



Commissioner for Complaints

Quarterly Report Statistical Data

1 October 2005 – 31 December 2005

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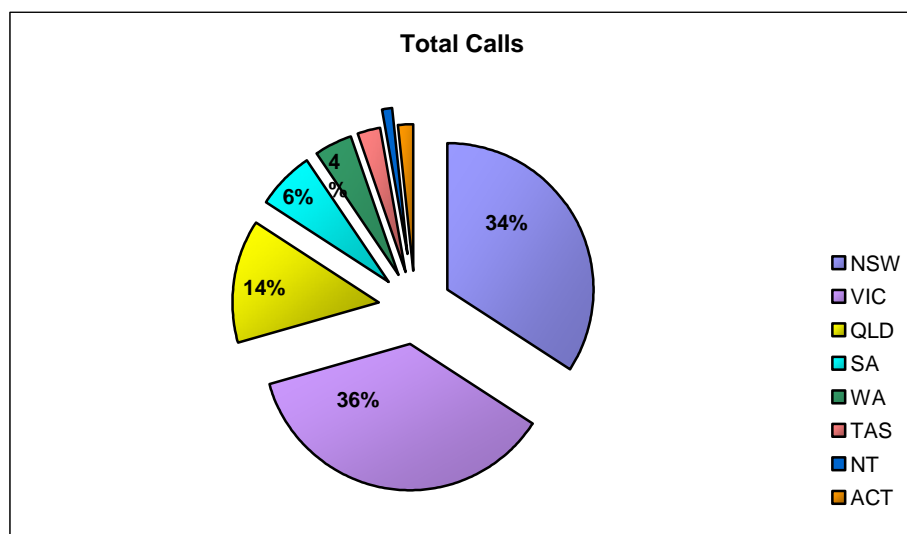
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National Statistics

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

Total Number of Calls

During this reporting period the Scheme dealt with a total of 1,376 calls. The following figure shows the breakdown of calls recorded in each jurisdiction, that is the number of complaints and information calls, shown as a percentage of the total number of calls recorded nationally.

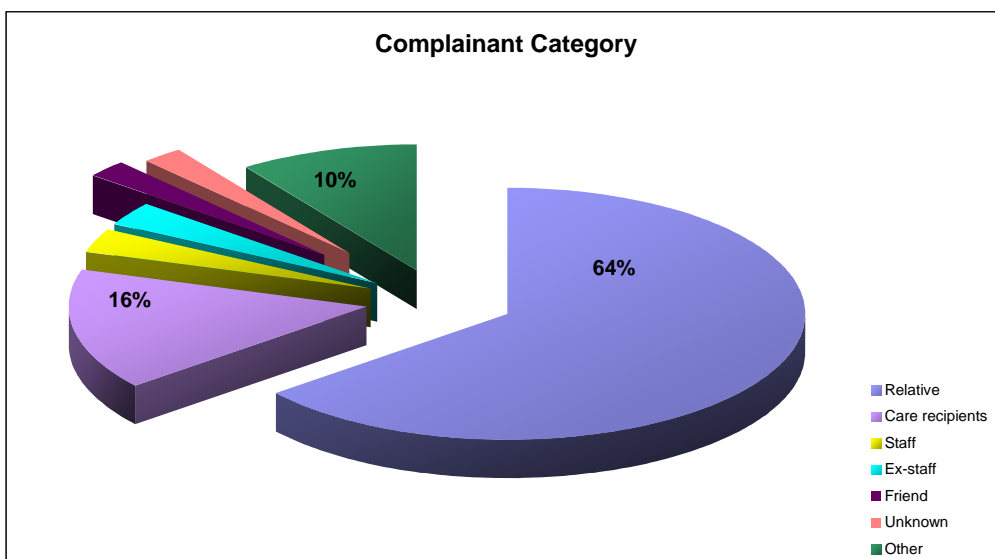


Of the 1,376 calls recorded, 285 (21 per cent) were registered as complaints and 1,091 (79 per cent) were registered as information calls.

Recorded Complaints

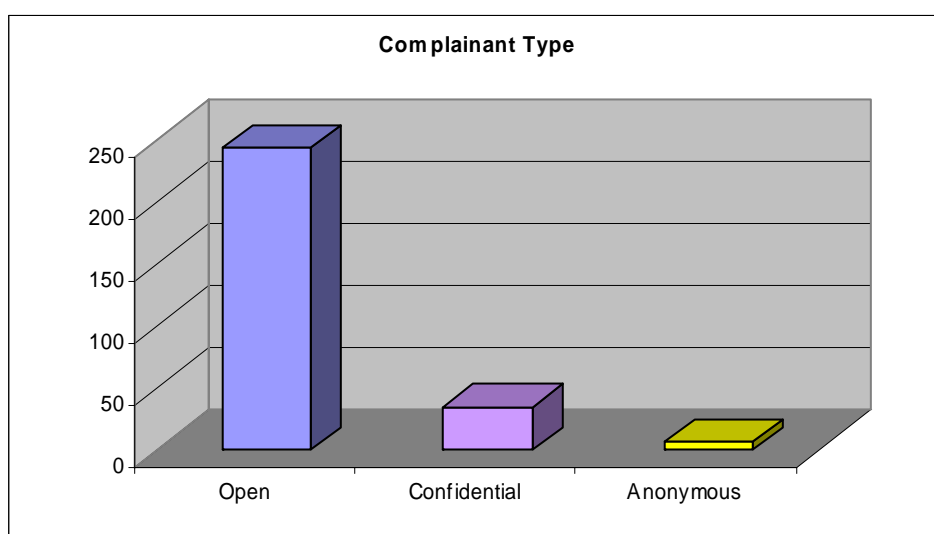
The majority (95 per cent) of the 285 complaints recorded during the reporting period related to aged residential care services. Eleven complaints (four per cent) related to Community Aged Care Packages (CACPs), two complaints related to flexible care services.

As in previous reports, the relatives of residents lodged the majority of complaints recorded nationally (64 per cent). Across Australia, care recipients lodged 16 per cent of complaints, staff and ex-staff each lodged three per cent and friends two per cent. Two per cent of complaints were registered as 'unknown' and a further 10 of complainants were recorded as 'other'.



Complainant Type

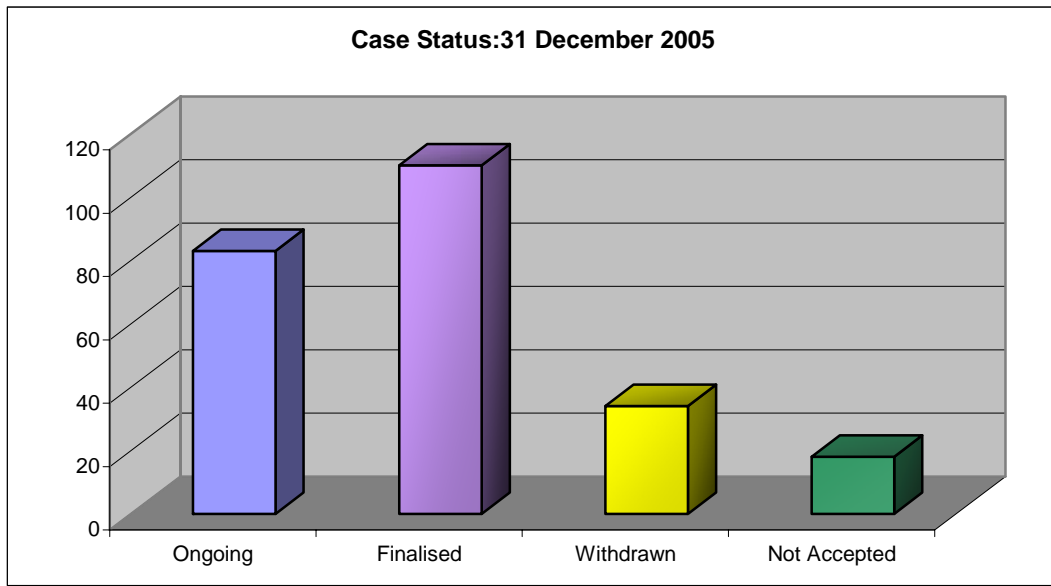
Of the 285 complaints recorded nationally during the reporting period, 243 (85 per cent) were registered as open complaints, 25 (12 per cent) as confidential complaints and seven (two per cent) as anonymous complaints.



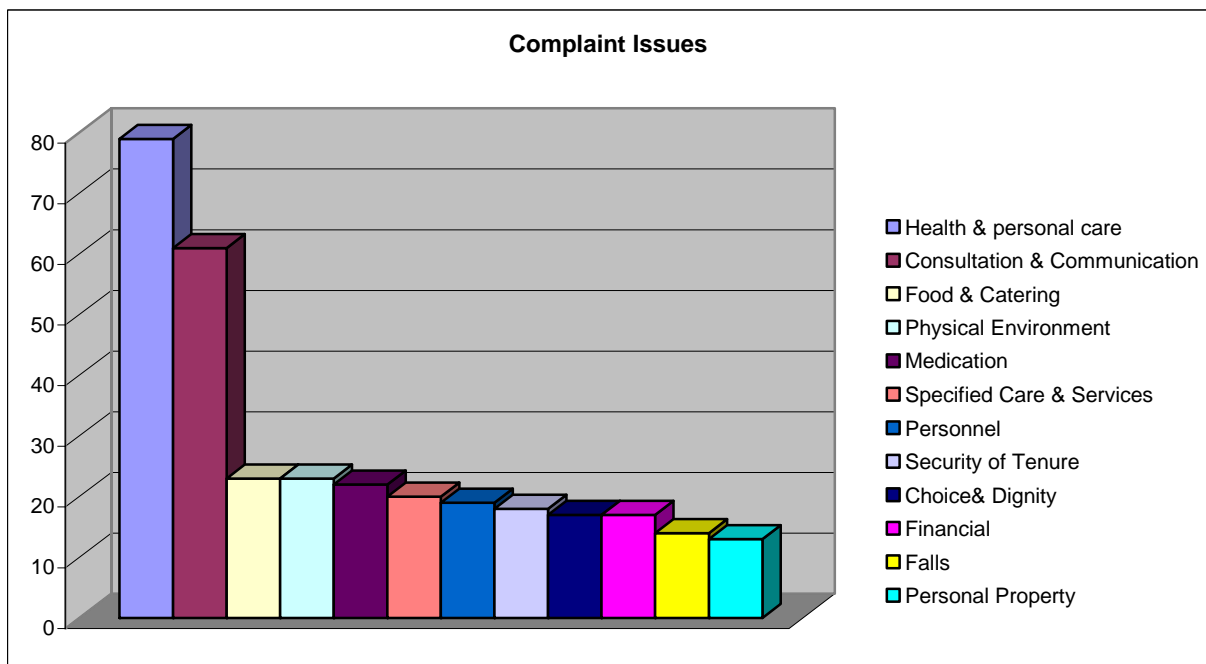
Average Time to Resolve Complaints

The database provides information regarding new cases both received and finalised within a period. During the quarter the Scheme finalised 110 cases that were lodged during the reporting period. The average number of days to finalise complaints received within the reporting period was 22.6 days, slightly longer than the average reported in the previous quarter.

At the end of the reporting period the data show that, nationally, 14 per cent of cases were incomplete, 29 per cent were ongoing, 39 per cent had been finalised, six per cent were not accepted and 12 per cent had been withdrawn.



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



As in most reporting quarters, health and personal care and consultation & communication are the most frequently recorded complaint issues.

Referrals

It should be noted that a complaint may have a number of elements/issues for resolution and a referral made to an external agency does not necessarily mean that officers take no further action with regard to the complaint.

During the reporting period a range of issues were referred either to an external organisation or internally for further consideration and/or action. Data input is poor, however the database indicates that a total of 55 issues were referred. The database denotes that 22 matters were referred to the Aged Care Standards and Accreditation Agency and 13 issues were referred internally to other sections within the department (predominantly compliance). Fourteen matters were referred for mediation, three matters to the police and two issues were referred to other bodies. The database records one matter referred for determination.

Site Visits

During the reporting period the database records that officers undertook a total of 91 site visits either as part of the preliminary assessment or ongoing management of the issues raised. A total of 82 facilities were visited and issues relating to 89 individual complaints were discussed.

A comprehensive assessment is essential not only in making decisions whether to accept a complaint or otherwise but to also clarify issues and parties/action plan etc. Complainants and service providers in contact with this Office through either the ongoing management of a complaint, satisfaction surveys and/or focus groups have indicated a clear preference for the Scheme to adopt an investigation model when dealing with complaints.

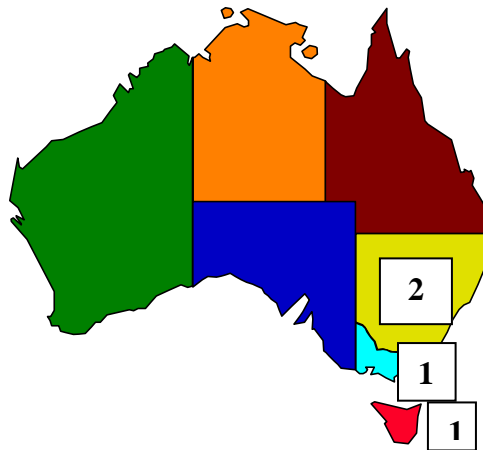
While the Scheme continues to operate using alternative dispute resolution principles site visits have been a welcome addition to the process. Complainants believe that site visits are the beginning of a process which looks at all their issues and concerns and service providers have stated that, while there is no comprehensive investigation, at least their view is considered during the assessment process.

Non acceptance of Complaints and Appeals

Based on *last status change* the database indicates that, across Australia, a total of 25 complaints were not accepted by the Scheme during the reporting period. Seven of these complaints were received prior to 1 October 2005.

Eighteen complaints lodged during the reporting period were not accepted. Of those 14 were not accepted in Victoria, two in New South Wales, one in Tasmania and Queensland respectively.

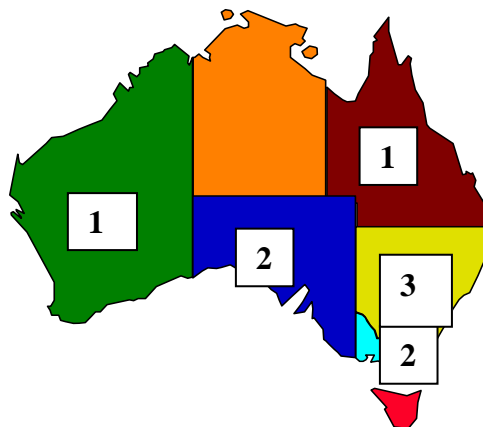
During this quarter, the Commissioner for Complaints was asked to provide advice in relation to four appeals against the non-acceptance of a complaint. This equates to 16 per cent of all non acceptances recorded during the period. Two appeals were lodged in New South Wales and one each in Victoria and Tasmania. The Commissioner recommended that three of these decisions be confirmed and in the other matter recommended that the decision be set aside.



Reconsideration of a Decision to Cease Dealing with a Complaint

One application for reconsideration of a decision to cease to deal with a complaint was received on the last day of the previous reporting period and another was received during this quarter. The Commissioner recommended that both these decision be confirmed.

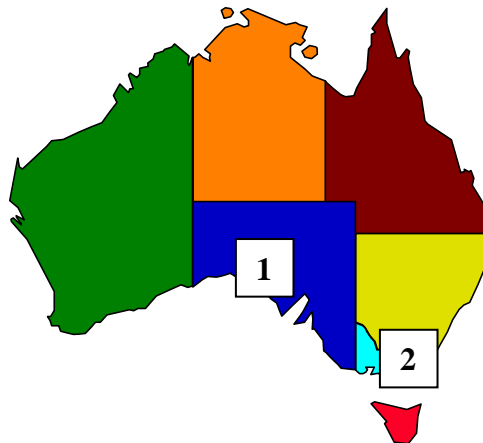
Referrals and Committee Hearings by State and Territory



During the reporting period nine hearings were conducted. Two determinations were also finalised following hearings conducted during the previous quarter. A further 10 cases were referred for determination. The complaints involved a range of issues including consultation, complaints process, medication, bowel management, clinical care, nutrition, security of tenure, wound and skin care, dental care, behaviour management, falls management, personal hygiene and financial issues. The Commissioner discontinued dealing with a complaint which had been referred for determination in New South Wales.

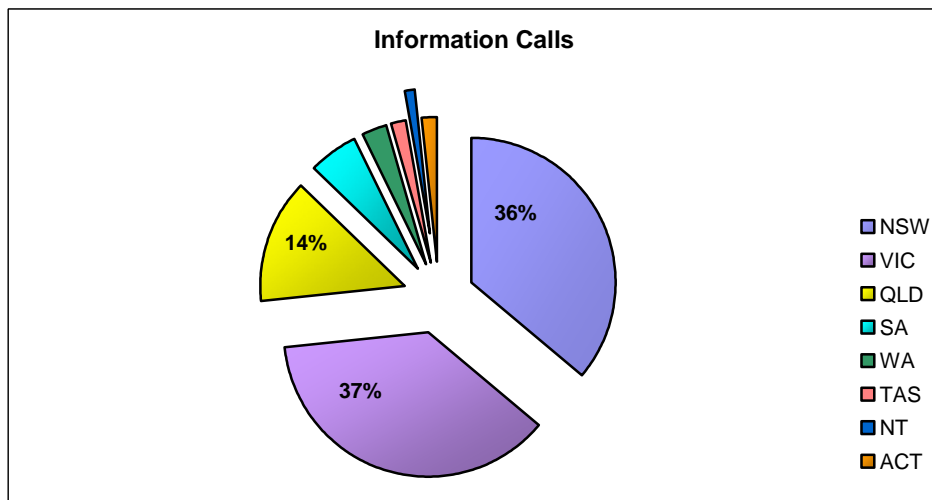
Determination Reviews by State and Territory

Two determinations were appealed during the period, both related to complaints that originated in Victoria. One appeal was not accepted. A review decision from an appeal lodged in the previous quarter (South Australia) was also finalised during this reporting period. Both review decisions were to confirm the original committee's decision.



Information Statistics

During the reporting period 79 per cent of the calls registered by the Scheme (1,091) were recorded as information calls. The following figure shows a percentage breakdown of the total number of information calls received during the period.



The majority of callers (69 per cent) were seeking general information. Thirty-one per cent of callers (340) sought information outside the jurisdiction of the Scheme. Whilst complaints officers continue to respond to all information calls, in the main, only those relating to matters falling within the Scheme’s jurisdiction are recorded on the database.

The Scheme recorded the category of 504 callers (46 per cent) seeking information, that is, the category of 587 callers (54 per cent) is unknown. Of the 504 identified callers, seven per cent were listed as ‘other’. Fifty-four per cent of callers identified themselves as relatives, 15 per cent as care recipients, 13 per cent as currently employed staff, four per cent as ex-staff, five per cent as friends and two per cent as advocates.

The database shows that the time taken to manage information calls was recorded in 794 cases or 73 per cent of all calls taken. Of those recorded, 345 of information calls (43 per cent) received by the Scheme nationally were concluded in less than 15 minutes. A further 43 per cent of calls (340) took between 15 and 30 minutes, 11 per cent (85) between 30 minutes and one hour and three per cent of calls (24) were concluded between one and three hours.

The database no longer records the nature of information calls.