Engage
Empower
Safeguard

Complaints about aged care services – Insights for providers

July 2022 – June 2023

Australian Government
Aged Care Quality and Safety Commission

Foreword
Janet Anderson PSM, Commissioner

This is our first report for providers exploring the complaints received by the Aged Care Quality and Safety Commission (Commission) about aged care services. The next report in the series will be for the people making complaints.

In 2021, the Royal Commission into Aged Care Quality and Safety recommended that the Commission expand our reporting about complaints. This recognised the importance of complaints in understanding older people's experience of aged care.

The Royal Commission also recommended the appointment of a Complaints Commissioner.

I am delighted to welcome Louise Macleod as the Complaints Commissioner. Having Louise as part of the team at the Commission will help boost the trust of older Australians and their families in our commitment and capability to help them resolve any issues and concerns they have about their aged care services.

One of our aims is to increase public awareness of – and confidence in – the Commission's role as the national aged care regulator and our work to protect people receiving aged care from harm, minimise the risk of unsafe or poor quality care, and call out areas for improvement to encourage aged care providers to lift their performance. Our focus is to promote the delivery of a great care experience for every recipient, every day.

Resolving complaints is one of the Commission's core responsibilities and functions. We work closely with people making complaints and providers to take action on and, where possible, address concerns about the care and services being delivered.

Complaints are a key source of intelligence. They complement and add weight to the information and findings we make through our regulatory and education activities.

It is a legislative requirement, under the *Aged Care Act* 1997 and the Aged Care Quality Standards (Quality Standards), that every service has an internal complaints resolution process. Standard 6 of the Quality Standards makes clear that people receiving aged care have a right to feel safe and be supported to give feedback and make complaints. It also states that providers must take appropriate action to respond to complaints.

The process must be accessible, confidential, prompt and fair, and well publicised within the service. Providers must also support and encourage people receiving aged care to give feedback or make a complaint without fear of negative consequences when they do.

Providers should use the Charter of Aged Care Rights to guide how they deliver a great care experience for every recipient and to shape their complaints handling and resolution process.

This report uses the information we collect as the national regulator to give providers key insights from the thousands of complaints we manage and resolve every year. It is one of many resources available to help providers understand the complaints process. Providers are encouraged to use the data, case studies and guided questions in this report to learn about good complaint handling processes that they can apply to their service.

We also include questions for boards and executives to help guide how they handle complaints. Handling complaints effectively needs leadership and commitment at all levels of an organisation. This starts with the board and leadership team and extends to all staff providing care and support for older Australians.

Janet Anderson PSM
Aged Care Quality and Safety Commissioner

Message from the Complaints Commissioner
Louise Macleod

Every person receiving aged care in Australia has the right to be treated with dignity and respect, to exercise choice, to be free from harm and to have confidence that their safety and quality of care is guaranteed.

When issues happen with the safety and quality of that care, it is important that people can raise their concerns in a constructive and safe way. Complaints are an early warning about an aspect of care that is causing concern for the care recipient.

Handling complaints well can:

- fix problems before they get worse
- provide better care outcomes for people receiving care
- help providers to understand the people in their care and build positive relationships with them, their families and advocates
- increase satisfaction and improve interactions between the person receiving care and staff
- provide data and insights to help providers continuously improve
- inform decisions about the services that providers might offer in the future
- enhance a provider's reputation and strengthen trust in the service.

When complaints are not handled well, providers can find that:

- staff are disengaged and there is a poor workplace culture focused on blame
- more complaints are escalated to the Commission, Ministers and Members of Parliament, or there is negative media coverage and a greater likelihood of legal action
- they miss opportunities to improve
- they overlook valuable input
- their reputation is damaged and people lose trust in them.

Good complaints handling keeps the focus on the person receiving care and recognises their rights to safe and quality care and services.

Handling complaints well both reflects and reinforces attributes of a high performing aged care service. It helps providers to meet general principles of fairness, transparency, inclusiveness, accessibility and building a culture of open disclosure.

Early and effective resolution of complaints leads to improved care for older Australians. It speaks to how efficient and effective the organisation is and supports providers to deliver the outcomes that older Australians want.

We are working to help people receiving care feel more confident about raising concerns or complaints with providers directly, with us or a combination of both.

The first part of this report provides an overview of complaints we received about residential care and home services between 1 July 2022 and 30 June 2023. The second part uses case studies and guided questions to help providers and their staff to assess how they handle complaints and how to use a continuous improvement approach to complaints.

Louise MacLeod
Complaints Commissioner

We would like your feedback to help inform future reports.

We are interested to know what data or information you would like to see – what would help you better understand and improve performance in managing complaints? Please email your suggestions to: complaintsreportfeedback@agedcarequality.gov.au

Complaints are an opportunity

Complaints and feedback give providers valuable insights into the issues that concern people receiving care and those who complain on their behalf.

Complaints help the Commission understand where provider performance needs to improve and the risks facing people receiving care. Complaints can inform our education and regulatory activities, such as auditing compliance and enforcement actions.

Most complaints from the person receiving care can be resolved in person or over the phone.

Providers can achieve the best results when:

- all parties work together
- discussions are open
- information is provided promptly.

A service with a positive complaints culture will encourage feedback and use it to improve their services. A well-managed and transparent complaint and feedback process builds trust and confidence in the provider. A positive complaints culture can include:

- using committees and forums for regular, ongoing feedback
- encouraging informal feedback like suggestion boxes
- acting quickly to resolve concerns when they come up.

Resolving complaints together

A recurring theme within our case studies is that the person receiving care influences how their concerns are resolved. The complainant, either the person receiving care or someone who represents them, should be involved in the process to resolve the complaint.

The following section gives an overview of the complaints we received about aged care services (both residential care and home services) in the 12 months between 1 July 2022 and 30 June 2023. We encourage providers to use this data when assessing their own complaints handling data.

Resolving complaints

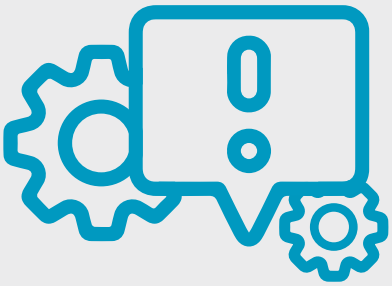
When a person contacts the Commission with a complaint, we will try to find an appropriate resolution by:

- understanding the concerns raised by the person making the complaint and their desired outcome
- supporting the person making the complaint to understand their rights
- speaking with the provider about their responsibilities relating to the concerns raised in the complaint
- helping the provider to agree to a plan of action they will take to resolve the complaint
- checking back with the person who made the complaint to see if their complaint is being resolved by the provider.

Where needed, we can take action to make sure providers improve the quality and standard of their service and meet their responsibilities.

The following diagram describes the Commission's complaints handing process.

Complaints handling process



Complaint

All government funded aged care services

Risk Assessment

- Identify level of risk to consumer/s
- Consider all current intelligence held on service and provider

No Immediate/severe risk identified | **Immediate/severe risk identified**

Time

Complaints Resolution

Focus on resolving the issue for the individual by:

- engaging with providers and consumers to resolve issues (early resolution)
- more complex resolution processes such as:
  - conciliation
  - investigation
  - mediation
  - directing the provider to take action to rectify
- resolve complaints

Severe risk identified

High risk identified

Medium low risk identified

Monitoring and Investigation

- Urgent assessment of provider performance against quality standards including site visits

Conduct monitoring site/ non-site:

- request information from provider
- assessment contact
- conduct investigation

- Intelligence from all complaints informs the Commission's targeted monitoring program

Non-compliance detected

Compliance and Enforcement

The Commission will take action including:

- working with providers to reach agreement on corrective action that needs to be taken
- exercising regulatory powers and monitoring providers to ensure risks to consumers are being effectively managed
- taking specific enforcement action, such as imposing sanctions, where there is evidence a provider is directing insufficient effort towards addressing serious non-compliance
- requiring providers to take specific action to manage immediate and severe risk to consumers

Complaints received by the Commission

There were 5,077 complaints made to the Commission about residential care services between 1 July 2022 and 30 June 2023. This compares with 6,404 for the same period in the 12 months prior, a decrease of 1,327 complaints (20.7%).

There were 4,015 complaints about home services between 1 July 2022 and 30 June 2023. This compares with 3,825 for the same period in the 12 months prior, an increase of 190 complaints (5.0%).

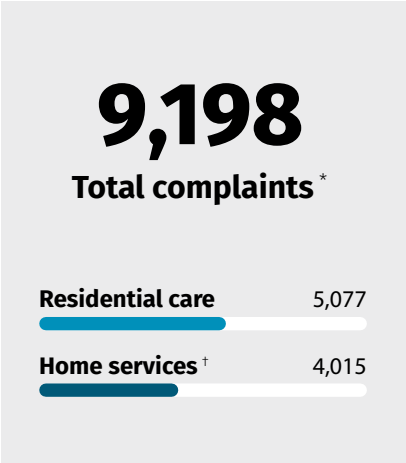


Figure 1. Total complaints the Commission received between 1 July 2022 and 30 June 2023

* Total complaints include residential care and home services, along with flexible and community care and complaints where no service was identified.

† Home services include Home Care Packages (HCP), Commonwealth Home Support Programme (CHSP) services, flexible care and services delivered in a home setting

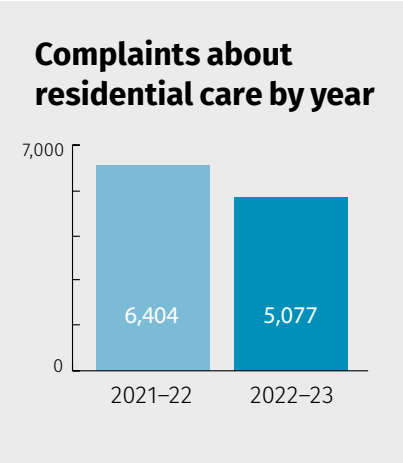


Figure 2. Comparison of residential care complaints between 1 July 2021 and 30 June 2022 and 1 July 2022 and 30 June 2023

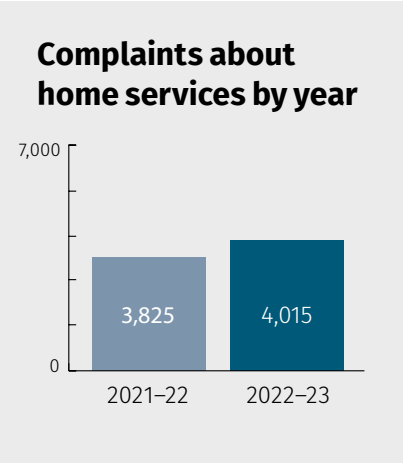


Figure 3. Comparison of home services complaints between 1 July 2021 and 30 June 2022 and 1 July 2022 and 30 June 2023

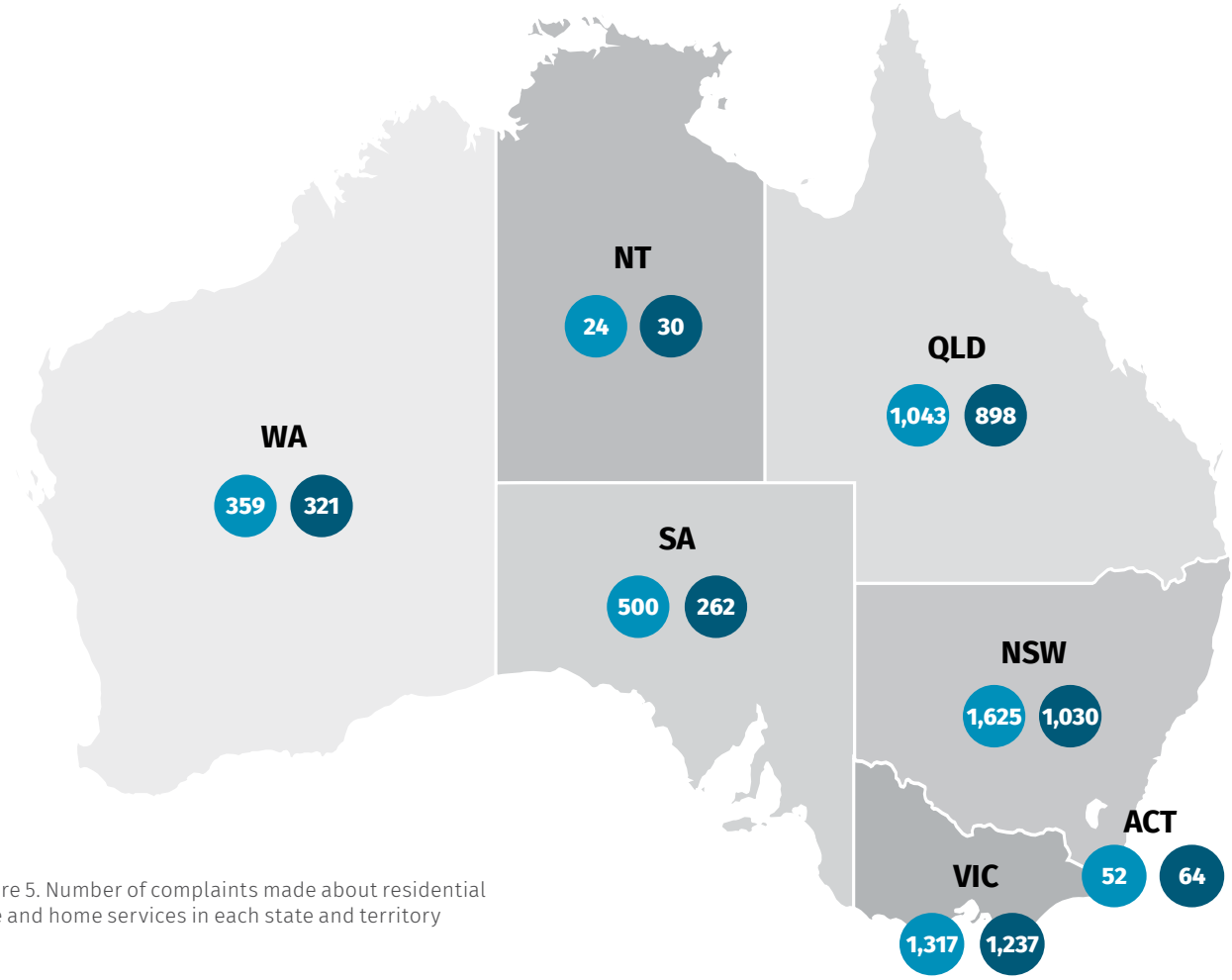


Figure 5. Number of complaints made about residential care and home services in each state and territory

Complaints made in each state and territory

The table below shows the number of complaints made about residential care and home services in each state and territory. It includes the total number of issues raised through complaints. A complaint can be about more than one issue of concern raised by the person receiving care or their representative that needs to be resolved.

Complaints and issues by care type and state

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A*	AUS
Residential care complaints	1,625	1,317	1,043	500	359	150	24	52	7	5,077
Residential care issues	4,547	3,022	2,257	1,246	915	385	71	185	25	12,653
Home services complaints	1,030	1,237	898	262	321	100	30	64	73	4,015
Home services issues	2,086	2,123	1,500	501	591	166	53	119	109	7,248

Table 2. Complaints and issues by care type and state

* N/A includes any complaint or complaint issue that does not have the geographical location assigned to it

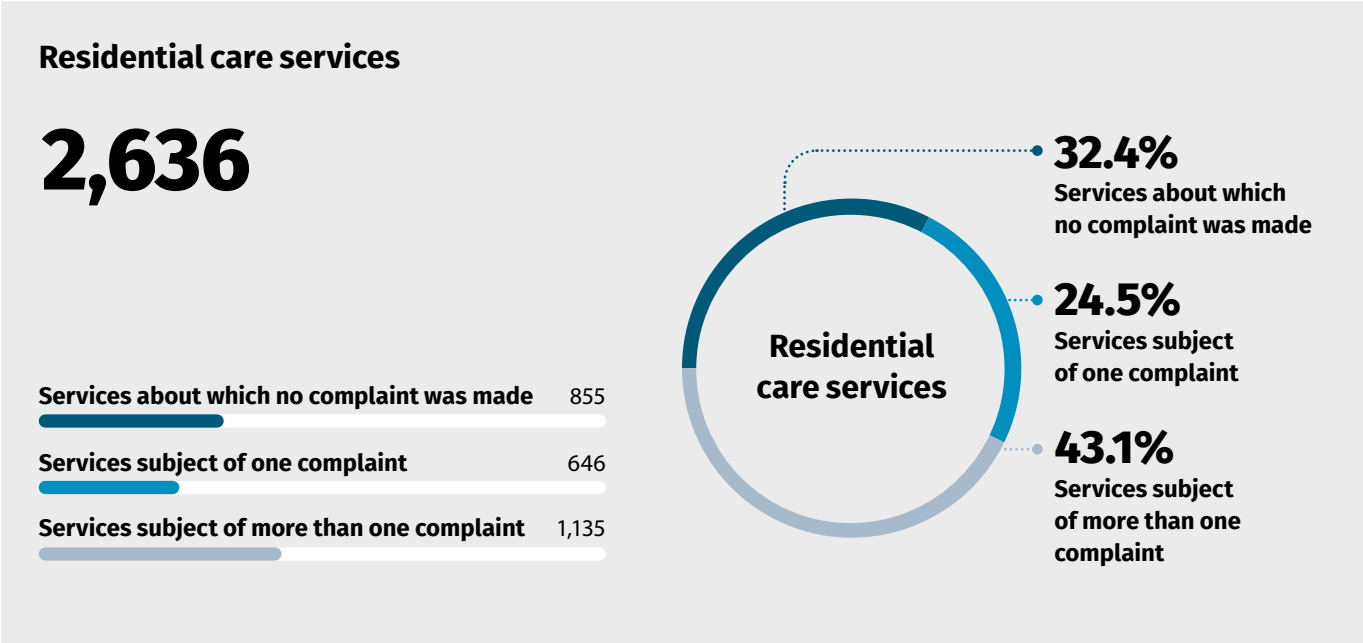


Figure 6. Number of residential care services with no complaints, one complaint, or more than one complaint

The rates of complaints per 100 care recipients

We can use the rate of complaints per 100 care recipients to compare numbers of complaints between services while also considering the different size of each service.

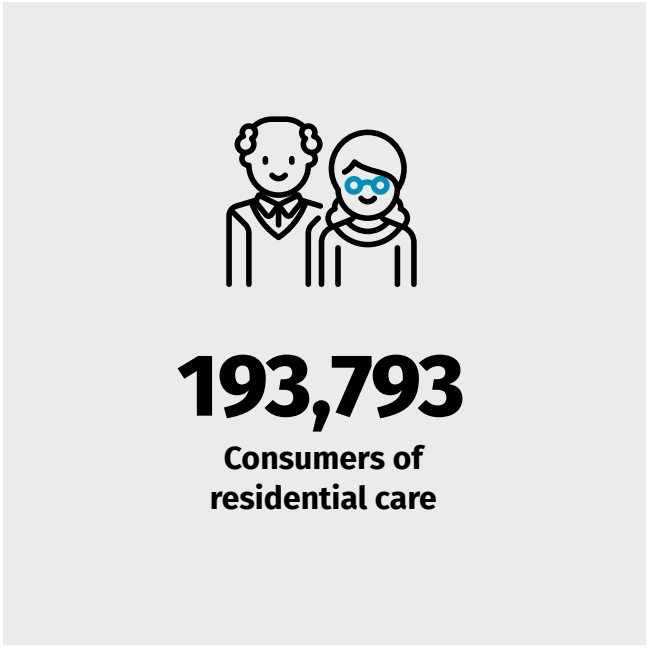


Figure 7. Consumers of residential care in Australia

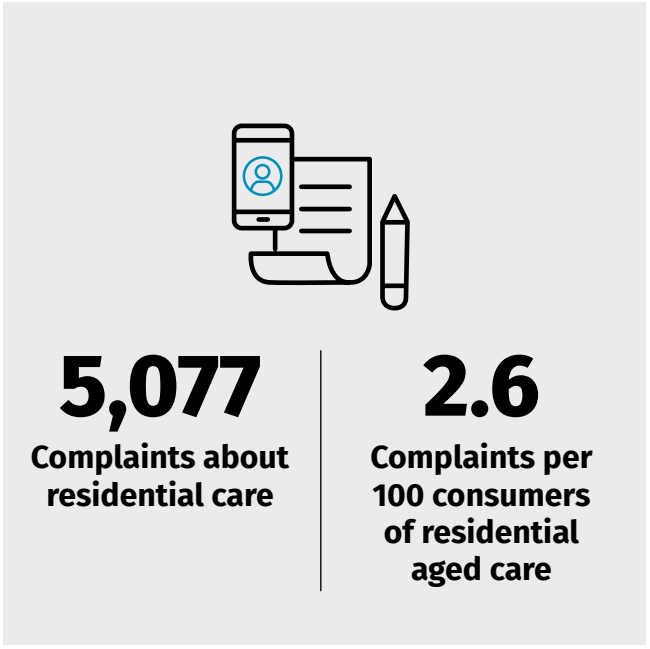


Figure 8. Complaint rates for residential care per 100 care recipients

Residential care

Services where there are no reported complaints may indicate that all residents and family members are consistently satisfied with their care and services, or they raise any concerns they may have directly with staff and are satisfied with the way they are addressed.

Other reasons for a service having no reported complaints could include that they:

- discourage residents and family members from lodging formal complaints
- do not have a feedback and complaints process that is easy to use, or
- the people receiving care are not confident to raise concerns.

These services may be missing opportunities to improve the services they provide for the people in their care.

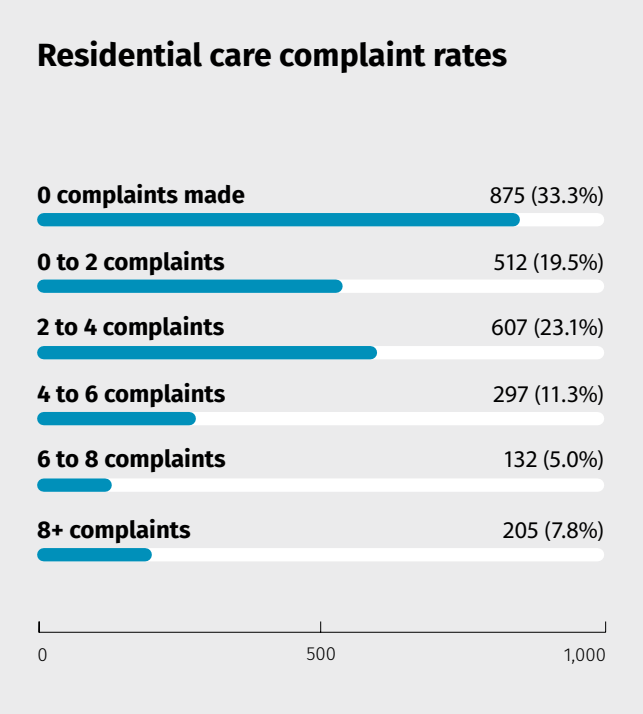


Figure 9. Complaint rates for residential care per 100 care recipients

Note: We have not included residential care services without information about the number of residents in these figures.

We have not included distribution of complaints rates for home services because the number of consumers for Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP) services is not available in the same format as residential care services.

Home services

Of the 1,081,246 people receiving home services on 30 June 2023:

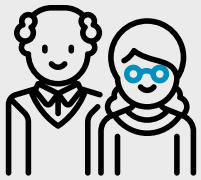
- 263,018 were using Home Care Packages (HCP)
- 818,228 were using Commonwealth Home Support Programme (CHSP) services.

There are several possible reasons for the lower complaint ratios for HCP and CHSP services compared with residential care. These include the shorter, more episodic nature of interactions between a consumer and care worker.

The lower complaint ratio may also show that some people receiving home services do not know:

- who to raise concerns with
- how to raise concerns
- that they can raise concerns when experiencing issues
- what the repercussions might be if they raise concerns.

There may also be less opportunity for other people to see the quality of the care that services are providing in the home and to raise concerns.



1,081,246

Consumers of home services

HCP consumers	263,018
CHSP consumers	818,228

Figure 10. Consumers of home services as at 30 June 2023

3,610
Complaints about HCPs

1.4
Complaints per 100 HCP consumers

405
Complaints about CHCPs

0.1
Complaints per 100 CHCP consumers

Figure 11. Complaints about home services

HCP and CHSP services should make sure they are meeting Quality Standard 6. This can include:

- giving people receiving care and their representatives a 'how to complain' information sheet
- considering the need for information to be translated in different languages
- advertising their complaints policy and staff contact details in publications and on websites
- actively seeking feedback as part of ongoing conversations
- actively supporting and engaging with consumer advisory committees
- frequent reminders in different ways that they welcome complaints and feedback.

Our *Better practice guide to complaints handling in aged care services* also supports providers to make complaints accessible.

Consumer advisory bodies

Providers that apply for approval on or after 1 December 2022 must already have offered their consumers the opportunity to establish one or more consumer advisory bodies, and acted on the results. Existing aged care providers must take these actions from 1 December 2023.

A consumer advisory body provides valuable feedback to the governing body of a service about the quality of the care and services provided and gives people receiving care a voice. Providers must formally communicate with people using their services at least every 12 months to offer to initiate or adjust the advisory body arrangements. This makes sure that any changes in the care and services they provide, or the advisory body membership or needs of members, are considered and addressed at least once a year.

The governing body of the service must consider any feedback provided by the consumer advisory body when making decisions about the quality of care the service provides. The governing body also needs to explain to the advisory body how it considered their feedback.

Complaint issues in residential care

Concerns about the administration and management of medication was the number one issue raised with the Commission about residential care.

This was followed by concerns about the personal and oral hygiene of the person receiving care and the number of staff. The most common issues were consistent across the reporting period.

The top 10 complaint issues for residential care were:

1. Health care – medication administration and management (702 or 5.5%)

2. Personal care – personal and oral hygiene (672 or 5.3%)

3. Personnel – number/sufficiency (607 or 4.8%)

4. Consultation and communication – representative/family (560 or 4.4%)

5. Health care – falls prevention and post fall management (559 or 4.4%)

6. Food and catering – quality and variety (404 or 3.2%)

7. Client assessment and service implementation – change of clinical status/ deterioration (403 or 3.2%)

8. Consultation and communication – lack of consultation/communication (384 or 3.0%)

9. Physical environment – cleanliness (357 or 2.8%).

10. Health care – constipation and continence management (350 or 2.8%)

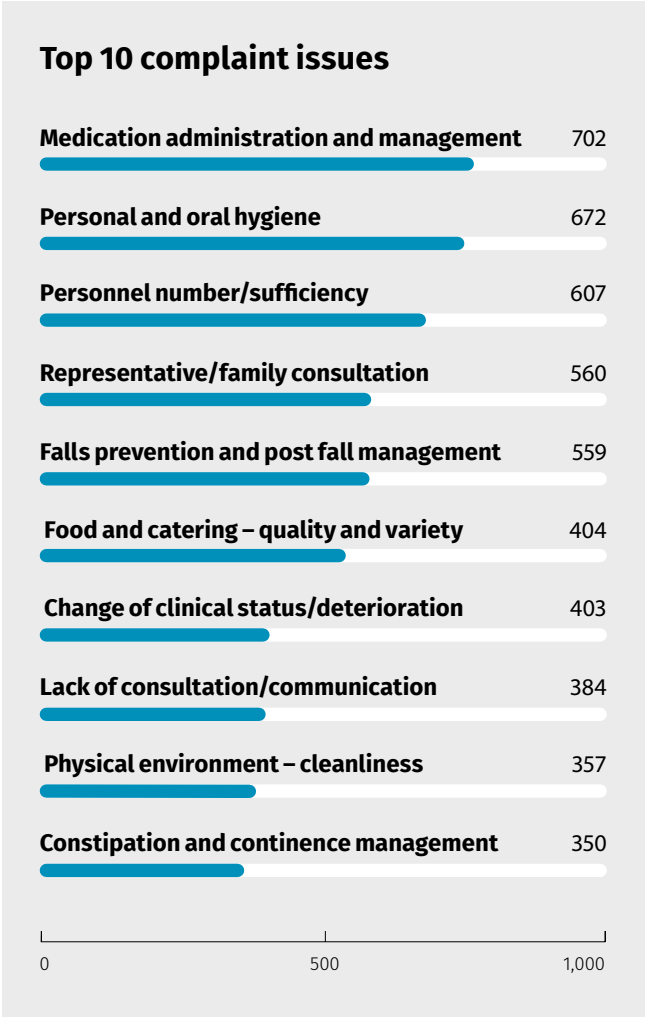


Figure 12. Top 10 complaint issues in residential care

Issue in focus

Medication-related complaints

Complaints about the administration and management of medication often include concerns about the appropriate identification, handling and timing of medication.

Complaints about receiving medication at the right time include:

- medications being given late
- the start of giving medication delayed
- medications not started at all.

The medical conditions that people were most concerned about in relation to the timing of medication were:

- pain management and palliative care
- infections
- managing diabetes, especially insulin
- Parkinson's disease.

The consequences of unmanaged pain include:

- poor sleep
- impaired cognitive processes (such as memory and thinking processes) and brain function
- lower mood and mental health
- reduced cardiovascular health
- diminished quality of life.

Chronic or ongoing pain has significant consequences for people receiving care, as well as for their families. It can cause deterioration in a person's quality of life and also impacts those close to them.

Parkinson's medication is time critical. If Parkinson's medications are delayed or not taken, the person's ability to move, speak and swallow can deteriorate very quickly.

Each person will have a unique schedule of medications – timing for each is critical.

Consequences of delayed or missed medications can be life threatening. They can include:

- falls
- pressure ulcers
- rapidly deteriorating ability to swallow
- aspiration pneumonia
- neuroleptic malignant-like syndrome (an acute neurological condition associated with the use of antipsychotic medication).

Complaints about residential care by complainant group

This figure shows the number of residential care complaints we received between 1 July 2022 and 30 June 2023 and who made them. Representatives or family members made the most complaints about residential care (56.3%), and the person receiving care made the least (7.1%).

Good complaints handling allows complaints to be made in a variety of ways. Most people who make complaints to us do so in an 'open' way. This means they are comfortable with us discussing their issues and concerns openly with the provider. It is best to make complaints openly as issues can be resolved more easily.

For some people however, being able to make confidential or anonymous complaints is important because they are concerned about disclosing their identity. Confidential complaints are where the personal details of the person making the complaint are not given to the provider.

Anonymous complaints about residential care are often from staff or other health workers. When we receive an anonymous complaint from a person who does not want to continue with a resolution process, we consider whether the Commission needs to take action with the provider. In making this decision, we consider the complainant's information alongside other intelligence to inform our ongoing assessments of risk to people receiving care from the service.

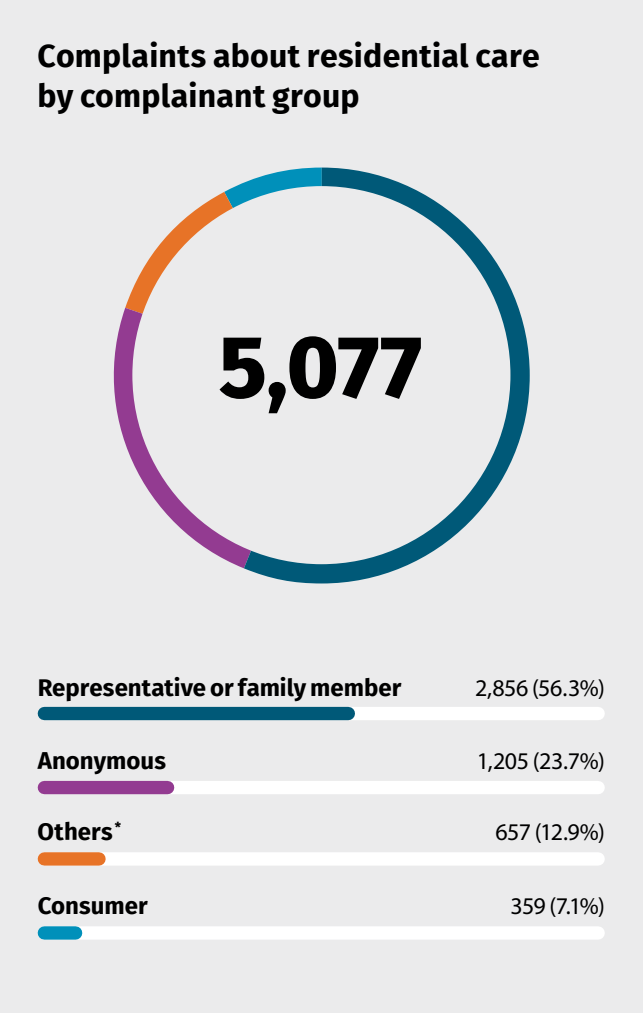
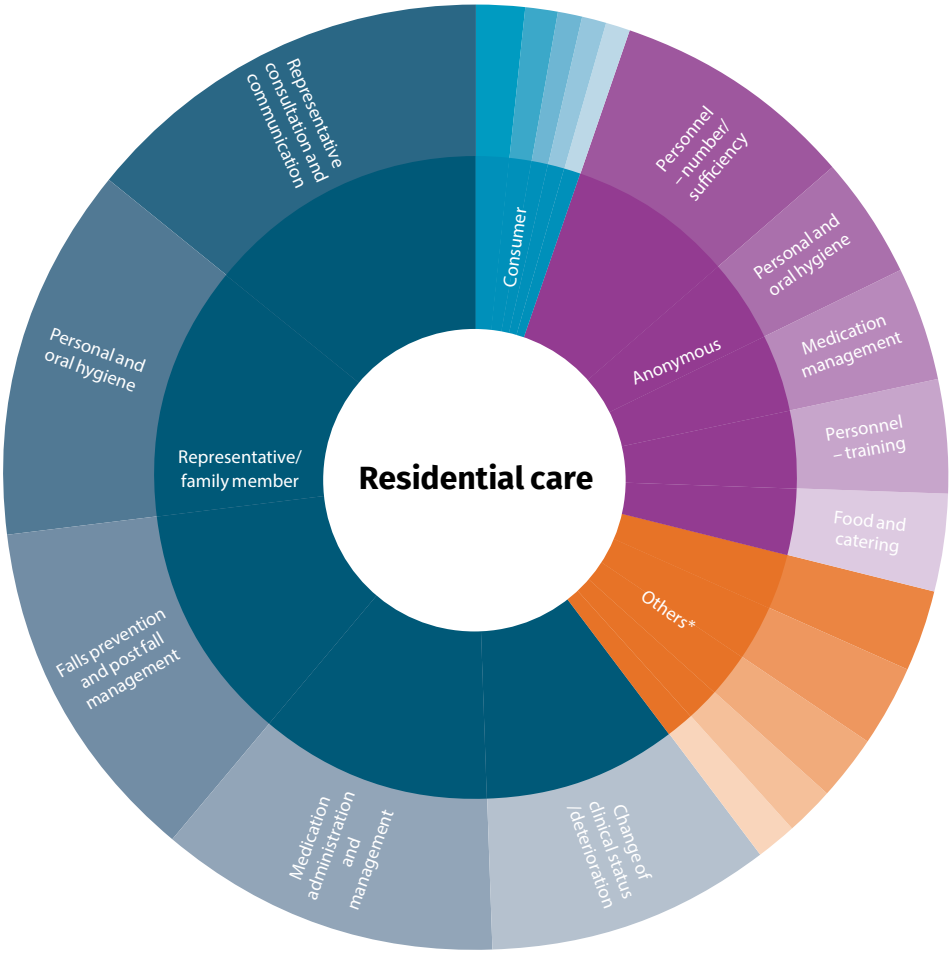


Figure 13. Number of complaints for each group that made complaints about residential care

* Others include staff, external agencies, media, providers or other interested people

Top 5 issues for each complainant group



Representative/family member

Representative consultation and communication	516
Personal care – Personal and oral hygiene	448
Falls prevention and post fall management	445
Medication administration and management	440
Change of clinical status/deterioration	334

Consumer

Quality and variety of food and catering	70
Medication administration and management	34
Personnel — behaviour/conduct	32
Personnel — number/sufficiency	31
Physical environment — cleanliness	27

Others*

Medication administration and management	111
Personnel — number/sufficiency	101
Personnel — training/skills/qualifications/suitability	81
Personal care – Personal and oral hygiene	79
Health Care – Wound management	55

Anonymous

Personnel — number/sufficiency	280
Personal care – Personal and oral hygiene	119
Personnel — behaviour/conduct and Medication administration and management	117
Personnel — training/skills/qualifications/suitability	116
Quality and variety of food and catering	96

Figure 14. Top 5 issues for each group that made complaints about residential care between 1 July 2022 and 30 June 2023
*Others include staff, external agencies, media, providers or other interested people

Top complaint issues for people receiving residential care and their representatives

Family members were most likely to complain about:

- the quality of consultation with the representative of the person receiving care and their family
- personal and oral hygiene of the person receiving care
- medication administration and management
- fall prevention and post fall management
- change of clinical status and deterioration

People receiving care were more likely to complain about the quality and variety of food, and the management and administration of their medication.

Complaints about staff were more likely to be made anonymously.

Residents and their representatives often complain about different things. This highlights the need for providers to directly engage with both the person receiving care and their representative about how their care and services can be improved. Each group brings a different perspective. This is consistent with what is required under the Quality Standards.

Complaint issues in home services

The most common complaints were about consultation and communication, fees and charges, and other financial issues.

The top 10 complaint issues for home services were:

1. Consultation and communication – lack of consultation/communication (1,068 or 14.7%)

2. Financial – fees and charges (648 or 8.9%)

3. Client assessment and service implementation – consistent client care and coordination (502 or 6.9%)

4. Financial – management of finances (497 or 6.9%)

5. Financial – reimbursements (416 or 5.7%)

6. Financial – communication about fees and charges (364 or 5.0%)

7. Financial – statements (360 or 5.0%)

8. Social and domestic assistance – domestic assistance (360 or 5.0%)

9. Client assessment and service implementation – care planning (315 or 4.3%)

10. Client assessment and service implementation – case management (255 or 3.5%).

Recent regulatory reforms of home care pricing and agreements, including fee capping, should address some of these common complaint issues. You can find information on how providers can navigate the changes on our website.

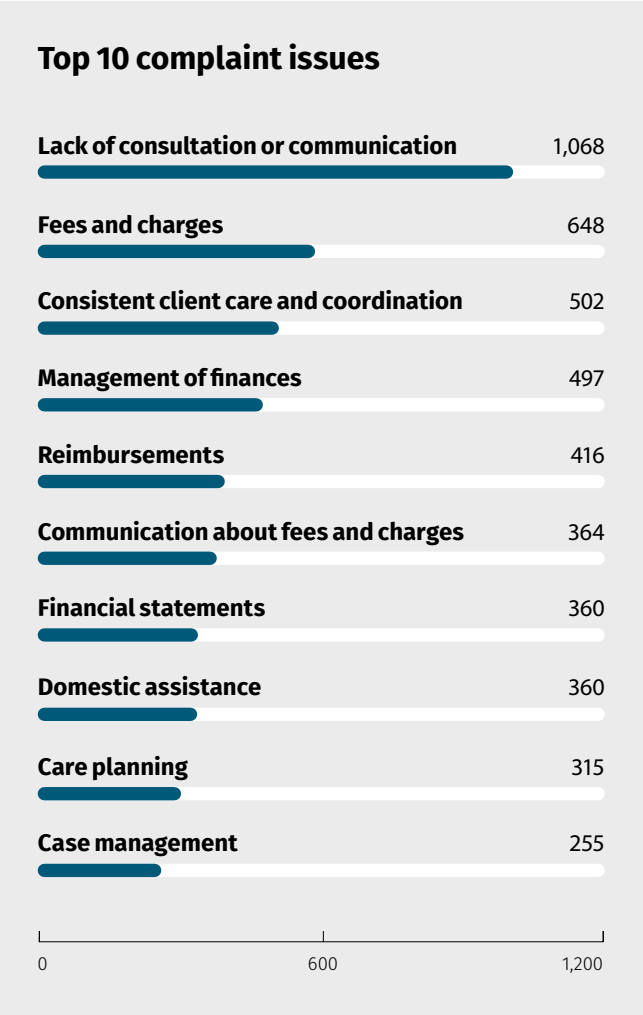


Figure 15. Top 10 complaint issues in home services

Complaints about home services by complainant group

This figure shows a breakdown of the home services complaints we received between 1 July 2022 and 30 June 2023 including who made them.

Lack of consultation and communication, and financial matters – particularly fees and charges – feature prominently in complaints from people receiving care and their representatives and family members.

The issues raised in these complaints give valuable insights into what concerns people receiving aged care services.

People receiving home services were more likely than family members and representatives to complain about:

- the availability or quality of general house cleaning
- unaccompanied shopping and linen service (domestic assistance).
- how providers communicated fees and charges.

Family members and representatives raised more concerns than people receiving care about how providers managed people's finances and the processing of reimbursements for bought items.

People receiving care and family members and representatives were equally likely to complain about:

- lack of consultation and communication
- fees and charges
- the consistency of care and coordination of services.

Anonymous complainants were more likely to raise concerns about the skills and qualifications of staff.

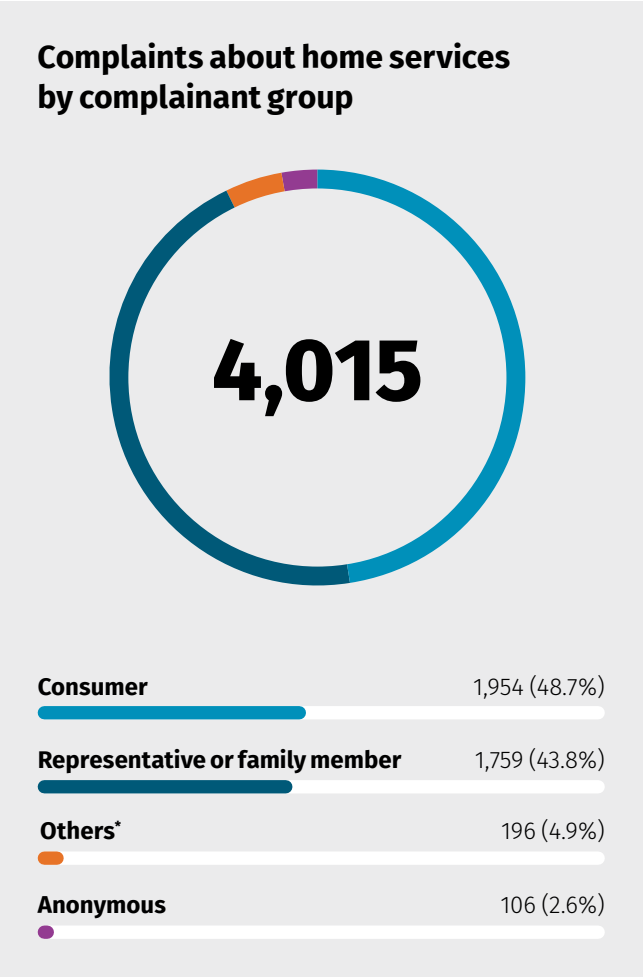
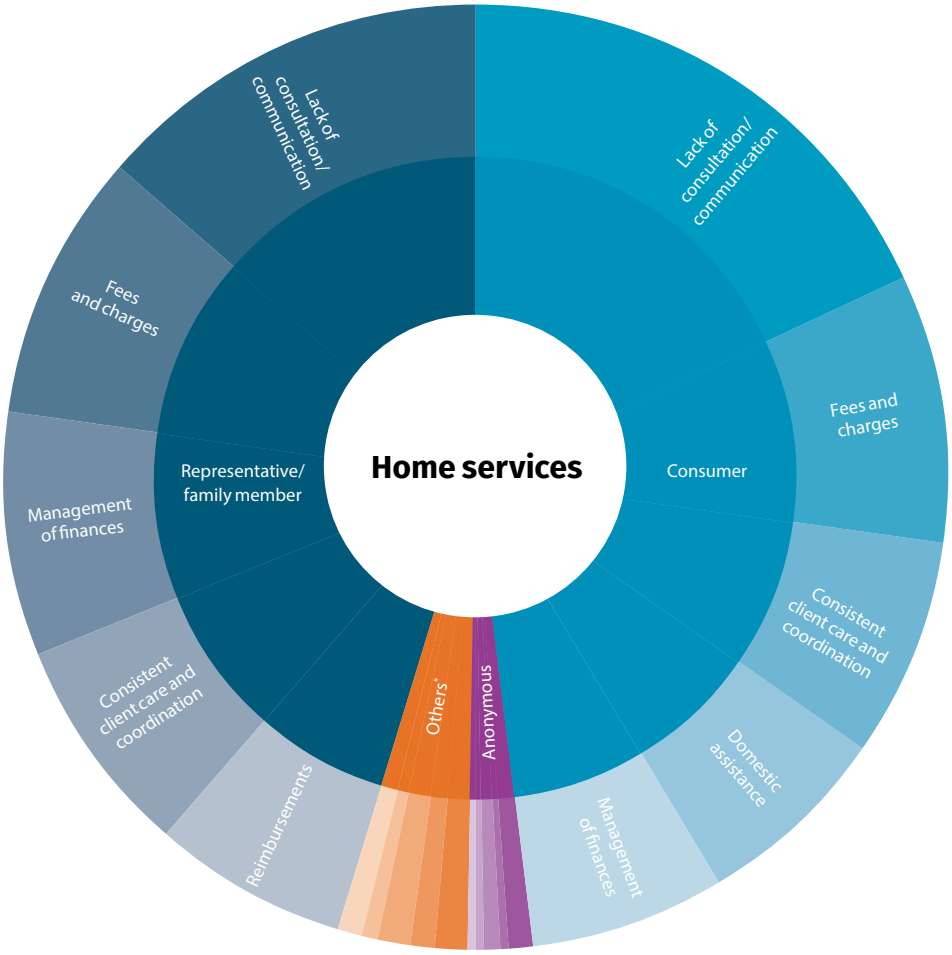


Figure 16. Number of complaints by complainant group about home services

* Others include staff, external agencies, media, internal referrals, providers or other interested people.

Top 5 issues for each complainant group



Representative/family member

Lack of consultation/communication	419
Financial – Fees and charges	326
Financial – Management of finances	246
Consistent client care and coordination	230
Financial – Reimbursements	211

Consumer

Lack of consultation/communication	595
Financial – Fees and charges	292
Consistent client care and coordination	221
Domestic assistance	218
Financial – Management of finances	209

Others*

Consistent client care and coordination	37
Lack of consultation/communication	34
Financial – Management of finances	29
Financial – Fees and charges	24
Client Assessment and– Care planning	22

Anonymous

Lack of consultation/communication	20
Consistent client care and coordination	14
Financial – Management of finances	13
Personnel – training/skills/qualifications/suitability	11
Personnel – behaviour/conduct and Care planning	9

Figure 17. Top 5 complaints per group about home services

* Others include staff, external agencies, media, internal referrals, providers or other interested people

Issue in focus

Complaints about lack of consultation and communication

Concerns about lack of consultation and communication are a key feature in complaints to us from people receiving care and their representatives.

For residential care, these complaints focus on:

- lack of communication about fees and charges
- the provider not returning phone calls to representatives and family members
- representatives not being told about changes to the clinical status of the care recipient
- representatives not being told about incidents or injuries such as falls, skin tears and bruises relating to the person receiving care
- representatives not being told that the person receiving care was transferred to acute care
- representatives not being told of GP consultations and changes to medications and care
- representatives not being included in care plan reviews and consultations.

For home services, these complaints focus on:

- lack of communication about fees and charges
- the service not letting the person receiving care know that the support worker will be late, or that a specific care or service is being cancelled
- the person receiving care not receiving statements
- the person receiving care not knowing who their case manager is
- the provider not returning or replying to the care recipient's phone calls and messages
- it not being clear what is included and excluded in the care recipient's HCP
- the provider not explaining the products and services the person receiving care signed up or agreed to.

Open and regular communication with people receiving care, especially about changes, allows them to make informed choices about their care and meets the Charter of Aged Care Rights and the Quality Standards. Staff who are good communicators and show empathy are a valuable resource. They can help a service find resolutions for complaints that are timely and in proportion to the issues.

Effective communication skills include:

- actively listening and checking that there is a common understanding
- having open body language
- being emotionally aware and patient.

Good communication and practising open disclosure can prevent minor issues from becoming more serious.

Open disclosure includes:

- communicating with a person receiving care when things go wrong
- listening to the care recipient's experience of what has happened and ensuring their immediate needs are addressed
- apologising and explaining the steps the service has taken to stop it from happening again.

When done well, the benefits of open disclosure in practice can build trust and become a cultural and behavioural foundation of continuous learning and service improvement in partnership with people receiving care.

Finalised complaints

The Commission finalised a total of 5,475 residential care complaints and 4,202 home services complaints between 1 July 2022 and 30 June 2023.

We finalised most residential care complaints (5,198) through early resolution. These complaints involved 13,306 issues about residential care services.

The aim of early resolution is to quickly resolve the concerns of the person making the complaint. The Commission does this by:

- clarifying the issues and outcomes the person making the complaint is seeking
- assisting the person making the complaint and the provider to communicate with each other, including facilitating open disclosure
- helping all parties to the complaint to generate ideas for resolving the issues, and
- supporting all parties to reach agreement on the actions to be taken (and when) to address the issues.

Empowering the staff that provide care to take action to resolve concerns when they are first raised is often the most efficient and effective way to manage complaints, and it promotes better outcomes both for the person receiving care and for the provider.

The Commission also worked with the people making complaints, providers and the person receiving aged care to resolve 4,193 complaints about home services through early resolution. These complaints involved 7,713 issues about home services.

For the balance of complaints received (277 complaints raising 1,080 issues in residential care and 9 complaints about home services), the Commission used a formal resolution process that can involve:

- conciliation
- mediation
- an investigation by the Commission.
- the provider needing to resolve the issue within a set timeframe and report back to the Commission.

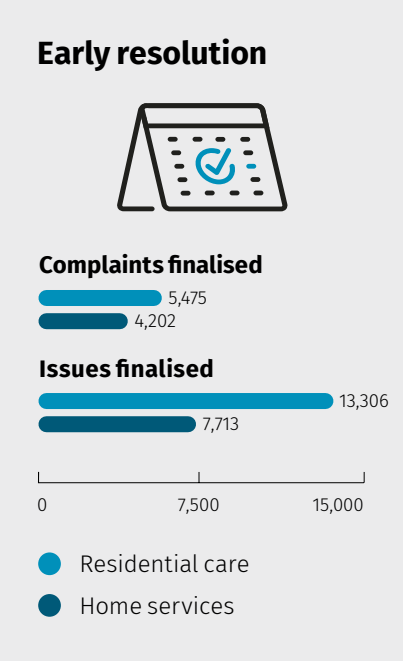


Figure 18. Number of complaints and issues resolved through early resolution

Figure 19. Number of complaints and issues resolved through the formal resolution pathway

These figures show the top 10 reasons for finalising complaints for residential care and home services. The data includes all complaints where all the issues which make up the complaint were resolved, and so the complaint as a whole was finalised.

Issues 'resolved to the satisfaction of the Commission' include those where we concluded that the provider met its responsibilities or took appropriate action to address the concerns.

Complaints resolved 'to the satisfaction of the complainant' are where the person making the complaint is satisfied that their issues were heard and addressed. Some complaints are not resolved 'to the satisfaction of the complainant' but this does not necessarily mean the person making the complaint is not satisfied. These include anonymous complaints and complaints which were withdrawn. Some issues are raised by people more than once, in one or more separate complaints. Some issues that people raised may also be covered by compliance or quality assessment and monitoring activities. Where an issue was dealt with, or is being dealt with, in another complaint or through our regulatory activities, we may finalise the issue.

In some cases, no further action about an issue is required by the Commission. Complaint issues may be finalised in this way when, for example, the issue is not ongoing and there is no outcome that can be reached through a resolution process. In all cases we use complaints as intelligence to inform future regulatory actions.

In 2023–24, we will redesign how we record outcomes from complaints to better capture:

- what action the provider took to resolve the matter
- what action the Commission took to resolve the matter
- what the outcome was for the person making the complaint.

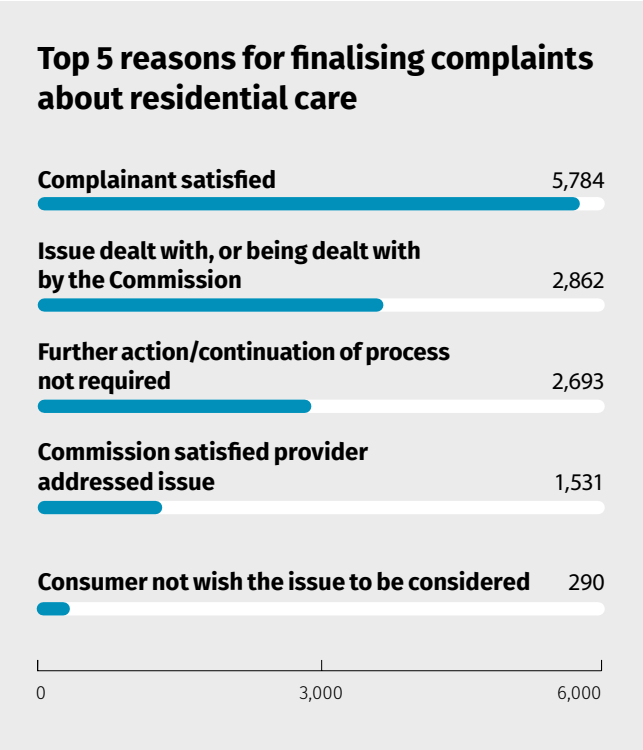


Figure 20. Top 5 reasons complaints about residential care were finalised between 1 July 2022 and 30 June 2023

Figure 21. Top 5 reasons complaints about home services were finalised between 1 July 2022 and 30 June 2023

Case studies

These case studies are not all about the most common issues raised in complaints from people receiving care and their representatives. Some are included because they show how handling complaints well can resolve issues to reduce negative impacts on the health, safety, dignity and quality of life of the person receiving care. They also show how the Commission uses complaints as intelligence to inform our regulatory action.

Case study 1.

Complaint spike signals serious risks

Complaint description

The Commission had found a significant rise in complaints about a residential care service over a 5-week period. The complaints raised similar concerns:

- clinical escalation to treat wounds and prevent the spread of infections
- staffing numbers
- medication errors
- cleaning and personal care.

The people making the complaints were diverse, and included:

- a local GP
- family members
- a confidential complaint from a staff member
- anonymous complaints.

Commission actions

We allocated all the complaints about the service to a single complaints officer to investigate. The initial response from the service confirmed there were over 40 unfilled shifts in the months before we received the complaints. The complaints included information related to concerns about insufficient staffing levels at the service. The complaints officer considered the initial risks associated with the issues raised in the complaints as high.

Background and insights

A complaints manager and senior complaints officer made an unannounced visit to the service to gather further information. At the visit, they identified issues with:

- infection control
- wound care
- pain management
- medication management
- hydration.

During the site visit, it also became evident that the likelihood of the service appropriately managing the harm was low due to the response from the manager and feedback from staff. This included poor record keeping and lack of action concerning complaints and incident management.

Based on the information collected from the visit, the risk relating to the issues in the complaints was confirmed as high. The Commission conducted a review audit and found the service had not met 6 requirements across the Quality Standards. We then determined the service was non-compliant and issued a Notice of Requirement to Agree to Certain Matters because of our assessment of immediate and severe risk of harm to residents which required urgent action by the provider.

Guided questions

1. How does your service monitor, analyse and use feedback and complaint data to improve the quality of its care and services?

2. What system does your service have to make sure complaints are followed up in a timely manner and the appropriate action is taken?

Case study 2.

Confusion about home care package inclusions

Complaint description

Lucy was the neighbour of an elderly Chinese gentleman, Li-Wei, who received a Home Care Package. Lucy complained to the Commission on Li-Wei's behalf that his HCP service was refusing to take the agreed 70% of costs for Meals on Wheels from Li-Wei's package funds. This was despite their initial agreement that his assessed need for meals would be funded at this rate from his package.

Background and insights

Li-Wei had purchased meals through Meals on Wheels in the past through a private arrangement and paid in cash for the full cost of the meal and no delivery fees or charges. When he was approved for a HCP with the same service, he was verbally told that his meal service would continue but he would now only need to pay 30% of the meal cost, to cover the raw ingredients of the meal. The remaining 70% would come from his package funds. When he received and queried an invoice from the service charging the full cost of the meals, the provider told him that they had given him incorrect advice and they would not honour their original advice.

Commission actions

The complaints officer confirmed with the provider that, consistent with the HCP manual, it is within the package scope to cover the cost of meal preparation and delivery, but not the cost of raw ingredients. The complaints officer shared information with the provider to assist them with meal costing and helped them to understand suitable arrangements. The provider insisted on continuing to pass on the full cost of the meals to Li-Wei without applying the mandated split on what percentage of the meal cost covered the raw ingredients.

The complaints officer escalated the Commission's concerns to the provider's CEO, explaining that they were disadvantaging Li-Wei by preventing him from accessing package funds for an assessed care need. The provider was resistant to changing its practice so the complaints officer explained that other regulatory options may need to be explored to make sure they were acting in line with requirements. After further consideration, the CEO agreed to authorise the use of HCP funds for Li-Wei and to apologise to him.

We then explained to the CEO the need to identify all people receiving meals from the service and make sure the legislated requirements were being met for their care. The CEO agreed to complete an audit and address non-compliance for all relevant people receiving aged care from their service.

This approach resolved the immediate concern for Li-Wei and the broader issues to make sure that people receiving meals were able to fund these through their HCP. Our intervention also resulted in the provider training their management staff about HCP requirements.

Guided questions

1. How does your service make sure the people in your care and your staff are aware of their right to provide feedback or make a complaint to the service? How is your complaint handling process publicised?

2. Is information provided about your service, including feedback and complaints processes, in plain English? Or in the preferred language of the person receiving care? Is information presented in a format that can be easily understood?

Case study 3.

Infected pressure wounds

Complaint description

Jess contacted the Commission to complain about her mother Mary's care in a residential care service. Jess provided photos of Mary with pressure wounds which appeared infected. Jess told us she had tried raising her concerns with staff at the service and was told that action would be taken but nothing happened. Jess was very distressed and told us that Mary was too.

Commission actions

We immediately allocated the case to a complaints officer who assessed the issue raised in the complaint as severe. On this basis, we contacted the provider straight away.

Background and insights

The provider reassured the complaints officer that Mary was fine but was vague on the details of the care being provided. They were not willing to commit to taking any further action. Based on the assessed risk, the complaints officer asked them to arrange a clinical assessment and refer Mary for appropriate wound care. The complaints officer asked them to give the Commission a report including evidence of the wound care Mary had received. The complaints officer also requested that the provider conduct an audit to identify and review any residents requiring wound care and to give this information to the Commission within 24 hours.

These issues were followed up through subsequent regulatory action.

Mary was hospitalised for treatment of her wounds. When she was discharged, the complaints officer asked the provider to give the Commission a care plan and evidence to show that they could now provide appropriate care. The complaints officer also spoke with Mary and Jess to make sure we had their input into the information and evidence we considered about Mary's care. The provider apologised to Mary and Jess and explained what they had done to make sure the same problems would not happen again.

This approach resolved the severe risk to Mary, and the Commission also made sure the provider considered the broader impact and the risk to other residents. The Commission visited the service and found that there were broader issues which the provider needed to address to ensure that all residents were safe. These were followed up through a subsequent onsite assessment by quality assessors which led to a non-compliance notice being issued.

Guided questions

1. When things go wrong, how does your service go about understanding what has happened? Does your service practice open disclosure when things go wrong?

2. Are there clear responsibilities within your service for communicating with the people receiving care and their representatives so they receive the information they need to understand what happened and the action you will take?

3. How does your service review its systems to make sure other residents are protected from similar issues?

Case study 4.

Concerns about food, dignity, complaints to the service not being resolved, and medication administration

Complaint description

Bob, a resident in an aged care home, contacted us about dietary concerns including the poor quality, small portions and lack of variety in the meals supplied at the service. Bob was also concerned about a loss of dignity because after raising his concerns with management, a sign was put up in the dining area where residents, visitors and staff could see it. The sign said that Bob wanted large portions. Bob also raised a concern about the service incorrectly administering his medication, which resulted in him being admitted to hospital for several days. Bob asked us to help as the issues had not been resolved to his satisfaction.

Commission actions

After obtaining Bob's agreement, the complaints officer arranged for an advocate from the Older Persons Advocacy Network (OPAN) to contact Bob and notified the service of the issues and sought a response. The complaints officer also reviewed the Commission's data and intelligence about the service. The service provided a response which included discussing the issues in detail with the complaints officer. The complaints officer had a further discussion with Bob and his advocate to seek their views of the service's response and their feedback on whether the actions taken to resolve the issues were effective. Bob confirmed that the actions had resolved the issues to his satisfaction. Having assessed the risks to Bob and other people receiving care at the service, and the service's ability to manage the risk and reduce the likelihood of it happening again, the Commission decided not to take any further action.

Background and insights

Bob had experienced ongoing issues about the food he was served which impacted his wellbeing. He also felt a loss of dignity after he complained to the service. The medication administration issue caused him harm which required hospitalisation. We communicated with Bob and his advocate during the complaint process to resolve his complaint.

The service apologised to Bob and put in measures to prevent similar issues from occurring across the service. This included:

- meeting with the chef
- introducing a food focus group that met after each monthly resident meeting
- the relevant manager checking at mealtimes to ensure that quality food was being delivered in appropriate quantities.

The service also removed any public information about Bob's dietary preferences and instead started communicating these in a preference book which only staff can see.

To resolve the medication issue, the service:

- conducted a clinical investigation and retrained staff
- communicated medication administration protocols to all medication trained staff members
- made sure that only qualified staff or registered nurses managed and administered medication.

Bob was also satisfied with the actions of the service, saying it was an excellent response and he had renewed trust and confidence in the provider. The advocate provided feedback that they were also pleased with the way the provider had responded to fix the situation.

We assessed the service's actions and considered the issues were resolved.

Guided questions

1. How does your service let the people in your care know about advocacy services? How are advocacy services publicised?

2. How does your service involve people receiving care? Do you have a culture where care recipients can have a say in things and discuss concerns before they need to become a formal complaint?

Case study 5.

Multiple care issues take time and different approaches to resolve

Complaint description

Mavis contacted the Commission to complain about the care of her father Max who lived in a residential care home. Mavis had seen posters at the service that mentioned the Commission as an external complaints service. Mavis raised 7 issues with us ranging from personal care to clinical issues, including:

1. not regularly cleaning Max's room

2. not providing appropriate pain management following a fall

3. not showering Max for multiple days at a time and not providing overhead shower jets to enable independent showering

4. not providing enough water and juice during the day, causing Max to become dehydrated on several occasions

5. poor wound management of open blisters on Max's legs

6. not providing appropriate behaviour support for other residents with Max sustaining bruising to his face following a physical assault

7. not implementing adequate falls prevention strategies for Max resulting in a fall where Max fractured his arm and had to be admitted to hospital.

Commission actions

The complaints officer reviewed the material given by the provider in response to the complaints raised with us. There was no information to show the issues raised by Mavis were impacting other care recipients at the service. It was determined that a conciliation meeting between Mavis, Max and the service provider would be the most effective way to address the issues.

Background and insights

The Commission conducted the conciliation with Mavis and the provider. Max did not participate due to his cognitive impairment. Each issue was discussed, with the parties putting forward their views and sharing information about the care provided to Max. Five of the 7 issues were resolved through conciliation, with agreement unable to be reached on issue 3. This issue was investigated by the complaints officer. Issue 7 was referred for an in-depth clinical review.

The complaints officer had a further discussion with the service about both these matters which led to a behaviour support plan being put in place for Max which gave guidance to staff on how to de-escalate situations if they arose. The service provided more diversional therapy tools which Max responded to well. The blisters on Max's legs had healed by the time of the conciliation, with the GP providing a wound care plan for ongoing monitoring, and updating Max's medication plan with a referral to a pain specialist.

The service also:

- made sure Max was offered fluids at regular intervals each day
- implemented monthly audits on the cleanliness of his room
- made weekly calls to Mavis which transitioned to face-to-face meetings about Max's care once a month after the Commission finalised the complaint.

Guided questions

1. How does your service involve families in the resolution of complaints?

2. What has your service done to promote and support a culture of learning from mistakes? What has it done to implement and sustain the changes needed in care and services from lessons learned?

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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