressing of complaints occurs in a timely and efficient manner.

3.2.1 The nature of complaints

All complaints are serious to the individual concerned and all are handled with diligence. For management purposes, however, complaints or each issue identified within a complaint are initially assessed as urgent, complex or minor. The classification of the complaint can be changed in the event that there is a change in the circumstances.

Examples of issues that require urgent attention are allegations of assault, harassment, a threat to security of tenure, and care and safety issues that pose a threat to the well being of the resident, or residents. A complex complaint is one that involves exploring a number of issues or one very complicated single issue, or where the issues require detailed negotiations with a number of parties. A complaint is classified as minor if it is a single issue without complexity. In recent times the trend has been for the Scheme to receive more complaints of a complex nature, that is, complaints with multiple issues, most of which are of a serious character, and a significantly reduced number of complaints that could be described as minor.

Complaints are recorded as open, confidential or anonymous. The majority of complaints are open, that is, the details about the complainant can be released to other parties to the complaint. A confidential complaint is one where the CRO knows the name and contact details of the complainant and care recipient, but the complainant has requested that these details are not passed on to the service provider or any other party. Confidential complaints cannot go beyond the negotiation phase. A complainant may also make an anonymous complaint. In these circumstances the identity of the complainant is unknown and the issue may only be approached on a broad systemic level. Not every complainant has an honourable intention; however all calls are taken at face value. The Scheme is obliged to act on the information provided and, in the first instance, each complaint received needs to be assessed on an individual basis. The nature of anonymous complaints is such that most are not taken beyond the assessment phase, however, a proportion are referred internally to the Compliance Section for further action. The current practise of introducing face to face visits as part of the assessment phase should assist in alleviating the concerns of service providers.

3.2.2 Site visits

A number of States/Territories have now adopted an approach whereby the Scheme staff visit the facility during the assessment phase, as soon as practicable, after the complainant's initial contact with the Scheme. This approach has been welcomed by complainants and service providers alike and is seen by both parties as a willingness on the part of the Scheme to examine the issues and establish the legitimacy of the complaint, or otherwise, at the outset.

3.2.3 Non-acceptance of complaints

In the event that their complaint is not accepted by the Scheme, complainants have the right to ask the Secretary to the Department of Health and Ageing (the Secretary), in writing, to reconsider the decision made. In these circumstances the Secretary must refer the request to the Commissioner for advice. After due consideration the Commissioner will recommend that the decision either be confirmed, or set aside and the complaint accepted. While not legislatively obliged to accept the Commissioner's recommendation, the Scheme gives it considerable weight.

3.3 The role of mediators

Where negotiation has been unsuccessful in resolving a complaint the Scheme utilises the services of external, independent qualified mediators. In each State and Territory there is a panel of mediators who may be called on to assess whether mediation is an option and if so to make a recommendation to

proceed to mediation. Where mediation is not assessed to be practical or feasible the complaint may proceed directly to a determination hearing by a committee.

Mediation is a cooperative, rather than an adversarial process and offers a constructive method for resolving differences between individuals and organisations. Participation in mediation is voluntary and will only be successful if the parties enter the process in a cooperative spirit and with a willingness to communicate their individual needs and capacity to compromise on important issues.

Anecdotal evidence suggests that mediation between parties often uncovers new issues that have not previously been raised with the Scheme. This can be an issue if mediation fails to resolve the conflict and the matters are referred to a committee for determination. The database currently records those cases/issues that have been referred for mediation and are finalised at that point. What is not known is what percentage of mediated agreements remain in place in either the short or longer term. It is clear that there are a percentage of mediated agreements which do break down and consumers express a level of discontent when they are informed that these agreements are between the parties, outside the departmental jurisdiction and are therefore not enforceable under the Act.

3.4 The role of Complaints Resolution Committees

A Complaints Resolution Committee (Committee) is an independent committee that has the power to make determinations about complaints that cannot be resolved through negotiation or mediation. A committee comprises a chairperson (drawn from a panel of potential chairpersons) and two other members (drawn from a panel of potential committee members).

A committee is independent of the Department and is not directed by the Department in carrying out its functions. A committee may obtain information about an issue in any way, as well as consult anyone, it considers appropriate. Committees have a wide range of functions as set out in the Principles. However, their main function is to conduct hearings on complaints that have been referred for determination. A committee must finalise a complaint by making a determination. The determination may set out a course of action that an approved provider must follow to address the issues raised in the complaint. Approved providers have a responsibility under the Act to comply with determinations and Departmental follow-up occurs approximately six weeks after the date of the determination.

3.5 The role of Determination Review Panels

If a party wishes to seek review of a determination, the Commissioner must receive an application for review of a determination within seven days after the day the person or organisation is provided with a copy of the Determination Report. The application must state the reason why the review is being sought, other than mere dissatisfaction with the outcome of the determination, and may be supported by additional information.

Panels are constituted under Section 10.72 of the Principles and comprise the Commissioner as chairperson and a panel member, appointed by the Commissioner from the panel of potential chairpersons. The review must be made on the basis of the committee's reasons for the determination and any evidence before the committee when it made the determination, as well as the application for review and any written submissions made by a party to the complaint. The panel is required to either confirm or vary the determination or to set the determination aside. If the panel confirm, varies the determination, the panel's decision has effect as if it were a determination made by a committee. If it sets the determination aside, the panel must refer the matter back to a new committee for a new determination.

3.6 The role of the Approved Provider

The Act and the Principles provide a package of measures designed to improve the quality of care and services in Australia's aged care service system. As part of these arrangements, the Standards require all aged care services to establish an internal system for dealing with comments or complaints from residents and/or their family and friends. It was envisaged that the internal complaints resolution mechanism would form part of a comprehensive quality assurance program with the potential to provide a valuable source of feedback to providers.

It is crucial, therefore, that staff in particular are aware of the significance of establishing and maintaining a good internal complaints resolution mechanism and, at least, the nature of the responsibilities that are on the approved provider concerning this issue. A brief summary of the most relevant legislative provisions follows.

3.6.1 Responsibilities under the Act

Approved providers have a number of important responsibilities under the Act and the Principles in relation to the resolution of complaints (paragraph 56-1(i) and section 56-4 of the Act, in particular).

Approved providers must:

- establish an internal complaints resolution mechanism;

-
- use that mechanism to address any complaints concerning the care recipient;
 - advise the care recipient of any other mechanisms available to address complaints as well as providing such as assistance as the care recipient requires to use those mechanisms;
 - allow people authorised by the Secretary to investigate and assist in the resolution of complaints (“representatives”) such access to the service as is specified in *the User Rights Principles*; and
 - comply with any relevant determination made by a committee (subsection 56-4(1) of the Act).

In addition, for residential care services, the complaints resolution mechanism referred to above, must be the complaints resolution mechanism provided for in resident agreements entered into between care recipients and approved providers (paragraph 59-1(1)(g) and subsection 56-4(2) of the Act).

3.6.2 Responsibilities under the Aged Care Principles

3.6.2.1 Quality of Care Principles 1997 – Accreditation Standards

Under the *Quality of Care Principles 1997*, and in particular the Accreditation Standards, one expected outcome is that “each resident (or his or her representative) and other interested parties have access to internal and external complaints mechanisms” (item 1.4). Other particularly relevant items of the standards are items 3.6 and 3.9, namely that “each resident’s right to privacy, dignity and confidentiality is recognised and respected” and “each resident (or his or her representative) participates in decisions about the services the resident receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people”.

Clearly, all the above items are relevant to the establishment and maintenance of a good internal complaints mechanism and failure to do so, as well as potentially breaching an approved provider’s responsibility to meet the Standards (paragraph 54-1(1)(d), section 54-2 of the Act), can have implications in terms of the residential care service’s accreditation.

Experience shows that those approved providers who make use of a good internal complaints mechanism are also likely to satisfy the Standards more generally, particularly where those standards deal with matters such as continuous improvement, regulatory compliance, education and staff development, planning, leadership and human resource management. In other words, these are approved providers and services that strive to learn from their experience, training and education to improve the care and services that they are delivering to their residents.

3.6.2.2 User Rights Principles 1997 - Charter of Residents' Rights and Responsibilities

In the *User Rights Principles 1997*, in the Charter of Residents' Rights and Responsibilities, the most relevant rights that residents of residential care services have in relation to internal complaints mechanisms are the rights to:

- be treated with respect and accepted as an individual, and to have his or her individual preferences taken into account and treated with respect;
- freedom of speech;
- complain and to take action to resolve disputes;
- have access to advocates and other avenues of redress; and
- be free from reprisal, or a well-founded fear of reprisal, in any form for taking action to enforce his or her rights (Schedule 1).

Under the Act, an approved provider is obliged not to act in a way that is inconsistent with the above rights.

4. Quality Assurance

Good complaint handling can only enhance the reputation of the Scheme and program managers readily adopt measures that promote better service delivery and fair treatment for the members of the public they interact with. The Scheme will continue to gain strength through cooperative teamwork, the sharing of perspectives and the adoption of a consistent approach across the nation. Experience has shown that there are many highly motivated and effective officers within the Scheme who go the extra distance in order to achieve the resolution of justified complaints.

4.1 Database

A wide range of statistical reports, complaint and trend information can be generated from the Scheme database and therefore the database can be seen as a useful adjunct in the consideration of all quality assurance issues. However, as reported last year, there are a number of gaps and limitations in reporting the available data and care needs to be exercised when interpreting the statistics provided. The Department is currently implementing a number of changes to the database aimed at improving the capacity of the Scheme to capture data and to enhance the provision and accuracy of future reports.

4.2 Performance Indicators

Following a consultation process an initial and straightforward set of 16 performance indicators were established for the Scheme. In themselves performance indicators do not demonstrate that a program's performance is

wholly satisfactory, however where they are used as part of a quality assurance program to regularly review activity they can become a primary tool for establishing accountability, communicating direction and establishing a need for change or improved performance. The development of performance indicators is an evolutionary process and it is recognised that, over time, measures will change as goals are met and improvements are made.

4.3 Satisfaction Surveys

The utilisation of satisfaction measures is part of a strategic approach to improve services to the public where it is warranted. Generally speaking, the satisfaction surveys are intended to measure the overall level of satisfaction of both complainants and service providers and the extent to which their expectations were met by the Scheme. Even before making contact with the Scheme most clients have a perception or belief as to the level and quality of the service that they should receive and an expectation that their desired outcomes will be achieved.

A number of different factors contribute to determining client expectations and, in the minds of each individual respondent, it is likely that the different elements and dimensions of a quality service on the part of the Scheme are not necessarily independent of one another, and may overlap. Moreover, their respective importance and level of satisfaction can vary significantly depending on the outcome ultimately achieved.

It was reported in last year's report that the structure of the surveys is to be modified and consideration will be given to better identifying the elements of the Scheme when seeking feedback from both complainants and service providers. Since satisfaction ratings have a tendency to be inflated, importance should not be given so much to absolute ratings as to comparisons and differences in ratings in time and across geographic areas. However, this level of analysis would require the implementation of carefully designed survey forms and a satisfactory response rate across all jurisdictions for this level of reporting to be meaningful.

4.4 Service Charter

It is also important to remember that any organisation delivering a service can itself exert a significant influence on the level of its clients' expectations through its external communications. For instance, by informing clients of the service standards of its program, an organisation is contributing to the definition of the expectations of people accessing the service, as it is telling clients what level and quality of service they can legitimately expect to receive. The strategic use of external communications should aim to prevent the creation of expectations that cannot possibly be met and so reduce

dissatisfaction. While the Scheme provides written information to complainants at each stage of the complaint process and brochures are available in a range of languages the draft *National Service Charter* is to be revised and finalised over the next few months. The charter will provide a clear statement about the responsibilities and standards of service the community can expect to receive from the Scheme.

5. Complaints Resolution Committee

5.1 Legislative framework and committee selection

Committees are established under the Act to determine the resolution of complaints referred by the Scheme.

5.1.1 Committee appointments

While the Minister, under 96-3 of the Act, may establish a committee, its composition is to be as provided for in the Principles. These Principles provide for the Secretary to appoint persons to each of two panels, one for potential chairpersons (subsection 10.78(2)) and another for potential committee members (subsection 10.79(3)). The Commissioner then has authority to appoint chairpersons and two other members from the respective panels to constitute committees as required (section 10.79A).

The term of appointment for existing chairpersons and committee members expires on 31 August 2002. Advertisements were placed in the major newspapers on 20 April 2002 seeking expressions of interest from suitably qualified people and a rigorous application and selection process was devised. Information kits were sent to 1,302 people who expressed interest in appointment to these positions and 426 formal applications were subsequently received.

These applications were assessed against the eligibility criteria as specified and interviews will be conducted with short-listed applicants in all States and Territories to enable appointments to be made before the end of August 2002.

5.1.2 Convening a Complaints Resolution Committee

The Commissioner is required to convene a committee within seven days following the referral of a complaint for determination. Committees comprise a chairperson and two committee members. In performing its functions the committee is required to act with as little formality and as quickly as the requirements of the Principles and a proper consideration of the issues before the committee allow. Committees are not bound by the

rules of evidence and may receive information or submissions orally and/or in writing. Parties are not entitled to legal representation at hearings. Following a hearing the committee provides a written determination. Where the committee finds that a service provider has breached a statutory responsibility, the determination generally sets out a course of action for the service provider to follow in order to address the issue.

The Commissioner meets with chairpersons on a regular basis and at the end of each financial year the chairperson is required to prepare a report on the committee's activities during the year. Those reports have been consolidated and are included here.

6. Chairpersons' reports

Committees dealt with a total of 35 cases, in 30 hearings during the 2001-2002 financial year. The figure below shows the number of cases referred in each jurisdiction. On two occasions three separate complaints involving the same issue were heard by committees and on one occasion a matter was re-heard. The majority of these cases were convened in Queensland. Twenty eight cases related to care and services provided in residential care facilities. The remaining two cases related to the provision of services through a CACP.

In all jurisdictions chairpersons report that cases are becoming more complex, not only in relation to the number of issues involved but also because of the difficult nature of the issues and the often quite strained relationship between the parties. The cases heard included level of care, consumer rights, environmental and administration. Issues arising on more than one occasion included access, security of tenure, restricted services, medication administration, behaviour management, communication and consultation, dignity and respect.

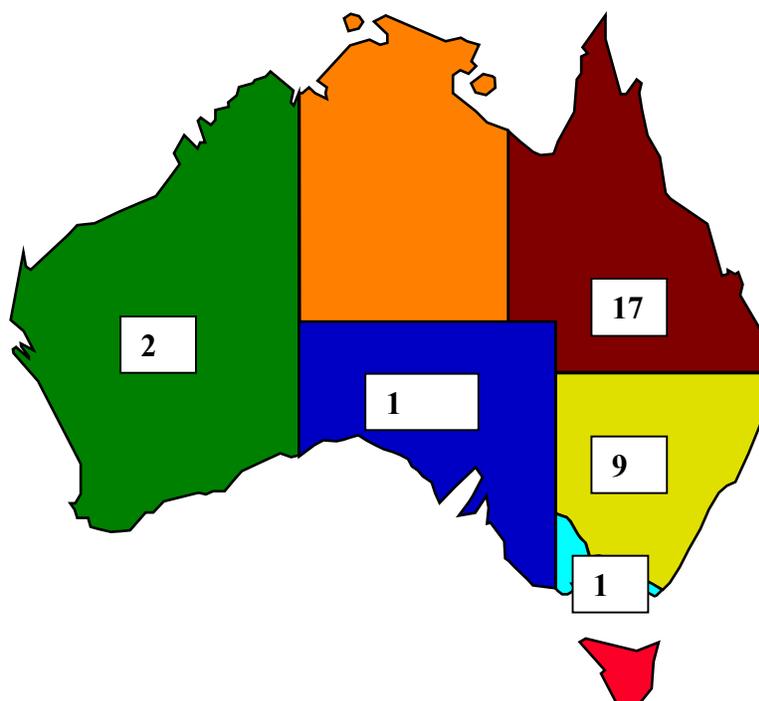


Fig: 1 Complaints Resolution Committee Hearings

New South Wales and the Australian Capital Territory

Nine hearings were conducted during the reporting period which heard a total of 13 complaints referred by the Scheme. None of these related to services in the Australian Capital Territory. Three complaints involved the same service provider and same issues and, with the agreement of all parties the complaints were heard together. A further three complaints involved the same service provider and same issues were considered by a committee and were ruled to fall outside the jurisdiction of the Scheme. One of the hearings conducted was to re-hear a matter set aside by a review panel during the previous financial year.

With the exception of one case all complainants were supported by advocates from The Aged-care Rights Service (TARS) and all but one case was heard in the metropolitan area. Issues predominantly related to care.

The average time between lodging the complaint and the hearing was 210 days. This figure excludes those cases ruled to be outside the jurisdiction of the Scheme. The average time between referral to a committee and the conduct of a hearing was 60 days. This interval allows the parties to prepare a written submission, in some cases with the assistance of the advocacy service and further time, following the exchange of information, to allow all parties including the committee to become familiar with the substance of the

submissions. The average time between the hearing of the case and finalisation of the report was 27 days.

Victoria

One hearing was conducted in Victoria. The hearing was held in the metropolitan area and involved a service from the voluntary/charitable sector. The matters before the committee included care and weight loss issues.

The time between lodging the complaint and the hearing was 225 days. The time between referral to a committee and the conduct of a hearing was 17 days and 13 days elapsed between the hearing and the publication of a determination.

Queensland

A total of 17 cases were heard in Queensland, three cases with the same issue were dealt with in the one hearing and were ruled out of jurisdiction by the committee. One of the cases referred was withdrawn and did not proceed to a determination hearing. The average time between lodgement of the complaint with the Scheme and the hearing was 171.7 days and the time between referral to a committee and the hearing was 51.8 days. On average 54.6 days elapsed between the hearing and the provision of a determination. Each complaint before the committees comprised a number of issues and included; falls, access, security of tenure, communication, management issues, fees and clinical care issues incorporating medication, hydration, wound care and continence issues. All but two of the hearings were conducted in the metropolitan area and none of the hearings involved the voluntary care sector.

From a procedural aspect, the number of cases referred to a committee for hearing in Queensland has meant that various chairpersons have been nominated from the potential panel of chairpersons to hear complaints in that jurisdiction. It has been reported that in many instances all parties attending hearings are ill prepared. Approved providers frequently appear before the committees represented by their senior administration only. They have not called staff directly involved at the service level to give evidence but relied on the residents' progress notes to support their case. A further concern reported is that, in some cases coming before committees, there does not appear to be a positive adoption of best practice procedures in relation to the handling of complaints at the facility level.

Western Australia

Two cases were heard in Western Australia. One case concerned the restricted access of a visitor to a nursing home and the other concerned correct feeding procedures, care plans, appropriate supervision and assistance. The average time between referral to the committee and the hearing was 36 days. The average time between the hearing and finalisation of determinations was 40 days.

South Australia and Northern Territory

During the reporting period there were no determination hearings in the Northern Territory. In South Australia one case, which was heard at the end of the last financial year, was finalised during this reporting period and one case was both heard and finalised. The main issues heard in the first case were that the facility had failed to provide an adequate explanation on the reasons that precipitated them issuing the resident a notice to vacate and that the resident was being victimised. The issues in the second case were that an unsafe chair was used by the care recipient, wound care and privacy. In both cases the providers were from the voluntary sector. In relation to the one complaint heard and finalised during this period, the time between referral to the committee and the hearing was 21 days. The time taken between the hearing and the finalisation of the determination report was 13 days. The emerging trends in this jurisdiction concern issues relating to communication, basic clinical care (for example hygiene, continence, medication and security of tenure) and staffing issues (for example appropriate staff numbers and registered nurse availability).

Speeches and education undertaken by the chairperson include guest lectures at two universities to post graduate gerontological nursing students.

Tasmania

There were no determination hearings in Tasmania during the reporting period. Owing to workload issues the chairperson residing in Tasmania was asked to chair five hearings in New South Wales and two in Queensland.

During the year the chairperson presented a paper at both the national Conference of Legacy and the Annual National Conference of Independent Retirees.

6.2.1 Determination Reviews

Should an approved provider, the complainant or the affected care recipient be dissatisfied with a determination, they can make application in writing to the Commissioner for a review of the determination by a panel. The Commissioner must receive such an application with reasons, apart from

mere dissatisfaction, within seven days after receipt of the determination by the party making the application.

The panels are constituted as the need arises and usually comprise the Commissioner and one chairperson from the panel of potential chairpersons. A different panel is constituted for each review. The composition of the panel takes into account workload issues, the need to ensure that there is no conflict of interest and that panel members have not previously been involved in the case.

Applications for review are exchanged with the parties to the complaint who are then invited to make a written submission to the panel. The panel does not hold another hearing but reviews the determination on the basis of the committee's reasons for determination, any evidence before the committee when it made the determination, the application for review and any written submissions made by a party to the complaint. The panel is appointed under the Principles and may confirm the determination, vary the determination, or set the determination aside.

If the panel decides to set the determination aside, a different committee would then hold a new hearing into the matter. The panel's decision is set out in writing and includes the reasons for the decision and the date on which it comes into effect.

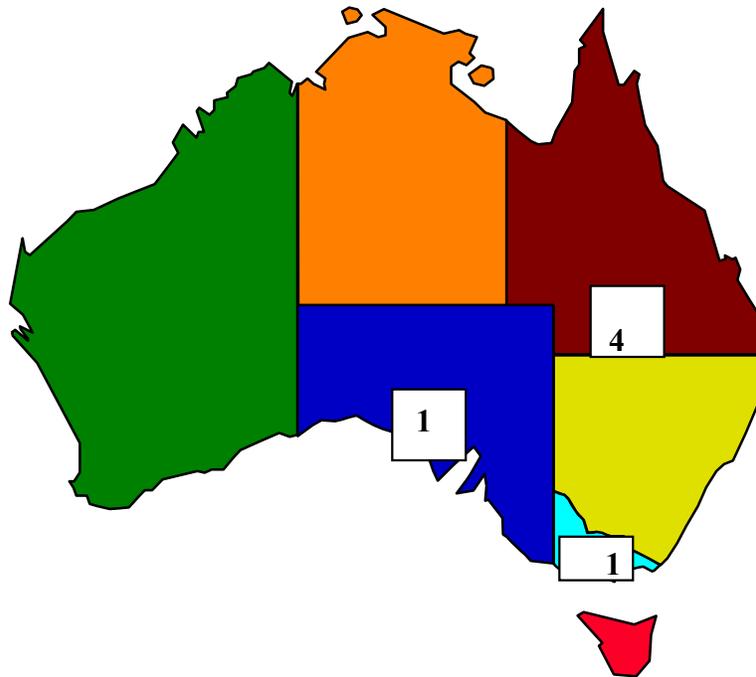


Fig: 2 Determination Reviews

A total of seven applications for review were received during the reporting period. One application was not accepted. Of the four cases in Queensland that proceeded to review three were varied and one was confirmed with a minor variation only. The determination in the case originating in Victoria was confirmed and the South Australian matter was set aside as the panel determined there was no jurisdiction to hear the complaint.

The average time between receipt of the application for review and conduct of the review was 31 days. This period allows for the exchange of information between the parties and the preparation of submissions. The average time between the review and the provision of the Determination Review Notice to all parties was four days.

7. Trends and Issues

Monitoring complaint trends is important, not only to identify issues of concern but also because such analyses may give rise to better deployment of resources and more informed decision making.

With regard to the Scheme, since the last report considerable effort has been made to address the issues most commonly raised in discussions with industry bodies and complainants, including:

-
- timeliness;
 - the relationships between the Scheme, Compliance and the Agency;
 - perceptions of bias and lack of independence;
 - the usefulness of mediation assessment and/or mediation;
 - the inability to enforce agreements made, particularly at the negotiation and mediation phase and specifically where the complainant is in breach of the settlement reached;
 - the inability to adequately investigate complaints.

In addition to these matters the following complex and emotive issues continue to surface in the context of complaints lodged with the Scheme. These issues predominantly relate to the care residents are receiving and the ensuing breakdown in communication between service providers and the residents/residents' families.

7.1 Ageing in Place

Independence is a quality of life factor and home is the preferred choice for most people. In this context the proliferation of in-home care programs has been a positive outcome for the community and staying at home to receive care is now a realistic option for many people. Ageing in place was introduced in 1997 and brings many positive advantages for those people who require ongoing care and support in a residential care setting. The introduction and adoption of this philosophy allows people to remain in a familiar and comforting environment as their care needs increase overtime.

It is clear that care recipients and their families place importance on the capacity of a home to provide continuity of care over time. However, the reform package introduced in 1997 did not mandate the adoption of an ageing in place approach and each approved provider is able to determine the range of services that will be offered. Even where an ageing in place approach to care is implemented, homes differ in their capacity to provide a full range of care. This strategy has given rise to a range of issues with implications for providers, care recipients and the Scheme.

Contacts with the Scheme and this Office indicate that, very often, prior to entry prospective care recipients and their families have not requested explicit information from providers as to the services offered nor have service providers sought to clarify this either verbally or in a written agreement. Moreover, it is apparent that some providers have not clearly thought through the philosophy of ageing in place and its impact in terms of design, progressive dependency and staffing. Sadly, this lack of forethought has had some bearing on security of tenure issues.

7.2 Security of tenure

One of an approved provider's responsibilities under the Act is to provide security of tenure for care recipients. Care recipients may be asked to leave a residential care service in only a limited number of circumstances, and then only once specific steps have been taken. However, despite the provision of advice from the Department, a number of complaints continue to revolve around this issue and during this reporting period a proportion of those complaints have related to younger disabled people accommodated in aged residential care facilities. While this might not be a new issue within the aged care industry it is much less defensible in the current environment.

It is obviously in the best interests of all parties to both understand how the Act applies to their situation and to ensure, from the outset, that the resident's agreement clearly outlines the nature and extent of the care to be provided and in what circumstances a resident may be asked to leave.

7.3 Access to appropriate care

The public has a right to expect that the therapeutic relationship is a safe one at all times and the multidisciplinary practice models adopted in aged care, that include nurses, personal carers, allied health professionals and visiting medical practitioners, provides the foundation for effective care and achievement of good outcomes. Nonetheless the international shortage of nurses is of significant concern and there is a clear need to create an attractive, rewarding work environment for professional staff in residential care. Above all, approved providers must meet their duty of care obligations and ensure that their capacity to provide for the care needs of individual residents is never compromised.

7.4 Restricted access

Issues related to restricted access continue to be raised with the Scheme and often progress to determination. Complaints of this nature are extremely sensitive, difficult to manage and unlikely to result in an outcome where all the parties see eye to eye. In order to arrive at a solution consideration must be given to the right of the resident to select and maintain personal relationships, balanced against the interests and well being of other potentially affected care recipients. At the same time those responsible for bringing resolution to the matter must reflect on the occupational health and safety issues confronting the approved provider.

7.5 Complaint handling

The Commissioner is aware of the considerable efforts being made by most aged care organisations to provide an effective internal complaints mechanism and of the overall positive effect this has had for care recipients

and their families. He is also conscious that, in many industry situations, when a complaint arises the attitude adopted is that the complainant is the problem rather than the complaint. Contacts with this Office would suggest that such an attitude is met all too frequently within the aged care sector and relates particularly to those complainants who have lodged more than one complaint, or have pursued the same complaint through several stages. In some cases this attitude evokes feelings of inadequacy and intimidation. In others it will do little more than reinforce a complainant's feelings of dissatisfaction, anger and/or injustice. Staff should be aware that many complainants, especially those who are themselves frail and elderly, often feel vulnerable because of the balance of power in a professional relationship.

There is, of course, a small proportion of complainants who create difficulties for an organisation because of their own attitudes, attributes or behaviours. Even so, organisations should not to dismiss people out of hand as very often people falling within this group will also raise a legitimate concern that needs to be dealt with responsibly and ignoring the matter will do nothing to diffuse the situation.

It is important to make a distinction between this group and those who present problems for an organisation because staff do not communicate well or are unable to manage relationships. It is also important for providers to encourage staff to think of complaints and complainants as the same genre. The style and quality of an organisation's response to complainants will determine whether the complaint is resolved with relative ease or becomes a persistent problem. Whether dealing with a new or ongoing issue through the internal complaint mechanism, it is important for staff to create an atmosphere where the individual believes that they are heard, understood and respected. Once this has been achieved it is easier to then arrive at a position where the complainant will appreciate the efforts made to correct or change the situation.

8. Concluding Remarks

The mission statement for the Office of the Commissioner for Complaints is; *Promoting effectiveness in complaints resolution and fostering excellence in public administration.*

The first part of this statement is self-explanatory and relates to the Commissioner's statutory obligations. The latter part of the statement recognises that public servants should be, and are, accountable for their actions. Accountability takes many different forms and operates at different levels. Accountability for the management and use of resources is one form of accountability of which we are all familiar. Administrative accountability is perhaps not as well known, but is the process of ensuring that public

service activities are carried out, not only in accordance with the law, but also in a way that is consistent with fairness and sound administrative practice.

This Office is strategically placed to examine the operations of the Scheme against recognised principles of good administration and attention has been focussed in this area during the year. Much has been done to enhance the efficiency and effectiveness of the Scheme by strengthening accountability practices and ensuring a consistent approach to the resolution of complaints. While there is more to be achieved, staff have again shown a sincere commitment and a level of enthusiasm and have embraced those changes critical to the maintenance of high standards and service to the community.

This attitude is commendable and once again complainants and service providers who have had dealings with the Scheme throughout the year have reported a high level of satisfaction.

Office of the Commissioner for Complaints

Hon Rob Knowles	Commissioner
Ms Jennifer Theisinger	Director
Mr Grant Davies	Principal Review Officer
Ms Meg Parris	Review Officer
Ms Maria Cioccia	Services Manager

Panel of Chairpersons

Mr George Amarandos
Mrs Averil Fink AM MBE
Ms Margaret Lothian
Professor Charles Mulvey
Professor Alan Pearson
Mr Roger Valentine OAM

Panel of Committee members

Ms Vivienne Anderson	Professor Derek Anderson	Ms Mandy Beylacq
Ms Wendy Brown	Mr Ian Campbell	Mr Antony Carpentieri
Mr Dennis Chugg	Mr Jim Colville	Ms Sharon Davies
Ms Margaret Halsmith	Ms Marie Heaton	
Ms Katherine Henderson		
Ms Marjorie James OAM	Mr John Jameson	Dr Malcolm Lovegrove
Mr Allen Martin	Ms Alma Martin	Ms Diana Noack
Ms Pauline Pallister	Ms Judith Paxton	Mr Quentin Proctor
Mr Phillip Pusey	Ms Linda Savage-Davis	Ms Beverley Stehn
Ms Marie Steiner	Ms Helen Storer	Mr Chris Townsend
Mr Ian Watkins	Ms Judith Whyte	
Ms Jacqueline Woodhead		

Appendix 1: Complaints Resolution Scheme: Statistics for the period 1 July 2001 to 30 June 2002

The following statistical information has been drawn from the Complaints Resolution Scheme database and, as with all statistics, care should be taken when interpreting these data. It should be noted that changes are currently being made to the database to enhance the capacity of the Scheme to capture, identify and report on information collected as part of its operations. As part of this upgrade, significant attention is being paid to the capacity to produce more accurate and meaningful reports suitable to meet the needs of a broad range of readers. As this process is not complete the statistics provided in this report should be regarded as indicative rather than definitive information.

1. Complaints

Throughout Australia the Scheme recorded a total of 1,249 complaints for the current reporting period. This compares with a total of 1,729 complaints during the period 1 July 2000 to 30 June 2001 and represents a significant decrease (28 per cent) in the number of complaints lodged with the Scheme. There are a number of possible reasons that may attribute to this finding, many emanating from the aged care reforms including:

- Accreditation - more providers now have internal complaints mechanisms and are successfully dealing with complaints, particularly single issues or minor complaints, at this level. This theory, if accepted, could also explain the increase in complexity of the cases received by the Scheme.
- Certification has seen an overall improvement in building standards and could explain the small reduction in the number of issues about buildings, safe environments etc.
- The adoption of improved assessment processes by the Scheme and the provision of a clear statement of reasons.
- Residential care has moved from a cottage industry to a more accountable business environment.
- Today's consumers are better informed and more aware of their rights and as such are empowered and willing to raise their concerns directly with service providers.

Interestingly, other complaint bodies have remarked on a reduction in the number of complaints received immediately after the events of 11 September in America. This leads to speculation that people may have focussed on world events and placed less emphasis on personal issues. Caution should be used when predicting why complaint numbers have decreased, however, the

quarterly complaint statistics confirm a decrease in the number of complaints received by the Scheme during this period.

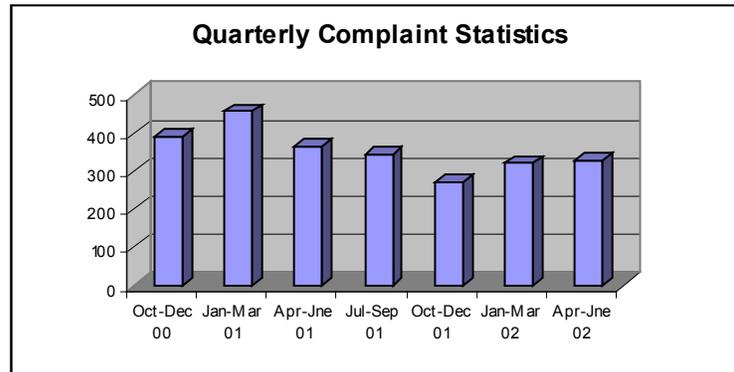


Fig: 3 Quarterly complaint statistics

Figure 4 below shows that Victoria recorded the highest number of complaints with 439 (35 per cent) of the total received across Australia followed by New South Wales 418 complaints (33 per cent). Queensland and Western Australia recorded 110 (9 per cent) and 109 (9 per cent) complaints respectively, and South Australia recorded 101 complaints (8 per cent). Tasmania recorded 38 complaints (3 per cent), 23 complaints (2 per cent) were registered in the Australian Capital Territory and 11 complaints were recorded in the Northern Territory.

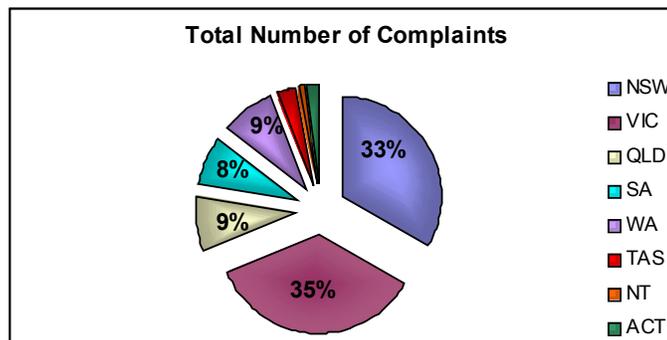


Fig: 4 Total number of complaints

The majority of these complaints (98 per cent) related to aged residential care services. No complaints were lodged with the Scheme in relation to the delivery of flexible care services, however, 2 per cent of complaints were related to CACPs.

The database records that relatives lodge a majority of complaints (57 per cent). Thirteen per cent of complaints were made by staff, while care

recipients lodged 8 per cent of complaints. Ex-staff contacted the Scheme in 4 per cent of the cases, friends lodged 3 per cent of complaints and advocates lodged 2 per cent. The database records that 6 per cent of complaints were lodged by others and the status of 6 per cent of complainants is listed as unknown. These figures are consistent with those recorded in previous years.

During the reporting period the database records that officers undertook a total of 627 site visits either as part of the preliminary assessment or ongoing management of the issues raised. The majority of these visits (440 or 70 per cent) were carried out in Victoria. New South Wales conducted a total of 49 visits; 35 and 16 visits were undertaken in South Australia and Queensland respectively; 27 in Tasmania, 15 in Western Australia, 13 in the Australian Capital Territory and 12 in the Northern Territory.

1.1 Issue priorities

During the reporting period 77 per cent of the issues were assessed as complex, 19 per cent were minor and 4 per cent were urgent. Figure 5 shows the breakdown of these categories.

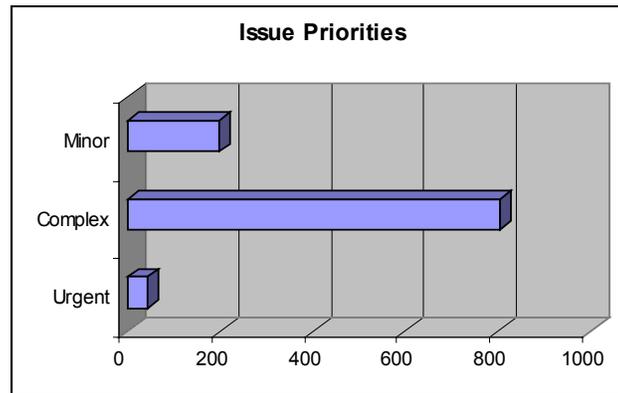


Fig: 5 Issue priorities

1.2 Complaint type

Of the 1,249 complaints recorded with the Scheme, 824 (66 per cent) were registered as open complaints, 295 (24 per cent) were confidential and 130 (10 per cent) were anonymous complaints. It should be noted that a proportion of complainants who initially lodge a confidential complaint with the Scheme subsequently amend the status of their complaint and request that the issues be dealt with as an open complaint. Moreover, the nature of anonymous complaints is such that most are not taken beyond the assessment phase, however, a proportion are referred to Compliance for further action.

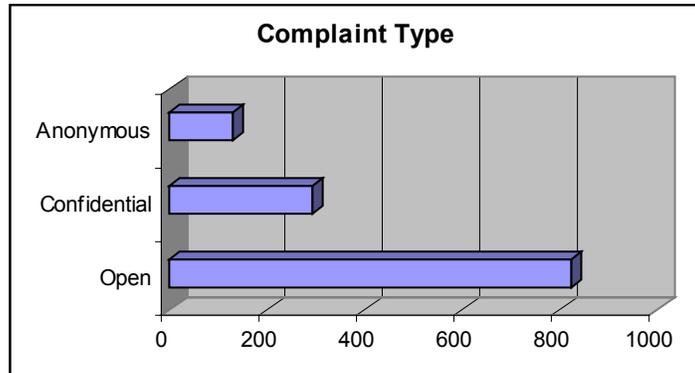


Fig: 6 Complaint type

1.3 Complaint issues

Each complaint accepted by the Scheme comprises at least one issue, but generally multiple issues, that must be dealt with. The Scheme has identified 58 common issues that can be recorded in four main clusters, those being: administration, consumer rights, environment and level of care. The following graphs show the seven most common complaint issues recorded nationally under each of those headings. The figures below are expressed as a percentage of the total number of issues within each category and do not equal 100 per cent but are presented this way for ease of viewing.

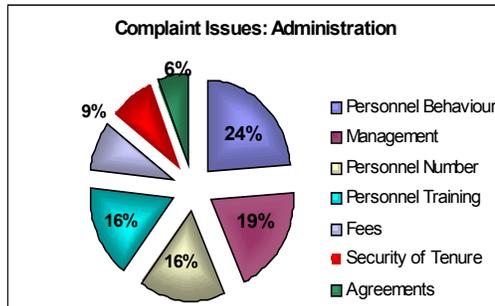


Fig :7 Complaint Issues – administration

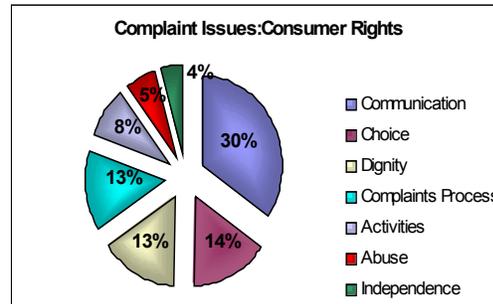


Fig 8: Complaint Issues–consumer rights

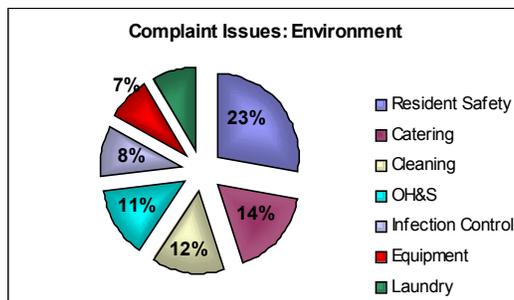


Fig: 9 Complaint Issues – environment

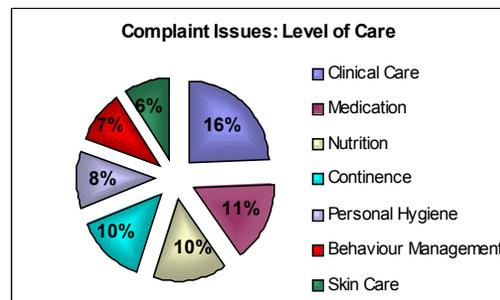


Fig: 10 Complaint Issues - level of care

1.4 Non-acceptance of complaints

A preliminary assessment of a complaint is made to determine whether or not the complaint, or part of the complaint, is to be accepted. This assessment is made on the information available and CROs will not make a decision to accept or not accept a complaint unless they are satisfied that they have sufficient information before them. Moreover, they must be satisfied that accepting the issues as a formal complaint is the best way to handle the problem.

Section 10.45 of the Principles states that the Secretary may refuse to accept a complaint if it is satisfied that:

- the complaint is frivolous, vexatious, or not made in good faith;
- the subject matter has been or is the subject of legal proceedings;
- there is an alternative way of dealing with the subject matter of the complaint and the complainant agrees to have the matter dealt with in that way;
- the complaint is not a complaint that the complainant is entitled to make or should not be accepted for another reason.

In those instances where a complaint or elements of a complaint are not accepted CROs are required to provide the complainant with a written statement of reasons. The development and provision of a statement of reasons provides an opportunity for decisions to be properly explained and defended and assists people in making a decision whether to appeal the decision, while at the same time improving the quality of decision making and promoting confidence in the Scheme.

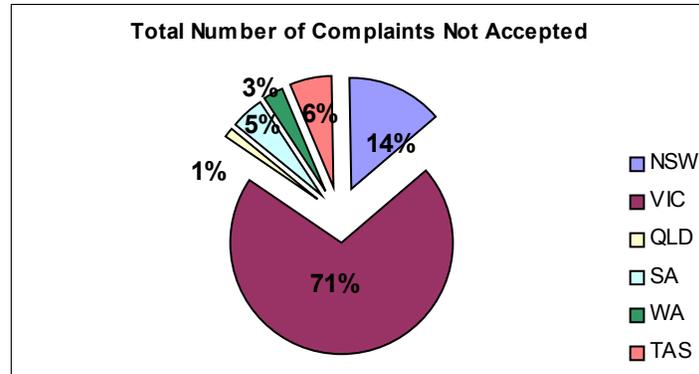


Fig: 11 Total complaints not accepted

The database indicates that, across Australia, a total of 317 complaints were not accepted by the Scheme during the reporting period. The majority of non accepted complaints were in Victoria. One possible explanation for this outcome is the number of site visits conducted by the Scheme during the assessment phase. These figures represent a total of 25 per cent of all complaints lodged with the Scheme during the period and corresponds to an overall 14 per cent increase in the number of complaints not accepted by the Scheme.

Complainants who believe the decision to not accept the complaint is erroneous are able to appeal to the Secretary to have the decision reviewed. In these situations the Secretary is required to seek the Commissioner's advice on the matter. After considering the matter the Commissioner is required to recommend that the original decision be confirmed or set aside and substituted with a new decision to accept the complaint, or elements of the complaint. During the reporting period the Commissioner was asked to provide advice in relation to 22 appeals against the non-acceptance of a complaint. This figure represents seven per cent of those complaints that were not accepted by the Scheme.

From the appeals conducted the Commissioner recommended that 15 decisions (68 per cent) be confirmed and seven decisions (32 per cent) be set aside.

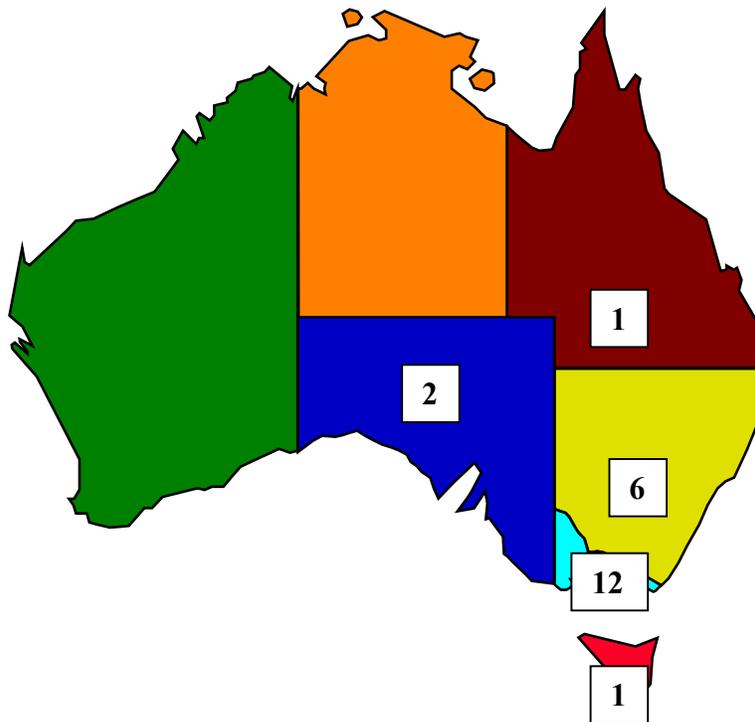


Fig: 12 Appeals against non-acceptance

1.5 Referrals

Once a complainant has contacted the Scheme the legislation provides an initial seven days for CROs to assess the complaint. Officers must examine the issues and ascertain whether the complaint should be accepted by the Scheme or whether another statutory authority or organisation would more appropriately deal with the entire complaint, or some elements of the complaint.

In some instances the referral of information will obviate the need for the Scheme to continue to pursue the matter. Conversely, issues may remain outstanding after referral that still require action by the Scheme. While a complaint may be resolved with respect to the complainant the Scheme may still elect to refer some complaint issues. It should be noted however, that the referral of complaint information does not only take place during the assessment phase, but may occur at any time during the complaint resolution process.

During the reporting period a range of issues (359 in total) were referred either to an external organisation or internally for further consideration

and/or action. Across all jurisdictions a total of 125 issues (32 per cent) were referred to the Agency.

A total of 164 issues (46 per cent) were referred to other sections of the Department (predominantly Compliance) for further action. Fifteen matters (4 per cent) were referred to the appropriate State Health Departments and 10 matters (3 per cent) were referred to the police. Twenty-four issues (7 per cent) were referred to other bodies, including medical and nursing registration boards, Health Services Commissioners and the Coroner.

When examining the available data it is apparent that the officers responsible for entering the information did not complete all data fields, making meaningful analysis more difficult. Notwithstanding this, the interval between the date of the complaint and referral is unpredictable. Time spans not only vary between States/Territories but also appear to depend on whether the referral is to an internal or external body. This may reflect the level of activity and number of people involved in ensuring compliance with all relevant legislation when referring matters to external organisations. The analysis shows that, nationally, the time span between the date of the complaint and an internal referral varies from a same day referral to an interval of 106 days. Similarly, the interval between the date of the complaint and a referral to an external organisation, predominantly the Agency, ranges from one day to 83 days. In one State, internal referrals are often followed by a further referral to the Agency. The time span between these two referrals ranges from the same day to an interval of 49 days.

1.6 Average time to resolve complaints/issues

The effective and efficient management of cases is not only dependent on the complexity and number of complaints accepted by the Scheme, but also the number and skills of the staff available to complete the allocated tasks. All complaints accepted by the Scheme involve one or more issues and the time taken by complainants and service providers to respond to requests for additional information also contributes to the length of time taken to resolve this issue. The data indicate that, while there was a wide variance across Australia in the time taken to resolve the number of complaints and issues, nationally the average number of days to finalise complaints was 39.8 days. Compared to figures reported last financial year (57 days) this represents an average reduction of 17.2 days to finalise complaints/issues.

The following figures show the number of issues dealt with in each jurisdiction and the average number of days taken to resolve urgent, complex and minor issues, compared with the national average of 32.5, 52.9 and 29.6 days respectively.

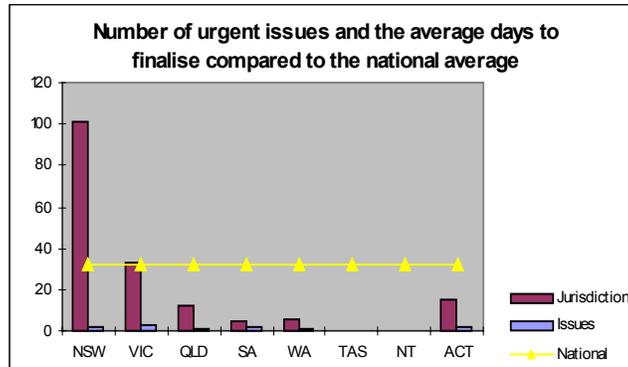


Fig: 13 Finalisation of urgent issues

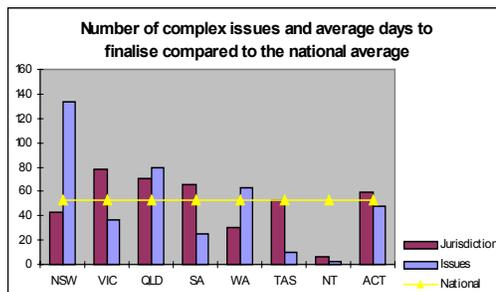


Fig: 14 Finalisation of complex issues

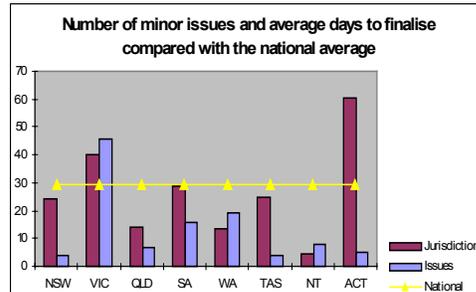


Fig: 15 Finalisation of minor issues

Of the total number of complaints received, at the end of the reporting period the database shows that 67 per cent were finalised, 12 per cent are ongoing, 6 per cent were listed on the database as incomplete and 15 per cent of cases were withdrawn.

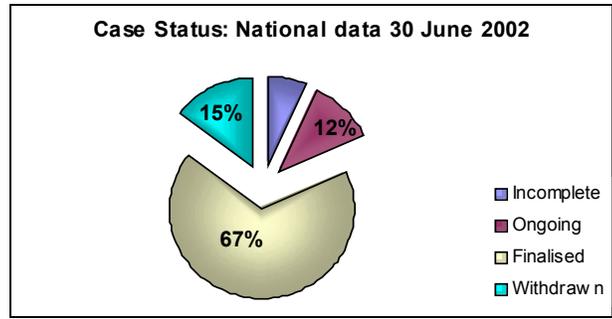


Fig: 16 Case Status – national data

In addition to the number of complaints received and finalised during the financial year each jurisdiction has finalised a number of complaints that were received and accepted by the Scheme prior to the reporting period. When including these figures the data show that a total of 828 complaints were finalised this financial year. These data are presented in the figure below and are a better representation of workload activity during the year.

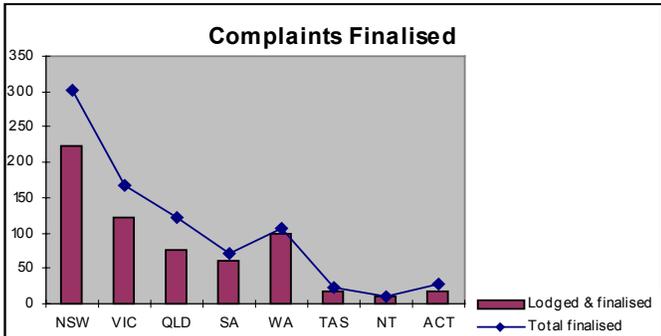


Fig: 17 Finalised cases

In addition to accepting and managing complaints, staff from the Scheme also respond to inquiries from the public, some of whom later go on to register a complaint with the Scheme. The following figure shows the breakdown of all calls to the Scheme recorded in each State/Territory during the reporting period, that is the number of complaints, information and feedback calls shown as a percentage of the total 7,157 calls recorded nationally.

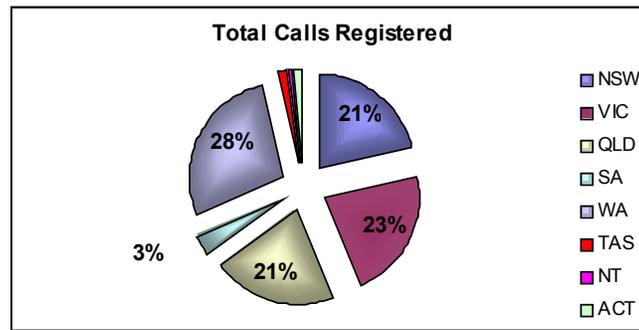


Fig: 18 Total number of calls

Of the total number of calls taken during the reporting period 1,249 (17 per cent) were recorded as complaints, 5,901 (82 per cent) as information calls and eight calls were recorded as feedback. In most jurisdictions the majority of calls taken by the Scheme are registered as information calls. The figure below illustrates a breakdown of the number of information calls and complaints registered, and shows them as a percentage of the total number of calls in each jurisdiction. The small number of feedback calls received are not clearly depicted in the figure.

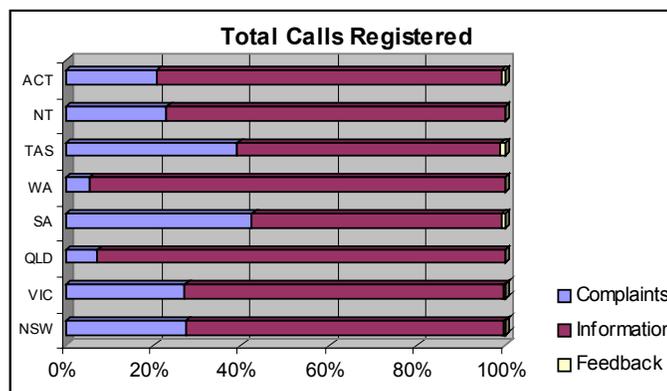


Fig: 19 Total calls registered

Statistics continue to show that, compared to other jurisdictions, Western Australia and Queensland record a disproportionately high number of information calls. Information calls to the Department in Western Australia are received in one location and calls received through the general switchboard area and the Scheme are all recorded on the Scheme's database and are not separately identified. In Queensland the Scheme advertises a Complaints Resolution Scheme and Information line. This fact, together with efforts to better record and manage data within the Scheme in Queensland, has resulted in an increase in the number of information calls recorded. The

figure below shows the number of information calls in each jurisdiction shown as a percentage of the total number recorded.

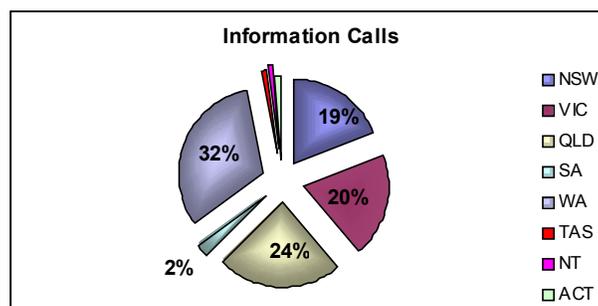


Fig: 20 Information calls

It should be noted that not all information callers specify an outlet. However, of those recorded a total of 98 per cent related to residential care and two per cent related to CACPs. One caller identified the outlet as a flexible care service. The majority of requests for information (83 per cent) relate to general information about the provision of aged residential services. Some 17 per cent of calls registered callers sought information outside the jurisdiction of the Scheme.

The category of caller was only recorded in 25.5 per cent of information calls. Of those recorded 877 (56 per cent) identified themselves as relatives, 274 (18 per cent) as staff, 109 (7 per cent) were residents. A further 49 callers (3 per cent) stated they were friends, 29 (2 per cent) indicated they were ex-staff, 22 (1 per cent) identified themselves as advocates. Officers recorded 10 per cent as other and three per cent as unknown.

Some 2,581 (50 per cent) of information calls were concluded in under 15 minutes. However, when considering the workload generated by information calls it is interesting to note that a further 1,717 (34 per cent) of calls were recorded as taking between 15 and 30 minutes. In the case of 701 calls (14 per cent), officers recorded that they required between 30 minutes and one hour to deal with the issues. It is of concern that 117 (2 per cent) of information calls were recorded as taking between one and three hours and in each of six calls contact with an officer was for over three hours.

Not all issues are recorded in relation to information calls. Where issues are recorded, officers draw on the same categories and key words used when recording complaints. The following graphs show the most common seven issues discussed in information calls and recorded nationally, in each of the four categories. The figures are expressed as a percentage of the total number

of issues in each category. The figures in the figures therefore do not equal 100 per cent but are shown this way for ease of viewing.

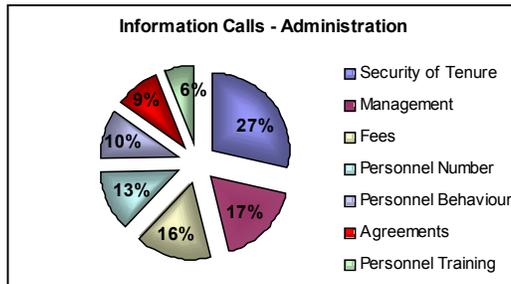


Fig: 21 Information calls-administration

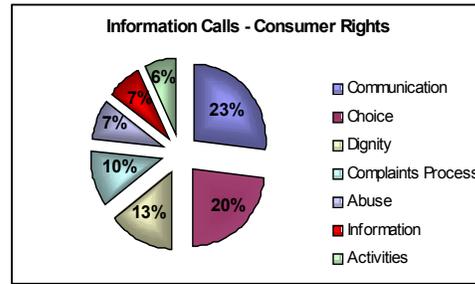


Fig: 22 Information calls - consumer rights

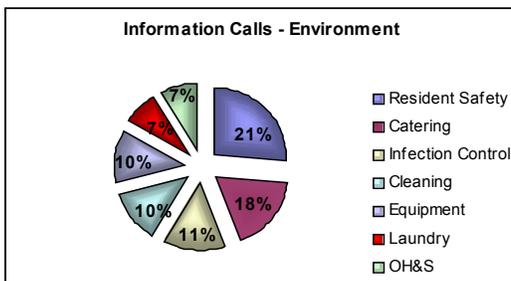


Fig: 23 Information calls - environment

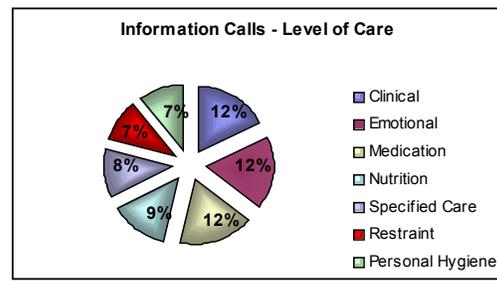


Fig: 24 Information calls - level of care

Appendix 2: Satisfaction Survey: Statistics for the period 1 July 2001 to 30 June 2002

Information relating to satisfaction surveys in the last annual report was based on a six-month period. This report provides information gathered during the period 1 July 2001 to 30 June 2002.

The report considers the information obtained from complainant and service provider surveys separately and then, where practical, compares results between the two data sets. It should be noted, however, that the percentages provided in this report are based on the number of complainants/service providers who responded to each question, not the overall number of surveys that were received during the reporting period. As a result the figures shown in the graphs may not always equal 100 per cent.

Some researchers have expressed a view that, while self completed surveys are a popular means of asking a series of multiple choice questions, one of the disadvantages is that this methodology attracts a low response rate - often as low as 3 per cent and generally not higher than between 10 and 20 per cent. Assuming both parties to the 828 complaints finalised during the reporting period received survey forms, the overall response rate for surveys returned to the Commissioner's office during this period is 33 per cent. Taken separately, the response rate for complainants was 28 per cent while the response rate for service providers was 38 per cent.

The satisfaction survey forwarded to complainants comprises eight questions while service providers are invited to respond to nine questions. Respondents are asked to either provide a yes/no answer, or rate their response according to an accompanying scale. Questions 2, 7 and 8 of the complainant's satisfaction survey invite further written comments as do questions 7, 8 and 9 of the service provider's form. A range of categories and key words have been established in order to record and analyse these responses. The survey forms also allow respondents to provide the facility name and/or complainant details, however, the essential facts conveyed are those that identify the relevant State/Territory and the date of completion of the survey.

Table 1 Satisfaction Survey: Complainant Responses

1. Overall Satisfaction	Satisfied 67%	Mostly satisfied 22%	Minor satisfaction 6%	Not satisfied 5%
2. Assisted to make a complaint	Yes 89%	No 3%	To some extent 7%	
3. Scheme helpful	Very Helpful 76%	Helpful 19%	Not Helpful 3%	
4. Kept informed	Always 75%	Mostly 16%	Sometimes 5%	Never 0.2%
5. Wishes respected	Always 76%	Mostly 18%	Some 3%	Never 3%
6. Informed regarding rights	Yes 84%	No 5%	To some extent 11%	
7. Complaint resolved	Yes 70%	No 25%		
8. Suggestions	Yes 20%	No 15%		

The data show that 89 per cent of complainants who returned surveys and responded to the question of overall satisfaction were mostly satisfied or satisfied with the service provided by the Scheme. A total of 89 per cent of complainants indicated they were assisted to make a complaint, a further 7 per cent reported they were assisted to some extent. Seventy-six per cent of complainants found the Scheme very helpful, 19 per cent helpful and 3 per cent reported that they did not find the Scheme to be helpful.

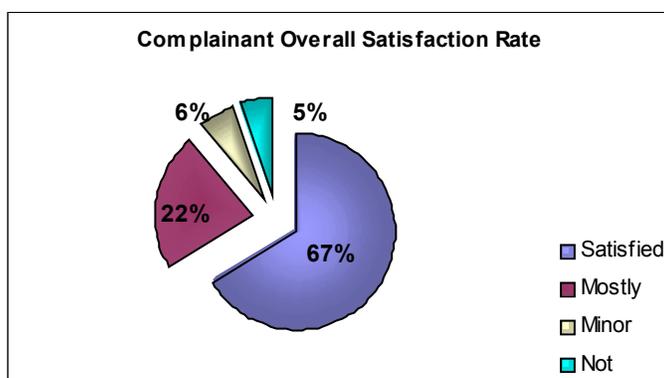


Fig: 25 Complainant: Overall satisfaction rate

When commenting on the assistance provided, complainants were invited to comment on “What else would have helped?” Those who responded indicated that communication and timeliness were important considerations for complainants when making their complaint.

Questions 4, 5 and 6 address the Scheme’s ability to keep the complainant informed, respect their wishes and provide information about their rights and options. Seventy-seven per cent, 76 per cent and 84 per cent of complainant responses respectively related this was always done.

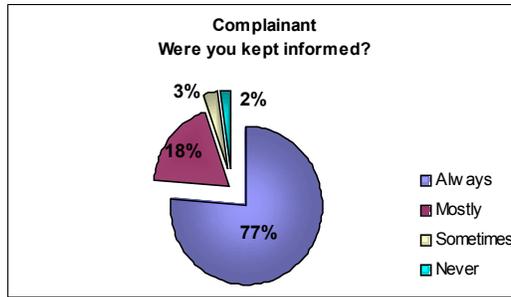


Fig: 26 Complainant: Were you kept informed.

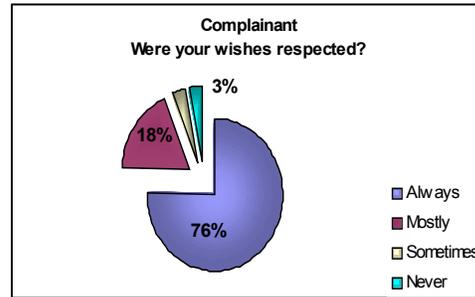


Fig: 27 Complainant: Were your wishes respected?

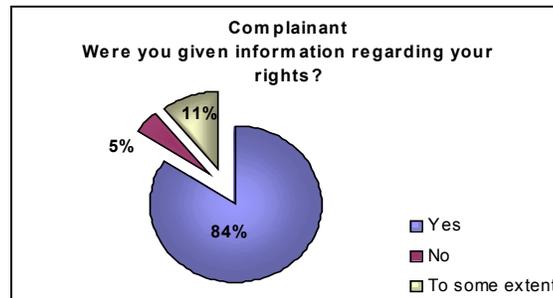


Fig: 28 Complainant: Did you receive information about your rights?

Taken together the data relating to questions 4,5,6 indicate that 95 per cent, 93 per cent and 95 per cent of complainants respectively advised that consumer service factors were mostly delivered. The majority (70 per cent) of complainants indicated they felt their complaint was resolved.

Those complainants who responded negatively were asked for comment. The responses provided indicate that, at times, complainants felt that their complaints had not been satisfactorily addressed by the Scheme or effectively resolved and had concerns that the resolution achieved may only be temporary. Others stated that the information provided by service providers in response to their issues was either inadequate or inaccurate. A small number felt that service providers were not held accountable and suggested that the unannounced monitoring of facilities be increased.

Only 20 per cent of complainants offered suggestions for improvement in the management of complaints and, for the most part the responses provided correlate with those given when asked “What else would have helped in making your complaint?”

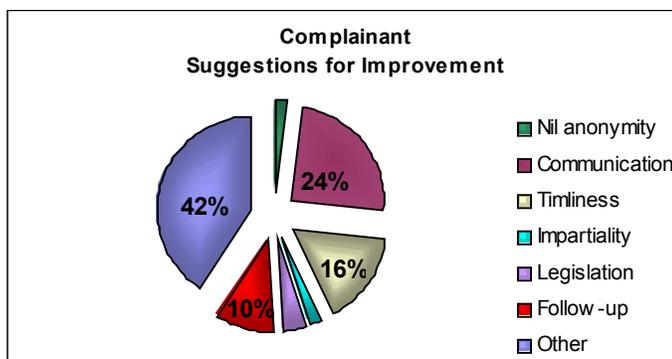


Fig: 29 Complainant: Suggestions for improvement

Table 2 Satisfaction Survey: Service Provider Responses

	Satisfied 69%	Mostly satisfied 20%	Minor satisfaction 7%	Not satisfied 3%
1. Overall Satisfaction				
2. Kept Informed	Always 66%	Mostly 25%	To some extent 7%	Never 1%
3. Needs Respected	Always 60%	Mostly 26%	To some extent 9%	Never 2%
4. Scheme Helpful	Very helpful 71%	Helpful 24%	Not Helpful 4%	
5. Information regarding rights	Yes 79%	No 6%	To some extent 12%	
6. Opportunity to contribute	Yes 88%	No 4%	To some extent 7%	
7. Complaint resolved	Yes 77%	No 9%		
8. Improve business	Yes 56%	No 20%		
9. Suggestions	Yes 18%	No 33%		

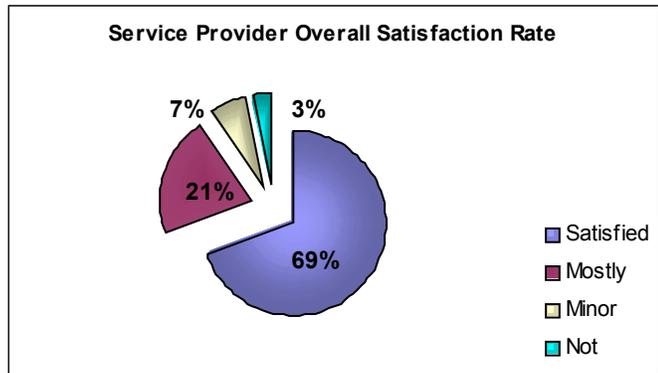


Fig: 30 Provider: Overall level of satisfaction

Sixty-nine per cent of service providers who responded to the satisfaction surveys and answered the question of overall satisfaction indicated they were satisfied overall with the Scheme. A further 20 per cent reported that they were mostly satisfied. Together these figures indicate that 89 per cent of service providers were satisfied with the service provided by the Scheme. Seventy one per cent of service providers found the Scheme very helpful and 24 per cent advised that they found the Scheme helpful. That is, a total of 95 per cent of service providers indicated that they found the Scheme helpful or very helpful.

Similar to the complainant survey, questions 2, 3 and 5 asked service providers if the Scheme kept them informed, respected their needs and provided information about their rights and options. Sixty-six per cent, 60 per cent and 79 per cent respectively indicated that this was always done. Taken together, the responses demonstrate that 91 per cent, 86 per cent and 91 per cent of service providers respectively reported that these three consumer service factors were mostly delivered.

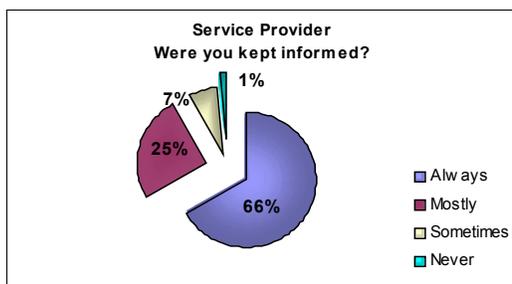


Fig 31: Provider: Were you kept informed?

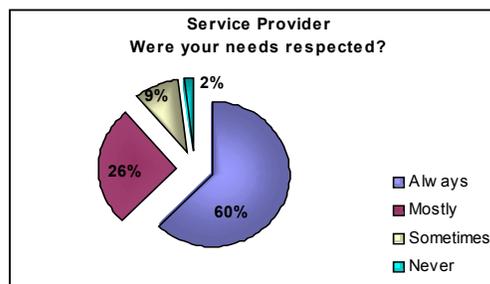


Fig 32: Provider: Were your needs respected?

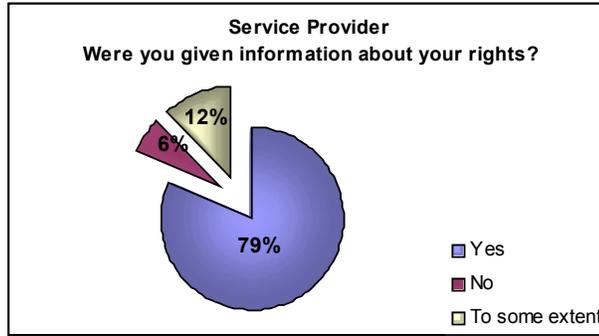


Fig: 33 Provider. Were you given information about your rights?

Eighty-eight per cent of service providers indicated they had the opportunity to contribute to the resolution of the complaint and 77 per cent of those responding indicated they felt that complaints were resolved. Those service providers who responded in the negative were asked for comment. Observations were varied and the responses provided were insufficient to enable the presentation of authoritative conclusions. Comments included a belief that some complaints had no grounds to begin with; that the expectations of some complainants were unrealistic and thus hinder resolution and there is bias against providers.

Other reasons given were that there was poor communication, a lack of use of the provider’s internal complaint mechanism in the first instance and a suggestion that anonymity is problematic as providers cannot be certain about resolution. Providers were asked for suggestions as to how the process might be improved. Respondents indicated that removing anonymity and improving communication, timeliness, impartiality, follow-up and feedback would improve the process.

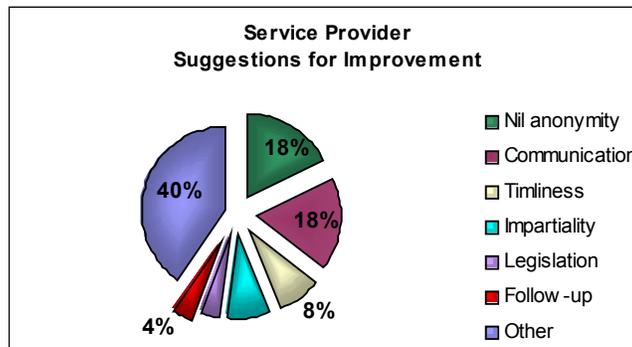


Fig: 34 Provider: Suggestions for improvement

There has been little research to determine what would be acceptable as a satisfaction standard for the Scheme. However, in April 2001 the Australian Communications Authority recommended that satisfaction be defined as:

- 80 per cent or more customers are satisfied, and
- 10 per cent or fewer customers are dissatisfied.

This recommendation was reported in a document titled *Customer Satisfaction Measurement* published by Standards Australia International Ltd. The document does not make it clear whether a measurement scale is used and whether degrees of satisfaction are acceptable. However, taken overall, it would appear that the Scheme can report an acceptable standard of satisfaction.

3. Opportunities for improvement

The response rate and the data provided are most encouraging. The increase in the overall response rate may be due to the fact survey forms are now sent directly to this Office. It is thought that respondents may feel more comfortable with this arrangement and in their ability to provide frank and honest answers to the questions asked. Both groups responding to the surveys have offered comments and suggestions as to how the Scheme might better assist parties in conflict and the possible nature of future improvements. The overall nature of these comments has not changed significantly from previous reports; however, the number of people responding to these questions has diminished.

A continuously evolving program environment reinforces the need for ongoing assessment of client satisfaction. As indicated earlier, the structure of satisfaction surveys will be further developed in order to allow for a more meaningful collection of data from respondents and greater examination of the factors reported here.

Appendix 3: Performance Indicators

The performance indicators established for the Scheme are numerical measures, expressed as a percentage, which are designed to describe important and useful information about the performance of the Scheme. The performance indicators will be monitored at regular intervals, compared with one or more criterion, to demonstrate whether the Scheme is achieving its overall objectives and meeting set targets. While the performance indicators were agreed in October 2001, changes to practice and modification to the database to enable comprehensive and accurate reporting against targets were not finalised during this reporting period. An additional complication arose when in refining the database it became apparent that there would be some difficulty in measuring indicators where the agreed targets were based on 'working days'. This transitional period has meant that the performance indicators shown here are not an accurate measure of the Scheme's effort and/or ability to meet these indicators. However, the following data do provide a comparative view of each State/Territory's achievement against a national average for each indicator.

Indicator 1 measures the prompt provision of an acknowledgment card to people contacting the Scheme to lodge a complaint. This acknowledgment card should be provided within three days of the initial contact. The database indicates that across Australia, this courtesy was shown to 53 per cent of contacts.

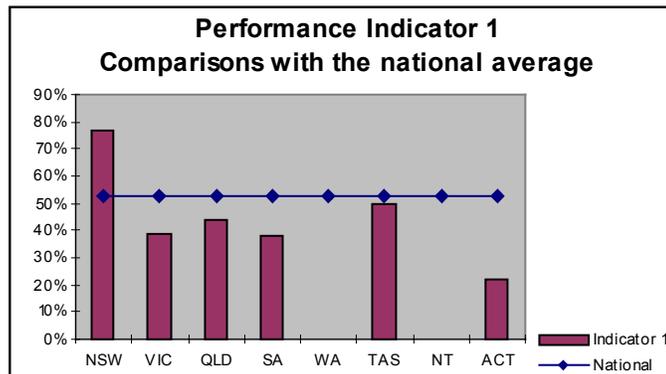


Fig: 35 Performance Indicator 1

Indicator 2 measures the time between the receipt of a complaint and the time taken to inform the complainant how the Scheme proposes to manage the complaint. This contact should be made within seven days following the receipt of a complaint and should advise whether the complaint has been accepted or referred or is still being assessed. The data show that nationally this occurred in an average of 68 per cent of cases.

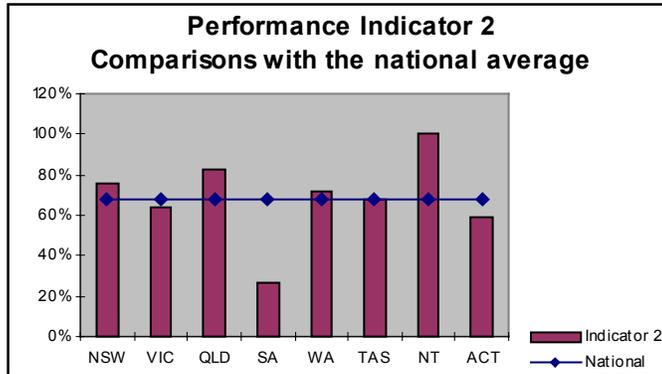


Fig: 36 Performance Indicator 2

Indicator 3 relates to the prompt referral to appropriate internal or external agencies. While the database shows that 359 issues were referred during the last financial year the measurement of time between receipt of the complaint and the referral of the complaint, or part thereof, is not currently available.

Indicator 4 is based on the assessment of all related factors and the need to document an initial action plan to optimise the outcome of any intervention. The action plan is to be documented within seven days of the acceptance of the complaint. During the reporting period this indicator was met in a national average 37 per cent of cases.

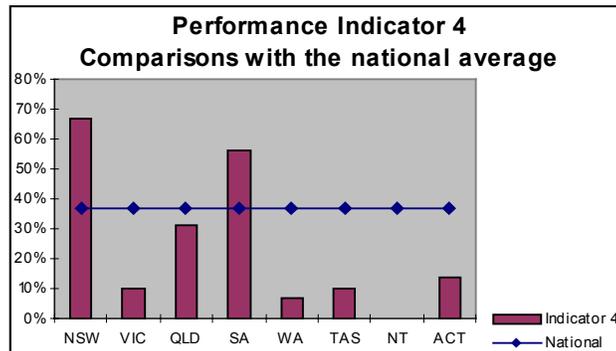


Fig: 37 Performance Indicator 4

Indicator 5 is based on the rationale that there should be prompt and appropriate intervention in the case of all issues that have been assessed as urgent. The indicator measures the time between the receipt of issues assessed as urgent and the undertaking of an appropriate intervention within seven days. The database records that the national average for this indicator is 89 per cent.

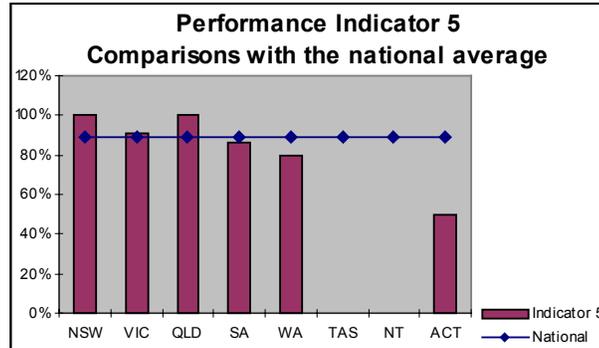


Fig: 38 Performance Indicator 5

Indicator 6 measures the time between the acceptance of a complaint and finalisation of that complaint and provides the number of accepted complaints with a finalisation date recorded within ninety days. The database shows a national average of 77 per cent.

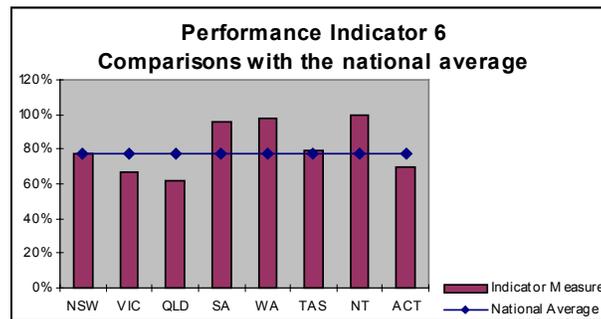


Fig: 39 Performance Indicator 6

Indicators 7.1 and 7.2 are based on the rationale that, as complaints are finalised, timely feedback to all complainants and service providers is essential in order to both ensure good consumer relations and satisfaction and to optimise the outcome and expedite any follow up arrangements. The indicators measure the number of written contacts made within seven days of finalisation and the database records a national average of 67 per cent for both indicators.

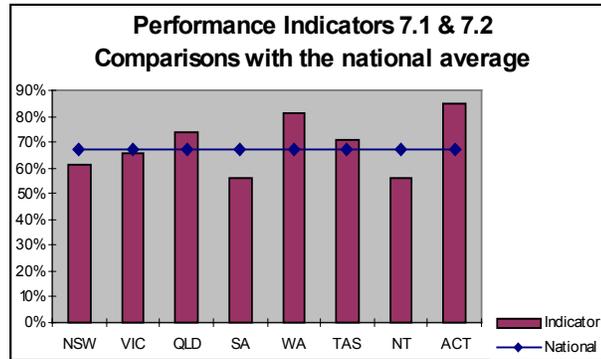


Fig: 40 Performance Indicators 7.1 & 7.2

Indicator 8 proposes that determination reports outlining the results of hearings conducted by committees should be provided within seven working days from the date the determination is received by the secretariat. This indicator was met in 100 per cent of cases.

Similarly, indicator 9 requires that a Determination Review: Notice of Decision is provided to all parties within seven days of the signing of the report. This indicator was met in 100 per cent of cases.

Indicator 10 is based on the rationale that complainants are entitled to receive timely advice as to the outcome of their appeal against the non-acceptance of their complaint. The Commissioner is required to provide advice to the Secretary in relation to these matters. The Indicator measures the time between the Secretary's request for advice and the provision of that advice by the Commissioner. This indicator was met in 88 per cent of cases.

Indicators 11.1 and 12.1 record the number of complainants and service providers respectively who have been provided with a satisfaction survey for completion at the time each complaint is finalised. In both instances the database records a national average of 72 per cent.

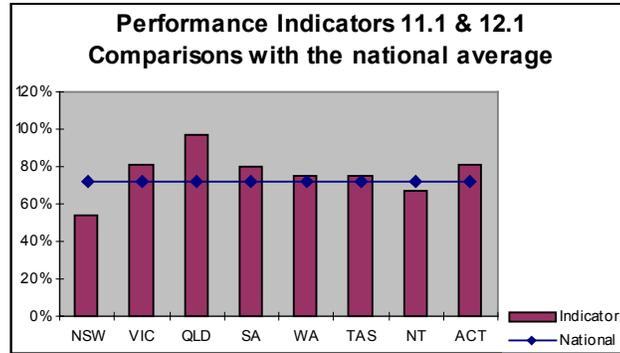


Fig: 41 Performance Indicators 11.1 & 12.1

Indicators 11.2 and 12.2 record the number of complainants (expressed as a percentage) and service providers who indicate they are satisfied or mostly satisfied with the way their complaint was handled by the Scheme. These figures are taken from the satisfaction survey database and show that 86 per cent of complainants who responded to the survey were satisfied or mostly satisfied with the service provided by the Scheme. Separately, 89 per cent of those service providers responding to the survey indicated that they were satisfied or mostly satisfied with the service provided by the Scheme.

Indicator 13 relates to the provision of staff training and reports the number of new and current staff who have undertaken an internal or national training program against the total number of new staff employed. As the database is yet to be refined to provide this information each State/Territory was asked to make available information as to the training opportunities offered and taken up by staff during the reporting period. In the previous year all staff from the Scheme had participated in the national three day orientation program and it should be noted that not all States/Territories had recruited new staff during this current reporting period.

In Queensland two new staff had participated in an internal training program and the national orientation program. In addition five staff participated in an effective writing course. Staff in New South Wales participated in a range of educational programs. Three new staff attended the national orientation program; six received education in relation to strategic negotiation skills; two officers attended a seminar on developments in mediation practices; one participated in a writing course, five attended seminars provided ACATs and eight participated in programs with The Aged Rights Service (TARS). All new staff in the Victorian office attended the national orientation program and two staff attended a two day seminar on negotiation. In Tasmania five staff participated in an internal orientation program and three attended the national orientation program.

Appendix 4 Glossary

ACAT	Aged Care Assessment Team
Act, the	<i>The Aged Care Act 1997</i>
Agency, the	Aged Care Standards and Accreditation Agency
CACPs	Community Aged Care Packages
Commissioner, the	The Commissioner for Complaints
Committee, the	Complaints Resolution Committee
CRO	Complaints Resolution Officer
Department, the	Department of Health and Ageing
EACH	Extended Aged Care at Home
Minister, the Ageing	The Hon Kevin Andrews MP, Minister for
MPS	Multi Purpose Service
Office, the	The Office of the Commissioner for Complaints
Principles, the	<i>The Aged Care Principles 1997</i> made under the Act
RCS	Resident Classification System
Panel, the	Determination Review Panel
Scheme, the	The Complaints Resolution Scheme
Secretary, the	Secretary to the Department of Health and Ageing
Standards, the	The Accreditation Standards in Schedule 2 to the <i>Quality of Care Principles 1997</i> made under the Act