DEVELOPING A CONSUMER EXPERIENCE REPORT: PILOT STUDY

REPORT TO THE AUSTRALIAN AGED CARE QUALITY AGENCY
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GLOSSARY

Abbreviations

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<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACQA</td>
<td>Australian Aged Care Quality Agency</td>
</tr>
<tr>
<td>CER</td>
<td>Consumer experience report</td>
</tr>
<tr>
<td>KPI</td>
<td>Key performance indicator</td>
</tr>
<tr>
<td>PRG</td>
<td>Project reference group</td>
</tr>
<tr>
<td>RACF</td>
<td>Residential aged care facility</td>
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</table>

Acknowledgements

This report was prepared for the Australian Aged Care Quality Agency (AACQA) by Professor Yvonne Wells, Dr Angela Herd, and Dr Deirdre Fetherstonhaugh, Australian Institute for Primary Care & Ageing, La Trobe University.

The authors thank all AACQA staff who collected data for this pilot and for the consumers and representatives who participated in the pilots.

Special thanks to the Expert Reference Group for their generous input into the project. The member list is available at Appendix 3.

Suggested citation

Executive Summary

About the project

The aim of this project was to develop a set of core structured interview questions for use by the Australian Aged Care Quality Agency (AACQA) as part of each accreditation site audit of residential aged care services. The interview questions are intended to support the development of a standard report on consumer experience of the quality of care and services in residential aged care. They build on existing audit practice of interviewing care recipients and their representatives as part of an accreditation site audit.

Project team

The project team from La Trobe University’s Australian Institute for Primary Care & Ageing included: Professor Yvonne Wells (Project Lead), Dr Angela Herd (Project Coordinator), and Dr Deirdre Fetherstonhaugh (expert consultant in residential aged care). This team was supported by the resources of the Australian Institute for Primary Care and Ageing and La Trobe University more generally. The project team was also well-supported by staff of the AACQA.

Project methodology

This project was planned in three stages. The development stage (conducted from December 2016 to February 2017) involved developing options for the core structured interview questions and consulting with the Project Reference Group to narrow the choice of questions to be piloted. The second stage (March 2017) was a pilot study to test the questions during reaccreditation site audits in the field. The final stage involves finalising the tool and developing training materials for use by the AACQA in implementing the Consumer Experience Report (CER).

Pilot study method

Twenty-four questions were piloted. The interview schedule was prepared with two versions of each question: one for residents; and one for representatives, which asked the respondent to answer on behalf of the resident (i.e., asking what the resident thought, rather than what the representative thought). A visual analogue (“smiley faces”) response option was also piloted.

The pilot study involved 10 residential aged care facilities (RACFs) recruited in Sydney, Melbourne and Launceston, 188 participants (140 residents and 48 representatives), 11 assessors, and three interpreters. Fifty-two residents were interviewed twice and 27 resident-representative pairs were recruited.
Participant characteristics

About 60% of both resident and representative groups were women, and the most common age group was 80-89 for residents and 60-69 for representatives. Almost one-third (30%) of residents had a diagnosis of dementia. Almost half (46%) of the representatives were an adult child or a daughter/son-in-law.

Summary of findings

Overall results of the pilot

The pilot identified a set of 10 core questions that effectively describe the experience of residents in a home. Overall, the home the respondent lived in was the most significant variable in differentiating responses. This means that the interview questions selected during the pilot for implementation by the Quality Agency are able to differentiate the experience of consumers living in different homes.

Responses to questions: Questions that elicited a high level of agreement from respondents (over 80%) included: “I feel comfortable living here”; and “I feel confident that my care is right for me”.

Ninety-three percent of residents said that they were treated with respect always or most of the time (or their representative indicated this on the resident’s behalf). In contrast, weaknesses of the homes identified by respondents included: “How often do staff follow up when you raise things with them?” and “Would you say you like the food here?”

Resident-representative agreement. Testing the questions with pairs of residents and their representatives helped to identify questions that residents and representatives responded to similarly. There were very high levels of agreement on some questions (“Do staff treat you with respect?”), but very low levels of agreement on others (“Can you participate in something you’re interested in doing, if you choose to, here?”, and “Staff listen to me when I make a comment about things”).

Test-retest. The test-retest process was used to identify questions that elicited consistent responses when participants were asked the same question a week later. Analyses showed varying levels of stability. A high level of stability was found for the question: “Would you say you like the food here?” In contrast, there was little consistency on questions such as: “I feel confident that my care is right for me”.

Open-ended questions: Inclusion of two open-ended questions gave an opportunity to capture free-text responses from all interview participants at the home. The two open-ended questions were well-accepted by participants and their inclusion in the interview was strongly supported by quality assessors. The most common responses to the question on the best thing about the home included “I am well looked after” and “I feel safe and secure”. The most common response to what could be improved about the home was the food.
In addition, all participants were asked for any feedback on the suite of interview questions. Most residents and representatives saw the interview questions as broadly appropriate.

**Non-responses - Missing data:** The distribution of non-responses (missing data) varied, with some homes recording higher levels of missing data than others. Understandably, missing data was higher for residents with dementia and those whose first language was not English. Missing data did not increase as interviews progressed, but was much higher for some questions than others, and proved a useful indicator of the difficulty of responding to a question.

**Time taken:** Assessors were testing more than double the number of questions that the Agency planned to take forward as the final set of questions from the pilot. Time taken on interviews varied from 8 minute to 40 minutes.

**Feedback from Assessors and Interpreters**

The questions themselves did not take long to put to residents and representatives. Feedback on the sampling method was generally good, but assessors acknowledged it took time to locate residents and find a suitable place to carry out the interview. Feedback from representatives to the assessors was that they liked being included in the interviews, but assessors reported recruiting them for interviews was time-consuming.

Useful feedback was provided by assessors on usability of each question. Some were seen as too vague, or needed explanation or context. The visual analogue was not needed in most cases; however, it worked well for a small number of residents with communication difficulties. The Never—Always set of response options was preferred by most assessors to the Likert (Strongly disagree—Strongly agree) response set. However, having a middle option was reportedly useful for participants who did not know how to respond to a question.

The most usable questions identified in the pilot were short and clear. Assessors made useful suggestions for rewording. The highest usability rating was for the question: “Would you say you liked the food here?” Assessors and interpreters also supported the questions: “Do you feel safe here?”, “Do you get help when you need it?” (with average usability ratings of 3.4 out of 4); and, “Do staff treat you with respect?” (with an average usability rating of 3.3). The lowest rating was for the question: “How much do you agree or disagree with this statement: I can be myself here?”

**Feedback from consumers**

Consultation on the questions was undertaken by the Agency with three groups of consumers, including three groups of Indigenous people. These consultations indicated which questions were most meaningful to consumers, and resulted in useful rewording.

Consultations with Indigenous consumers reinforced the recognition of Aboriginal culture. The wording of several questions did not reflect community languages, and suggested changes included
using the word “mob” rather than “staff”. The Quality Agency acknowledged that more work was needed to optimise wording of the questions for special groups.

**Scalability and validity**

Further analysis was undertaken with the 10 quantitative questions that performed best on usability ratings and statistical criteria (i.e., stability over time, resident-representative agreement, and minimal missing data). Factor analysis indicated that responses to these questions formed a single scale with satisfactory internal reliability. Analysis using two methods of summing Total consumer experience indicated that factors associated with the total included: the resident’s location (Home); the resident’s ability to walk independently; type of record (retest totals were the highest and representatives’ totals the lowest); and interview completion time (short interviews recorded higher Total consumer experience than long ones). However, the most robust model of Total consumer experience included only the participant’s home. This constitutes evidence that the CER questions capture the consumer experience rather than consumer characteristics.

**Sample size**

In the past, the Quality Agency has aimed to interview about 10% of residents in each home, with sample sizes of about 10 people. The adequacy of this sample size was explored. Results indicated sample sizes of 10 in each home are the lowest number possible for estimating proportions and for detecting large differences in Total consumer experience between samples. Increasing the sample size to 12 would provide a more reliable result. Sample sizes of 10 are generally inadequate to detect differences between responses to individual questions. Sample sizes of 12 per home allow detection of large differences when response categories are combined, but further increases to 15 would be preferable.

**Recommendations**

Ten quantitative questions and two qualitative questions were selected for retention. The recommended final set of questions is set out below:
Table A1: Recommended questions

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do staff treat you with respect? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>Do you feel safe here? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>Do staff meet your healthcare needs? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>Do staff follow up when you raise things with them? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>Do staff explain things to you? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>If I’m feeling a bit sad or worried, there are staff here who I can talk to. (Strongly disagree – Strongly agree)</td>
<td></td>
</tr>
<tr>
<td>The staff know what they are doing. (Strongly disagree – Strongly agree)</td>
<td></td>
</tr>
<tr>
<td>This place is well run. (Strongly disagree – Strongly agree)</td>
<td></td>
</tr>
<tr>
<td>I am encouraged to do as much as possible for myself. (Strongly disagree– Strongly agree)</td>
<td></td>
</tr>
<tr>
<td>Do you like the food here? (Never – Always)</td>
<td></td>
</tr>
<tr>
<td>What would you say was the best thing about this home? (Open-ended)</td>
<td></td>
</tr>
<tr>
<td>What is one thing you would suggest as an improvement at this home? (Open-ended)</td>
<td></td>
</tr>
</tbody>
</table>

The La Trobe team also recommends that:

- A random sampling method be introduced to select residents for interview during site audits.
- A minimum of 12-to-15 residents per home be sampled for inclusion in the CER.
- The CER report the proportion of responses that came from representatives, as well as the proportion from residents.
- The Quality Agency specify on the CER website that the sample size selected for the CER can reliably detect differences between the homes of 45-50 percentage points or larger.

Conclusion

The CER is a feasible way of gathering information on consumer experience and has potential to meet the AACQA’s objectives.

The 10 questions identified in the pilot as optimal have satisfactory characteristics both as individual items and as a scale.
Section 1: Introduction and Method

This section of the report sets out the background to the project and how the pilot was designed and implemented.

BACKGROUND AND CONTEXT

The Quality Agency is responsible for accreditation of residential aged care facilities (RACFs) and assesses the quality of care and services in RACFs through a site audit against the Accreditation Standards. Homes are re-accredited approximately every three years. As part of the re-accreditation process, the Quality Agency currently conducts interviews with at least 10% of residents and/or their representatives when assessing performance against the Accreditation Standards. Information from these interviews is used alongside observations and review of documented evidence, to assess performance against the Accreditation Standards.

Information provided by residents and their representatives is currently available in the published re-accreditation audit reports but is not easily accessible to consumers. Consumers are seeking further information to be made available capturing the consumer experience of quality of care services in aged care. In response to this concern, the Quality Agency aims to develop a Consumer Experience Report (CER) that will be published on the Quality Agency’s website. The CER is intended to promote consumer choice of residential aged care facilities by highlighting consumer experiences of the quality of care and services. Hence, the questions that inform the CER must be consumer-focused, usable and evidence-based.

The Quality Agency funded a rapid literature review on consumer experience in residential aged care (Jeon & Forsyth, 2016). Eight key domains of experience were identified: choice, respect and dignity, the physical environment, the social environment, the functional environment, staff actions and interactions, the organisational environment and resources, and clinical and personal care. Accreditation standards associated with each domain were identified.

The Quality Agency commissioned La Trobe University to develop a standardised set of questions to be used in interviews with consumers to inform the Consumer Experience Report (CER). Information from consumer interviews is expected to contribute directly to evidence on compliance with the accreditation standards, as well as to the CER.

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PROJECT OUTPUTS

Outputs specified for the project were:

1. A set of core structured interview questions (maximum 10) capturing the consumer experience of care and services in residential aged care (not consumer satisfaction) as part of each accreditation site audit.

   Questions were required to fit with the Accreditation standards and be informed by the CER Consumer Workshops (October 2016).

2. A rationale for the use of these questions, derived at least in part from testing the questions with consumers.

3. Methodologies that can be used by the Quality Agency to:
   - Sample consumers, as part of a site audit of residential aged care homes
   - Report aggregate results of the interview to consumers (the CER)

4. A training module to be integrated into a one-day training program for its quality assessors (and to be delivered as part of the current project).

5. Key performance Indicators (KPIs) to be used by the Agency in a post implementation review, in which project staff will participate.

Context

The provision of residential and community services to older people is occurring in a context of major change in Australia and internationally, in terms of both the legislative framework in which services operate and underlying philosophical bases. National reforms are currently occurring in aged care, disability services, primary health, and mental health. The Australian Government introduced a 10-year Aged Care Reform package in mid-2013, which involved amendments to the Aged Care Act (1997). The aim of the package is to provide: sustainable funding; an expanded workforce capacity; higher quality of care; improved access to services; and strengthened protections for residents. These changes present an opportunity to adjust and evaluate the ways in which services are delivered to incorporate a more person-centred approach. In particular, an outcomes approach to measuring program effectiveness is increasingly a focus of governments across a range of program areas.

The project team

The project team from La Trobe University’s Australian Institute for Primary Care & Ageing (Yvonne Wells, Angela Herd and Deirdre Fetherstonhaugh) was supported by senior AACQA staff and a project reference group (PRG).
PROJECT METHODOLOGY

This project was planned in three stages. The development stage (conducted from December 2016 to February 2017) involved developing options for the core structured interview questions and consulting with the Project Reference Group to narrow the choice of questions to be piloted. The second stage (March 2017) was a pilot study to test the questions in the field. Further tasks involve finalising the tool, contributing to training materials for use by the AACQA in implementing the CER, and developing KPIs for the Agency for the implementation stage.

Stage 1: Developing the tools

Development of the questions to be used in the CER tool was informed by:

- A detailed literature review on outcomes measurement in community services. This literature review identified aspects of quality and information sources that consumers draw on prior to entry to resident care to guide their choice of homes, and aspects of care most important in shaping consumer experiences of quality of resident care after admission.

- A consultation process in the residential aged care sector carried out by the IDEAS Group, which involved three workshops with residents and carers. Participants discussed paths to choosing a RACF, awareness of the accreditation process, and guidance on developing a CER.

- The framework for the CER, which encompasses nine Standards against which residential aged care facilities are assessed.

To identify potential questions for the pilot, the La Trobe research team supplemented the original literature review with a further brief literature search. The research team then: held an internal workshop to allocate questions to the Standards; had a teleconference with AACQA staff to whittle down potential questions to 40; and consulted with the PRG, whose task was to reduce the number of questions to be piloted to 20. The PRG added another domain and approved the addition of two open-ended questions, leaving 24 questions altogether to be piloted. A final open-ended question was added on what it was like to participate in the interviews.

Design of the questionnaire

Two versions of the interview form were designed, one for residents and one for representatives. Interview forms had two cover sheets. The first cover sheet was intended for use within the Agency and included details such as the name of the RACF and the name of the resident or representative being interviewed. This sheet was removed before interview forms were forwarded to La Trobe University for data entry.

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The second cover sheet included demographic and functional data on the resident and/or representative being interviewed. Data on residents included gender, age, whether the resident was able to walk independently, whether the resident had a diagnosis of dementia, the resident’s preferred language, and the time taken to complete the questionnaire. Data on representatives included gender, age, preferred language, relationship to the resident, and how well the representative knew the resident.

Interview forms for residents were designed so that each page included only two questions, with both the question and response options in large font (Calibri 16). Interview forms for representatives included three questions per page and the font size was slightly smaller (Calibri 14).

Response options were accompanied by a visual analogue scale of ‘smiley faces’. Figures 1 and 2 illustrate the format of questions for residents and relatives. Questions for relatives were worded specifically to orient the relatives to answer for their relative or friend, rather than giving their own opinion.

Unfortunately, because of time pressures, the interview form was still being developed as the briefing sessions were occurring and more than one version of the interviews were used by assessors. The response options to questions 13 (Staff follow up when I raise things with them) and 18 (I have the same staff consistently supporting me) were changed from a standard Likert scale (i.e., Strongly disagree-Strongly agree) to a Never-Always response format.
Figure 1: Examples of questions and response options for residents

1. Do staff treat you with respect . . . ?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>🙁</td>
<td>😞</td>
<td>🙂</td>
<td>😊</td>
</tr>
</tbody>
</table>

2. How much would you agree or disagree with this statement: I can be myself here. Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>🙁</td>
<td>😞</td>
<td>🙁</td>
<td>😊</td>
<td>😊</td>
</tr>
</tbody>
</table>

AIPCA, La Trobe University 15
Figure 2: Examples of questions and response options for representatives

1. Does your relative/friend believe staff treat them with respect . . . ?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Sad Face]</td>
<td>![Neutral Face]</td>
<td>![Happy Face]</td>
<td>![Very Happy Face]</td>
</tr>
</tbody>
</table>

2. Does your relative/friend believe he/she can be themselves here? Would he/she . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Sad Face]</td>
<td>![Neutral Face]</td>
<td>![Neutral Face]</td>
<td>![Happy Face]</td>
<td>![Very Happy Face]</td>
</tr>
</tbody>
</table>

Stage 2: The pilot study

Advice to the Agency on ethical implications of involving La Trobe University staff in data collection for the pilot led to the decision that assessors would collect data from residents and representatives, and the La Trobe staff would analyse de-identified data and collect information from the assessors on their experiences.

The La Trobe team applied for ethics approval from the La Trobe Human Ethics Committee, after determining that the project involved negligible risk. Appendix A includes a copy of the negligible risk application form and the Participant Information Statement and Consent Form used with assessors in the pilot.
The AACQA gathered the data from residents and representatives for the pilot. Briefing sessions were held in Sydney and Melbourne with the assessors beforehand. A crib (or prompt) sheet was developed to assist with extra wording where respondents did not understand the questions.

In addition, the Agency trialled the questions using interpreters in three homes, with three groups of Indigenous people, and with a group of consumers of residential aged care (through the IDEAS Consulting Services).

After the pilot, a debriefing session was held in Sydney with three assessors. It was not possible to hold a meeting with the Melbourne assessors, and they provided their feedback on forms and through responses to questions emailed to the Melbourne office. Two representatives from an Indigenous community also provided feedback on each of the questions.

**Data analysis**

The aim of the data analysis was to reduce the final group of questions to a maximum of 10. Analyses examined missing data, spread of responses, agreement between residents and their representatives, and test-retest stability. The main constraint of the pilot study was the short timeframe.

**Data analysis**

Services submitted their data to La Trobe University via password-protected email. The La Trobe University research team merged the databases at the end of the data collection period. Quantitative data were analysed using SPSS.

**Quantitative analysis**

Missing data was examined for each item. For this analysis, responses were included as Missing if they did not conform to the response options (e.g., if they said “Yes” or “No” only).

A variety of nonparametric\(^3\) techniques including Friedman’s ANOVA and Spearman’s rho correlation coefficients were used to assess: change in question responses from pre-test to post-test; and agreement between residents and representatives.

**Qualitative analysis**

A content analysis of all qualitative responses was conducted. Assessors’ views expressed on the feedback forms and during the de-briefing session in Sydney were also sorted by topic.

\(^3\) Nonparametric techniques avoid making assumptions about the distribution of data and are commonly used to analyse categorical and ordinal data.
Section 2: Results of the pilot

This section of the report sets out the results of the pilot, including a description of participants, analysis of the interview data items, analysis of the feedback forms, information from the debriefing session in Sydney and emailed responses to questions from the Melbourne assessors, and conclusions of the analysis.

Where differences between groups are reported, the statistics and significance are generally reported as footnotes.

WHAT HAPPENED?

Resident and representative interviews were conducted and results collected from eight homes: three in Sydney, four in Melbourne, and one in Tasmania.

Table 1: Pilot sites

<table>
<thead>
<tr>
<th>HOME</th>
<th>N FORMS</th>
<th>% FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>20</td>
<td>8.3</td>
</tr>
<tr>
<td>B</td>
<td>19</td>
<td>7.9</td>
</tr>
<tr>
<td>C</td>
<td>10</td>
<td>4.2</td>
</tr>
<tr>
<td>D</td>
<td>36</td>
<td>15.0</td>
</tr>
<tr>
<td>E</td>
<td>40</td>
<td>16.7</td>
</tr>
<tr>
<td>F</td>
<td>47</td>
<td>19.6</td>
</tr>
<tr>
<td>G</td>
<td>37</td>
<td>15.4</td>
</tr>
<tr>
<td>H</td>
<td>31</td>
<td>12.9</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Altogether, 240 interviews were completed, with satisfactory numbers of residents and representatives (Table 2).
### Table 2: Interview types

<table>
<thead>
<tr>
<th></th>
<th>N FORMS</th>
<th>% FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents time 1</td>
<td>140</td>
<td>58.6</td>
</tr>
<tr>
<td>Residents time 2</td>
<td>52</td>
<td>21.7</td>
</tr>
<tr>
<td>Representatives</td>
<td>48</td>
<td>20.0</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td></td>
</tr>
</tbody>
</table>

### Table 3: Number of multiple and single interviews

<table>
<thead>
<tr>
<th></th>
<th>N TRIPLES OR DOUBLES</th>
<th>N FORMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resident retested and paired with a representative</td>
<td>6</td>
<td>18</td>
</tr>
<tr>
<td>Remaining test-retest pairs (residents)</td>
<td>44</td>
<td>88</td>
</tr>
<tr>
<td>Remaining resident-representative pairs</td>
<td>21</td>
<td>42</td>
</tr>
<tr>
<td>Remaining resident single forms</td>
<td>NA</td>
<td>71</td>
</tr>
<tr>
<td>Remaining representative single forms</td>
<td>NA</td>
<td>21</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>240</td>
</tr>
</tbody>
</table>

The first survey completed by a resident was labelled the “primary” survey. The proportion of interviews that were primary differed between the homes. The number of test-retest pairs and resident-representative pairs also varied between homes. Homes where interpreters were used were not expected to participate in the test-retest component of the pilot, nor to recruit resident-representative pairs.
### Table 4: Proportion of interview forms were “primary” by Home

<table>
<thead>
<tr>
<th>HOME</th>
<th>INTERVIEWS</th>
<th>FROM RESIDENT (PRIMARY) %</th>
<th>FROM RESIDENT (RETEST) %</th>
<th>FROM REPRESENTATIVES %</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>20</td>
<td>75</td>
<td>0</td>
<td>25</td>
</tr>
<tr>
<td>B</td>
<td>19</td>
<td>58</td>
<td>0</td>
<td>42</td>
</tr>
<tr>
<td>C</td>
<td>10</td>
<td>100</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>D</td>
<td>36</td>
<td>56</td>
<td>28</td>
<td>17</td>
</tr>
<tr>
<td>E</td>
<td>40</td>
<td>53</td>
<td>30</td>
<td>18</td>
</tr>
<tr>
<td>F</td>
<td>47</td>
<td>62</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>G</td>
<td>37</td>
<td>49</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>H</td>
<td>31</td>
<td>52</td>
<td>39</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>59</td>
<td>22</td>
<td>20</td>
</tr>
</tbody>
</table>

**Missing data**

Most primary resident forms 87 (n = 87, 62%) had no missing data (non-responses or unclear responses) on quantitative questions. Numbers of cases with missing data are set out in the table below. One of these (with nine missing) was due to a misprinted interview form. This case is omitted from analyses of missing data below.
Table 5: Missing data

<table>
<thead>
<tr>
<th>N MISSING</th>
<th>FREQUENCY</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>87</td>
<td>62</td>
</tr>
<tr>
<td>1</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>2</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>11</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>12</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>13</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>14</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>17</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>18</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>19</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>20</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>140</td>
<td>100</td>
</tr>
</tbody>
</table>

The amount of missing data recorded by each participant was not random, and varied between homes. Missing data was higher when the resident had dementia, and when the resident’s first language was English. Missing data did not differ by resident age, gender, or mobility. Among representatives, the only predictor of whether interviews would be complete (i.e., contain no missing data) was preferred language.
Table 6: Complete interviews (no missing data) by home, dementia diagnosis and first language

<table>
<thead>
<tr>
<th>PREDICTOR</th>
<th>RESIDENTS (PRIMARY ADMINISTRATION)</th>
<th>REPRESENTATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% COMPLETE</td>
<td>% COMPLETE</td>
</tr>
<tr>
<td>Home&lt;sup&gt;4&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A</td>
<td>7</td>
<td>60</td>
</tr>
<tr>
<td>B</td>
<td>72</td>
<td>38</td>
</tr>
<tr>
<td>C</td>
<td>40</td>
<td>(NA)</td>
</tr>
<tr>
<td>D</td>
<td>70</td>
<td>(NA)</td>
</tr>
<tr>
<td>E</td>
<td>91</td>
<td>71</td>
</tr>
<tr>
<td>F</td>
<td>79</td>
<td>100</td>
</tr>
<tr>
<td>G</td>
<td>56</td>
<td>80</td>
</tr>
<tr>
<td>H</td>
<td>81</td>
<td>67</td>
</tr>
<tr>
<td>Dementia diagnosis&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>Yes</td>
<td>45</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>78</td>
<td></td>
</tr>
<tr>
<td>Preferred Language&lt;sup&gt;6,7&lt;/sup&gt;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>75</td>
<td>73</td>
</tr>
<tr>
<td>Other</td>
<td>34</td>
<td>17</td>
</tr>
<tr>
<td>Total</td>
<td>62</td>
<td>67</td>
</tr>
</tbody>
</table>

It was also anticipated that missing data would increase with the question number – that respondents would tire towards the end of the interviews and answer fewer questions put to them. However, the proportion of missing data did not increase systematically across the interviews (see tables 9 and 10 below).

**Time taken**

Noting that the pilot tested a total 25 interview questions, more time than usual was dedicated to consumer interviews. Data on the time taken for the interviews was collected for 101 resident interviews and varied from eight minutes to 40 minutes. For residents at time 1, the average time was 23 minutes (range 10 – 40 minutes), compared with 17 minutes for residents at time 2 (range 8 to 25 minutes). The difference in time taken between time 1 and time 2 was statistically significant.<sup>8</sup>

---

<sup>4</sup> $\chi^2 = 41.5, p < .001$

<sup>5</sup> $\chi^2 = 13.2, p < .001$

<sup>6</sup> Among residents, $\chi^2 = 21.5, p < .001$

<sup>7</sup> Among representatives, $\chi^2 = 7.2, p < .01$

<sup>8</sup> $F(1,99) = 12.8, p = .001$. 
Time taken was recorded for only four of the homes, and varied significantly between the homes.\textsuperscript{9} The following table sets out the average time taken (and range) for these homes.

\textbf{Table 7: Resident-representative pairs and Test-retest pairs by Home}

<table>
<thead>
<tr>
<th>HOME</th>
<th>N FORMS WITH TIME RECORDED</th>
<th>AVERAGE TIME TAKEN</th>
<th>RANGE OF TIME TAKEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>14</td>
<td>15</td>
<td>10 - 30</td>
</tr>
<tr>
<td>E</td>
<td>33</td>
<td>21</td>
<td>8 - 35</td>
</tr>
<tr>
<td>F</td>
<td>33</td>
<td>22</td>
<td>10 - 40</td>
</tr>
<tr>
<td>G</td>
<td>21</td>
<td>21</td>
<td>15 - 35</td>
</tr>
<tr>
<td>Total</td>
<td>101</td>
<td>21</td>
<td>8 - 40</td>
</tr>
</tbody>
</table>

It was expected that the time taken might be longer for residents with dementia. In fact, the opposite was true (average time for residents with dementia = 19 minutes, average time for residents without dementia = 21 minutes). It was thought that this unexpected result could be due to interviews with residents living with dementia being abandoned before they were complete, and therefore taking less time than interviews with cognitively intact residents. However, there was no relationship between time taken and how many of the quantitative items had missing data.\textsuperscript{10}

There was no difference in time taken between residents who could walk independently and those who could not.

The time taken for participant interviews during the pilot is likely to be much longer than the time required when the preferred core set of 10 questions is implemented by the AACQA during site audits.

\textbf{PARTICIPANTS}

Resident and representative characteristics are set out in the following table. Almost all representatives (98%) said that they knew the resident very well.

\textsuperscript{9} F(3,97) = 4.59, p > .01.
\textsuperscript{10} Spearman’s rho (non-parametric correlation coefficient) = -.09, NS. (N = 102)
### Table 8: Resident and representative characteristics

<table>
<thead>
<tr>
<th>CHARACTERISTIC</th>
<th>RESIDENTS</th>
<th>REPRESENTATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>40</td>
<td>38</td>
</tr>
<tr>
<td>Women</td>
<td>59</td>
<td>60</td>
</tr>
<tr>
<td>Missing</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 – 59</td>
<td>1</td>
<td>19</td>
</tr>
<tr>
<td>60- 69</td>
<td>2</td>
<td>27</td>
</tr>
<tr>
<td>70 – 79</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>80 – 89</td>
<td>38</td>
<td>21</td>
</tr>
<tr>
<td>90 and over</td>
<td>32</td>
<td>4</td>
</tr>
<tr>
<td>Missing</td>
<td>12</td>
<td>17</td>
</tr>
<tr>
<td>Preferred language</td>
<td></td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>69</td>
<td>83</td>
</tr>
<tr>
<td>Other</td>
<td>21</td>
<td>13</td>
</tr>
<tr>
<td>Missing</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>Can walk independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>64</td>
<td>NA</td>
</tr>
<tr>
<td>No</td>
<td>27</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>Has a dementia diagnosis</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>30</td>
<td>NA</td>
</tr>
<tr>
<td>No</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Relationship to resident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td></td>
<td>35</td>
</tr>
<tr>
<td>Adult child or daughter/son-in-law</td>
<td></td>
<td>46</td>
</tr>
<tr>
<td>Sibling</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Friend</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>
QUANTITATIVE ANALYSIS OF INTERVIEW QUESTIONS

The first part of this section deals with descriptive statistics on each quantitative question, including missing data. Agreement between residents and representative and between the test and retest results are presented next.

Responses to each question

The following tables set out responses to the questions with Disagree-Agree response options first, and then responses to the questions with Never-Always response options.

The first of these tables shows varying levels of missing data and extent of agreement or disagreement. All questions elicited more agreement than disagreement (or neutral) responses. The items with the highest level of agreement were about feeling comfortable in the home, and feeling confident that their care was right for them, both with over 80% agreement. In contrast, only 53% of respondents said that staff followed up when comments or complaints were made, and only 55% said that they had the same staff looking after them.

The second of the tables below again shows varying levels of missing data and extent to which things happened Always or Most of the time. Ninety-three percent of residents/representatives said that they were treated with respect always or most of the time. In contrast only 62% were involved in planning their lives and only 63% like the food always or most of the time.

Importantly, all questions elicited responses across most response categories: that is, no question elicited less than three response options across the sample of respondents.
Table 9: Interview responses: Percentage of items with Disagree-Agree response options (all response types)

<table>
<thead>
<tr>
<th>QUESTION TOPIC</th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>MISSING / NONSTANDARD</th>
<th>TOTAL N</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can be myself</td>
<td>2</td>
<td>4</td>
<td>11</td>
<td>59</td>
<td>18</td>
<td>7</td>
<td>240</td>
</tr>
<tr>
<td>I am given enough information</td>
<td>3</td>
<td>5</td>
<td>18</td>
<td>54</td>
<td>8</td>
<td>12</td>
<td>240</td>
</tr>
<tr>
<td>My care is right for me</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>64</td>
<td>17</td>
<td>10</td>
<td>240</td>
</tr>
<tr>
<td>Talk about feelings</td>
<td>1</td>
<td>5</td>
<td>14</td>
<td>55</td>
<td>12</td>
<td>12</td>
<td>240</td>
</tr>
<tr>
<td>Feel comfortable</td>
<td>0</td>
<td>4</td>
<td>6</td>
<td>53</td>
<td>31</td>
<td>5</td>
<td>240</td>
</tr>
<tr>
<td>Staff listen</td>
<td>0</td>
<td>4</td>
<td>17</td>
<td>55</td>
<td>13</td>
<td>10</td>
<td>240</td>
</tr>
<tr>
<td>Staff follow up (original format)</td>
<td>0</td>
<td>5</td>
<td>9</td>
<td>39</td>
<td>14</td>
<td>34</td>
<td>44</td>
</tr>
<tr>
<td>Staff know what they are doing</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>58</td>
<td>17</td>
<td>10</td>
<td>240</td>
</tr>
<tr>
<td>This place is well run</td>
<td>0</td>
<td>5</td>
<td>10</td>
<td>55</td>
<td>20</td>
<td>9</td>
<td>240</td>
</tr>
<tr>
<td>Same staff looking after you (original format)</td>
<td>5</td>
<td>9</td>
<td>7</td>
<td>41</td>
<td>14</td>
<td>25</td>
<td>44</td>
</tr>
<tr>
<td>Enjoy mealtimes</td>
<td>2</td>
<td>10</td>
<td>16</td>
<td>55</td>
<td>9</td>
<td>8</td>
<td>240</td>
</tr>
<tr>
<td>Opportunities for physical activities</td>
<td>4</td>
<td>7</td>
<td>17</td>
<td>48</td>
<td>12</td>
<td>13</td>
<td>240</td>
</tr>
<tr>
<td>Supported to be independent</td>
<td>1</td>
<td>3</td>
<td>10</td>
<td>60</td>
<td>15</td>
<td>11</td>
<td>240</td>
</tr>
</tbody>
</table>
Table 10: Interview responses: items with Never-Always response options

<table>
<thead>
<tr>
<th>QUESTION TOPIC</th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>MOST OF THE TIME</th>
<th>ALWAYS</th>
<th>MISSING / NONSTANDARD</th>
<th>TOTAL N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treated with respect</td>
<td>0</td>
<td>3</td>
<td>30</td>
<td>63</td>
<td>4</td>
<td>240</td>
</tr>
<tr>
<td>Respect your privacy</td>
<td>0</td>
<td>4</td>
<td>28</td>
<td>60</td>
<td>8</td>
<td>240</td>
</tr>
<tr>
<td>Involved in planning</td>
<td>13</td>
<td>12</td>
<td>39</td>
<td>23</td>
<td>14</td>
<td>240</td>
</tr>
<tr>
<td>Meet health care needs</td>
<td>0</td>
<td>6</td>
<td>38</td>
<td>44</td>
<td>12</td>
<td>240</td>
</tr>
<tr>
<td>Can participate in something you’re interested in</td>
<td>3</td>
<td>14</td>
<td>33</td>
<td>39</td>
<td>12</td>
<td>240</td>
</tr>
<tr>
<td>Feel safe</td>
<td>1</td>
<td>1</td>
<td>13</td>
<td>78</td>
<td>8</td>
<td>240</td>
</tr>
<tr>
<td>Staff follow up (replacement format)</td>
<td>4</td>
<td>13</td>
<td>41</td>
<td>26</td>
<td>16</td>
<td>196</td>
</tr>
<tr>
<td>Get help when needed</td>
<td>0</td>
<td>6</td>
<td>32</td>
<td>50</td>
<td>11</td>
<td>240</td>
</tr>
<tr>
<td>Know the staff</td>
<td>3</td>
<td>13</td>
<td>53</td>
<td>22</td>
<td>9</td>
<td>240</td>
</tr>
<tr>
<td>How often you have the same staff (replacement format)</td>
<td>2</td>
<td>24</td>
<td>58</td>
<td>9</td>
<td>8</td>
<td>196</td>
</tr>
<tr>
<td>Like the food</td>
<td>5</td>
<td>25</td>
<td>46</td>
<td>17</td>
<td>6</td>
<td>240</td>
</tr>
</tbody>
</table>
Which questions elicited the highest levels of satisfaction?

The following two graphs compare the items in two groups: Those with Disagree/Agree response options, and those with Never-Always response options.

Profile analysis indicated significant differences between responses to the 11 items with the Disagree/Agree response format.\(^\text{11}\) The profile analysis shows the highest agreement overall with “I feel comfortable here” and the lowest for “I enjoy mealtimes here”.

*Figure 3: Questions in order from most to least positive: Disagree-Agree response options*

Profile analysis of the 10 items with the Never-Always response format also differed significantly.\(^\text{12}\) In this case, the most-endorsed question was “Do you feel safe here?” The least endorsed question was about how often people liked the food here.

\(^\text{11}\) \(F(10,169) = 11.4, p < .001\)

\(^\text{12}\) \(F(9,135) = 70.1, p < .001\)
**Figure 4: Questions in order from most to least positive: Never-Always response options**

Agreement between residents and representatives

Agreement demands both high correlations and high agreement on the mean value. With such highly-skewed data, it is normal practice to use nonparametric analysis. Non parametric correlations (ICC – Intraclass correlation coefficient) and Friedman’s statistic have been used here to compare residents’ and representatives’ responses to all questions.

The results of these analysis show very high levels of agreement on some questions (e.g., being treated with respect), but very low levels of agreement on others (e.g., being able to engage in activities that interested the resident, and whether staff listened to the resident).

---

13 Non-parametric analyses avoid making assumptions about the distribution of data that parametric analyses require.
### Table 11: Agreement between resident and representative responses

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N PAIRS</th>
<th>CORRELATION</th>
<th>DIFFERENCE</th>
<th>WHICH IS HIGHER?</th>
<th>OVERALL AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Treated with respect</td>
<td>27</td>
<td>.82</td>
<td>P = .046</td>
<td>Residents</td>
<td>Low</td>
</tr>
<tr>
<td>2. Can be myself here</td>
<td>26</td>
<td>.44</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>3. Respect privacy</td>
<td>27</td>
<td>.33</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>4. Involved in planning</td>
<td>22</td>
<td>.25</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>5. Enough information</td>
<td>23</td>
<td>.67</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>6. My care is right for me</td>
<td>23</td>
<td>.59</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>7. Staff meet healthcare needs</td>
<td>25</td>
<td>.49</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>8. Talk about feelings</td>
<td>25</td>
<td>.33</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>9. Can do something interesting</td>
<td>24</td>
<td>.06</td>
<td>No difference</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>10. Feel safe</td>
<td>26</td>
<td>.59</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>11. Feel comfortable</td>
<td>26</td>
<td>.47</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>12. Staff listen</td>
<td>23</td>
<td>.03</td>
<td>No difference</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>13. Staff follow up (original format)</td>
<td>1</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>13. Staff follow up (replacement format)</td>
<td>19</td>
<td>.53</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>14. Get help when needed</td>
<td>25</td>
<td>.50</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>15. Staff know what they are doing</td>
<td>24</td>
<td>.59</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>16. Place is well run</td>
<td>25</td>
<td>.44</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>17. Know the staff</td>
<td>26</td>
<td>.10</td>
<td>No difference</td>
<td>Low</td>
<td></td>
</tr>
<tr>
<td>18. Same staff (original format)</td>
<td>2</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td></td>
</tr>
<tr>
<td>18. Same staff (replacement format)</td>
<td>21</td>
<td>.22</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>19. Enjoy mealtimes</td>
<td>24</td>
<td>.32</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
<tr>
<td>QUESTION</td>
<td>N PAIRS</td>
<td>CORRELATION</td>
<td>DIFFERENCE</td>
<td>WHICH IS HIGHER?</td>
<td>OVERALL AGREEMENT</td>
</tr>
<tr>
<td>----------------------------------------------</td>
<td>---------</td>
<td>-------------</td>
<td>--------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>20. Like the food</td>
<td>26</td>
<td>.71</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>21. Opportunities for physical activity</td>
<td>22</td>
<td>.50</td>
<td>No difference</td>
<td>High</td>
<td></td>
</tr>
<tr>
<td>22. Independent as possible</td>
<td>23</td>
<td>.34</td>
<td>No difference</td>
<td>Moderate</td>
<td></td>
</tr>
</tbody>
</table>
Agreement between test and retest

Agreement between primary responses to questions (“test”) and retest responses were assessed in the same way as pairs of resident-representative responses. Results are shown in the table overleaf.

The results of these analysis again show varied levels of stability over one week, with almost no consistency on whether residents felt their care was right for them, but very high levels of stability on how often they liked the food.

Questions where stability was low (i.e., there was a low correlation between test and retest responses) were examined in more detail. Shifts were relatively likely between Strongly agree and Agree response options (in both directions).
### Table 12: Agreement between test and retest responses

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>N PAIRS</th>
<th>CORRELATION</th>
<th>DIFFERENCE</th>
<th>WHICH IS HIGHER?</th>
<th>OVERALL AGREEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Treated with respect</td>
<td>52</td>
<td>.24</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>2. Can be myself here</td>
<td>52</td>
<td>.23</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>3. Respect privacy</td>
<td>49</td>
<td>.41</td>
<td>P = .052</td>
<td>Retest</td>
<td>Low</td>
</tr>
<tr>
<td>4. Involved in planning</td>
<td>46</td>
<td>.23</td>
<td>No difference</td>
<td></td>
<td>Low</td>
</tr>
<tr>
<td>5. Enough information</td>
<td>50</td>
<td>.36</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>6. My care is right for me</td>
<td>51</td>
<td>.02</td>
<td>No difference</td>
<td></td>
<td>Very low</td>
</tr>
<tr>
<td>7. Staff meet healthcare needs</td>
<td>48</td>
<td>.40</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>8. Talk about feelings</td>
<td>50</td>
<td>.40</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>9. Can do something interesting</td>
<td>51</td>
<td>.30</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>10. Feel safe</td>
<td>51</td>
<td>.26</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>11. Feel comfortable</td>
<td>51</td>
<td>.37</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>12. Staff listen</td>
<td>50</td>
<td>.57</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>13. Staff follow up (original format)</td>
<td>5</td>
<td>1.00</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>13. Staff follow up (replacement format)</td>
<td>35</td>
<td>.40</td>
<td>No difference</td>
<td></td>
<td>NA</td>
</tr>
<tr>
<td>14. Get help when needed</td>
<td>49</td>
<td>.27</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>15. Staff know what they are doing</td>
<td>51</td>
<td>.52</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>16. Place is well run</td>
<td>50</td>
<td>.45</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>17. Know the staff</td>
<td>50</td>
<td>.34</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>18. Same staff (original format)</td>
<td>5</td>
<td>.67</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>18. Same staff (replacement format)</td>
<td>39</td>
<td>.38</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
<tr>
<td>19. Enjoy mealtimes</td>
<td>49</td>
<td>.51</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>QUESTION</td>
<td>N PAIRS</td>
<td>CORRELATION</td>
<td>DIFFERENCE</td>
<td>WHICH IS HIGHER?</td>
<td>OVERALL AGREEMENT</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>---------</td>
<td>-------------</td>
<td>----------------</td>
<td>------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>20. Like the food</td>
<td>51</td>
<td>.66</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>21. Opportunities for physical activity</td>
<td>50</td>
<td>.54</td>
<td>No difference</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>22. Independent as possible</td>
<td>50</td>
<td>.33</td>
<td>No difference</td>
<td></td>
<td>Moderate</td>
</tr>
</tbody>
</table>
OPEN-ENDED ITEMS

Two open-ended items on consumer experience were included in the pilot:

- What would you say was the **best thing** about this home?
- What is one thing you would suggest as an **improvement** at this home?

Responses were coded so that the most common responses could be identified. A maximum of two responses per person were coded.

*Table 13: Twelve most common responses to the best thing about the home*

<table>
<thead>
<tr>
<th>CODE AND ITEM</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>32 I am well looked after</td>
<td>28</td>
</tr>
<tr>
<td>31 I feel safe and secure</td>
<td>26</td>
</tr>
<tr>
<td>33 It’s a community / I have friends here</td>
<td>23</td>
</tr>
<tr>
<td>21 The staff (general)</td>
<td>22</td>
</tr>
<tr>
<td>22 Staff are friendly</td>
<td>14</td>
</tr>
<tr>
<td>41 The food</td>
<td>14</td>
</tr>
<tr>
<td>23 Staff are kind / patient / helpful</td>
<td>9</td>
</tr>
<tr>
<td>16 Privacy / my own room</td>
<td>8</td>
</tr>
<tr>
<td>70 the atmosphere</td>
<td>8</td>
</tr>
<tr>
<td>13 Location</td>
<td>7</td>
</tr>
<tr>
<td>50 The way it’s run</td>
<td>7</td>
</tr>
<tr>
<td>35 I can do what I like</td>
<td>6</td>
</tr>
<tr>
<td>36 It’s a home / a good place to live</td>
<td>6</td>
</tr>
<tr>
<td>38 I can keep my independence</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 14: Eight most common responses to what could be improved about the home

<table>
<thead>
<tr>
<th>CODE AND ITEM</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>41 Food</td>
<td>37</td>
</tr>
<tr>
<td>26 Not enough staff</td>
<td>10</td>
</tr>
<tr>
<td>42 More activities / more suitable activities</td>
<td>8</td>
</tr>
<tr>
<td>23 Not enough communication / interaction with staff</td>
<td>5</td>
</tr>
<tr>
<td>34 Better care / more attention to hygiene / more showers</td>
<td>5</td>
</tr>
<tr>
<td>14 More comfortable environment (e.g., air conditioning)</td>
<td>4</td>
</tr>
<tr>
<td>27 Not enough qualified staff</td>
<td>4</td>
</tr>
<tr>
<td>45 More outings</td>
<td>4</td>
</tr>
</tbody>
</table>

PARTICIPANT FEEDBACK

One open-ended question was included asking for feedback on the interview process and content (“Do you have anything you’d like to say about the questions you have just been asked about your experience of living here?”). Most of the comments received from residents were positive, for example:

[I’m] happy with the questions.

Easy to understand.

Fair questions.

It has been a good opportunity to talk about my experience.

It covered how I feel and gave an idea of living here.

Quite good – not intruding.

Other residents said that some of the questions were difficult to answer:

Some questions are difficult to answer. I’m unsure how it applies to me.

Too broad with the options.

Some residents highlighted gaps in the general questions:

No opportunity to talk about laundry and cleaning.

Questions don’t reflect life here.

Some residents used the opportunity to summarise their experience of living in the home, for example:
I’ve lost everything, house, friends.

It’s hard here. Life is hard living here.

Quite a nice place to live.

Representatives also made largely positive comments on the interviews, but identified issues with questions that did not appear to be applicable to the resident, or were too general, for example:

Covered main issues.

Covered basics.

Good – an opportunity to express our views.

Relevant questions, difficult to answer some.

Puts the resident into focus as a person.

[I would like] room for additional comment.

Some are too general. There are good staff and mediocre ones.

Some questions are not applicable to the resident’s status.

Thank you for listening.

Too general.

Very well and easy to participate in.

Made sense, not silly.

Pretty comprehensive.

Again, some representatives made more general comments about the care the resident received:

I am very happy with the way Mum is looked after. Sometimes she has to ask a few times for something, but overall Mum is very happy.

The staff are great, but it is very clear that there needs to be a review on staffing levels during busy periods. Can wait long periods for assistance. Dad used to love food [but now he] hardly eats.

**ASSESSOR FEEDBACK: GENERAL ISSUES**

In this section of the report, assessors’ comments are provided on: the selection procedure; the questions, response options, and visual analogue; use of interpreters; and inclusion of people with dementia and residents’ representatives.
Random selection procedure
Many of the assessors were in favour of the random sampling method, but experienced difficulty in locating participants who were not in their rooms and finding somewhere residents could be interviewed in private. Comments included:

I really liked the sampling method. I found I was talking to a wider range of people other than the ‘usual suspects’ the home want you to speak to, as they know they will be positive. Although you have to be more organised and it takes a bit more time, I think it is the key to providing a fair and comparable report across homes. There was some feedback that everyone’s views are as valid as the next person, and why change the methodology, so it is important for people to understand that.

Difficult. Because you go through and you pick your every fifth one and quite often they are unable to respond or they have activities on. The home that we were at, their activities were really a marvellous program, they were so busy they didn’t have time. . . . It was just more difficult than I’d anticipated.

With my experience, only 57 residents at the home, I did a much higher percentage. I marked one-in-three and consistently went down [the list]. I was quite targeted, I’d go to their rooms, sometimes I got the assistance of staff . . . or I was able to come back later. I got most of them on my list.

The time-consuming bit was finding the people and explaining.

How did the visual analogue go?
Generally, residents did not require the visual analogue, but it enabled a few residents with specific needs (such as those with communication difficulties) to respond to questions. For these people, it is worth retaining the “smiley faces”.

Neither helpful not unhelpful
People in the memory support unit didn’t respond to them.
I didn’t get any response to them at all.
I was saying [the responses] most of the time . . . but they weren’t looking at the faces.
A couple of times [the smiley faces were useful]. I did have one instance where the lady was cognitively alert but physically couldn’t articulate, and for her, and it’s only one, she actually pointed.
None of my residents used the smiley faces. Perhaps it would be helpful to have them as a separate document to be used if required. I found the questions with smiley faces too much paper.
Two good interviews where people pointed to the words/smiley faces were with a lady with Parkinson’s and a gentleman with a stroke.
I didn’t use faces at all in the end and wonder how useful they are.

How did questions go with the interpreter?
Assessors were not fully confident that interpreters had translated the questions as intended. It is possible that interpreters felt they needed to explain questions to participants, much as some assessors did.

Some of the sentences they were interpreting were quite long, so I think they were re-wording.

I asked for the questions to be translated as written, but did this happen?

How did the questions go, on the whole?
While questions were recognised by assessors as addressing Standards, they found several items were not understood readily by residents, and needed explanation or examples.

I found the questions were good in themselves generally, but from an assessor’s point of view they didn’t go into the detail we’d normally go into.

Simplify please in content and layout of the questions.

Use more simple words, like care.

Nail down the questions so they don’t need too much further explanation.

Which response option did you prefer?
Most assessors preferred the Never-Always response option set, but there was some disagreement.

I hated the Agree-Disagree -- and loved the Always, Some of the time, and I got a much better feeling from the people I was interviewing.

I found myself re-wording the response options to, all of the time, most of the time, some of the time, never. It was more consistent.

And it was a mouthful if you were trying to offer the options. It tended to be, would you agree or disagree, and then “Is that strongly?” . . . You’re going through the options a couple of times.

I did find neither agree nor disagree was quite useful. [I’d say,] “We’ll put it in the middle.”

Never / Sometimes, Most of the time / Always was definitely easier to say. Some residents would say “Yes,” so you would have to say, “Do you think we should select agree?” which might make them feel like we are correcting them. It was difficult to flip between the two scales, so perhaps if we do end up using both then grouping questions would be useful.

[I preferred] Agree.
Using the interview with people with dementia

Trying to include people with dementia was a challenge, and resulted in both a less strict sampling method than in RACFs or units with cognitively intact people, and in a lower quality of responses.

I don’t think the questionnaire is really suitable for those with dementia. The quality of the responses varies a lot but is not really helpful. . . . You can get an impression, they’re happy here, you can get an impression, but I found myself interpreting.

Some of the questions really weren’t suitable for residents with dementia. . . . They didn’t seem to understand the questions at all.

Level of impairment is important here – some good, some poor.

Pretty mixed. The levels of dementia vary so widely within a single home or unit. You really had to just start the survey and just use your judgement as to whether to continue after the first couple of questions.

How did including representatives go?

Residents’ representatives were usually quite happy to be involved, but found answering from the resident’s perspective quite a challenge. Giving the questions face-to-face, rather than in hard copy to take away and complete independently, meant that representatives could be reminded to focus on the perspective of the resident.

Family members or friends could not understand why questions were not asked from their perspective and found it difficult to answer some of them from their loved one’s perspective.

They were happy to fill in the questionnaire on their own. But when doing it with them, I found they talked through the possible answers and it was easier to keep them on track, that it is their “loved one’s” experience. They sometimes said “I don’t know how to answer that,” and selected neither agree nor disagree.

I found it quite easy. Because I was there as separate from the accreditation team, family members had been well briefed and if they saw me, and I explained what I was doing, and I asked them their questions, and then I also got information that I passed onto the team.

There were people who had definite issues, I asked “Is it OK for me to pass that on to the team?” It was quite easy for me to get the pairs.

I was asking the staff to send them [representatives] to me. Most of them were in my original sample so I only had a couple of extras.

Most of them [the representatives] I could give the questionnaire [to] and they could fill it in independently. There was only one or two where I interviewed them. And it was much quicker [than with the residents].

Everyone was really happy to participate, they all thought the consumer report would be good. They could see the advantage for future people looking for accommodation.
I gave them [representatives] the hard copy, but when they came back with it, they had some questions, and it was probably helpful to the team, because it was a big audit, and I could get information that was needed to be passed onto them. I certainly asked them if they would fill it in. They came back to me with questions.

I gave them the hard copy and a pen and asked them to fill it in. In a couple of cases, the family member popped out of the room. Sometimes the family member was interested in staying... sometimes the resident wasn’t able to remember some things and the family member did some prompting.

**ASSESSOR AND INTERPRETER FEEDBACK: BY QUESTION**

Feedback forms rating the usability of the questions were received from 14 staff (11 assessors and three interpreters). Staff rated each question on a four-point scale from 1 *Very difficult* to 4 *Very easy*. They also provided comments on the feedback form and in the debriefing interview.

The following table sets out the feedback received from assessors on each question.
### Table 15: Usability comments and ratings

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>QUESTION</th>
<th>SELECTION OF COMMENTS ON EACH QUESTION</th>
<th>USABILITY RATINGS (AVERAGE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consumer, dignity, autonomy and choice</td>
<td>1. Do staff treat you with respect?</td>
<td>Very easy. They were spot on with that. [The] concept of respect [is] difficult for people with dementia. Question [is] too general.</td>
<td>3.3</td>
</tr>
<tr>
<td></td>
<td>2. How much would you agree or disagree with this statement: I can be myself here?</td>
<td>I needed to explain this to all the residents I interviewed. This concept is not easy to understand because Chinese culture does not place too much importance on &quot;being themselves&quot;.</td>
<td>1.8</td>
</tr>
<tr>
<td></td>
<td>3. Do staff respect your privacy?</td>
<td>This is straightforward and clear. &quot;Privacy&quot; is not a critical issue for the older generation.</td>
<td>3.2</td>
</tr>
<tr>
<td>2. Ongoing assessment and planning with consumers</td>
<td>4. Are you involved in planning how you live your life?</td>
<td>Planning is not something they identify with. Suggested rewording: Do you have any say in what happens to you in here?</td>
<td>2.1</td>
</tr>
<tr>
<td></td>
<td>5. How much would you agree or disagree with this statement: Staff give me enough information to made decisions?</td>
<td>People were a bit confused. They asked, &quot;what decisions?&quot; Not everyday language. I found myself saying, “Do the staff explain things to you?”</td>
<td>2.4</td>
</tr>
<tr>
<td>3. Delivering personal care and/or clinical care</td>
<td>6. How much would you agree or disagree with this statement: I feel confident that my care is right for me?</td>
<td>The care 'being right' did not appear to be an issue the residents had considered before. Not a natural way to ask a question, consider: ‘get the right care’. Perhaps ask: &quot;Is your care right for you?&quot; You haven’t got a hope with someone who had</td>
<td>2.8</td>
</tr>
<tr>
<td>DOMAIN</td>
<td>QUESTION</td>
<td>SELECTION OF COMMENTS ON EACH QUESTION</td>
<td>USABILITY RATINGS (AVERAGE)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
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<td>-----------------------------</td>
</tr>
<tr>
<td>4. Delivering lifestyle services and support</td>
<td>7. Do staff meet your healthcare needs?</td>
<td>Some say, &quot;I don’t get much care.&quot; Suggested question: &quot;Do staff look after you well?&quot;</td>
<td>2.9</td>
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<td></td>
<td></td>
<td>dementia.</td>
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<td></td>
<td>8. How much would you agree or disagree with this statement: There are staff here who I can talk to about my feelings?</td>
<td>Men found this question confronting. Residents tended to talk about the relationship they had with staff rather than their own emotional needs. Suggested re-wording: “If you’re feeling sad or worried, are there staff here you can talk to?”</td>
<td>2.5</td>
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<td></td>
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<td>Too long and wordy. I had a disproportionate number of people in their rooms who are not involved in the activities program! &quot;Are there plenty of things to do that you like?&quot; “Are there things to do here that you’re interested in?” “If there is something you want to do, can you do it?”</td>
<td></td>
</tr>
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<td></td>
<td>9. Can you participate in something you’re interested in doing if you choose to, here?</td>
<td>Very clear. Did not require explanation. No-one had any problem. Even the people with dementia. [Some] asked, 'What do you mean?'</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>10. Do you feel safe here?</td>
<td>&quot;Comfortable&quot; - this a broad meaning word and conjures up a variety of interpretations. Sometimes they think they don’t live there [and you’ve] got to re-word it.</td>
<td>3.2</td>
</tr>
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<td></td>
<td>11. How much would you agree or disagree with this statement: I feel comfortable living here?</td>
<td>It’s not always clear what this one means. “Staff listen to me when I have a concern.” If alert, they were okay, but I didn’t have much success with those with dementia.</td>
<td>2.8</td>
</tr>
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<td>12. How much would you agree or disagree with this statement: Staff listen to me when I make a comment about things?</td>
<td></td>
<td></td>
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<td>DOMAIN</td>
<td>QUESTION</td>
<td>SELECTION OF COMMENTS ON EACH QUESTION</td>
<td>USABILITY RATINGS (AVERAGE)</td>
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<td></td>
<td>13. How often do staff follow up when you raise things with them?</td>
<td>Residents tended to interpret this as the responsiveness of staff requests for assistance rather than action in response to suggestions and complaints. Very clear and easy. People with dementia could answer this one.</td>
<td>3.0</td>
</tr>
<tr>
<td>7. Human Resources</td>
<td>14. Do you get help when you need it?</td>
<td>Clear did not require explanation “Do staff come when you need them?” Maybe, 'Do staff respond appropriately and in a timely manner when you need help?' People with dementia could answer this one.</td>
<td>3.4</td>
</tr>
<tr>
<td></td>
<td>15. How much would you agree or disagree with this statement: The staff know what they are doing?</td>
<td>[The] question is clear. “Have staff a good knowledge of how to care for you?” I had to deal with some comments, such as “I should hope so!” It was straight forward, but if there were going to be issues with staff, this one led to them.</td>
<td>3.2</td>
</tr>
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<td></td>
<td>16. How much would you agree or disagree with this statement: This place is well run?</td>
<td>[The] question is clear. Residents unsure of what it means. With dementia, I think, no. That’s a concept of organisation so that’s a bit abstract.</td>
<td>3.1</td>
</tr>
<tr>
<td>8. Organisational governance</td>
<td>17. Do you know the staff who support you each day?</td>
<td>[The question] needs to be more specific e.g. [do you] know them by their names or faces? The word 'support' is not easily understood. People with dementia didn’t get it at all.</td>
<td>2.8</td>
</tr>
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<td></td>
<td>18. How much would you agree or disagree with this statement: I have the same staff consistently</td>
<td>But residents asked, &quot;Should we have the same staff?&quot; Lots of comments on staffing issues. This is something</td>
<td>3.1</td>
</tr>
<tr>
<td>DOMAIN</td>
<td>QUESTION</td>
<td>SELECTION OF COMMENTS ON EACH QUESTION</td>
<td>USABILITY RATINGS (AVERAGE)</td>
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<tr>
<td>9. Mealtimes and food</td>
<td>19. How much would you agree or disagree with this statement: I enjoy mealtimes here?</td>
<td>[Residents] did not distinguish between 'mealtimes' and 'food'. Lots of residents eat meals in their room through choice, so [it’s] difficult to know what to select.</td>
<td>2.7</td>
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<td></td>
<td>20. How much would you agree or disagree with this statement: I like the food here . . .?</td>
<td>“How is the food here?”</td>
<td>3.6</td>
</tr>
<tr>
<td>10. Physical activity and independence</td>
<td>21. How much would you agree or disagree with this statement: There are opportunities for me to participate in physical activities?</td>
<td>[I was] required to explain that 'physical activities' meant 'exercise'. “Are there staff available to help me move around when I want to?” Residents relate to physical activity as being when they were well or before their life in the home. It was fairly difficult. It may cause some upset with residents with physical limitations.</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>22. How much would you agree or disagree with this statement: I am supported to be as independent as possible?</td>
<td>[There was] wide variation in the level of dependency amongst residents so I found I needed to relate the question to the individual’s situation. This is not an easy question for residents living with dementia. &quot;I am supported to do as much as possible for myself.&quot; Some understood questions, others not – the word &quot;support&quot; is not well understood.</td>
<td>2.9</td>
</tr>
<tr>
<td>11. Open-ended</td>
<td>23. What would say you was the best things about this home?</td>
<td>Best part of doing the whole interview with them. It really got the residents actually starting to think. Answered quite easily by both [residents and representatives].</td>
<td>3.6</td>
</tr>
<tr>
<td>DOMAIN</td>
<td>QUESTION</td>
<td>SELECTION OF COMMENTS ON EACH QUESTION</td>
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<td></td>
<td>24. What is one thing you would suggest as an improvement at this home?</td>
<td>Most [people] answered don’t know or none. Some answers reflected a complaint. [This one] definitely got people thinking. Some people wouldn’t respond, even though they’d been talking about staffing a few questions back.</td>
<td>3.5</td>
</tr>
</tbody>
</table>
Feedback was provided by two assessors who put the questions to Indigenous people in consumer workshops, using an interpreter. The first group included five Indigenous respondents, the second group included nine, the third group included nine, all from different language groups. Feedback was requested on the importance of questions and what they meant to the respondents. Preferred questions within domains were identified. Not all questions were discussed. The second group used the visual analogue as well as verbal responses, but verbal responses were preferred.

Responses to Questions 6 and 7 in the healthcare and personal care domain (respectively: “I feel confident that my care is right for me”, and “Do staff meet your healthcare needs?”) indicated that most respondents could not understand question 6 at all, but did understand question 7. Question 6 was seen as not important, but question 7 was seen as very important. The interpreter suggested rewording question 6 to “Is your care right for you?” Meanings of question 7 included:

- About this mob helping me if I am crook.
- Treated well and staff [are] familiar with [my] needs.

All respondents preferred question 7 to question 6.

Responses to Questions 8 and 9 (delivering lifestyle services and support, respectively: “There are staff here who I can talk to about my feelings, if I choose to”; and “Can you participate in something you’re interested in doing, if you choose her, here?”) indicated difficulty understanding the first, though meanings were accurate:

- Talk to this mob, tell them if I am sad.
- Tell them if I am lonely and need to go back to country.
- Talk to this mob, if I am hurt or sad.

The second question was more easily understood;

- Doing things I like.
- Being able to do my painting and go to my unit to be on my own.
- Being with friends when I want to.

Responses to questions 10 and 11 (respectively: “Do you feel safe here?”; “I feel comfortable living here.”) indicated a preference for question 10, though both questions were understood. Question 10 was seen as very important. Respondents interpreted question 10 as meaning:

- About this place being safe, nobody humbugging.
Not frightened by anything here.

Question 11 was interpreted as:

*About having a good bed and a good place to live in.*

*About comfort in being able to meet our culture. Place for the old women to sit around [the] fire when they are cold. Place for us old men to talk.*

Questions 12 and 13 were about feedback and complaints (respectively: “Staff listen to me when I make a comment about things”; “How often do staff follow up when you raise things with them?”). Three respondents preferred question 12 while two strongly preferred question 13. Both questions were seen as very important. Question 12 meant:

*The mob here hear what I have to say.*

*This is very important to us and our culture for this mob to hear what we are saying.*

Question 13 meant:

*They do things when we ask.*

*They do things when we ask.*

*They follow up when we ask for things like making a phone call to home, helping us, taking me to my room.*

*They do what they say they are going to do not just tell you to wait all the time.*

*They do what we ask them to do, not what they want to do.*

Suggested rewording was: “This mob listen to me when I make a comment about things.”

Questions 14 and 15 (“Would you say you get help from staff when you need it?”; “The staff know what they are doing.”) as important questions. Question 14 was interpreted as:

*This mob help us with things.*

*They help us with showers and things we need help with.*

Question 15 was interpreted as:

*This mob know what to do for me and my son.*

*They know what I need and what to do for me to make me happy.*

*Staff here know us as people and what is important to us and our culture.*

Question 16 (“This place is well run.”) was seen as an important question. It was interpreted to mean:

*This mob know what they are doing.*
Everything works all right here.
The staff know what they are doing for us.

Questions 19 and 20 on mealtimes and food were seen as very important questions to ask Aboriginal people. Question 19 was correctly interpreted by some respondents as being more about mealtimes than food:

Gathering with others and having food.
Good time together eating food.

Question 20 was correctly interpreted in terms of food only:

Meaning just as it is said, do we like the tucker.
Is the food good for us?
Is the food what we like?

All respondents preferred question 20 to question 19.

FEEDBACK FROM A CONSUMER WORKSHOP

A consumer workshop was held in Sydney by staff of the AACQA and Nancy Brown of the IDEAS Group with residents and representatives. Participants were asked about their understanding or interpretation of each question, the relevance of each question to their own or their family member’s experience, ease of responding to the questions, and preferred questions within each domain.

Participants asked for a revised design of the “smiley faces” to make them more distinct from each other.

Domain 1: Dignity, respect, choice and privacy. Participants asked for two questions to be retained: “Do staff treat you with respect?” and “Do staff respect your privacy?” They found the first question easiest to understand. The question: “I can be myself here” was excluded, because it has several possible interpretations. It could mean, “Do I feel comfortable?”, or, “Have I learned to adjust to life here?” Participants pointed out that when you move into a residential care home, you lose some of your independence, so you can never fully be yourself.

Domain 2: Involvement in on-going assessment and care planning. Participants asked for Question 5 to be retained (“Staff give me enough information to make decisions”) with the addition of the words “about my care”. Question 4 (“Would you say you were involved in planning how you live your life?”) was rejected because participants did not see this question as about care planning, but
about choice of daily activities. Alternative wording was suggested: “Would you say you were involved in planning your care?”

Domain 3: Delivering personal and clinical care. Participants preferred the question: “I feel confident that my care is right for me.” They did not like “Do staff meet your health care needs?” which they interpreted as relating to call bell response times, staffing levels and medication.

Domain 4: Delivering lifestyle services and support. Participants preferred the question, “There are staff here who I can talk to about how I feel”, with the addition of the words “If I choose to”.

Domain 5: Service environment. Participants preferred the question: “Do you feel safe here?” Participants interpreted this question to feeling they are in a secure home; there are locks on bedroom doors and are free to lock their room. Participants also liked Question 11 (“I feel comfortable living here?”), but preferred Question 10.

Domain 6: Feedback and complaints. Participants preferred the question: “Staff follow up when I raise things with them.” However, they asked that the response options be changed from Strongly disagree-Agree to Never-Always. Question 12 (“Staff listen to me when I make a comment about things”) was rejected because staff responsiveness was seen as important, not just listening.

Domain 7: Human resources. Participants preferred the question: “The staff who support me know what they are doing”, but asked that the words “who support me” be removed. Question 14 (“Would you say you get help from staff when you need it?”) was rejected because participants related this question to staffing levels and felt it was too similar to question 13 which was selected for inclusion under domain 6.

Domain 8: Participants preferred: “I have the same staff consistently supporting me?” but with the wording changed to, “I see the same staff supporting me every day”. They also asked that the response options be changed from Strongly disagree-Strongly agree to Never-Always. Participants interpreted the staff here to refer to those who provide personal care. Some consistency in staff is considered very important and is a proxy for whether a place is well run or not. Participants rejected “This place is well run”, which they interpreted as being about organisational management, activities running on time, and the cleanliness of the home. The question “Do you know the staff who support you each day?” was rejected because some consistency in staff was considered to be more important.

Domain 9: Mealtimes and food. Participants preferred: “Would you say you like the food here?” Participants felt that the meal time/social interaction around dining was less important than whether they liked the actual food.

Domain 10: Function and independence. Participants preferred: “There are opportunities for me to participate in physical activities.” However, they liked the alternative wording: “There are enough
physical activities offered that suit me.” Participants rejected: “I am supported to be as independent as possible.” They felt that this question was too broad.

**CHOICE OF QUESTIONS**

The following table sets out ratings for each question on each of the criteria to be used for selection and identifies one question per domain to be taken forward (potentially with some re-wording).

Usability ratings ranged from 4 *Very easy* to 1 *Very difficult*.

Missing data ranged from 4% to 34%: 0-4% was rated 4 *Very good*, 5-9% was rated 3 *Good*, 10-19% was rated 2 *Poor*, and 20% and over was rated 1 *Very poor*.

Test-retest correlations and resident-representative (proxy) agreement were rated: 0 - .19 = 1 *No correlation*; .20 - .29 = 2 *Low correlation*; .30 - .49 = 3 *Medium correlation*; and above .50 = 4 *High correlation*. Half a grade was taken off if the level of responses differed on average (i.e., using the Friedman’s test).

Scores on selection criteria for questions were added together to form an aggregate. In most cases, recommendations were made on the basis of aggregate scores, and included: *Retain*, *Retain and reword*, or *Reject*.

In one domain, the question recommended for retention was not the one with the highest aggregate score. In domain 10 (Physical activity and independence) the question on independence was selected for retention because the alternative on physical activity was seen by residents as not relevant if they had limited mobility, and some residents found this question upsetting. There was also lack of agreement between assessors about whether this item was about the physical activity program offered by the home, or more general opportunities to engage in physical activity, through activities of daily living, for example.
**Table 16: Usability ratings and statistical criteria for choosing questions**

<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>QUESTION</th>
<th>USABILITY RATINGS (AVERAGE)</th>
<th>MISSING DATA</th>
<th>TEST-RETEST</th>
<th>RESIDENT-PROXY AGREEMENT</th>
<th>TOTAL SCORE</th>
<th>RECOMMENDATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Consumer, dignity, autonomy and choice</td>
<td>1. Do staff treat you with respect?</td>
<td>3.3</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>12.8</td>
<td>Retain</td>
</tr>
<tr>
<td></td>
<td>2. (Agree or disagree): I can be myself here?</td>
<td>1.8</td>
<td>3</td>
<td>2</td>
<td>3</td>
<td>9.8</td>
<td>Reject</td>
</tr>
<tr>
<td></td>
<td>3. Do staff respect your privacy?</td>
<td>3.2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>12.2</td>
<td>Reject</td>
</tr>
<tr>
<td>2. Ongoing assessment and planning with consumers</td>
<td>4. Are you involved in planning how you live your life?</td>
<td>2.1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>8.1</td>
<td>Reject</td>
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<td></td>
<td>5. (Agree or disagree): Staff give me enough information to make decisions?</td>
<td>2.4</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>11.4</td>
<td>Reword and retain</td>
</tr>
<tr>
<td>3. Delivering personal care and/or clinical care</td>
<td>6. (Agree or disagree): I feel confident that my care is right for me?</td>
<td>2.8</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>9.8</td>
<td>Reject</td>
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<td></td>
<td>7. Do staff meet your healthcare needs?</td>
<td>2.9</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>10.9</td>
<td>Reword and retain</td>
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<tr>
<td>4. Delivering lifestyle services and support</td>
<td>8. (Agree or disagree): There are staff here who I can talk to about my feelings?</td>
<td>2.5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>10.5</td>
<td>Reword and retain</td>
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<td></td>
<td>9. Can you participate in something you’re interested in doing if you choose to, here?</td>
<td>2.8</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>8.8</td>
<td>Reject</td>
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<tr>
<td>DOMAIN</td>
<td>QUESTION</td>
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<td>MISSING DATA</td>
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<td>RESIDENT-PROXY AGREEMENT</td>
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<tr>
<td>5. Service environment</td>
<td>10. Do you feel safe here?</td>
<td>3.4</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>12.4</td>
<td>Retain</td>
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<tr>
<td></td>
<td>11. (Agree or disagree): I feel comfortable living here?</td>
<td>3.2</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>12.2</td>
<td>Reject</td>
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<tr>
<td>6. Feedback and complaints</td>
<td>12. (Agree or disagree): Staff listen to me when I make a comment about things?</td>
<td>2.8</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>9.8</td>
<td>Reject</td>
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<td></td>
<td>13. How often do staff follow up when you raise things with them?</td>
<td>3.0</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>12.0</td>
<td>Retain with minor reword (provide context)</td>
</tr>
<tr>
<td>7. Human Resources</td>
<td>14. Do you get help when you need it?</td>
<td>3.4</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>11.4</td>
<td>Reject</td>
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<td></td>
<td>15. (Agree or disagree): The staff know what they are doing?</td>
<td>3.2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>13.2</td>
<td>Retain</td>
</tr>
<tr>
<td>8. Organisational governance</td>
<td>16. (Agree or disagree): this place is well run?</td>
<td>3.1</td>
<td>3</td>
<td>3</td>
<td>3</td>
<td>12.1</td>
<td>Retain</td>
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<tr>
<td></td>
<td>17. Do you know the staff who support you each day?</td>
<td>2.8</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>9.8</td>
<td>Reject</td>
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<td></td>
<td>18. (Agree or disagree): I have the same staff consistently supporting me?</td>
<td>3.1</td>
<td>1</td>
<td>3</td>
<td>2</td>
<td>9.1</td>
<td>Reject</td>
</tr>
<tr>
<td>9. Mealtimes</td>
<td>19. (Agree or disagree): I enjoy</td>
<td>2.7</td>
<td>3</td>
<td>4</td>
<td>3</td>
<td>12.7</td>
<td>Reject</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>DOMAIN</th>
<th>QUESTION</th>
<th>USABILITY RATINGS (AVERAGE)</th>
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<td>and food</td>
<td>mealtimes here?</td>
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<td></td>
<td></td>
<td></td>
<td>Retain (minor reword)</td>
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<tr>
<td></td>
<td>20. Would you say you like the food here . . . ?</td>
<td>3.6</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>14.6</td>
<td>Retain (minor reword)</td>
</tr>
<tr>
<td>10. Physical activity and independence</td>
<td>21. (Agree or disagree): There are opportunities for me to participate in physical activities?</td>
<td>2.4</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>12.4</td>
<td>Reject</td>
</tr>
<tr>
<td></td>
<td>22(Agree or disagree): I am supported to be as independent as possible?</td>
<td>2.9</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>10.9</td>
<td>Reword and retain</td>
</tr>
<tr>
<td>11. Open-ended</td>
<td>23. What would say you was the best things about this home?</td>
<td>3.6</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Retain</td>
</tr>
<tr>
<td></td>
<td>24. What is one thing you would suggest as an improvement at this home?</td>
<td>3.5</td>
<td>4</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>Retain</td>
</tr>
</tbody>
</table>
DO THE INTERVIEW QUESTIONS FORM A SCALE?

Having identified the 10 quantitative questions that performed best, the next step in the analysis was to see whether responses to these questions could be added together to form a summary scale, and if so, to compare the sites on totals.

One of the questions recommended to be retained was Question 13, which was used in two forms in the pilot. The two sets of responses were distributed in a broadly comparable way, so they were combined into a scale from one-to-four, similar to the Never-Always response option format.

Responses to the 10 questions were included in a factor analysis. This analysis resulted in two feasible factors. The first factor comprised four questions, and loaded heavily on questions to do with talking with staff about feelings and staff giving the resident enough information for them to be able to make decisions about their care. This factor was labelled “Communication with staff”. The second factor comprised six questions that loaded heavily on items to do with liking the food, being treated with respect, and the place being well-run and was called “Organisation and culture”.

Internal reliability of both the whole 10 item total and the 4-item and 6-item subscales was tested. This showed that the 10 items could satisfactorily be summed to form a scale. The two subscales could be usefully summed in the current data set, but use of these subscales needs further exploration.

Internal reliability was robust when a question was replaced with the other question from the same domain, which leads to some confidence that rewording questions would not substantially alter ability to add responses validly to calculate a total.

Total consumer experience and two subtotals were calculated using z-scores as part of the factor analysis. This meant that (a) the items being added together had the same metric (i.e., all had a mean of zero and a standard deviation of 1), (b) the contribution of each of the items to Total consumer experience and the two subscales was weighted by the importance of the question to that particular scale, and (c) all resulting scales had a mean of zero and a standard deviation of one.

This method of calculating totals had some strengths, but also some drawbacks. For example, it meant that individuals’ responses could not be included if there was any missing data at all, and as a result site C contributed only four sets of totals, site A five, and site B six.

---

14 Principle components analysis with varimax rotation.
15 That is, two factors with eigenvalues greater than unity (i.e., greater than one).
16 Using Cronbach’s alpha. Alpha for the 10-item scale was .82, whereas it was .76 for the 4-item subscale and .71 for the 6-item subscale.
Nevertheless, homes were compared on Total consumer experience and subscale totals. The following section sets out the results of this analysis.  

**COMPARISON OF HOMES ON TOTAL CONSUMER EXPERIENCE AND SUBSCALES**

Box-and-whisker plots were chosen to compare central tendency and range of totals across the eight homes.

Box-and-whisker plots show the median, quartiles, and extreme values. The box represents the interquartile (IQ) range which contains the middle 50% of records. A line across the box indicates the median. The whiskers are lines that extend from the upper and lower edge of the box to the highest and lowest values which are no greater than 1.5 times the IQ range. Outliers are cases with values between 1.5 and 3 times the interquartile range (i.e., beyond the whiskers).

The totals for homes A, B, and C (homes 1, 2 and 3 in each of the following three graphs) are not reliable due to low numbers, but are included here for the sake of illustrating the comparison.

---

17 An alternative way to compute Total consumer experience is to change the metric of Disagree-Agree questions to (0, 25, 50, 75, 100) and the Never-Always to (0, 33, 66, 100), and to compute totals using the mean. This method results in far fewer missing totals. It also results in a satisfactory coefficient alpha. The distribution of Total consumer experience computed by both methods is approximately normal. This alternative way of computing Total consumer experience allows homes to be given a total that resembles a percentage. This is a potential way of reporting average Total consumer experience which is readily understood.
The figure below shows relatively high totals for homes H and A, with lower than average results for homes D and F.

*Figure 5: Box-and-whisker plots of Total consumer experience by home*
The following figure is set out similarly, but illustrates homes’ results on the Communication subscale. This graph shows a relatively high median subtotal for home C and a low one for home B.

*Figure 6: Box-and-whisker plots, Communication subscale, by home.*
The following illustrates homes’ results on the Organisation and culture subscale. This graph shows a high subtotal for home H, and a relatively low subtotal for home C.

*Figure 7: Box-and-whisker plots, Organisation and culture subscale, by home*
Given the different performance of the different homes on the two subscales, the homes were compared on both subscales at once. They were also ordered in the following graph from highest to lowest on Total consumer experience. (All totals were increased by a value of one-point for the purposes of illustration, and so that no means were less than zero. This means that the overall mean is 1.) This graph shows that home A had the highest results overall, while home B had the lowest. Differences between the two subscales were particularly noticeable for home C, which was relatively high on Communication and low on Organisation and culture. In contrast, some homes received better results for Organisation and culture than they did for Communication (homes H and B).

Figure 8: Comparison of means on the two subscales, by home

WHAT PREDICTS TOTAL CONSUMER EXPERIENCE?

Analyses were run to explore variables that predicted Total consumer experience. The reason for carrying out these analyses was to assess whether the consumer’s location or their personal characteristics best predicted their experience of living in residential aged care. The strategy used to address this question was first to identify bivariate predictors of Total consumer experience, and then to include candidate variables (those with some level of association with Total consumer experience) in a multiple regression.

18 Using multivariate analysis of variance, with the two subscales identified as the two DVs and Home as the IV. The results of the analysis indicate significant differences by Home, $F(14,330) = 2.9, p < .001$. 
Results of the bivariate analyses are presented in the table below. N represents the number of records included in that particular analysis. Where the number of records was particularly small, as in the case of Time taken for the interviews, the analysis was repeated with missing values replaced with the mean time taken for the whole sample. Homes A, B and C were combined because of low numbers of completed interviews in each location.

**Table 17. Results of bivariate analysis of Total consumer experience (weighted)**

<table>
<thead>
<tr>
<th>PREDICTOR</th>
<th>N</th>
<th>STATISTIC (DF), SIG</th>
<th>SELECTED FOR REGRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>173</td>
<td>$t = -.68$, N.S.</td>
<td></td>
</tr>
<tr>
<td>Home 1</td>
<td>173</td>
<td>$F(7,165) = 2.3, p = .03$</td>
<td></td>
</tr>
<tr>
<td>Home 2 (A, B, and C combined)</td>
<td>173</td>
<td>$F(5, 267) = 3.2, p = .009$</td>
<td>Yes</td>
</tr>
<tr>
<td>Age group</td>
<td>153</td>
<td>$F(2, 150) = 0.9$, N.S.</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>153</td>
<td>$R = .10$, N.S.</td>
<td></td>
</tr>
<tr>
<td>Data type (primary resident/retest/representative)</td>
<td>173</td>
<td>$F(2, 170) = 3.0, p = .052$</td>
<td>Yes</td>
</tr>
<tr>
<td>Time taken 1</td>
<td>86</td>
<td>$R = -.35, p &lt; .001$</td>
<td></td>
</tr>
<tr>
<td>Time taken 2 (missing values replaced by mean)</td>
<td>173</td>
<td>$R = -.21, p &lt; .01$</td>
<td>Yes</td>
</tr>
<tr>
<td>Preferred language</td>
<td>173</td>
<td>$t = -.63$, N.S.</td>
<td></td>
</tr>
<tr>
<td>Mobility</td>
<td>173</td>
<td>$t = 2.37, p = .019$</td>
<td>Yes</td>
</tr>
<tr>
<td>Dementia</td>
<td>152</td>
<td>$t = -1.47$, N.S.</td>
<td></td>
</tr>
</tbody>
</table>

Four candidate independent variables were selected for further analysis. (Averages provided below have a total sample mean of 0 and a standard deviation of 1. Negative means indicate an average below the whole pilot sample mean.)

- Home: As noted previously, some homes achieved relatively high average Total consumer experience (e.g., home H, mean = .50), while others received comparatively low averages (e.g., home F, mean = -.43).
- Type of questionnaire (primary, retest or proxy): Relatively low totals were given by proxies (mean = -.28), while retest questionnaires resulted in a relatively high total (mean = .26).

- Time taken: The negative correlation between time taken and Total consumer experience indicates that the longer the interviews took, the lower the total. Interviews that took under 15 minutes to complete were more likely to result in above-average Total consumer experience than those that took longer.

- Mobility: Consumers who were independently mobile rated their experience more positively than those who were not (.13 vs. -.27).

To prepare for the multiple regression, dummy variables were constructed for homes D, E, F, G and H. (This effectively grouped homes with low numbers of residents—A, B and C—together as the reference category in the analysis.) Dummy variables were also constructed for retest and for representative questionnaires. In this case, the reference category was the primary resident questionnaire.

Regression analyses using both backward deletion and stepwise selection and of variables were run. The backward deletion procedure begins with all candidate independent variables in the analysis and removes them one-by-one if not significantly associated with the dependent variable, with a criterion of \( p < .10 \). The forward selection procedure does the opposite—it begins with no candidate variables in the analysis and enters them one-by-one until no further variables can be added, with an entry criterion of \( p < .05 \).

The backward deletion procedure resulted in two predictors. One outlier was identified and deleted from the analysis. No standardized Dfbeta values were < -2 or > 2, once the outlier was removed from the analysis.\(^{19}\) The analysis was re-run and the same two predictors were identified:

\(^{19}\) This person was a primary resident with an extremely low total.
Table 18: Results of multivariate backward deletion regression analysis predicting consumer experience

<table>
<thead>
<tr>
<th>MODEL</th>
<th>B</th>
<th>BETA</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constant</td>
<td>.23</td>
<td></td>
<td>2.43</td>
<td>.016</td>
</tr>
<tr>
<td>Home F</td>
<td>-.59</td>
<td>-.26</td>
<td>-3.47</td>
<td>.001</td>
</tr>
<tr>
<td>Representative</td>
<td>-.33</td>
<td>-.13</td>
<td>-1.74</td>
<td>.083</td>
</tr>
</tbody>
</table>

This analysis showed that Total consumer experience was lower if the resident came from Home F (and somewhat lower if the respondent was a proxy). The model was significant, \( F(2, 160) = 7.7, p = .001 \).

Standardized residuals were normally distributed; the normality of residuals assumption was satisfied.

The analysis was re-run with stepwise selection of variables. This resulted in the selection of only one predictor, Home F.

Both backward deletion and forward selection models were then re-run with the alternative formulation for Total consumer experience. The metric for Disagree-Agree questions was changed to 0, 25, 50, 75, and 100 and for Never-Always questions to 0, 33, 66, and 100. Total consumer experience was then computed using the mean. While this method relies on assumptions that are difficult to justify,\(^{20}\) it results in a satisfactory coefficient alpha for the rescaled items (alpha = .82) and results in far fewer missing values (increasing the sample size for most analyses from 173 to 237). The distribution of Total consumer experience computed by both methods was approximately normal with minimum skew. The alternative method of computing Total consumer experience allows homes to be given a number that resembles a percentage and is a potential way to report average Total consumer experience that is readily understood. The method is used here as a way of checking the robustness of the multiple regression results.

As in previous regression analyses, outliers were progressively removed from the analyses.\(^{21}\)

---

\(^{20}\) The disadvantage of using this method for computing Total consumer experience is that it relies on the assumption that the meaning distance between each of the response alternatives is the same (e.g., that the difference between Always and Most of the time is the same as the distance between Most of the time and Sometimes). It also assumes that Never is equivalent to Strongly disagree and that Always is equivalent to Strongly agree.

\(^{21}\) All but one of these eight outliers had low Total consumer experience (less than 50). Six were primary residents and two were representatives.
Forward selection of variables using the alternative method of computing Total consumer experience resulted in presence of only Home F and Home H in the model. Backward deletion retained only Home H (with the additional marginally significant contribution of Home F).

Overall, results of these regressions indicate that the location of the resident was the only robust predictor of consumer experience, outweighing consumer characteristics. This is very encouraging, as it implies that where people lived was more important than their personal characteristics in determining how they experienced living in residential care. This is robust evidence that the items in the scale reflect what it is like to live in a particular home.
Section 3: Sample size

The Quality Agency interviews a minimum of 10% of residents during audits conducted in residential aged care homes. This section explores options for sample sizes to inform CERs.

In general, the required sample size depends what is being estimated (e.g., a mean score vs. a percentage, such as percentage agreement); whether the estimate is for one sample or to compare two or more samples; and various other decisions to do with acceptable levels of confidence that the estimate is accurate and acceptable precision (“margin of error”).

Estimating a proportion

The first table below sets out optional sample sizes for estimating a proportion, and assumes that the proportion to be detected is about 90% (i.e., about 90% of the population of residents of RACFs would generally agree with a statement about their care), with a 90% confidence level and three different margins of error: 10%, 12%, or 15%. The margin of error applies to each side of a proportion; for example, if the real proportion was 90% and the margin of error was 10%, the obtained percentage could vary from 80% to 100%. (Similar tables were used to determine the sample size of 20 per home for the pilot.)

Note that larger sample sizes are required if the sample proportion is 80% or 70%.

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22 The confidence level is the probability that the margin of error contains the true proportion. The higher the confidence level the more certain you can be that the interval contains the true proportion. (Definition from: https://select-statistics.co.uk/calculators/sample-size-calculator-population-proportion/)

23 The margin of error is the level of precision you require. This is the plus or minus number that is often reported with an estimated proportion and is also called the confidence interval. It is the range in which the true population proportion is estimated to be and is often expressed in percentage points (e.g., ±2%). (Definition from: https://select-statistics.co.uk/calculators/sample-size-calculator-population-proportion/)

24 https://select-statistics.co.uk/calculators/sample-size-calculator-population-proportion/
### Table 19: Options for sample size to estimate a single measure (proportion)

<table>
<thead>
<tr>
<th>SIZE OF HOME (NUMBER OF RESIDENTS)</th>
<th>REQUIRED SAMPLE SIZE FOR 10% MARGIN OF ERROR</th>
<th>REQUIRED SAMPLE SIZE FOR 12% MARGIN OF ERROR</th>
<th>REQUIRED SAMPLE SIZE FOR 15% MARGIN OF ERROR</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td>14</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>40</td>
<td>16</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>60</td>
<td>18</td>
<td>14</td>
<td>10</td>
</tr>
<tr>
<td>80</td>
<td>19</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>100</td>
<td>20</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>120</td>
<td>21</td>
<td>15</td>
<td>11</td>
</tr>
<tr>
<td>150</td>
<td>22</td>
<td>16</td>
<td>11</td>
</tr>
<tr>
<td>200</td>
<td>22</td>
<td>16</td>
<td>11</td>
</tr>
</tbody>
</table>

A sample size of 10 is sufficient to determine a proportion of around 90% in homes of between 60 and 100 residents, with a 90% confidence level and ±15% margin of error. This means that a result of 90% would mean that the real population proportion could be between 75% and 100%. Increasing the sample size to about 15 would decrease the margin of error to ±12%. Increasing the sample size further to 20 would decrease the margin of error to ±10%, and would mean that the real population proportion is likely to be between 80% and 100%.

Detecting differences between samples

The above analysis assumes that the estimate of interest is a proportion. However, it is likely that the people consulting CERs will wish to be able to **compare** homes on responses to individual questions. If this is the case, the calculations needed to decide on the sample size are different.

Appendix 6 indicates the sample sizes needed to detect a difference between two samples in response to a particular question, taking into consideration the proportion of respondents who give each response option. However, these differences in response patterns are difficult to summarise or explain easily.

Another way of summarising differences between samples is to combine categories to form a dichotomous (two-category) response set. For example, the proportion of respondents who

---

25 The spreadsheet available at [http://www.pmean.com/04/OrdinalLogistic.html](http://www.pmean.com/04/OrdinalLogistic.html) was used to estimate these required sample sizes
Strongly agree or Agree can be combined to indicate level of agreement and contrasted with the respondents who give one of the other three response options. Two samples from different homes can then be compared on the proportion of the sample who generally agree with a statement. Similarly, the proportion of respondents who say Always/Most of the time can be contrasted with those who say Sometimes/Never, and two homes can be compared on the proportions of respondents who say that are true occur more often than not. Overall agreement and saying that things are true more often than not both indicate general endorsement.

Medcalc software\textsuperscript{26} was used to explore the size of the difference between two proportions (i.e., percentage points’ difference) that would be detectable using a range of sample sizes. The exact difference in proportions able to be detected depends on how extreme the proportions are. Proportions of around 50% are more difficult to differentiate than more extreme proportions. Below, differences in proportions able to be detected reliably were calculated for three situations: where the more extreme proportion indicating endorsement was 90%, 80% and 70%.

These proportions were selected on the basis of the pilot data. On the 10 questions recommended for adoption in the CER, the average level of endorsement was 83%,\textsuperscript{27} and varied from 67% for “Would you say you like the food here?” to 99% for “I feel safe here”.

The confidence level chosen for this series of analyses was 90% with power 80%.

\textsuperscript{26} https://www.medcalc.org/
\textsuperscript{27} Missing data were not included in these calculations. They are not included in the denominator for the percentage.
Table 20: Sample sizes required to detect differences between responses to individual questions (two categories)

<table>
<thead>
<tr>
<th>SAMPLE A %</th>
<th>SAMPLE B %</th>
<th>PERCENTAGE POINTS DIFFERENCE</th>
<th>SAMPLE SIZES REQUIRED IN EACH GROUP</th>
</tr>
</thead>
<tbody>
<tr>
<td>90</td>
<td>66 - 70</td>
<td>20 - 24</td>
<td>36 - 49</td>
</tr>
<tr>
<td>90</td>
<td>61 - 65</td>
<td>25 - 29</td>
<td>27 - 34</td>
</tr>
<tr>
<td>90</td>
<td>56 - 60</td>
<td>30 - 34</td>
<td>21 - 25</td>
</tr>
<tr>
<td>90</td>
<td>51 - 55</td>
<td>35 - 39</td>
<td>16 - 20</td>
</tr>
<tr>
<td>90</td>
<td>46 - 50</td>
<td>40 - 44</td>
<td>13 - 16</td>
</tr>
<tr>
<td>90</td>
<td>41 - 45</td>
<td>45 - 49</td>
<td>11 - 13</td>
</tr>
<tr>
<td>90</td>
<td>36 - 40</td>
<td>50 - 54</td>
<td>9 - 11</td>
</tr>
<tr>
<td>90</td>
<td>31 - 35</td>
<td>55 - 59</td>
<td>8 - 9</td>
</tr>
<tr>
<td>80</td>
<td>56 - 60</td>
<td>20 - 24</td>
<td>46 - 64</td>
</tr>
<tr>
<td>80</td>
<td>51 - 55</td>
<td>25 - 29</td>
<td>33 - 43</td>
</tr>
<tr>
<td>80</td>
<td>46 - 50</td>
<td>30 - 34</td>
<td>24 - 31</td>
</tr>
<tr>
<td>80</td>
<td>41 - 45</td>
<td>35 - 39</td>
<td>19 - 23</td>
</tr>
<tr>
<td>80</td>
<td>36 - 40</td>
<td>40 - 44</td>
<td>15 - 18</td>
</tr>
<tr>
<td>80</td>
<td>31 - 35</td>
<td>45 - 49</td>
<td>12 - 14</td>
</tr>
<tr>
<td>80</td>
<td>26 - 30</td>
<td>50 - 54</td>
<td>10 - 12</td>
</tr>
<tr>
<td>80</td>
<td>21 - 25</td>
<td>55 - 59</td>
<td>8 - 10</td>
</tr>
<tr>
<td>70</td>
<td>46 - 50</td>
<td>20 - 24</td>
<td>52 - 75</td>
</tr>
<tr>
<td>70</td>
<td>41 - 45</td>
<td>25 - 29</td>
<td>36 - 48</td>
</tr>
<tr>
<td>70</td>
<td>36 - 40</td>
<td>30 - 34</td>
<td>26 - 33</td>
</tr>
<tr>
<td>70</td>
<td>31 - 35</td>
<td>35 - 39</td>
<td>20 - 25</td>
</tr>
<tr>
<td>70</td>
<td>26 - 30</td>
<td>40 - 44</td>
<td>15 - 19</td>
</tr>
<tr>
<td>70</td>
<td>21 - 25</td>
<td>45 - 49</td>
<td>12 - 15</td>
</tr>
<tr>
<td>70</td>
<td>16 - 20</td>
<td>50 - 54</td>
<td>10 - 12</td>
</tr>
<tr>
<td>70</td>
<td>11 - 15</td>
<td>55 - 59</td>
<td>8 - 9</td>
</tr>
</tbody>
</table>
For example:

- Sample sizes of 10 in each group are large enough to be able to claim that a difference of about 54 percentage points is reliable.
- Sample sizes of 12 in each group are large enough to be able to claim that a difference of about 50 percentage points is reliable.
- Sample sizes of 15 in each group are large enough to be able to claim that a difference of about 45 percentage points is reliable.
- Sample sizes of 20 in each group are large enough to be able to claim that a difference of about 40 percentage points is reliable.

Detecting smaller differences between samples requires larger sample sizes than are likely to be feasible. For example, to be able to detect a 20 percentage points’ difference requires samples of between 49 and 75.

Whether large differences in endorsement are likely to occur in the field was explored by examining pilot data. Analyses were successful in detecting group differences with small samples. For example, homes A and B differed significantly ($p < .05$) on responses to pilot question 8 (“There are staff here who I can talk to about my feelings”): all 11 respondents in home A agreed, compared with eight-out-of-16 (50%) in home B.

In summary: Sample sizes of 10 in each home are the lowest number possible for estimating proportions. Increasing the sample size to 12 would provide a more reliable result.

Sample sizes of 10 are generally inadequate to detect differences in endorsement in response to individual questions, except where these are very large (i.e., over 50 percentage points). Sample sizes of 12-to-15 in each group are enough to allow detection of large differences in endorsement (i.e., 45 to 50 percentage points).

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28 Fisher’s exact test was used for these analyses.
Section 4: Conclusions and Recommendations

This section of the report sets out the revised interviews and discusses how sampling might be undertaken when the CER is implemented.

**RECOMMENDED QUESTIONS**

Ten closed-ended questions and two open-ended questions were selected for retention. Some minor re-wording would help improve usability of some of these. The recommended final set of questions is set out below, with rewording where appropriate:

**Table 21: Recommended questions**

<table>
<thead>
<tr>
<th>QUESTION</th>
<th>DECISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do staff treat you with respect? <em>(Never – Always: Pilot Q1)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>2. Do you feel safe here? <em>(Never – Always: Pilot Q10)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>3. Do staff meet your healthcare needs? <em>(Never – Always: Pilot Q7)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>4. Do staff follow up when you raise things with them? <em>(Never – Always: Pilot Q13)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>5. Do the staff explain things to you? <em>(Never – Always: Pilot Q5)</em></td>
<td>Reword</td>
</tr>
<tr>
<td>6. If I’m feeling a bit sad or worried, there are staff here who I can talk to. <em>(Strongly disagree – Strongly agree: Pilot Q8)</em></td>
<td>Reword</td>
</tr>
<tr>
<td>7. The staff know what they are doing. <em>(Strongly disagree – Strongly agree: Pilot Q15)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>8. This place is well run. <em>(Strongly disagree – Strongly agree: Pilot Q16)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>9. I am encouraged to do as much as possible for myself. <em>(Strongly disagree – Strongly agree: Pilot Q22)</em></td>
<td>Reword</td>
</tr>
<tr>
<td>10. Do you like the food here? <em>(Never – Always: Pilot Q20)</em></td>
<td>Reword</td>
</tr>
<tr>
<td>11. What would say you was the best thing about this home? <em>(Open-ended: Pilot Q23)</em></td>
<td>Retain</td>
</tr>
<tr>
<td>12. What is one thing you would suggest as an improvement at this home? <em>(Open-ended: Pilot Q24)</em></td>
<td>Retain</td>
</tr>
</tbody>
</table>
RECOMMENDED SAMPLING METHODOLOGY AND SAMPLE SIZE

We recommend that random selection of a set number of residents who represent a proportion of the people living in the facility be introduced to underpin the consumer interviews. This can be done by initially generating a list of the facility’s/home’s residents, from which a number of people will be selected randomly; the number will depend on how many interviews are required.

However:

- Where the resident selected by chance cannot be included in the sample, we recommend next name replacement.
- In dementia units, higher reliance on representatives is likely to be required. Representatives should be reminded to respond on behalf of the resident, rather than giving their own opinion.
- Convenience sampling may need to be employed as a last resort.

The CER website should acknowledge the proportion of responses from representatives (and the proportion from residents) and where convenience sampling rather than random sampling was used to collect data.

The La Trobe team also recommends that:

- A minimum of 12-to-15 residents per home be sampled.
- The Quality Agency specify on the CER website that the sample size selected for the CER can reliably detect differences between the homes of 45-50 percentage points or larger.

CONCLUSION

The CER is a feasible way of gathering information on consumer experience and has potential to meet the AACQA’s objectives.

The 10 questions identified in the pilot as optimal have satisfactory characteristics both as individual items and as a scale.
APPENDICES

APPENDIX 1: ETHICS APPLICATION AND APPROVAL

The Agency sought advice on ethical implications of involving La Trobe University staff in data collection for the pilot. This led to the decision that assessors would collect data from residents and representatives, but the role of La Trobe staff would be restricted to analysing de-identified data and collecting information from the assessors on their experiences.

The La Trobe team applied for ethics approval from the La Trobe Human Ethics Committee, after determining that the project involved negligible risk. The Ethics committee asked that a participant information Sheet and consent form be designed for use with assessors involved in the de-briefing sessions. This Appendix includes a copy of the negligible risk application form and the Participant Information Statement and Consent Form used in the pilot.
1. Project Title
   Developing a Consumer Feedback Report

2. Chief Investigator / Supervisor:
   Name: Yvonne Wells
   Email address: y.wells@latrobe.edu.au
   Department: AIPCA, School of Nursing and Midwifery

3. Student Investigator (if applicable)
   Click here to enter text.

4. Provide a description of the project in plain language including:
   - Aims of the research (Including a brief background to the research)
   - Methods (if recruiting participants please include specific detailed step-by-step recruitment methods)
   - Nature of participants and participation (if any).

Aim: The aim of the project is to assist the Australian Aged Care Quality Agency (AACQA) to develop a Consumer Feedback Report (CFR) that will be used to collect data on the consumer experience of residents living in residential aged care. Eventually (post July 2017), data from the CFR will be collected by the AACQA during residential care audit visits and published on a website, to inform consumer choice. It is currently within the AACQA’s legislated remit to interview whomever they choose at a residential care facility to inform an audit. Audits are conducted for the purposes of accreditation.

Background and purpose

The CFR focuses on nine dimensions of care recipient experience in residential aged care settings.

The pilot (described below) aims to provide an evidence base that will be used to select items from a pool. La Trobe University staff have already identified potential questions to include in the CFR (from the literature, and domains of consumer experience identified as important by the AACQA during consumer consultations). These items were reduced from 40 to 25 in a workshop with the project reference group on 20/02/2017. Since then, the items have been included in
A) interviews for residents and residents’ representatives (relatives or friends) and
B) a staff/interpreter feedback form
for use in the pilot.
What AACQA staff will do in the pilot

AACQA staff will recruit participants (residents and their representatives [relatives and friends]) from residential aged care facilities (“homes”) in Victoria and New South Wales scheduled for an audit in the time frame of the pilot. Recruitment of residents will follow a near-random procedure, and the pilot will test this selection procedure as well as the usability and reliability of the questions. A subset of participants will have the questionnaire administered again one week later.

The near-random procedure used by AACQA staff will include listing all residents within the home in room number order and choosing every 5th name. If any person thus identified cannot participate for any reason (e.g., absence from the home on that day; serious illness) or chooses not to participate in the interviews, assessors will use next-name substitution until the required sample (minimum 20 people per home) has been recruited.

Participants recruited by assessors will include 100 residents of residential care facilities (minimum 20 residents in each of 5 facilities) and their representatives (minimum 40). Of these residents, 40 will have the questionnaire re-administered after one week, to test stability of responses.

What La Trobe University staff will do in the pilot

Following the pilot, there will be a series of data analyses of
- Pilot data from residents and their representatives
- Feedback forms from assessors and interpreters (when used)
- Group interviews with assessors

Pilot data forwarded to La Trobe University for analysis will not be identifiable. A cover sheet will be removed by assessors and retained at the AACQA. Only minimal personal data necessary for analysis will be retained with the interviews (age, gender, preferred language, and whether the person has mobility issues or a diagnosis of dementia).

Feedback forms used by assessors and interpreters (when used) will not be identifiable.

The information gathered will be used to select items to go forward to the CFR. Criteria for selection will include:
- Usability (with a wide range of care recipients, as assessed by assessors and interpreters)
- Interpretability/meaningfulness (face validity, as assessed by care recipients)
- Reliability (assessed statistically)
  - Agreement between the representative and care recipient
  - Stability over time (test-retest reliability)
  - (If possible) Reflecting an underlying dimension (internal reliability of the scale of items)

The only participants with whom La Trobe University will have contact are the assessors who administer the interviews and collect feedback forms from interpreters. Assessors will be interviewed in a face-to-face de-brief (one in Melbourne, one in Sydney), in order to identify usability of each question and feasibility of the participant recruitment method. Each de-brief will last up to 90 minutes. The discussion will be audio-recorded for the purposes of checking what people say, but no person will be identifiable from the recordings, and the recording will be deleted from the researcher’s mobile phone following extraction of information provided on item usability.
**No recruitment method is applicable.** The assessors are participating because the project is an activity initiated by their employer, the AACQA, as part of their legislated remit.

5. **Specify the precise location/s where recruitment and data collection will occur.**

Data collection by the assessors will occur at 5 residential aged care facilities (“homes”) being audited by the AACQA within the pilot time frame. La Trobe University has not been informed about the identity of these homes. We do not need to know which they are.

Assessor de-briefing sessions will occur at the AACQA’s premises in Box Hill (Victoria) and Parramatta (NSW).

6. **Specify the precise location/s data will be stored (both electronic and hard copy data)**

Hard copies of data will be destroyed once data are entered and checked. Electronic files will be stored on a secure server operated by La Trobe University. Files will be stored in a password protected folder accessible only to Lincoln Centre for Research on Ageing staff. These files will be destroyed 5 years after publication of the results of the pilot.

7. **Type of Project** (indicate whichever is applicable)

☐ Research by Academic Staff Member
☒ Contract Research
☐ Undergraduate Research
☐ Clinical Trial
☐ Postgraduate Research
☐ Masters Research/Coursework
☐ Honours Research
☐ Funded by external grant (please specify funding body and title of project)

Click here to enter text.

8. **Please provide evidence** for why the study should be classified as negligible risk (not low risk) as defined by the National Statement (as per sections 2.1.7, 5.1.6-8 and 5.1.22-23)

The project should be classified as negligible risk because La Trobe researchers will do only two things:  
  a) Interview assessors about their experience in using the interviews with residential aged care residents and their representatives (family and friends)  
  b) Analyse quantitative data from:
      a. Interviews completed by assessors with residential aged care residents and their representatives. Completed interviews will be forwarded to the La Trobe team in hard copy and data will be entered at La Trobe University. These data will not be identifiable. We do not even know which residential aged care facilities are being audited  
      b. Feedback forms completed by assessors and interpreters (where interpreters are involved in administering the interviews to residents and their representatives)

We will not have any contact with residents or representatives. The assessors will have responsibility for conducting the interviews. All assessors are highly trained and experienced interviewers with the population being interviewed.

There are no risks to assessors in participating in this project. A briefing meeting with assessors based in Melbourne on 24/02/2017 indicated high enthusiasm for involvement in the project and the opportunity to provide feedback on their experiences in using the questions.

There are no risks to La Trobe University in participating in this project.
9. **RESEARCH USING EXISTING DATABASES**
If research involves access to existing data bases provided by an institution/s, please indicate:

a) Where the data is held, source/s and number of records

b) Whether data to be used will be non-identifiable, re-identifiable (e.g. coded) or identifiable
   Click here to enter text.

c) Whether permission has been granted by donors to use these data for research purposes
   Click here to enter text.

d) Whether formal permission/clearance has been sought or obtained from the relevant institution/s
   Click here to enter text.

10. Complete an Investigator Template for each La Trobe investigator involved.

<table>
<thead>
<tr>
<th>Chief Investigator: La Trobe University Staff Only</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>For database purposes please ensure that all details are up to date and correct.</strong></td>
</tr>
<tr>
<td>Name</td>
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<td>School/Institute</td>
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<tr>
<td>Role on the project (e.g. interviewing participants, data analysis etc.)</td>
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<th>Other Investigator: La Trobe University Staff Only</th>
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<td><strong>For database purposes please ensure that all details are up to date and correct.</strong></td>
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<td>Name</td>
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<td>School/Institute</td>
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</tbody>
</table>
### Other Investigator: La Trobe University Staff Only
For database purposes please ensure that all details are up to date and correct.

<table>
<thead>
<tr>
<th>Name</th>
<th>Deirdre Fetherstonhaugh</th>
<th>Staff/Student No.</th>
<th>19443</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email address</td>
<td></td>
<td></td>
<td><a href="mailto:d.fetherstonhaugh@latrobe.edu.au">d.fetherstonhaugh@latrobe.edu.au</a></td>
</tr>
<tr>
<td>School/Institute</td>
<td>AIPCA, School of Nursing and Midwifery</td>
<td>Email address</td>
<td></td>
</tr>
</tbody>
</table>

**Role on the project (e.g. interviewing participants, data analysis etc.)**
- Design of resident sampling procedure
- Data item selection
- Design of Agency staff training materials

---

The form must be submitted electronically by the Chief investigator from the La Trobe University staff email account. Please ensure you also submit:

- A completed Human Ethics Risk Assessment Checklist [PDF 1.7 MB] **Attached**
- Any permissions obtained or indicate when permissions will be obtained from the applicable institutions. **N/A**
- Participant Information Statements (if collecting data from participants). **N/A**
- Surveys, questionnaires and/or interview sample questions (if applicable) **Attached**
- Recruitment material such as posters, draft emails, drafts for a facebook page or website etc. (if applicable). **N/A**

---

**Negligible risk project please submit to either:**

- **ASSC College Human Ethics Sub-Committee** – chesc.ascc@latrobe.edu.au
- **SHE College Human Ethics Sub-Committee** – chesc.she@latrobe.edu.au
PARTICIPANT INFORMATION STATEMENT

PROJECT TITLE: DEVELOPING A CONSUMER FOCUSED REPORT (CFR) FOR USE BY THE AUSTRALIAN AGED CARE QUALITY AGENCY

Researchers:

Chief Investigator:

Professor Yvonne Wells
Telephone: 9479 5809
Email: y.wells@latrobe.edu.au

Co-investigators:

Dr Angela Herd
Telephone: 9479 5813
Email: a.herd@latrobe.edu.au

Dr Deirdre Fetherstonhaugh
Telephone: 9479 6002
Email: d.fetherstonhaugh@latrobe.edu.au

Introduction

You are invited to take part in this project, which sets out to develop a Consumer Focused Report (CFR) for people living in residential aged care. The project has been commissioned by the Australia Aged Care Quality Agency and is being carried out by staff at La Trobe University.

This Participant Information Statement tells you about the project and explains what is involved in taking part. Please read this information carefully and feel free to ask questions about anything you don’t understand or want to know more about.

Your participation in the research component is voluntary. If you don’t wish to take part, you don’t have to. If you agree to take part, we will collect information from you about your experience of using the questions being piloted as part of the development of the CFR. We will do this in two ways:

1) You will be asked to complete an assessor feedback form. This form is anonymous and your responses will not identify you in any way. The feedback form should be completed only once, when you have finished all of your audit interviews, and should not take more than ten minutes.

2) You will be interviewed in a group (in a debriefing session) about your experience of both piloting the questions and trialling the selection of residents (and members of their family or friends) to take part. This debriefing can’t be anonymous, and with your consent the group interviews will be recorded using an iPhone so that the researchers can check that they understand correctly what you and your colleagues in the Agency say. The de-briefing session should not take more than 90 minutes.
If you wish to take part, you will be asked to sign the Consent Form attached. By signing it you are telling us that you understand what you have read and consent to take part in the research, including the group debriefing session.

You will be given a copy of this Participant Information Statement and the Consent Form to keep.

**What is the purpose of this research?**

This project aims to select questions that will be used in a Consumer Focused Report (CFR). More questions than we need are being piloted. The best questions to take forward to the CFR will be selected after the pilot, using a combination of; Assessors’ feedback on each question’s usability, and statistical criteria, such as amount of missing data, stability of people’s responses over time, and agreement in responses between residents and their representatives.

**What are the possible benefits?**

Although you will not benefit directly from participating in the project, you will be assisting us to inform policy on how to gather valid and reliable information for a CFR. In doing so, you will benefit older people seeking to make decisions about which residential care facility to choose.

**What are the possible risks?**

We do not anticipate any possible risks to your participating in this research.

**Do I have to take part in this research project?**

Participation in any research project is completely voluntary. If you do not wish to take part, you do not have to. If you decide to take part and later change your mind, you are free to withdraw. There are no penalties, disadvantages or adverse consequences for not participating in the research. However, we hope that you will be keen to give us your opinions on the questions being piloted and on the method for selecting residents as participants.

Because the data provided on the Assessor Feedback Form is unidentified, once you have submitted the form, you will not be able to withdraw this information from the project. Similarly, because the debriefing session will be recorded without identifying any speakers or voices, once the group discussion has finished, you will not be able to withdraw any comments you make.

**How will I be informed of the results of this project?**

We are planning to hold a feedback session with Assessors in Melbourne and with the Project Reference Group in Sydney about the results of the pilot. You can also contact Professor Wells for more information.

**What will happen to information I provide?**

The feedback that you provide will be stored securely. Copies of interview forms, feedback forms, and notes from debriefing sessions will be stored in a locked filing cabinet.

In accordance with La Trobe University policy, the information collected will be retained for five years after final reports have been completed. Electronic records only will be kept. These will be password-protected and stored on a secure server.
Information collected during this project may be presented at conferences or included in academic publications, as well as in reports for the AACQA and the project Reference Group. No participants will be identifiable in any of these outputs.

No information will be preserved for future use in another project or for any other purpose.

**Can I access research information kept about me?**

No personal information will be collected about any AACQA staff participating in the project.

**Is this research project approved?**

This project will be carried out according to the *National Statement on Ethical Conduct in Human Research* (2007) produced by the National Health and Medical Research Council of Australia. The research has been approved by a Human Ethics Committee at La Trobe University (approval number S17-020).

**Who can I contact for further information?**

The person to contact will depend on the nature of your query.

**For further information**

Any questions regarding this project may be directed to the Investigators. Please contact Professor Yvonne Wells in the first instance (telephone 9479 5809; email y.wells@latrobe.edu.au).

**For complaints:**

If you have any complaints or concerns about your participation in the project that the researcher has not been able to answer to your satisfaction, you may contact Senior Human Ethics Officer, Ethics and Integrity, Research Office, La Trobe University, Victoria 3086 (P: 03 9479 1443, E: humanethics@latrobe.edu.au). Please quote the application reference number: S17-020.
CONSENT FORM

DEVELOPING A CONSUMER FOCUSED REPORT (CFR)
FOR USE BY THE AUSTRALIAN AGED CARE QUALITY AGENCY

I …………………………………………………………………………… have read and understood the participant information statement and consent form, and any questions I have asked have been answered to my satisfaction.

I agree to participate in the project, realising that I may withdraw at any time. I agree that research data provided by me or with my permission during the project may be included in reports, presented at conferences and published in journals on the condition that neither my name nor any other identifying information is used.

I understand that I will be given a signed copy of this document to keep.

Participant’s name (printed in block letters) ……………………………………………………………

Signature Date

Declaration by researcher: I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation.

Researcher’s name (block letters) ………………………………………………………

Signature Date

*Note: All parties signing this Consent Form must date their own signature.
APPENDIX 2: INTERVIEW FORMS FOR RESIDENTS AND REPRESENTATIVES

The actual questions and response options used in the interviews are reproduced in this appendix, but with a smaller font. The response options are included, but visual analogues have been removed.

A ‘crib sheet’ was also designed early in the pilot, and this is also included in this appendix.
INTERVIEW FOR RESIDENTS: COVER SHEET
Remove this cover sheet before you return the questionnaire to La Trobe University.

Office use only code

Name of residential care facility: ____________________________________________

Name of resident being interviewed:

Surname: ____________________________________________

First Name: ____________________________________________

Resident is part of initial sampling group  YES  NO

If replacing an interview which did not go ahead, please note resident being replaced and reason for replacement:

__________________________________________________________________________

__________________________________________________________________________

Has the representative of this resident also been interviewed  YES  NO

Representative details:

Surname: ____________________________________________

First Name: ____________________________________________
**INTERVIEW FOR RESIDENTS**

**Resident code**

**Background information on resident**

A1. Gender (Interviewer to code)

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<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td></td>
<td></td>
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</tbody>
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A2. Date of birth?

___/___/19___

A3. Preferred language

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<table>
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<th>2</th>
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<tbody>
<tr>
<td>English</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</table>
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A4. Is the person able to walk independently?

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<table>
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<th></th>
<th>1</th>
<th>2</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

A5. Does the person have a diagnosis of dementia?

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<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
```

**Time taken to complete the questionnaire**

___ minutes

**1. Do staff treat you with respect . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

**2. How much would you agree or disagree with this statement: I can be myself here. Would you . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

**3. Would you say staff respect your privacy . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

**4. Would you say you were involved in planning how you live your life . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>
5. How much would you agree or disagree with this statement: **Staff give me enough information to make decisions about my care.** Would you . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

6. How much would you agree or disagree with this statement: **I feel confident that my care is right for me.** Would you . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

7. Do **staff meet your health care needs** . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

8. How much would you agree or disagree with this statement: **There are staff here who I can talk to about my feelings, if I choose to.** Would you . . .

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

9. Can **you participate in something you’re interested in doing if you choose to, here** . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

10. **Do you feel safe here** . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

11. How much would you agree or disagree with this statement: **I feel comfortable living here?** Would you . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

12. How much would you agree or disagree with this statement: **Staff listen to me when I make a comment about things?** Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

13. How often do **staff follow up when you raise things with them?**

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>
14. Would you say you get help from staff when you need it . . .

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

15. How much would you agree or disagree with this statement: The staff know what they are doing? Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

16. How much would you agree or disagree with this statement: This place is well run? Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

17. Do you know the staff who support you each day?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

18. How often do you have the same staff looking after you?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

19. How much would you agree or disagree with this statement: I enjoy mealtimes here? Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

20. Would you say you like the food here . . . ?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

21. How much would you agree or disagree with this statement: There are opportunities for me to participate in physical activities? Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

22. How much would you agree or disagree with this statement: I am supported to be as independent as possible? Would you . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

23. What would you say was the best thing about this home?

........................................................................................................................................ 

86
24. What is one thing you would suggest as an improvement at this home?

……………………………………………………………………………………………………

25. Do you have anything you’d like to say about the questions you have just been asked about your experience of living here?

……………………………………………………………………………………………………

Thank you very much for your help in answering these questions.

Would you be willing to be interviewed again in a week’s time?
INTERVIEW FOR RESIDENTS’ RELATIVES AND FRIENDS: COVER SHEET

Please remove this sheet before you give the form to La Trobe University

Office use only code

Name of residential care facility: ____________________________________________

RACS __________

Name of representative being interviewed:

Surname: _____________________________

First Name: __________________________

Resident being represented

Surname: _____________________________

First Name: __________________________

Has the resident been interviewed? YES NO

If not please note reason:

__________________________________________
## INTERVIEW FOR RESIDENTS’ RELATIVES AND FRIENDS

**Background information on you**

**B1. Gender**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**B2. Age**

______ years

**B3. Preferred language**

<table>
<thead>
<tr>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

**B4. What is your relationship to resident?**

<table>
<thead>
<tr>
<th>Relationship</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>1</td>
</tr>
<tr>
<td>Adult child</td>
<td>2</td>
</tr>
<tr>
<td>Friend</td>
<td>3</td>
</tr>
<tr>
<td>Other (please specify)</td>
<td>4</td>
</tr>
</tbody>
</table>

**B5. How well do you know the resident?**

<table>
<thead>
<tr>
<th>Knowledge</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>1</td>
</tr>
<tr>
<td>Moderately well</td>
<td>2</td>
</tr>
<tr>
<td>Not very well</td>
<td>3</td>
</tr>
</tbody>
</table>

**Background information on the person you visit here**

**A1. Gender**

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**A2. Age**

______ years

**A3. Preferred language**

<table>
<thead>
<tr>
<th>Language</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
</tbody>
</table>

**A4. Is the person able to walk independently?**

<table>
<thead>
<tr>
<th>Ability</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>

**A5. Does the person have a diagnosis of dementia?**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
</tbody>
</table>
1. Does your relative/friend believe staff treat them with respect . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

2. Does your relative/friend believe he/she can be themselves here? Would he/she . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

3. Does your relative/friend think staff respect his/her privacy . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

4. Does your relative/friend believe he/she can be involved in planning how he/she lives his/her life? Would he/she agree . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

5. How much would your relative/friend agree or disagree with the statement: Staff give me enough information to make decisions about my care? Would he/she . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

6. How much would your relative/friend agree or disagree with the statement: I feel confident that my care is right for me? Would he/she . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

7. Would your relative/friend say staff met his/her health care needs . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

8. How much would your relative/friend agree or disagree with the statement: There are staff here who I can talk to about how I feel, if I choose to? Would he/she . . .?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

9. Does your relative/friend believes they can participate in things if he/she chooses here . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

10. Does your relative/friend feel safe here? Would this be . . .?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>
11. How much would your relative/friend agree or disagree with the statement: I feel comfortable living here? Would he/she . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

12. How much would your relative/friend agree or disagree with the statement: Staff listen to me when I make a comment about things? Would he/she . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

13. Would your relative/friend say staff follow up when they raise things with them . . . ?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

14. Does your relative/friend believe they get help from staff when they need it . . . ?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

15. How much would your relative/friend agree or disagree with the statement: The staff know what they are doing? Would he/she . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

16. How much would your relative/friend agree or disagree with the statement: This place is well run? Would he/she . . . ?

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Disagree</th>
<th>Neither agree nor disagree</th>
<th>Agree</th>
<th>Strongly agree</th>
</tr>
</thead>
</table>

17. Would your relative/friend know the staff who support him/her each day?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>

18. How often would your relative/friend see the same staff supporting him/her?

<table>
<thead>
<tr>
<th>Never</th>
<th>Sometimes</th>
<th>Most of the time</th>
<th>Always</th>
</tr>
</thead>
</table>
19. How much would your relative/friend agree or disagree with the statement: I enjoy mealtimes here? Would he/she...?

| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

20. Does your relative/friend like the food here...?

| Never | Sometimes | Most of the time | Always |

21. How much would your relative/friend agree or disagree with the statement: There are opportunities for me to participate in physical activities? Would he/she...?

| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

22. How much would your relative/friend agree or disagree with the statement: I am supported to be as independent as possible? Would he/she...?

| Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |

23. What would your relative/friend say was the best thing about this home?


24. What is one thing your relative/friend would suggest as an improvement at this home?


25. Do you have any general feedback on the questions in this survey?


CRIB SHEET FOR RESIDENT INTERVIEW

Preferably, put the questions exactly as they are worded in the questionnaire.

However, if a resident does not understand the intent of a question, it may be necessary to provide an example of what is meant.

This sheet provides additional wording for some questions.

**Question 2**

How much would you agree or disagree with this statement; I can be myself here? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: would you agree you can be an individual? You can have your own routine and do things the way you want?)

**Question 4**

Would you say you were involved in planning how you live your life *Never, Sometimes, Most of the time or Always*?

(For example: Are you asked about planning your care and services?)

**Question 6**

How much would you agree or disagree with this statement: I feel confident that my care is right for me? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: You feel confident that the care you get is what you need?)

**Question 10**

Do you feel safe here, *Never, Sometimes, Most of the time or Always*?

(For example: In your room and in common areas, do you feel secure?)

**Question 11**

How much would you agree or disagree with this statement: I feel comfortable living here? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: Is it a comfortable place to live?)
**Question 15**

How much would you agree or disagree with this statement: The staff know what they are doing? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: The staff who look after you know what they are doing?)

**Question 16**

How much would you agree or disagree with this statement: This place is well run? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: Is it well-organised?)

**Question 17**

Do you know the staff who support you each day, *Never, Sometimes, Most of the time or Always*?

(For example: Do you know the staff who care for you?)

**Question 21**

How much would you agree or disagree with this statement: There are opportunities for me to participate in physical activities? Would you *Strongly disagree, Disagree, Neither agree nor disagree, Agree, or Strongly agree*?

(For example: Are there opportunities for exercise?)
APPENDIX 3: CONSUMER EXPERIENCE REPORT – EXPERT REFERENCE GROUP


<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Pauline Solomons</td>
<td>Executive Manager</td>
<td>Presbyterian Aged Care</td>
</tr>
<tr>
<td>Ms Colleen Rivers</td>
<td>Policy and Consultancy Manager</td>
<td>Aged and Community Services Australia</td>
</tr>
<tr>
<td>Ms Amanda Allen</td>
<td>Projects Manager and Quality Assurance</td>
<td>Alzheimer’s Australia</td>
</tr>
<tr>
<td>Ms Daniella Greenwood</td>
<td>Strategy and Innovation Manager</td>
<td>Arcare Aged Care</td>
</tr>
<tr>
<td>Dr Maggie Haertsch</td>
<td>Chief Executive Officer</td>
<td>Arts Health Institute</td>
</tr>
<tr>
<td>Mr Ian Yates</td>
<td>Chief Executive Officer</td>
<td>Council on the Ageing</td>
</tr>
<tr>
<td>Ms Amy Laffan</td>
<td>Assistant Secretary</td>
<td>Department of Health</td>
</tr>
<tr>
<td>Ms Danielle McIntosh</td>
<td>Quality, Safety and Risk Manager</td>
<td>Hammond Care</td>
</tr>
<tr>
<td>Ms Kay Richards</td>
<td>National Policy Manger</td>
<td>Leading Aged Services Australia</td>
</tr>
<tr>
<td>Ms Judy Gregurke</td>
<td>Director, Aged Care Reform Secretariat</td>
<td>National Aged Care Alliance</td>
</tr>
<tr>
<td>Ms Suzanne Lawless</td>
<td>Policy Manager</td>
<td>National Seniors Australia</td>
</tr>
<tr>
<td>Mr James Newton</td>
<td>Policy Manager</td>
<td>Aged Care Guild</td>
</tr>
<tr>
<td>Professor Elizabeth Beattie</td>
<td>Professor, Faculty of Health, School of Nursing, Research - Nursing</td>
<td>Queensland University of Technology</td>
</tr>
<tr>
<td>Ms Linda Justin</td>
<td>Director Practice and Quality</td>
<td>Uniting Quong Tart Ashfield</td>
</tr>
<tr>
<td>Rev. Fr. Nicholas Stavropoulos</td>
<td>Chief Executive Officer</td>
<td>St. Basil’s Homes</td>
</tr>
<tr>
<td>Professor Yun-Hee Jeon</td>
<td>Professor of Chronic Disease and Ageing</td>
<td>The University of Sydney</td>
</tr>
<tr>
<td>Associate Professor Lee-Fay Low</td>
<td>Associate Professor in Ageing and Health Head of Discipline, Behavioural and Social Sciences in Health</td>
<td>The University of Sydney</td>
</tr>
</tbody>
</table>
APPENDIX 4: RESULTS FOR EACH HOME ON EACH QUESTION

The raw numbers of respondents (primary residents, retest residents, and representatives) who gave each answer to each question are provided below, by home.

**Table A3_Q1. Do staff treat you with respect?**

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>MOST OF THE TIME</th>
<th>ALWAYS</th>
<th>MISSING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>11</td>
<td>5</td>
<td>20</td>
</tr>
<tr>
<td>B</td>
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<td>3</td>
<td>5</td>
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<td>C</td>
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<td>0</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>D</td>
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<td>1</td>
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<td>2</td>
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<td>27</td>
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<td>47</td>
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<tr>
<td>G</td>
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<td>0</td>
<td>11</td>
<td>26</td>
<td>0</td>
<td>37</td>
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<td>73</td>
<td>150</td>
<td>9</td>
<td>240</td>
</tr>
</tbody>
</table>

**Table A3_Q2. I can be myself here.**

<table>
<thead>
<tr>
<th></th>
<th>STRONGLY DISAGREE</th>
<th>DISAGREE</th>
<th>NEITHER AGREE NOR DISAGREE</th>
<th>AGREE</th>
<th>STRONGLY AGREE</th>
<th>MISSING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
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<td>1</td>
<td>1</td>
<td>6</td>
<td>2</td>
<td>7</td>
<td>20</td>
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<tr>
<td>B</td>
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<td>1</td>
<td>3</td>
<td>4</td>
<td>3</td>
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<td>4</td>
<td>1</td>
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<td>19</td>
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<td>1</td>
<td>23</td>
<td>7</td>
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<td>0</td>
</tr>
</tbody>
</table>
**Table A3_Q3. Would you say staff respect your privacy . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>MOST OF THE TIME</th>
<th>ALWAYS</th>
<th>MISSING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<td>0</td>
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<tr>
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<td>10</td>
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<td>67</td>
<td>145</td>
<td>17</td>
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</tr>
</tbody>
</table>

**Table A3_Q4. Would you say you were involved in planning how you live your life . . . ?**

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOMETIMES</th>
<th>MOST OF THE TIME</th>
<th>ALWAYS</th>
<th>MISSING</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>B</td>
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<td>5</td>
<td>4</td>
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<td>4</td>
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<tr>
<td>C</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>D</td>
<td>6</td>
<td>5</td>
<td>11</td>
<td>10</td>
<td>4</td>
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### Table A3_Q5. I feel confident that my care is right for me.

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**Table A3_Q13. Staff follow up when I raise things with them (original format).**

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**Table A3_Q13. Staff follow up when I raise things with them (replacement format).**

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**Table A3_Q14. Would you say you get help from staff when you need it...?**

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Table A3_Q18. I have the same staff consistently supporting me. (original format)

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APPENDIX 5: CODING FRAME FOR OPEN-ENDED INTERVIEW QUESTIONS

First and second responses from respondents are both included and summed in the frequency column.

*Table A4_1: Coding frame for: What would you say was the best thing about this home?*

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<tbody>
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<td><strong>Theme 1: environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfort / comfortable</td>
<td>11</td>
<td>2</td>
</tr>
<tr>
<td>Clean / cleanliness</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Location</td>
<td>13</td>
<td>7</td>
</tr>
<tr>
<td>Spaciousness</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Garden / outdoor spaces / view / parking</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>Privacy / own room</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Internal decoration / paintings</td>
<td>17</td>
<td>2</td>
</tr>
<tr>
<td><strong>Theme 2: Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General / non-specific</td>
<td>21</td>
<td>22</td>
</tr>
<tr>
<td>Friendly / friendship</td>
<td>22</td>
<td>14</td>
</tr>
<tr>
<td>Kind / patient / helpful / pleasant / fun</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>work hard</td>
<td>24</td>
<td>2</td>
</tr>
<tr>
<td>competent</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td><strong>Theme 3: how I feel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safe / secure</td>
<td>31</td>
<td>26</td>
</tr>
<tr>
<td>I am well looked after / resting / things are done for me / no worry</td>
<td>32</td>
<td>28</td>
</tr>
<tr>
<td>It’s a community / I have friends / I can meet people</td>
<td>33</td>
<td>23</td>
</tr>
<tr>
<td>I get the support /care I need when I need it</td>
<td>34</td>
<td>4</td>
</tr>
<tr>
<td>Self-determination (I do what I want)</td>
<td>35</td>
<td>6</td>
</tr>
<tr>
<td>At home / a place to live</td>
<td>36</td>
<td>6</td>
</tr>
<tr>
<td>Grateful to be here / everything I want is here</td>
<td>37</td>
<td>5</td>
</tr>
<tr>
<td>Independence</td>
<td>38</td>
<td>6</td>
</tr>
<tr>
<td><strong>Theme 4: Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>41</td>
<td>14</td>
</tr>
<tr>
<td>Activities</td>
<td>42</td>
<td>3</td>
</tr>
<tr>
<td>Theme</td>
<td>Description</td>
<td>Count 1</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
<td>---------</td>
</tr>
<tr>
<td>Visitors are allowed / encouraged / welcome</td>
<td>43</td>
<td>5</td>
</tr>
<tr>
<td>Lifestyle / culturally sensitive</td>
<td>44</td>
<td>4</td>
</tr>
<tr>
<td><strong>Theme 5: Organisation/management</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The way it's run</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td><strong>Theme 6: Global</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atmosphere (general feeling of the place?)</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family / spouse are relieved from care duties</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>
### Table A4_2: Coding frame for: What is one thing you would suggest as an improvement at this home?

<table>
<thead>
<tr>
<th>THINGS THAT COULD BE IMPROVED</th>
<th>CODE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme 1: Environment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comfort of environment (air-conditioning etc.)</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>More Parking</td>
<td>15</td>
<td>1</td>
</tr>
<tr>
<td>More Privacy</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>More Internal decoration / Plants</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Too noisy</td>
<td>18</td>
<td>1</td>
</tr>
<tr>
<td>Double room</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td><strong>Theme 2: Staff</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough communication / interaction with staff</td>
<td>23</td>
<td>5</td>
</tr>
<tr>
<td>Too busy</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Not enough staff (on weekends)</td>
<td>26</td>
<td>10</td>
</tr>
<tr>
<td>Not enough qualified staff (senior / support)</td>
<td>27</td>
<td>4</td>
</tr>
<tr>
<td>Staff not responsive enough / timely response</td>
<td>28</td>
<td>1</td>
</tr>
<tr>
<td>Staff need to respect how residents want furniture / windows</td>
<td>29</td>
<td>2</td>
</tr>
<tr>
<td><strong>Theme 3: How I feel</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other residents a pest / nuisance</td>
<td>33</td>
<td>3</td>
</tr>
<tr>
<td>Better care / attention to hygiene / showers</td>
<td>34</td>
<td>5</td>
</tr>
<tr>
<td>Not enough support to get out / fewer restrictions</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td><strong>Theme 4: Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food</td>
<td>41</td>
<td>37</td>
</tr>
<tr>
<td>More activities / more suitable activities</td>
<td>42</td>
<td>8</td>
</tr>
<tr>
<td>More outings</td>
<td>45</td>
<td>4</td>
</tr>
<tr>
<td>Gap in services / maintenance</td>
<td>47</td>
<td>3</td>
</tr>
<tr>
<td><strong>Theme 5: Global</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>More staff training</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>
APPENDIX 6: SAMPLE SIZES FOR DIFFERENCES IN RESPONSES TO INDIVIDUAL QUESTIONS

The table below sets out sample sizes required to detect differences in response patterns to questions with four or five ordinal response categories, taking all responses into account, with power 80% and confidence level alpha = .10.\textsuperscript{29}

Sample sizes of 10 in each group have very little power to detect differences between patterns of responses, except where differences are very marked. For example, in the four category case, a sample size of 10 is enough to detect the following: in home A, 5 people (50%) respond Always, 3 people respond Most of the time, 1 person responds Sometimes, and 1 person responds Never, compared with home B where 5 people (50%) respond Never, 3 people respond Sometimes, 1 person responds Most of the time, and 1 person responds Always.

As the sample size increases, the shifts in response required to reach statistical significance become smaller.

Table A4.1: Sample sizes required to detect differences between responses to individual questions (four or five categories)

<table>
<thead>
<tr>
<th>RESPONSE CATEGORY</th>
<th>SAMPLE A %</th>
<th>SAMPLE B %</th>
<th>N IN EACH SAMPLE</th>
<th>SAMPLE A %</th>
<th>SAMPLE B %</th>
<th>N IN EACH SAMPLE</th>
<th>SAMPLE A %</th>
<th>SAMPLE B %</th>
<th>N IN EACH SAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Five categories (Strongly disagree – Strongly agree)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>1</td>
<td>40.0</td>
<td>10.0</td>
<td>10</td>
<td>33.3</td>
<td>8.3</td>
<td>12</td>
<td>33.3</td>
<td>6.7</td>
<td>15</td>
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<tr>
<td>2</td>
<td>40.0</td>
<td>10.0</td>
<td></td>
<td>33.3</td>
<td>8.3</td>
<td></td>
<td>26.7</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>10.0</td>
<td>20.0</td>
<td>10</td>
<td>16.7</td>
<td>16.7</td>
<td>12</td>
<td>20.0</td>
<td>20.0</td>
<td>15</td>
</tr>
<tr>
<td>4</td>
<td>10.0</td>
<td>30.0</td>
<td></td>
<td>8.3</td>
<td>33.3</td>
<td></td>
<td>13.3</td>
<td>26.7</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>0.0</td>
<td>30.0</td>
<td></td>
<td>8.3</td>
<td>33.3</td>
<td></td>
<td>6.7</td>
<td>33.3</td>
<td></td>
</tr>
<tr>
<td><strong>Four categories (Never – Always)</strong></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>1</td>
<td>50.0</td>
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<td>10</td>
<td>41.7</td>
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<td>12</td>
<td>46.7</td>
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<tr>
<td>2</td>
<td>30.0</td>
<td>10.0</td>
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<td>33.3</td>
<td>16.7</td>
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<td>26.7</td>
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<td>3</td>
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</tbody>
</table>

\textsuperscript{29} The spreadsheet available at \url{http://www.pmean.com/04/OrdinalLogistic.html} was used to estimate these sample sizes.

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