

Learning from complaints involving carers



Complaints lodged by carers are an important area of work for the Health and Disability Services Complaints Office (HaDSCO) and provide valuable feedback for health, mental health and disability service providers.

Who is a carer?

The *Western Australian Carers Recognition Act 2004* defines a carer as a person who provides regular, ongoing care and support to a family member or friend with a disability, impairment, mental illness, chronic health condition, terminal illness, alcohol or drug issue or who is frail aged, and who does not receive a salary or wage for the care they provide.

Who can make a complaint?

Carers may make a complaint on behalf the person for whom they provide care (the consumer) or on their own behalf about a failure to comply with the Western Australian Carers Charter as defined in section 4 of the *Carers Recognition Act 2004*. Details about the Carers Charter can be found at [Carers Recognition Act 2004 \(www.wa.gov.au\)](http://www.wa.gov.au). Complaints against the Carers Charter can also be made by the consumer themselves.

Most complaints from carers are from those who identify themselves as the adult child of the patient/consumer. This is followed by carers who are either the parent or guardian of the patient/consumer or the spouse or partner of the patient/consumer. A smaller number of complaints are also received from siblings, grandchildren and grandparents identifying as carers.

What do carers complain about?

Many complaints are about hospital stays, particularly in relation to general medicine (includes inpatient and outpatient care of patients with acute medical illnesses), emergency A&E and palliative care.

Complaints received about hospital stays include the following issues:

- Quality of clinical care received by the patient/consumer
- Communication from the health service provider to the patient/consumer
- Rights, respect and dignity of the patient receiving care
- Access to appropriate health services
- Failing to comply with the Western Australian Carers Charter
- Failing to adequately communicate with carers and/or the patient about clinical care decisions.

For complaints about quality of clinical care, the most common categories relate to treatment and/or therapy, followed by assessment, medication, discharge or transfer arrangements, coordination of treatment, and pain management.

A number of complaints are also received from carers about the care and treatment of a recently deceased patient/family member.





Complaints about aged care services, mental health services and disability services are also received.

What do the complaints highlight

Complaints provide valuable feedback for service providers and can lead to quality improvements for other service users.

Complaints from carers highlight:

- A carer's strong sense of responsibility for the person they are caring for and their expectations for a high standard of healthcare to be provided.
- A carer's desire to be involved in decision making, including for care and treatment options and discharge planning.
- Recognition and identification of the status of carers by health, disability and mental health service providers.
- For a carer's concerns to be heard and for escalation processes for raising concerns to operate effectively.
- A carer's desire to accompany a consumer during hospital and medical appointments including when restrictions apply such as in a pandemic.
- The level of decision-making capacity of the person being cared for, and how that can impact on the level of carer's involvement.
- The relationship between carers and those being cared for can at times pose complexities for both health service providers and for HaDSCO when managing a complaint.
- Many people may not identify themselves as carers even though they may have significant care responsibilities.

Using case studies for training purposes

Many complaints are used as de-identified case studies for training purposes to assist health service providers in learning from complaints.

Case Study 1: Accessing general practitioner services in transitional care

An individual was admitted to a transitional care facility, where they remained as a resident for several weeks. With the individual's consent, their partner attempted to discuss the individual's medical issues and medication. However, their experience was that the facility's attendant general practitioner was uncommunicative and unwilling to provide information about the individual when requested.

Additionally, due to the facility's policies, the individual was not able to engage the services of their preferred family general practitioner.

The individual and their partner subsequently complained to the facility and were informed that their concerns had been raised with the general practitioner. However, they were dissatisfied with the response as they continued to find it difficult to work with the attendant general practitioner. They then lodged a complaint with HaDSCO.

Outcomes

As a result of HaDSCO's involvement, the provider agreed to allow the individual to engage the services of their own general practitioner.

Further, the facility amended its policy to offer patients more flexibility for accessing general practitioner services, including accessing the facility's general practitioner or a general practitioner of their choice.





Case Study 2: Cognitive deterioration and falls risk

A family member/primary carer was concerned that their partner was at risk of a fall whilst recovering from a series of strokes in the palliative care ward and communicated this to the ward staff. The patient was subsequently deemed a falls risk by the care staff and advised not to get out of bed without the assistance of nursing staff. Bed rails were also put up on the patient's bed and a mobility and transfer assessment conducted.

However, an unwitnessed fall occurred soon after, with the patient's condition deteriorating to such an extent that they passed away ten days later, leaving the carer to question if the fall had contributed to this outcome.

A complaint was lodged with HaDSCO by the carer, with concerns that strategies to mitigate the patient's falls risk were inadequate and that the patient's cognitive impairment and balance issues arising from the stroke prior to their fall had not been properly considered.

Outcomes

A conciliation process was facilitated by HaDSCO, providing the family member with the opportunity to seek further clarity and express their ongoing concerns. The provider gave more detailed information regarding the circumstances of the fall, noting that not all required care and safety measures had been carried out as per the policy and procedures, such as the use of falls alarms and falls mats which had not been utilised in this patient's case.

An apology was given to the family member, as well as an agreement by the provider for the patient's experience to be used as a de-identified case study for education and training purposes on the subject of cognitive deterioration and assessment of falls risk of patients and the importance of keeping carers informed.

Case Study 3: Pain medication and informed consent for CaLD patients

A complaint was received from family members/primary carers who reported that the hospital failed to provide the patient (their elderly parent who had since passed away) with either an in-person or telephone service interpreter during times when the family members were not available to assist with interpreting information for the patient, and that as a result, there was a lack of patient consent and understanding of the change in pain medication being administered to the patient.

The family members/carers also felt that it was unreasonable that they were not consulted about changes in pain medication before it was administered. Concerns were also raised about the dosage and type of new medication being administered, which resulted in the patient being heavily sedated.

Outcomes

A conciliation conference was facilitated by HaDSCO between the parties in order to gain further insight into the patient's clinical management plan prior to their passing and for the family members to have an opportunity to express their concerns which they felt had been inadequately addressed by the health service provider's complaints handling processes. A formal written apology and further explanation was provided as a result.

Several service improvements were also implemented by the health provider, including:

- A national review of the provider's Pain Management Policy was undertaken to include consideration of patients for whom English is not their first language.
- The complaint was used as a de-identified case study for staff training and education purposes.





Case Study 4: Specialised needs of patients with dementia

A family member/primary carer lodged a complaint concerning aspects of the standard of care their family member, who was suffering from dementia, experienced while in hospital. Of concern also was the hospital's communication with the carer regarding the patient's care.

One example given was that the patient was asked directly about their level of pain using a pain score assessment of 0 to 10, however, the family member considered this inappropriate as the patient was unable to answer accurately because of their dementia. The family member/carers felt that their input to staff concerning the patient's experience of pain was disregarded.

Outcomes

HaDSCO asked the health service provider to give a written response to the concerns raised, and to provide evidence of procedures in place relating to the recognition of carer input as well as

evidence of staff awareness of the specialised needs of dementia patients.

The provider responded with a detailed explanation and apology. Several service improvements were also made as a result, which included:

- Formal acknowledgement of the role that carers play in being able to interpret a family member's behaviours and other nonverbal clues that may indicate discomfort or pain.
- Raising staff awareness of the importance of the clinical nurse specialist role for the hospital's Cognitive Impairment Service, and for ward referrals to be made to this role when support is needed for patients with dementia and other cognition impaired conditions.
- Introduction of a Cognitive Support Plan document to be filled in by both the carer and the patient, to assist the hospital in caring for the patient's psychological wellbeing and physical care needs.

The Health and Disability Services Complaints Office (HaDSCO) is an independent Statutory Authority providing an impartial resolution service for complaints relating to health, disability and mental health services in Western Australia and the Indian Ocean Territories.

Our services are free and available to everyone.

Supporting improvement through complaint resolution

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