Aged Care Quality and Safety Commission

Sector Performance Report

Quarter 1 | July – September 2024

Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Contents

Artwork by Dreamtime Creative

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

Message from the Commissioner

Welcome to the Commission's Sector Performance Report (SPR) for Quarter 1 (Q1) 2024–25, 1 July to 30 September 2024.

This report is part of our commitment to keep improving the experience of older people receiving government-funded aged care services, and to protect them from harm.

The SPR gives an overview of the data we use to assess the performance of the sector, and to monitor and take action on risks to older people receiving aged care.

In the last quarter of the 2024 financial year (Q4 2023–24), we shared the good news that residential and home services providers' compliance with the Aged Care Quality Standards (Quality Standards) had improved significantly compared with the previous financial year (2022–23).

I am pleased to report that we have seen a significant increase in home services providers complying with the Quality Standards this quarter. We want to see this improvement continue. In Q1, 73% of home services providers we audited were fully compliant with all their Quality Standards – up from 65% compliance in Q4.

I am pleased to report that we have seen a significant increase in home services providers complying with the Quality Standards this quarter.

At the same time, it is worth noting that more than a quarter of the home services providers we audited in Q1 are still falling short in at least one requirement of the Quality Standards.

During our audits, home services providers can expect us to:

- assess their processes and how they apply them across their services
- look for proof that they have effective risk management and systems, including appropriate governance.

In Q1, Quality Standard 8, which measures organisational governance, remained the largest area of non-compliance with the Quality Standards across both residential and home services. We have also noted a strong association between poor governance and failure to meet other responsibilities, such as financial and workforce obligations.

As well as using information and intelligence to identify risks in the sector, including governance, we also use this information to decide where we should focus our attention at a provider level. This approach is the foundation of our new Provider Supervision Model and our Regulatory Strategy 2024–25.

Janet Anderson PSM

We can move providers between supervision levels at any time, including from the 'base' level of supervision straight up to the highest where, if needed, we can take enforceable compliance actions to compel providers to act. We make these decisions based on the level of risk faced by people receiving care and how willing and able a provider is to manage that risk.

There is no tolerance for providers that are persistently not complying with their obligations without an explanation, or not committed to fixing the issues in the required timeframes. Where a provider or worker has breached their obligations, causing or posing serious harm to older people, we may also impose a consequence including a penalty such as a fine, or sanction a provider, preventing them from receiving additional government funds.

As part of monitoring, we look into how providers manage their financial and prudential obligations. This is the subject of our Q1 In focus article on page 63.

When assessing financial risk, the Commission works with providers to:

- make sure they understand their financial and prudential responsibilities
- address risks and harms to older people receiving care
- make sure they are continuously improving and lifting their performance.

Holding providers to account for the quality of care they deliver and for their compliance with financial and prudential obligations is not about ticking a box. It is about ensuring that providers review and reduce their risk, are committed to continuous improvement, stay transparent and remain accountable.

Holding providers to account for the quality of care they deliver and for their compliance with financial and prudential obligations is not about ticking a box. It is about ensuring that providers review and reduce their risk, are committed to continuous improvement, pursue transparency and remain accountable.

The information we provide in this report is most useful when providers act on it, referring to it as a benchmark to lift their own performance and protect older people from harm.

J. M. Anderson

Janet Anderson PSM
Commissioner

We want to hear from you!

What data would you like to see included in the Sector Performance Report? And what would make this report a more useful resource for you?

Let us know by completing this short survey.

At a glance

Throughout 2023–24, **residential care providers** had relatively high rates of compliance with the Quality Standards. This has continued in Q1 2024–25, with more than 80% of the providers audited complying with all 42 requirements of the Quality Standards.

Quality Standard 8 (Organisational governance), which includes clinical governance, is a major focus area for the Commission. For residential providers this is where we see the lowest compliance (87% compliant), which is linked with a decrease in the quality of an older person's care and their safety. We also see the effect of poor clinical governance in low compliance (92%) with Quality Standard 3 (Personal care and clinical care). Issues with clinical governance are reflected in the complaints we receive. Complaints about clinical issues now account for 3 of the top 5 issues complained about in residential care.

In addition to governance, compliance with **Quality Standard 2** (Ongoing assessment and planning with consumers) remains an area of concern in home services. In this Standard, providers could do better at effective communication of outcomes, regular reviews of care and services, and identifying the current needs of the older person receiving care.

Throughout 2023–24, compliance rates in **home services** were steady but lower than in residential care. However, in Q1 2024–25, 73% of providers were fully compliant, which is a significant improvement in home services complying with the Quality Standards. This is an increase of 10 percentage points compared with Q1 2023–24. This is a positive change, which we want to see continued. We audited 323 home services providers in Q1. At the same time, just over a quarter of the providers audited fell short in at least one Quality Standard.

At a glance (continued)

The top 5 **complaints** issues in home services are still about communication, co-ordination of care and financial issues. To better understand what providers know about their responsibilities for home care pricing, we audited selected providers. We have included our key findings from these audits in our In focus feature on financial and prudential compliance (page 63). These audits gave us information on sector risks and helped us develop our education programs. Where we find a provider has significant non-compliance, we use our regulatory powers to require improvements and monitor them.

Our **financial audit** and targeted review program also looked at how providers are complying with their responsibilities for:

- using refundable deposits in residential care
- submitting their Annual Prudential Compliance Statements on time (a key component of meeting disclosure responsibilities).

In both these areas we found a strong link between non-compliance and weak governance systems. There were also issues around not having clear processes for staff, training and staff turnover where knowledge was not passed on.

We also saw issues with **governance and workforce management** in our audits against the Quality Standards. Quality Standard 8 (Organisational governance) continues to be the Quality Standard with the lowest compliance rates across both residential care and home services. Quality Standard 7 (Human resources) has the second-lowest rate of compliance in home services and the third-lowest rate of compliance in residential care. We want to see clear improvements in these areas.

We are using targeted assessment contacts to monitor key sector-wide **risks** in residential care, including:

- infection prevention and control
- food, nutrition and dining
- workforce responsibilities, such as mandatory care minutes.

In Q1, more than 70% of our risk-based assessment contacts with residential care providers were about these key areas. We are getting good results from our targeted monitoring. For example, almost all providers that we contacted about vaccination rates took steps to improve them.

Sector overview

Older people using aged care

1,312,691

More than 1.3 million older people use government-funded aged care services

- **200,019**
  Residential care
- **277,691**
  Home Care Packages (HCP)
- **834,981***
  Commonwealth Home Support Programme (CHSP)

Figure 1: Number of people receiving aged care in residential care, HCP and CHSP

Source: Data from Service to Provider Association Table, extracted from Health data portal (RBTIS) on 22 October 2024

* Due to financial year limits, some people receiving care from CHSP providers may be listed against services that are no longer operating

Residential care: by size

730

By size, small providers are the most common type of residential care

- **556** Small providers
- **122** Medium providers
- **52** Large providers

Figure 2: Number and percentage of residential care providers by provider size, as of 22 October 2024

2,614

By size, large providers run most residential care services

- **656** Small provider services
- **567** Medium provider services
- **1,391** Large provider services

Figure 3: Number and percentage of residential care services owned by different size of providers, as of 22 October 2024

Residential care: ownership type

730

By ownership type, not-for-profit providers are the most common type of residential care

- **239** For-profit providers
- **411** Not-for-profit providers
- **80** Government providers

Figure 4: Number and percentage of residential care providers by ownership type, as of 22 October 2024

2,614

By ownership type, not-for-profit providers run most residential care services

- **905** For-profit services
- **1,501** Not-for-profit services
- **208** Government services

Figure 5: Number and percentage of residential care services owned by different types of providers, as of 22 October 2024

Home services

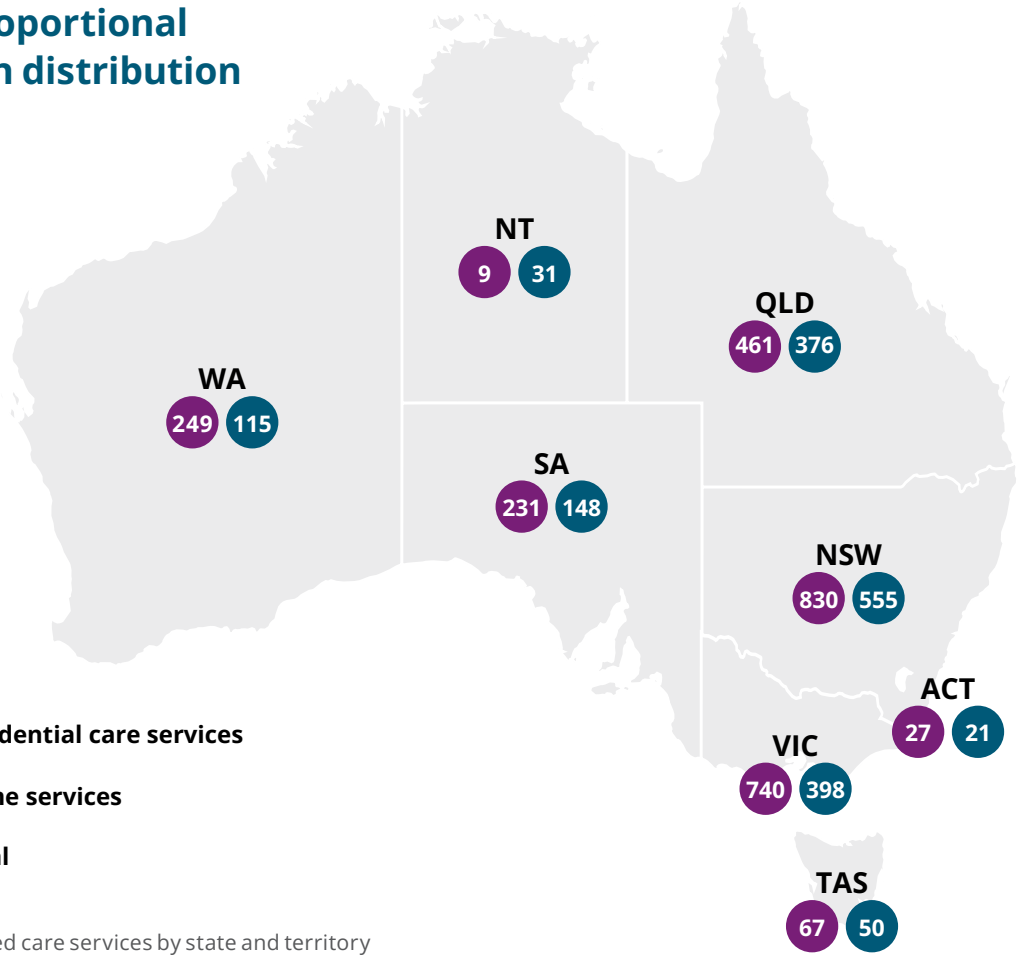
People receiving care

- **277,691** HCP*
- **834,981** CHSP**

1,694
Home services
(HCP and CHSP)

Figure 6: Home services providers, as of 22 October 2024
* Home Care Packages (HCP)
** Commonwealth Home Support Programme (CHSP)

The distribution of services is roughly proportional to population distribution



- **2,614** Residential care services
- **1,694** Home services
- **4,308** Total

Figure 7: Number of aged care services by state and territory
State is based on the state of the service, not the provider

Sector performance

Measuring performance in aged care is complex. There are many ways that the Commission identifies risk to people receiving care and measures and responds to how providers and workers are performing. These include analysing data and intelligence from:

- site audits (residential care) and quality audits (home services)
- risk-based monitoring of services and providers
- targeted monitoring of sector risks, for example, workforce responsibilities, infection prevention and control processes, poor quality food, nutrition and dining
- the Serious Incident Response Scheme (SIRS)
- complaints about providers
- investigations into potential breaches of the Code of Conduct (the Code)
- financial information, through providers' Quarterly Financial Reports and the Aged Care Financial Report
- the National Aged Care Mandatory Quality Indicator Program reporting
- external agencies and other regulators, such as the NDIS Quality and Safeguards Commission
- public information, such as media reporting.

How we calculate rates and what it means for a typical service

For compliance rates in residential care, we provide the rates as a proportion of the audit decisions we made in that quarter.

For the SIRS and complaints, we use the number of people receiving care that providers use for claiming subsidies with Services Australia. We then multiply it by 10,000 to get a meaningful rate.

What that means is that if you are a provider with a 110-bed service and your rate of SIRS notifications is 8.8 (the same as the sector average for a large provider), you would expect to have about 9 incidents a quarter or 35 a year. If your rate is significantly below or above that, you should check your own data to find out why.

Using sector averages as a benchmark, residential providers should expect around 70% of their SIRS notifications to be Priority 2 and 30% to be Priority 1. If your proportion of Priority 1 and Priority 2 incidents is very different from this, you should check your data to find out why.

For complaints, if the rate of complaints reported to the Commission for a 110-bed service is the same as the sector average of 0.8, the service would expect between 3 and 4 complaints to be reported to the Commission in a year.

Compliance with the Quality Standards

All aged care providers must comply with their responsibilities, including the Quality Standards. The Commission checks residential care and home services providers' compliance with the Quality Standards regularly through site audits and quality audits. Most providers will be audited at least once every 3 years. During a residential site audit, we interview at least 10% of the older people (and their representatives) using the service. As part of our quality audits of home services, we invite older people receiving care to give us feedback. They can organise to speak to us before or on the day of our visit.

However, this is not the only monitoring we do. We also monitor the quality of care and services through a program of risk-based monitoring, including site visits. We do this if we identify risks to people receiving aged care (see risk-based assessment on page 23).

In this report, the compliance rates are based on our reaccreditation site audits for residential aged care and quality audits for home services. This gives us the clearest picture of overall sector performance.

82%

All 42 requirements met
Residential care

73%

All relevant requirements met
Home services

Figure 8: Compliance with Quality Standards for audited residential care and home services providers

Site audits in residential care

To calculate compliance rates, we divide the number of audits that met all 42 Quality Standard requirements by the total number of site audits where we made a decision. We do not always make a decision about a provider's compliance in the same quarter that we do their audit. We calculate the compliance rates on when we made the decision rather than when we did the audit.

Site audits, decisions and compliance rates in residential care

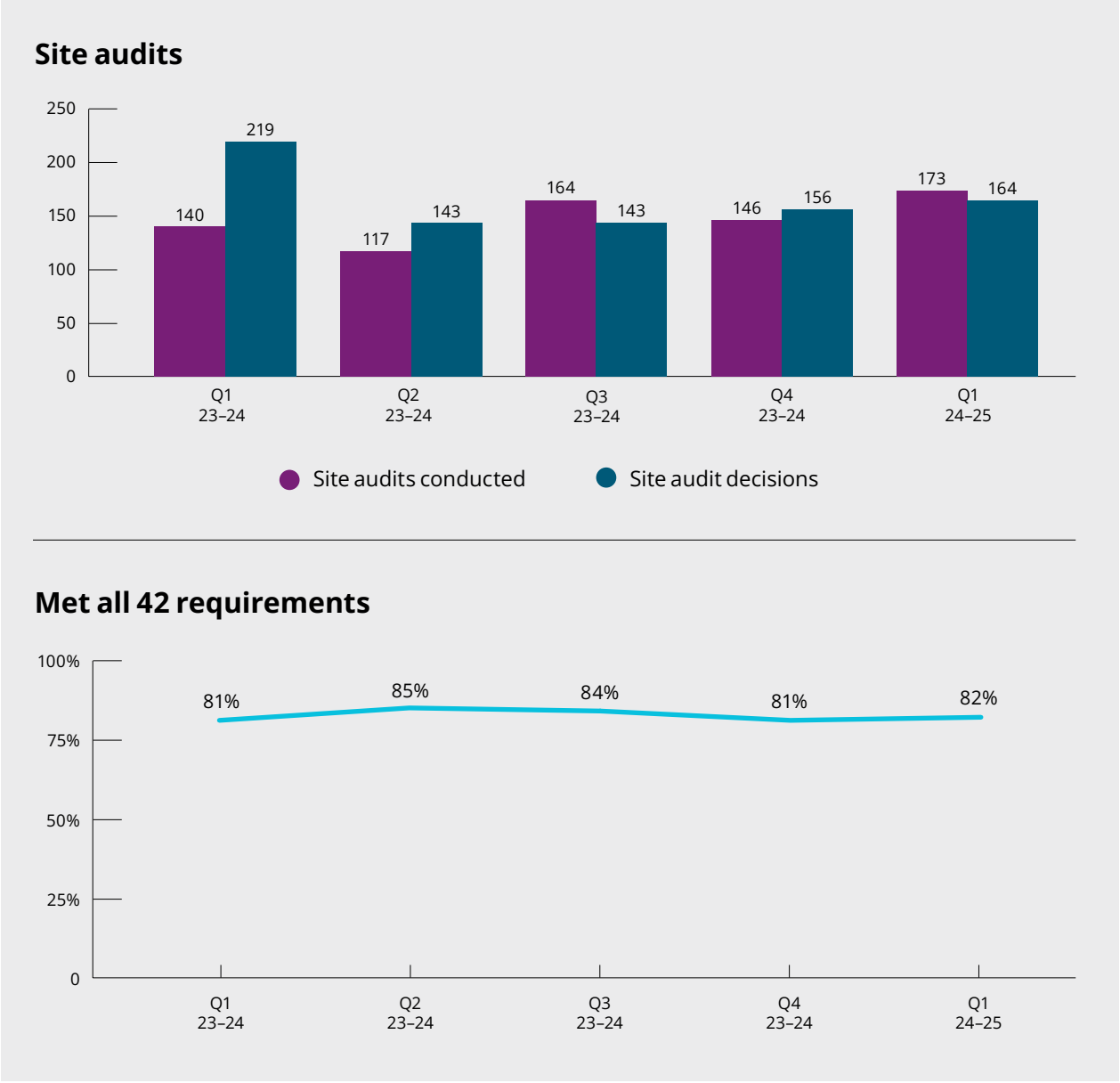


Figure 9: Number of site audits and proportion of services that met all Quality Standards in residential care
Site audits done in one quarter may have had their decision made in the next quarter

- Compliance with the Quality Standards was stable in Q1 (82%), compared with 81% in Q4 2023–24. This means that 1 in 5 residential care services were below the minimum standard in at least one area of the care they provide.

Residential care: Quality Standards 2, 3, 7 and 8 have the lowest compliance rates

Figure 10: Compliance with the Quality Standards in residential care over the past 5 quarters

- Compliance with individual Quality Standards stayed much the same in Q1.
- Quality Standard 8 (Organisational governance) continues to have the lowest compliance rate (87%) by a difference of 5 percentage points compared with Quality Standard 3 (Personal care and clinical care). That standard has the second-lowest rate of compliance (92%).
- Compliance with Quality Standard 3 improved in Q1 to 92%, after falling in Q4 2023–24.
- Compliance with Quality Standard 7 (Human resources) improved in Q1, after a fall in Q4 2023–24.
- Quality Standard 7 and Quality Standard 2 (Ongoing assessment and planning with consumers) have the third-lowest rate of compliance.
- There was no change in compliance with Quality Standard 2 in Q1 compared with Q4 2023–24.

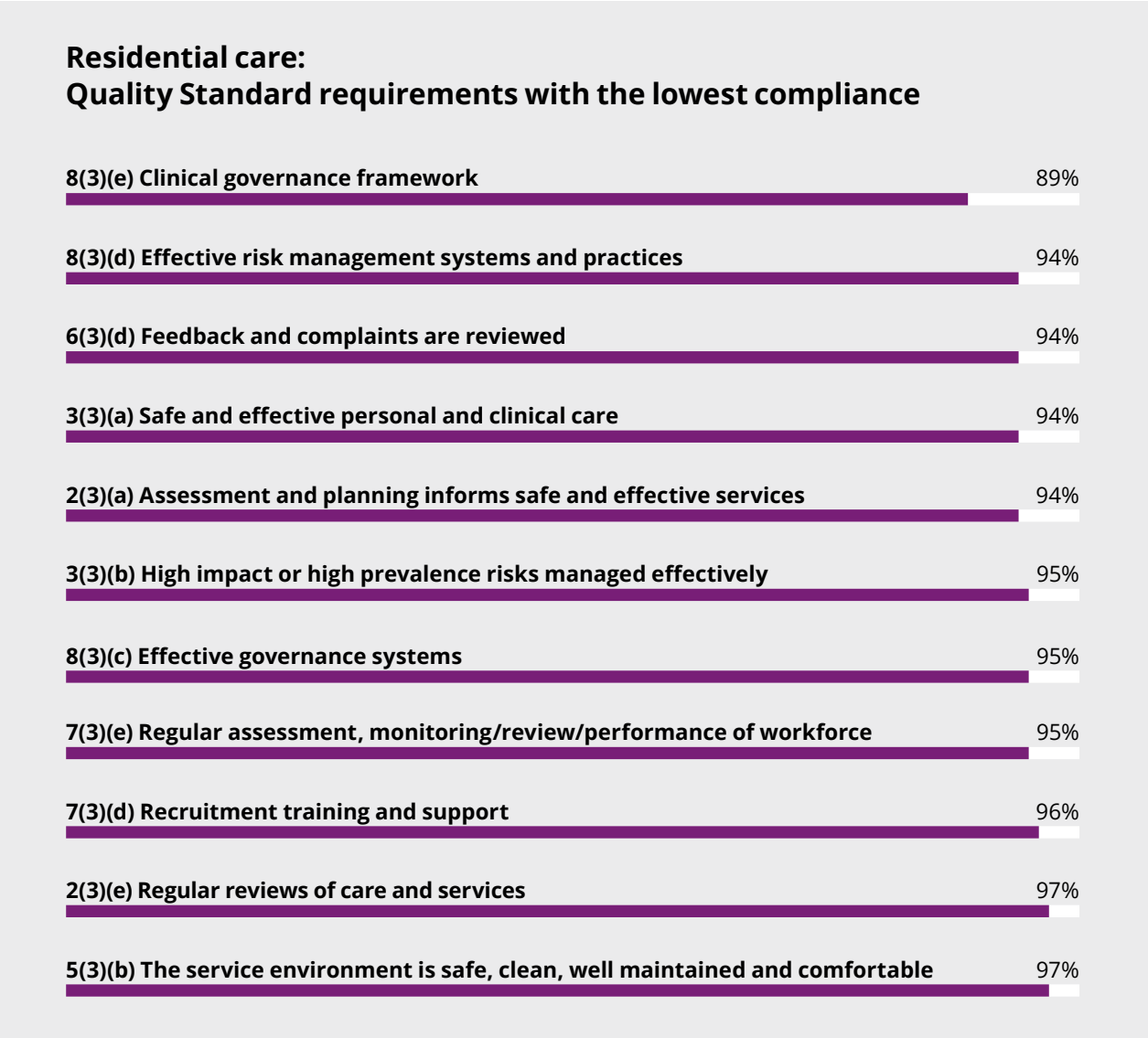


Figure 11: Quality Standard requirements with the lowest compliance in Q1 in residential care
The compliance rates for all the 42 Quality Standard requirements per quarter are in our online data tables

- We find providers have not complied with a Quality Standard if they do not meet one or more requirements of that Quality Standard. We are particularly concerned about Quality Standards that have high rates of non-compliance across more than one requirement.
- The requirements of Quality Standard 8 that providers are most likely to not meet are:
  - 8(3)(c) Effective governance systems
  - 8(3)(d) Effective risk management systems and practices
  - 8(3)(e) Clinical governance framework. This is the requirement with the lowest compliance in residential care.
- The requirements of Quality Standard 3 that providers are most likely to not meet are:
  - 3(3)(a) Safe and effective personal and clinical care. This is the requirement with the lowest compliance in residential care
  - 3(3)(b) High impact or high prevalence risks managed effectively.
- The requirements of Quality Standard 2 that providers are most likely to not meet are:
  - 2(3)(a) Assessment and planning informs safe and effective services
  - 2(3)(e) Regular reviews of care and services.
- The requirements of Quality Standard 7 that providers are most likely to not meet are:
  - 7(3)(d) Recruitment training and support
  - 7(3)(e) Regular assessment, monitoring/review/performance of workforce.

The final report of the Royal Commission into Aged Care Quality and Safety (2021) found that issues in governance and leadership affected the quality and safety of care.

The Commission's Governing for Reform in Aged Care Program supports members of governing bodies, leaders and future leaders. It helps them to improve their corporate and clinical governance and make vital changes.

Subscribe to our mailing list and keep up to date with Governing for Reform in Aged Care events and information.

Quality audits in home services

The Commission carries out quality audits of a home service at least once every 3 years. The audits assess how providers are performing against the Quality Standards including through interviewing older people receiving care.

Since February this year, we have improved how we do these quality audits. All of a provider's home services are now included in a single quality audit. This has resulted in an increase in quality audits since Q3 2023–24.

Our quality audits look at a provider's management systems and processes and how they are applied across their services. Providers must be able to show that they have effective risk management systems, including governance, that support the delivery of safe and quality care.

Quality audits, decisions and compliance rates in home services

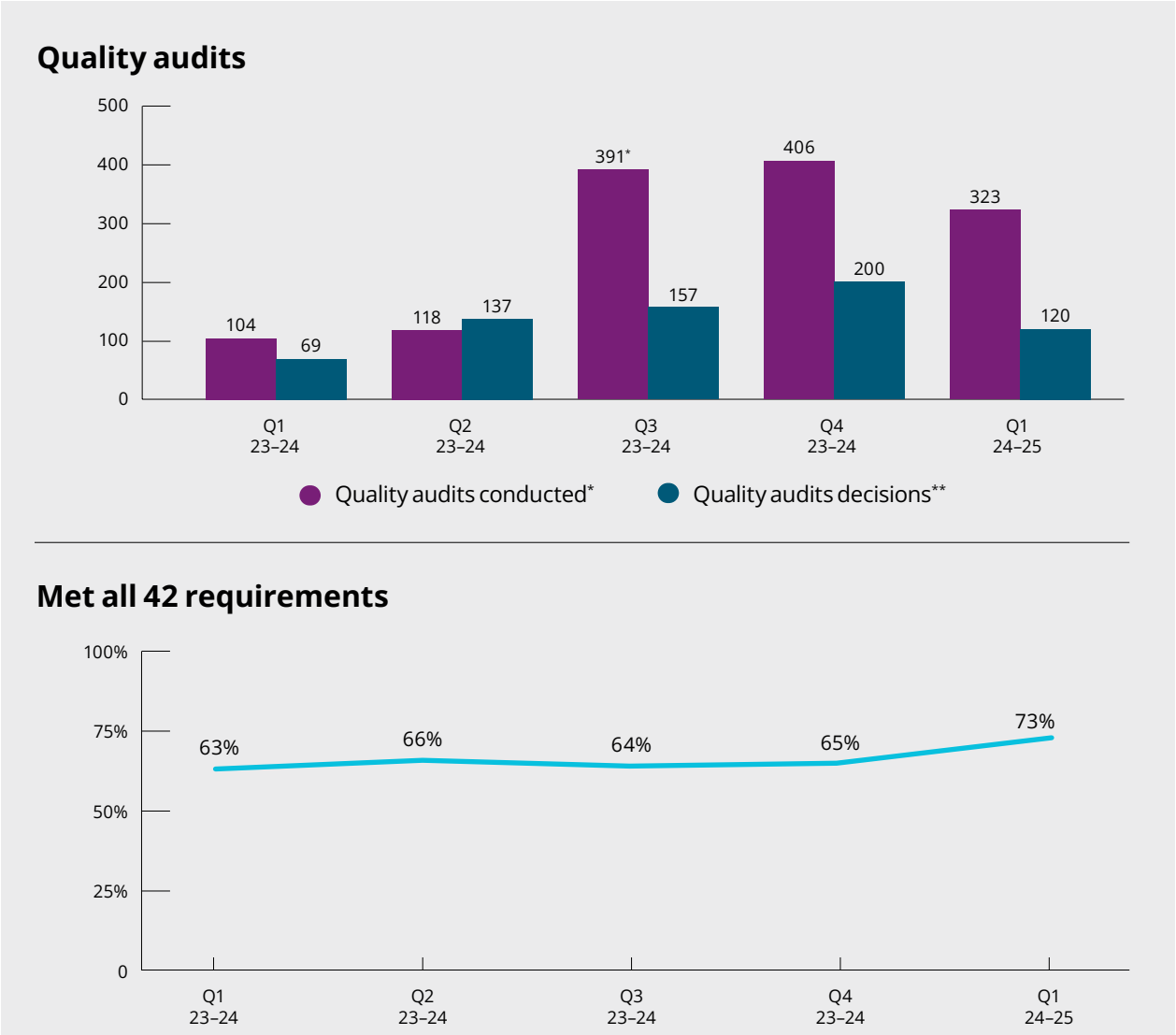


Figure 12: Number of quality audits and proportion of services that met all the relevant Quality Standards in home services

* The higher number of quality audits from Q3 2023–24 is because we introduced multi-service audits from February 2024, where we include all home services of a provider in a quality review (multi-service quality reviews)

** A single decision is made for the one provider, covering all quality audits for all home services managed by that provider. This explains the gap between number of quality audits and decisions made

- We assess all of a provider's services together as part of a single quality audit. This has meant that we have audited more services over the past 3 quarters, compared with Q1 2023–24 and Q2 2023–24.
- Through our audit process, we want to understand how organisations are run at a provider level and how this translates to safe and quality care at a service level. We often see a relationship between service level issues and a lack of effective governance and management at the provider level.
- Compliance with the Quality Standards in home services has improved significantly (8 percentage points) compared with Q4 2023–24. The Commission will be looking for further improvements over coming quarters.
- Compliance with the Quality Standards is still much lower in home services than in residential care. In Q1, over a quarter of home services providers (27%) did not meet the requirements of the Quality Standards.

Home services: compliance rates were lowest in Quality Standards 2, 3, 7 and 8

Figure 13: Quality Standard compliance in home services over the past 4 quarters

* We have not included rates for Quality Standard 5. We assess very few services against this standard as most services are delivered in a person's private home. Quality Standard 5 does not apply to these situations. However, it does apply to day care and respite services.

The compliance rates for all the 42 Quality Standard requirements per quarter are in our online data tables

- Compliance across all Quality Standards in home services improved between Q4 2023–24 and Q1, except for Quality Standard 1 (Consumer dignity and choice). This standard dropped 2 percentage points.
- Compliance with Quality Standard 8 (Organisational governance) has improved in home services compared with Q4 2023–24. However, it is still the Quality Standard with the lowest rate of compliance in home services. In Q1, 1 in 4 providers did not meet one or more requirements of this standard, compared with 1 in 3 in Q4 2023–24.
- One in 10 providers did not meet one or more requirements of Quality Standard 3 (Personal care and clinical care). This is a big improvement compared with Q4, when 1 in 5 did not comply with this Quality Standard.
- Quality Standard 2 (Ongoing assessment and planning with consumers) is still the Quality Standard with the second-lowest rate of compliance in home services. Compliance with this Quality Standard has increased over the past year and is 6 percentage points higher than in Q1 2023–24.
- Issues related to Quality Standard 2 also show up in our complaints data. Communication and consultation is the most complained-about issue in home services. Case management, coordination and care planning is the third-most complained-about issue (page 52).
- Compliance with Quality Standard 6 (Feedback and complaints) saw the largest increase in Q1 (13 percentage points), recovering the ground lost in Q4 2023–24.
- We encourage providers to support people receiving care to raise any concerns directly with them or their staff. Older people need to be assured that if things go wrong, providers and workers will remedy non-compliance, restore their trust in the care being delivered, and take steps to prevent the non-compliance from reoccurring. Providers should review the types and numbers of complaints they receive to look for areas where they can improve the quality of care they are delivering.

Figure 14: Quality Standard requirements with the lowest compliance in Q1 in home services

- We find providers have not complied with a Quality Standard if they do not meet one or more requirements of that Quality Standard. We are particularly concerned about Quality Standards that have low rates of compliance across more than one requirement.
- Requirements for Quality Standard 8 and Quality Standard 2 make up most of the top 10 requirements with the lowest compliance. For the first time, these 2 Quality Standards have 4 each of the top 10 requirements with the lowest compliance rates.
- The requirements of Quality Standard 8 that providers are most likely to not meet are:
  - 8(3)(b) Culture of safe, inclusive and quality care
  - 8(3)(c) Effective governance systems
  - 8(3)(d) Risk management systems and practices
  - 8(3)(e) Clinical governance framework.
- The requirements of Quality Standard 2 that providers are most likely to not meet are:
  - 2(3)(a) Assessment and planning informs safe and effective services
  - 2(3)(b) Assessment and planning identifies current needs
  - 2(3)(d) The outcomes of assessment and planning are effectively communicated to the consumer
  - 2(3)(e) Regular reviews of care and services.
- The requirements of Quality Standard 3 that providers are most likely to not meet are:
  - 3(3)(b) High impact or high prevalence risks managed
  - 3(3)(e) Sharing information to optimise care.

Risk-based monitoring and campaigns

The Commission monitors the quality of aged care and services through a program of risk-based monitoring. We aim our risk-based monitoring at higher-risk services and providers.

We monitor risk by visiting a provider's premises. These visits may be pre-arranged or unannounced. We also may request information through an email, letter or phone call. How we monitor will depend on the nature of the risk we are monitoring and the best way to collect and understand the information relating to that risk.

While focusing on risks specific to a provider or service, we also use risk-based monitoring approaches to check how providers are doing in key areas of sector risk. These are areas where many providers are falling short or where they may need help improving and understanding how they can reduce harm to older people receiving care. In residential care we are currently focusing on 3 key areas of risk:

- COVID-19 and infection prevention and control
- food, nutrition and dining
- workforce responsibilities.

For most sector risks, such as food, nutrition and dining, we are prioritising those providers where our information shows there is a higher risk of harm for people receiving care.

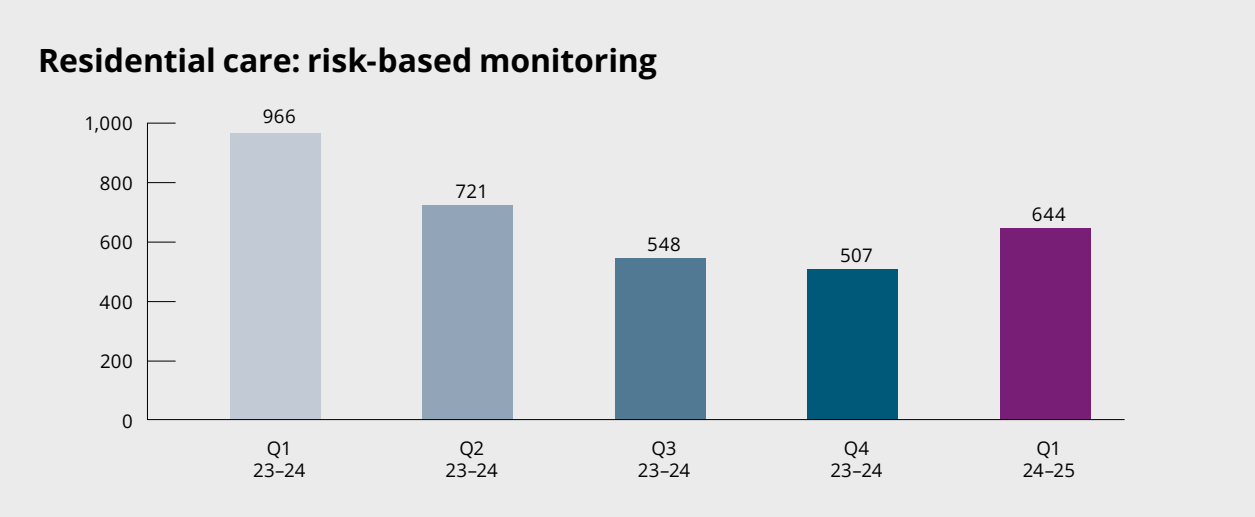


Figure 15: Assessment contacts in residential care over the past 5 quarters
See data tables for a breakdown of performance and monitoring assessments

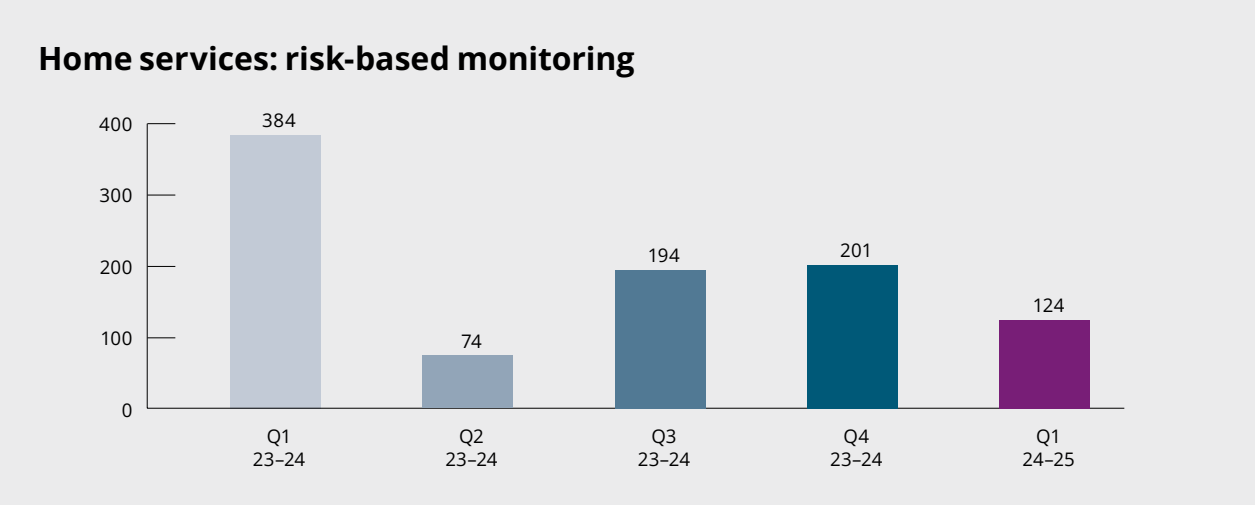


Figure 16: Assessment contacts in home services over the past 5 quarters

In Q1, we contacted 644 residential care providers and 124 home services providers to assess risk.

We prioritise site visits for services where we:

- are most concerned about the risks of non-compliance for specific responsibilities
- have identified an issue around particular aspects of care.

If we identify an issue during our visits, we work with the provider to find the cause. Older people need to be assured that if things go wrong, providers and workers will remedy non-compliance, restore their trust in the care being delivered, and take steps to prevent the non-compliance from reoccurring.

Residential care: Campaigns and sector risk monitoring in Q1 2024–25

275

Food, nutrition and dining related visits

102

COVID-19 vaccination related visits

76

Workforce responsibilities related visits*

Figure 17: Targeted Assessment Contact activities in residential care

* This includes both 24/7 registered nurse (RN) and care minutes targets

Over the past 5 quarters, more than half of our assessment contacts in residential care have been focused on sector-wide risks. In Q1, 70% of our risk-based assessment contacts were for sector-wide risks and campaign activities.

COVID-19 and infection prevention and control

This winter, we worked with the Department of Health and Aged Care to address low COVID-19 vaccination rates in residential aged care. Almost all the providers we contacted have now taken steps to improve their vaccination rates, including:

- assessing older people's vaccine needs and preferences to include this in their care planning and repeating the options for those who have refused in the past
- promoting how important vaccination is, and holding regular vaccine clinics
- making sure staff, residents and families know the current medical advice on COVID-19 boosters
- reporting on vaccination status to their boards.

If we found a provider was not working to improve vaccination rates, we actively supervised the provider to make sure that risk to older people in care was sustainably managed and reduced.

We expect provider responses to COVID-19 to be included in the day-to-day operations of all residential aged care services and their governance. You can find more information in our Regulatory Bulletin 2024-24.

The department publishes the residential care COVID-19 vaccination rates.

Food, nutrition and dining

In Q1, the Commission conducted 275 site visits to monitor the food, nutrition and dining experience at residential aged care services (up from 203 in Q4 2023–24). Our Food, Nutrition and Dining Advisory Support Unit supports some of these visits. They are experts at identifying food, nutrition and dining risks, including any care-related issues.

These visits help us better understand what is happening at the service level. They also give us an opportunity to see if there are any system-wide issues at the provider level. That is, to determine if what we are seeing at one service is happening at the other services of the same provider.

Texture-modified foods and thickened fluids can be a recommended strategy for those with eating, drinking and swallowing difficulties, also known as dysphagia, to reduce their risk of choking and aspiration.

It is essential to follow a standardised framework to prepare texture-modified food and thickened fluids in line with what has been recommended by the speech pathologist. This ensures the correct consistency is provided and supports those with dysphagia to safely and comfortably eat and drink.

Where we find issues and risks in the correct preparation and provision of texture-modified foods and thickened fluids, we will consider whether to increase our supervision of the provider.

Based on the level of risk, the Commission may:

- discuss the issues with the provider around their policies and procedures to provide texture-modified foods and thickened fluids correctly and safely
- continue to closely monitor the provider until we are satisfied that the risks have been reduced
- take stronger regulatory action, such as issuing a directions notice.

Provider workforce-related responsibilities

All providers have workforce-related responsibilities, no matter what services they are delivering. This includes:

- residential care
- home care
- flexible care
- transitional care
- Commonwealth Home Support Programme (CHSP) services.

Residential care providers have extra responsibilities to:

- have at least one registered nurse (RN) onsite and on duty at each of their residential aged care facilities – 24 hours a day, 7 days a week (24/7 RN)
- make sure they provide a set amount of direct care time to residents. This time is averaged across each quarter (care minutes). It includes care delivered by an RN and a total care minutes target. The care minutes targets for each service are based on the care needs of the residents at that service. This means that the targets might change from quarter to quarter.

Providers report to the Department of Health and Aged Care on how they are performing against both requirements. Information from these reports is shared with the Commission, with both agencies publishing information and guidance for providers and the Commission supervising the sector.

Since the 24/7 RN responsibility started on 1 July 2023, we have seen very high rates of provider compliance with having at least one RN onsite and on duty 24/7 at their services. At the end of Q4 2023–24, provider reports indicate that 2,307 services (93%) met this responsibility. At the same time, provider reports show that only 1,042 services (41%) had delivered the required amount of direct care time to residents.

Care minutes targets

We want to see a continuing increase in the number of services meeting their care minutes targets. We have low tolerance for providers not delivering quality and safe care and where there are no clear reasons for them not meeting their workforce responsibilities.

Our webinar on 19 November 2024 explains how we regulate to manage providers not complying with their care minutes responsibilities. The department joined us at this webinar and presented information on care funding and spending. You can watch the recording online: Workforce responsibilities – the key to delivering a great aged care experience.

How we are regulating care minutes targets

All providers are expected to meet their workforce-related responsibilities and manage risks to older people in their care. Over the past year, the Commission has delivered a rolling program of information, sector education and monitoring to ensure that all providers are aware of their obligations in this regard.

We have also taken compliance action against providers and services with the biggest gaps in either care minutes and/or 24/7 RN targets.

In particular, the Commission is targeting providers with significant, unexplained and ongoing shortfalls with:

- their care minutes target by 30 minutes or more
- their 24/7 RN target by 15 minutes or more.

We are especially interested in services whose shortfall is larger than other nearby services. We are also looking more closely at providers whose spending on care is low compared with the funding they are receiving.

Providers in this situation are being placed under increased supervision to manage their non-compliance. This means that we are case managing them to ensure that they are making reasonable progress to address the cause of the non-compliance and close the care minutes gap by implementing long-lasting solutions. This has included site visits to monitor risks to the delivery of quality and safe care.

Where these providers cannot demonstrate compliance, we are initiating action to compel their compliance through an enforceable undertaking or non-compliance notice to hold them to account for meeting these important workforce responsibilities. We will be reporting on these activities in the In Focus feature in next quarter's SPR Q2.

- Since June 2024, the number of services with these large gaps has more than halved, from 319 services to 149 services.
- In the April–June 2024 period, the number of providers that were fully compliant with the targets jumped from 805 services the previous quarter to 1,042 services. See Department Care Minutes in Residential Aged Care dashboard for more information.

You can read more about how we regulate provider workforce responsibilities in our updated regulatory bulletin: Provider workforce-related responsibilities – including 24/7 registered nurse and care minutes.

Worker regulation

The Commission monitors risks to people receiving aged care that are caused by a:

- **worker, provider or governing person's actions, inactions or behaviours**
- **person's suitability to be involved in providing aged care.**

We act when we are concerned about the behaviours of a governing person or worker, or if a person is not suitable to be involved in providing aged care.

The Code of Conduct for Aged Care (Code) describes how approved providers, their governing persons (such as board members) and workers (including volunteers) must behave and treat people receiving aged care.

The Code helps older people to have confidence and trust in the quality and safety of the care they receive, no matter who provides that care.

You can find information about the Code for approved providers, aged care workers and governing persons on our website.

Providers and workers are each responsible for complying with the Code. Providers also need to make sure that their workforce complies with the Code. This includes their paid staff and their volunteers.

32

Total investigations

Source of investigation

10 **Internal intelligence***

22 **External intelligence****

Figure 18: Worker regulation investigations in Q1

* Internal intelligence includes information from complaints we receive, the SIRS and our audit programs

** External intelligence includes information from the NDIS Quality and Safeguards Commission, law enforcement, the Department of Health and Aged Care, the Australian Health Practitioner Regulation Agency, the media and external agencies

Figure 19: Letters sent

* These used to be called obligations letters

How we respond when a worker or provider breaches the Code depends on:

- the type of risk
- the harm caused, or the possible harm that could be caused, to people receiving care
- evidence that the provider can and will manage the risk.

We identify worker risks through our regulatory activities, including SIRS notifications and complaints.

We also identify worker risks through information from:

- the NDIS Quality and Safeguards Commission
- the Department of Health and Aged Care
- other regulatory agencies
- the media.

If we believe there is a risk to the people or person receiving care, we may:

- issue the worker or provider with a reminder of responsibilities letter
- issue the worker or provider with a caution letter
- carry out an investigation.

A reminder of responsibilities letter encourages the person or provider to comply with the Code through education. It helps to support a worker or provider to understand and improve their compliance with the Code.

We issued 26 reminder of responsibilities letters in Q1, up 12 from Q4 2023–24.

We issue a caution letter to tell a worker or provider about our concerns and remind them of their responsibilities under the Code. It also lets them know what can happen if they repeat the behaviour, and what our role is in detecting these risks.

We issued 24 caution letters in Q1, down one from Q4 2023–24.

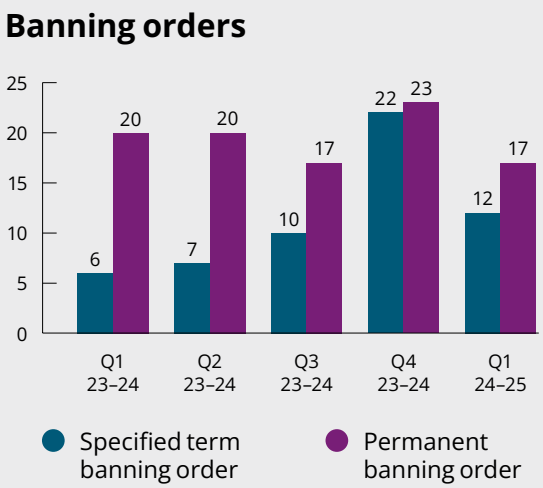


Figure 20: Banning orders over the past 5 quarters

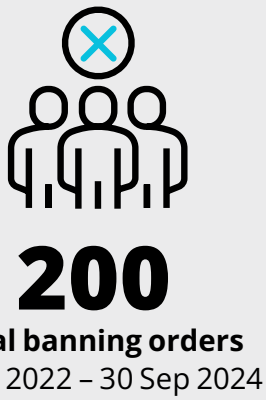


Figure 21: Total banning orders

An investigation may result in the Commission issuing a banning order to stop a person from working in aged care or to restrict their activities. A banning order is our most serious enforcement action against a person.

A banning order can be:

- permanent or for a specific time
- subject to conditions.

We issued 29 banning orders in Q1. This is a similar number to past quarters after a big increase in Q4 2023–24.

Of these 29:

- 12 banning orders were for a specific length of time
- 17 banning orders were permanent.

We can make a banning order against:

- a current or former aged care worker of an approved provider
- a current or former governing person of an approved provider
- people who have not worked or been involved in aged care before.

Banning orders can stop a person from:

- being involved in providing any type of aged care
- being involved in providing specific types of aged care
- taking part in specific activities as an aged care worker or governing person.

We have a public register of banning orders that lists all banning orders we have made. We expect aged care providers to check the banning orders register when they are employing people to work in their services.

You can also find more information on banning orders on our website.

Find out more at the links below:

- Code of Conduct for Aged Care
- Regulatory Bulletin: Banning Orders
- Aged Care Register of banning orders

Provider supervision

Provider supervision is part of the Commission's strategy to improve the quality of aged care. We supervise providers in a way that encourages them to address risks and improve their performance. Our approach to provider supervision is for all parts of the Commission to work together to manage provider risk.

If a provider shows that they are not willing or able to address risks or non-compliance, the Commission will increase our level of intervention and supervision. This includes using our compliance powers to direct and compel the provider to respond.

The level of our supervision depends on risks to older people. To decide on a provider's supervision status, we consider:

- the provider's risk profile (the level of risk to older people in their care based on the data we have)
- whether the provider has controlled the risks to the older person receiving care
- other information we have collected.

Providers with high levels of risk or non-compliance that needs significant oversight will be placed into active supervision.

Providers with sustained, severe, or unresolved non-compliance will be placed into heightened supervision.

How we supervise the sector

The Commission continually monitors providers to detect risk and protect older people receiving aged care. All providers will be allocated a supervision status under provider supervision. There are four supervisory statuses which escalate in terms of the intensity of the Commission's intervention in responding to risk. The four levels of supervision, in order of increasing risk and resourcing, are surveillance, targeted, active and heightened supervision. Providers can move to any supervision status at any time based on the level of risk and provider's capacity and willingness to manage that risk.

Surveillance

Surveillance involves the ongoing monitoring and risk assessment of all providers. Providers in this category do not have specific identified risks or compliance concerns.

Targeted supervision

Targeted supervision applies to providers who need to take corrective action to address specific events or issues. The Commission has confidence in the provider's ability to fix these issues in a timely and appropriate manner.

Active supervision

Active supervision applies to providers exhibiting high levels of risk or non-compliance that needs significant oversight.

Heightened supervision

Heightened supervision is reserved for providers with sustained, severe, or unresolved non-compliance. This level of non-compliance is often due to systemic issues or poor conduct. The Commission may be considering if the provider should be removed from the aged care sector.

Figure 22: The number of providers under active or heightened supervision, 30 June 2024

* 17 of the 25 are from one provider with multiple services under different Australian Business Numbers (ABN)

- In September 2024, we moved 18 providers into heightened supervision (17 of these are from the same provider group). This brought the total number of providers under heightened supervision to 25.
- We moved 14 providers up to active supervision. This brought the total number of providers under active supervision to 72. This higher level of supervision is due to high levels of risk that the provider has not fixed under our targeted supervision.
- In September 2024, we moved 20 providers down from active supervision status to targeted or surveillance status. The providers had shown us that they were managing risk appropriately because of our regulatory engagement.
- Providers subject to targeted, active or heightened supervision will be aware of this through our engagement with them.

You can find more information on provider supervision in our Regulatory Strategy 2024–2025. You can find case studies from our use of the new supervision model in the In focus section of the Q4 2023–24 Sector Performance Report.

Compliance and enforcement actions

As part of our provider supervision, we use our compliance powers to direct and compel providers to respond to issues.

Compliance powers

- Directions: a direction describes the actions a provider needs to take, and when they need to take them, to meet their responsibilities.
- Enforceable undertakings: the Commission may accept an enforceable undertaking. This confirms that a provider will take action, or stop doing a specific action, to meet its responsibilities under the *Aged Care Act 1997*. The relevant regulatory bulletin can be found here: Regulatory Bulletin 2024-26.
- Non-compliance notices: a non-compliance notice tells the provider that the Commission intends to impose sanctions because of their non-compliance. It lists what the provider needs to do to fix the non-compliance and avoid sanction.

The definitions of all our compliance powers can be found in our Regulatory Strategy.

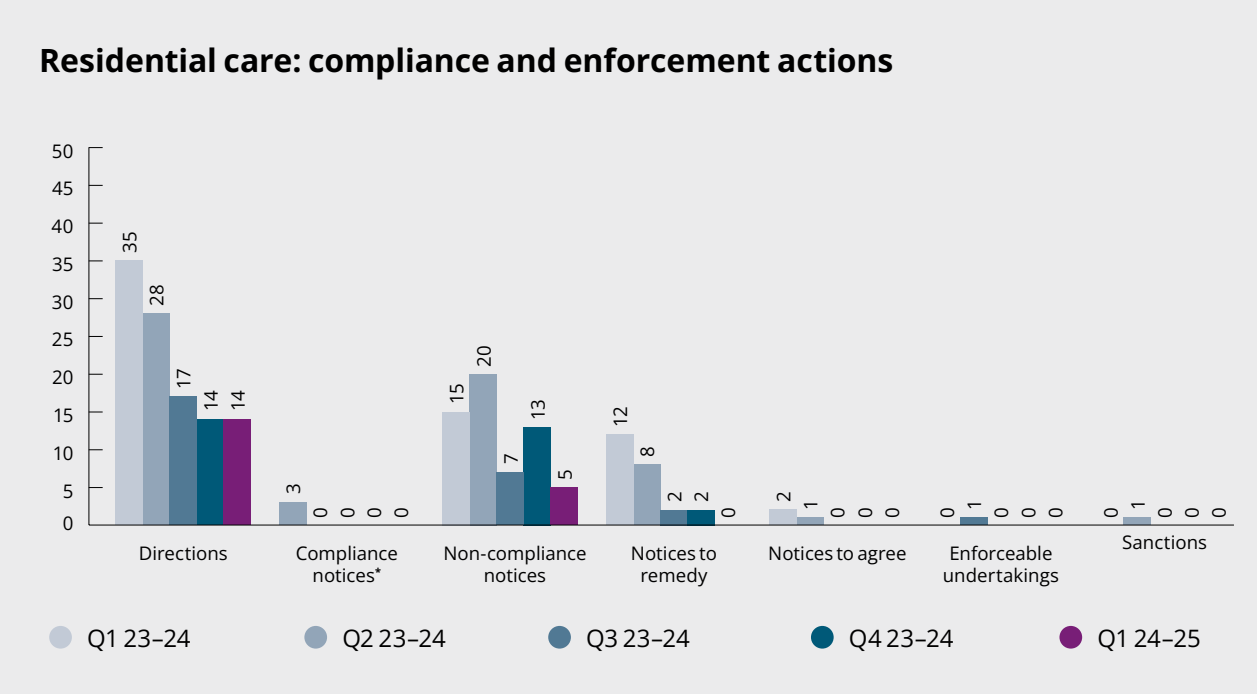


Figure 23: Directions and enforceable actions because of non-compliance in residential care over the past 5 quarters

* Incident management notices and Incident management restrictive practices compliance notices

- In Q1, all the non-compliance notices we issued in residential care were about providers not submitting their quarterly financial statements on time. As financial risk arises in real time and can affect the provider's ability to stay in business, we need to know about these financial risks as they happen.

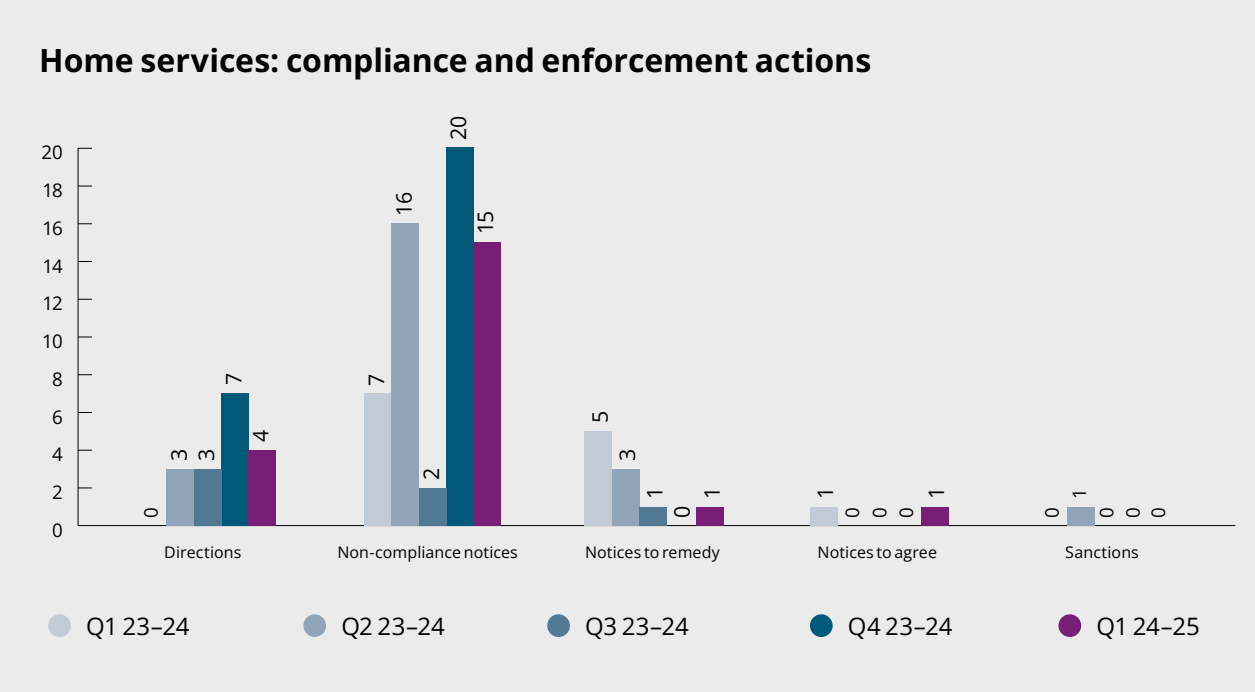


Figure 24: Directions and enforceable actions because of non-compliance in home services over the past 5 quarters

- We issued 15 non-compliance notices to home services providers in Q1. We issued 13 of these because providers submitted their quarterly financial reports late and 2 because of quality issues.

Find out more at the links below:

- Regulatory Strategy 2024–25
- Aged Care Quality Standards
- Home services quality reviews
- Residential care review audits

Serious Incident Response Scheme

Residential care and home services providers must notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS).

Every provider must also have an effective incident management system. Providers should use this system to reduce and prevent incidents and to respond effectively when they happen. This is a requirement of Quality Standard 8 (Organisational governance).

In this report, we present the numbers and rates of SIRS incidents reported to the Commission. Knowing the rate of SIRS notifications for the sector can help providers to understand how their rate of notifications compares with the sector average. We use these rates, combined with other information on how providers are performing, to identify risk to people receiving care. We are concerned by rates that seem too high or low compared with the sector or similar types of providers.

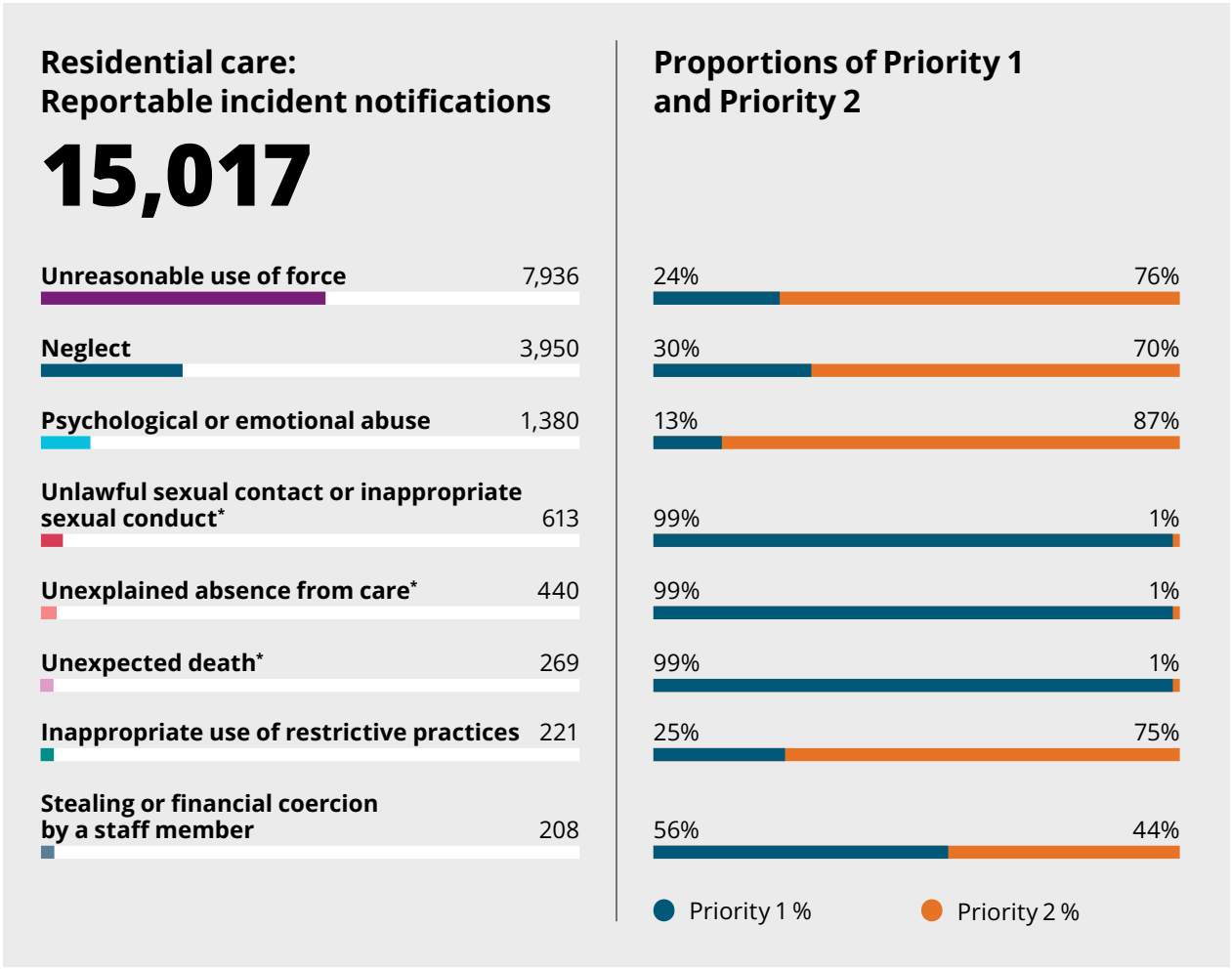


Figure 25: All reported incidents in residential care and percentage of Priority 1 and Priority 2 incidents in Q1

* Reportable incidents of unlawful sexual contact or inappropriate sexual conduct, unexplained absence and unexpected deaths are Priority 1 reportable incidents. The notifications recorded in this table as Priority 2 are because providers incorrectly selected Priority 2 when they submitted the notification.

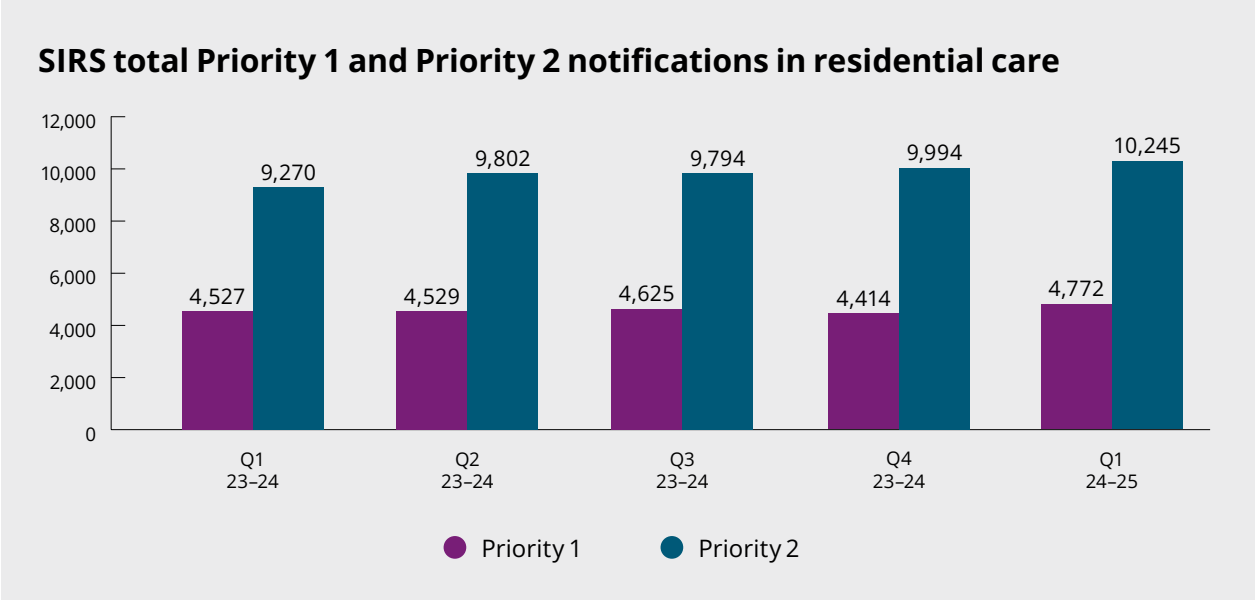


Figure 26: SIRS Priority 1 and Priority 2 notifications in residential care over the past 5 quarters

- There has been an increase in the overall number of notifications of serious incidents reported to the Commission under the SIRS since Q4 2023–24 and the same time last year (Q1 2023–24).
- Priority 1 notifications have increased from 4,527 in Q1 2023–24 to 4,772 in Q1 2024–25.
- Priority 2 notifications have increased by about 10% across the past 5 quarters.
- It is noted that over the same period, there has also been an overall increase in the number of older people in residential aged care. This is why we also provide information on the rate of serious incident notifications (see page 40).

The Commission analyses SIRS data at multiple levels, including:

- by Priority
- by serious incident type
- by provider and service.

In each case, we look for patterns and trends that point to the need for further investigation. Where we identify a concerning pattern of serious incidents reported by a particular service, we will follow this up with the service. If there is evidence of inattention or inaction by the service, this may lead to regulatory action by the Commission.

The Commission expects providers to routinely analyse and act on all their incident data as a continuous improvement initiative.

Getting it right – assessing the impact of serious incidents

Providers regularly underassess the impact of serious incidents on people receiving care. Our review of notifications in the SIRS Insights Report: Unreasonable use of force found that 9 out of 10 providers are reporting that this incident type has minor or no impact. We find that providers are underassessing impact across all incident types.

Providers may not be considering less obvious impacts that can be harder to identify. Examples include where a resident is not able to describe what happened, or the impacts are delayed where a physical injury is noticed later.

The benefits to accurately assessing impact include:

- improved quality of care, as treatment fits the person affected
- providers continuously improving through changes to processes
- providers using effective processes under their incident management system to prevent incidents from happening again because they better understand the negative impact on the person receiving care
- improved quality and accuracy of incident notifications and reported responses.

To improve how providers assess impact, the Commission has worked with providers to design an impact assessment tool. We workshopped this with providers, using real case studies, during the Commission's National Provider Conference in April 2024.

Providers were encouraged to 'walk in the shoes' of people receiving care to better understand the physical, emotional and cultural impacts of an incident. The impact assessment tool is available on our website.

Priority 1 reportable incidents are incidents:

- that must be notified to us within 24 hours of the provider finding out about them
- that have caused, or could reasonably have caused, a person receiving aged care physical or psychological injury or discomfort that needed medical or psychological treatment
- where it is reasonable to contact the police (this includes all incidents involving alleged, suspected, or witnessed sexual assault)
- where there is the unexpected death of a person in aged care or their unexplained absence from the service.

Priority 2 reportable incidents are incidents:

- that do not meet the criteria for a Priority 1 reportable incident
- where providers must notify us within 30 days of becoming aware of the incident.

SIRS notification rates

We calculate rates based on 10,000 occupied bed days (OBDs). OBDs is the number that providers use for claiming subsidies with Services Australia. For a residential service fully occupied by 110 residents, the current sector average SIRS notification rate of 8.1 equals 8 incidents across the quarter, or 32 a year.

Providers should review their incident management system to look for ways to get better at preventing incidents from happening and improving their responses to incidents when they do happen.

Many reported incidents are preventable. We expect providers to be able to show how they keep improving to reduce the likelihood of incidents. This includes studying what happens when things go wrong, listening to people affected by the incident, and introducing changes to stop it from happening again.

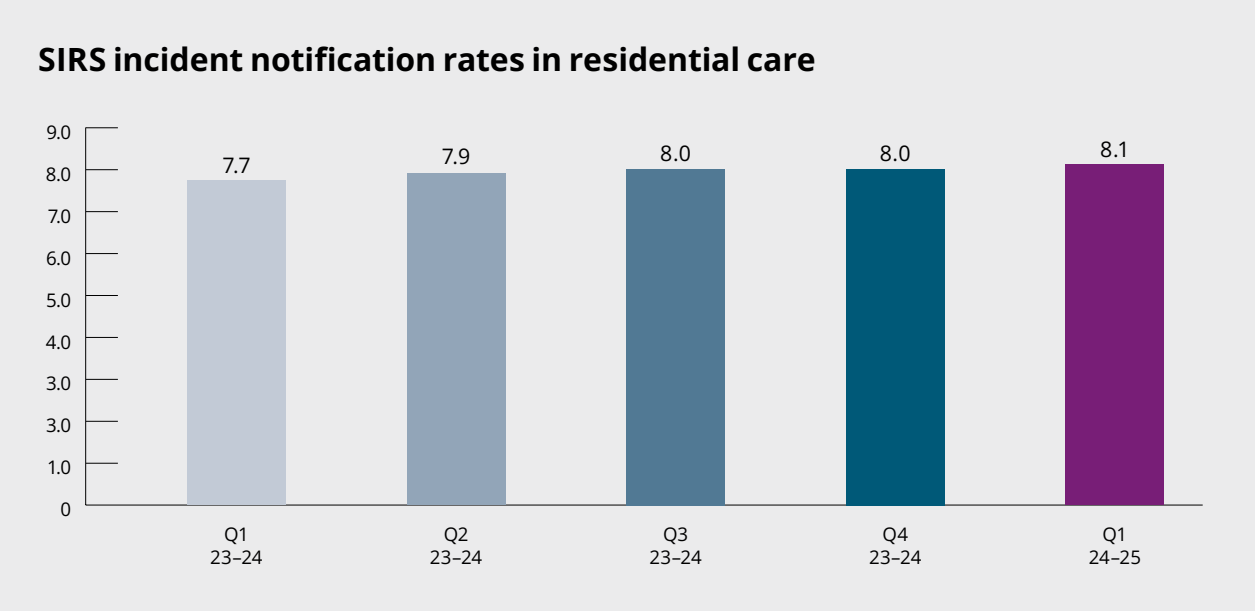


Figure 27: SIRS notification rate for residential care over the past 5 quarters

SIRS notification rate is number of notifications per 10,000 OBDs

* The notification rate for Q4 2023–24 is based on the estimated number of OBDs. See notes on data for details page 77

Residential care reporting rates per quarter for each incident type

Figure 28: SIRS reporting rates for each notification type in residential care over the past 5 quarters
All rates are notifications for every 10,000 OBDs

* The notification rate for Q4 2023–24 is based on the estimated number of OBDs. See notes on data for details page 77

- In Q1, the overall rate of SIRS reports in residential care is 8.1 for every 10,000 OBDs, a slight increase from Q4 2023–24 (8.0).
- The SIRS reporting rate has increased incrementally over the past 5 quarters from 7.7 for every 10,000 OBDs in Q1 2023–24. The overall increase in the number of notifications from Q1 2023–24 (13,797) to Q1 2024–25 (15,017) is about 9%.
- Notifications of unreasonable use of force still outnumber the other incident types combined in residential care.
- Notifications of neglect and psychological or emotional abuse are the second and third most commonly reported incidents.
- The rate of Neglect notifications has increased from 1.7 to 2.1 for every 10,000 OBDs over the past 5 quarters.
- Neglect includes many kinds of care related incidents, such as medication administration, personal care, pressure care, and not enough supervision.
- When providers notify us of incidents of neglect, they should also check their data to look for other care issues and review their clinical governance. This includes the data they collect and submit under the Quality Indicator Program.

Residential care: Neglect in SIRS

We have seen a significant increase in the number of neglect incident reports.

In Q1 2024–25, there have been 3,950 notifications of neglect, which is an almost 11% increase from Q4 2023–24, and a 26% increase compared with Q1 2023–24. It is the second-most common incident type after unreasonable use of force.

To better understand what types of incidents are reported under neglect, and how providers respond to these incidents, we analysed a sample of incidents that providers reported to the Commission from July to September 2023.

What we found

Clinical neglect

Most reported cases were about clinical incidents such as:

- medication errors (46% of cases)
- falls (21%)
- personal care needs that were not met (17%)
- pressure injuries (8%).

Nutrition, including unsafe food and issues related to food quality or quantity, made up 2% of reported incidents.

Residential care: Neglect in SIRS (continued)

Challenges in recognising psychological impacts

As is commonly seen across all incident types, reports often do not have information about the psychological impact of neglect on residents. In 71% of cases, no psychological harm was recorded. In cases where psychological impact was mentioned, it was generally categorised as minor. Providers should be aware that just because an older person cannot describe an impact, or it is not visible, that does not mean there has not been an impact.

Failure to identify trends that could prevent incidents happening again

Many providers' internal incident management systems (IMS) are not in line with the SIRS reporting framework. Providers should use their IMS to identify, address and track incidents to stop them from happening again. Our review shows that providers are not often using their IMS to identify trends or system-wide issues.

Not enough detail in responses

Providers' responses to incidents often focus on the immediate actions they took to fix the issue, such as staff education or medical reviews. It is important that providers are detecting incidents and acting immediately to safeguard people in their care. However, the responses do not often address underlying issues or root causes that could help prevent incidents of neglect happening again. Root causes can include:

- gaps in training and clinical knowledge
- inconsistent care planning
- lack of written processes or inconsistent processes.

The Commission has published best practice guidance to help providers better investigate incidents and their root causes.

Reporting falls and other care-related incidents

Falls and other care incidents with clinical care only need to be reported when they are a result of a breach of duty of care of the provider or worker. A fall on its own is not a reportable incident unless it is because of a provider's or worker's action or failure to act that results in harm to an older person receiving care. Non-reportable incidents should still be managed through your IMS.

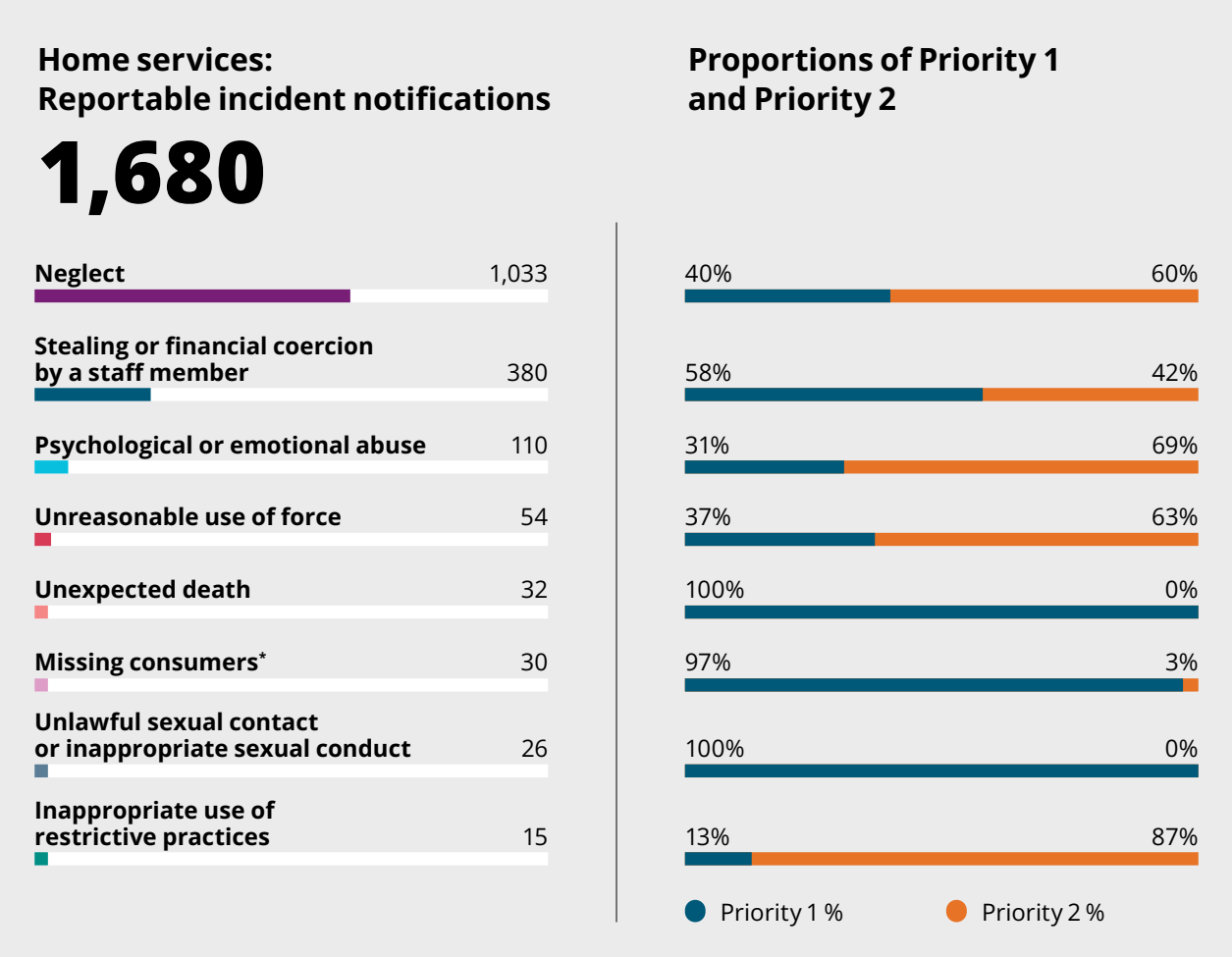


Figure 29: All reported incidents in home services and the percentage of Priority 1 and Priority 2 incidents in Q1

* Reportable incidents of unlawful sexual contact or inappropriate sexual conduct, missing consumers and unexpected death are Priority 1 reportable incidents. The notifications recorded in this table as Priority 2 are because providers incorrectly selected Priority 2 when they submitted the notification.

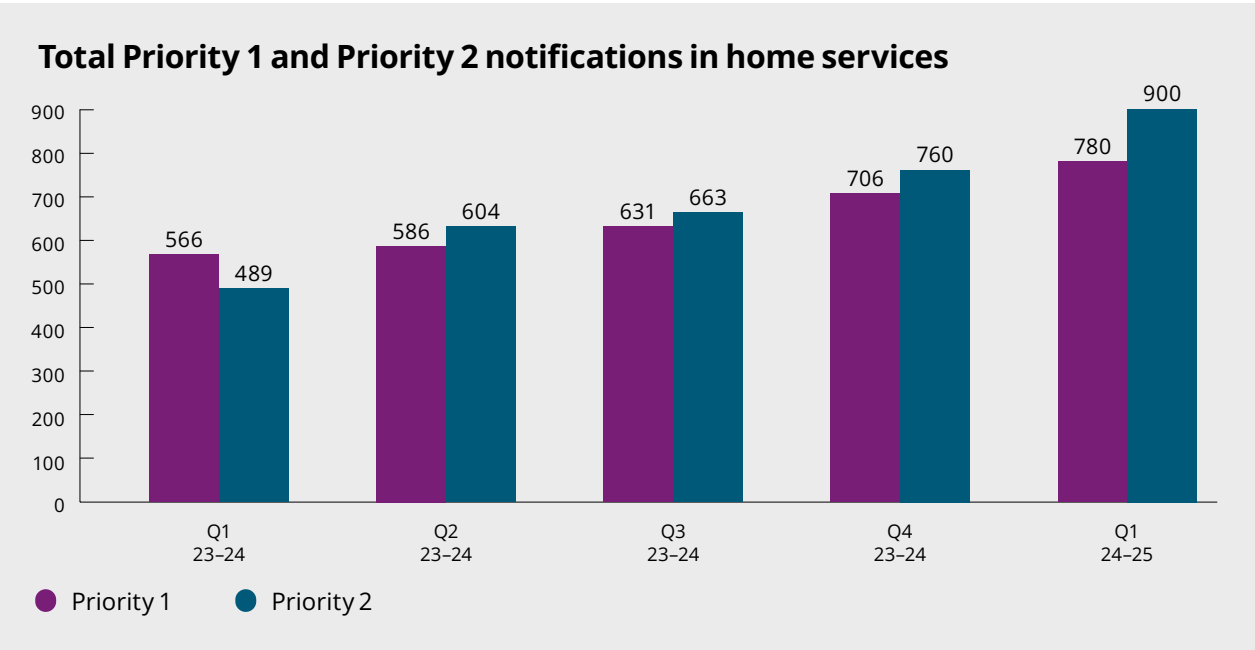


Figure 30: SIRS Priority 1 and Priority 2 notifications in home services over the past 5 quarters

- Notifications of serious incidents reported by providers of home services have continued to increase. In Q1, Priority 1 notifications increased by 10 percentage points and Priority 2 notifications increased by 18 percentage points compared with Q4 2023–24.
- Over the past 5 quarters, total notifications increased by 59 percent. While both notification types have increased steadily, the growth in Priority 2 notifications is significantly greater than in Priority 1 notifications.
- This increase is to be expected as more home services providers become aware of their obligation to report incidents and improve their incident management systems. We have been actively working with home services providers to remind them of their reporting responsibilities.
- The lower rate of SIRS reporting in home services compared with residential care may be due to:
  - different settings where services have lower contact hours
  - lower risks for many home services
  - under-reporting of incidents.
- Unlike in residential care, Priority 1 and Priority 2 notifications are fairly evenly split. Priority 1 notifications account for 46% of notifications and Priority 2 account for 54%.
- Reports of neglect are the most common notification in home services, accounting for 61% of all notifications. In home services, neglect includes a care worker missing a shift, not enough supervision, care that is not appropriate or faulty care.
- The second-most common incident type reported through the SIRS for home services is stealing or financial coercion by a staff member (23%). This is another area of concern. Good incident and complaints management systems help providers to identify the risk of or actual stealing and financial coercion, and to take appropriate action to address this. These systems help people receiving care and their representatives to have their concerns heard and dealt with.

Find out more at the links below:

- Serious Incident Response Scheme insights reports
- SIRS information for providers
- SIRS information for older Australians
- SIRS information for home services providers
- Information on Quality Standard 8 – Organisational governance
- Clinical governance resources

Complaints

Complaints give providers and the Commission valuable information about the issues that are concerning people receiving care and their families or representatives. Aged care workers also contact us with their concerns about the quality of care that people are receiving. In this section, we list the most common issues that are raised with us.

The rates below are for complaints that were lodged with us. Providers have their own internal complaints data that they can use, along with the insights we provide, to improve their service.

We expect providers to support people receiving care to feel confident to raise any concerns directly with staff when there is an issue with their care. We also expect providers to encourage and support their staff to resolve concerns when they come up. Good communication and handling complaints with a person-centred focus builds better relationships with the people in a provider's care.

Residential care

1,514
Complaints received

0.8
Complaints rate per 10,000 occupied bed days (OBD)

Home services

1,033
Complaints received
(HCP = 908 + CHSP = 125)*

32.70 (HCP) | **1.5** (CHSP)
Complaints rate
per 10,000 consumers

Figure 31: Number of complaints and complaints rate in residential care and home services in Q1

* Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)

Complaints received about residential care

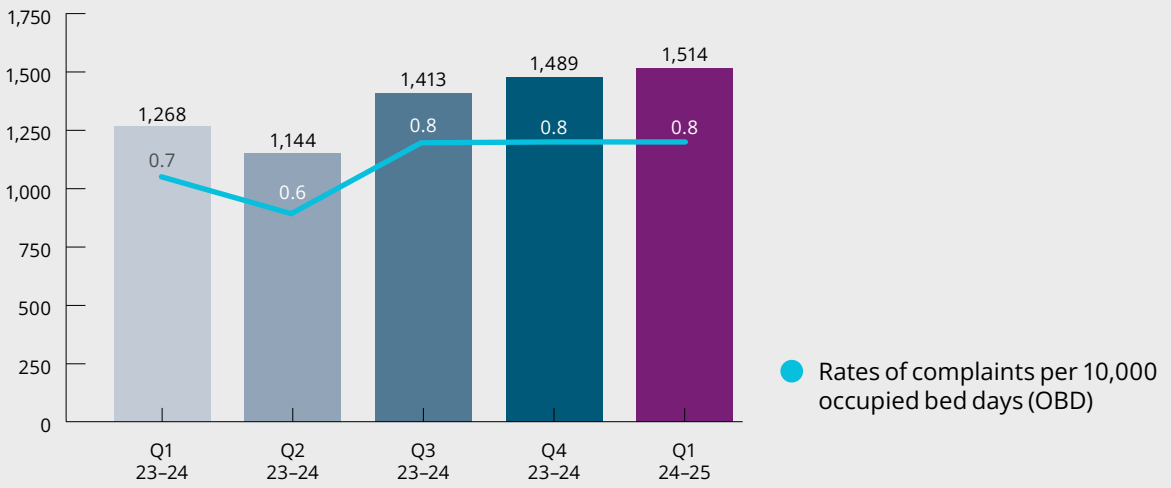


Figure 32: Number of complaints and complaints rate for residential care over the past 5 quarters

Residential care: complaints by group

1,514

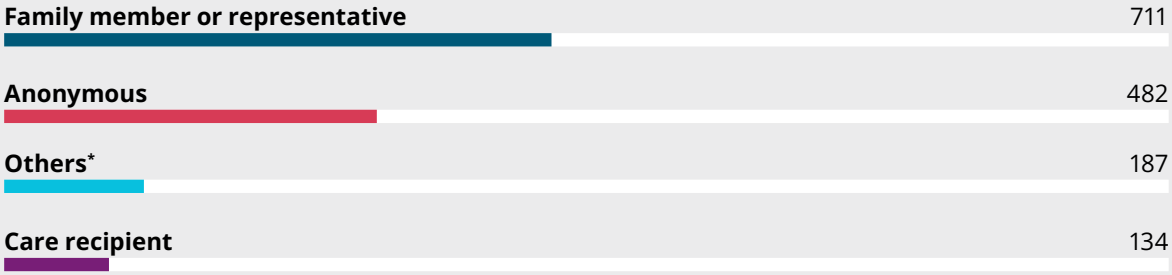


Figure 33: Complaints by the group that made the complaint in residential care in Q1

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

- In Q1, the number of complaints made to the Commission about residential care increased by 2%. After a drop in Q2 2023–24, complaint numbers have been increasing although the increases each quarter are slowing.
- The rate of complaints was 0.8 for every 10,000 occupied bed days (OBDs). For a typical 110-bed service, that is less than one complaint each quarter and less than 4 a year. This has not changed for the past 3 quarters.
- The number of complaints does not necessarily reflect the quality of the service. For example, a service with a positive complaints culture will encourage feedback and complaints and use these as a way to improve their services.

- Complaints are one of the key information sources that we use when identifying harm or possible harm to people receiving care.
- Only 9% of complaints made to us about residential care are from people receiving care (Figure 33) and almost 50% are made by a representative or family member.
- Many anonymous complaints made about residential care providers are from staff or allied health workers. Anonymous complaints, including complaints from workers, are an important source of information for the Commission about the care and services being provided. There are some limits with anonymous complaints as we are not able to check back with the person who made the complaint to check whether the complaint has been resolved.
- Providers should review their complaints processes to make sure they resolve issues directly with people receiving care by practising open disclosure. Providers also need to make sure that people receiving care know that they can contact the Commission at any time, or have someone do that for them, if they are concerned about their care and services.

We calculate rates of complaints by the number of complaints received in the quarter for each:

- 10,000 occupied bed days (OBDs) in residential care
- 10,000 people receiving care in home services.

This allows us to track changes over time and account for services with different numbers of:

- residents in residential care as well as occupancy
- people receiving home services.

OBDs are not applicable to home services, so we have used a different rate. This means that the rates for residential and home services are not comparable with each other.

Where possible, we have also broken down home services by program type. The 2 programs are the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP). This allows providers to compare their results with similar types of providers.

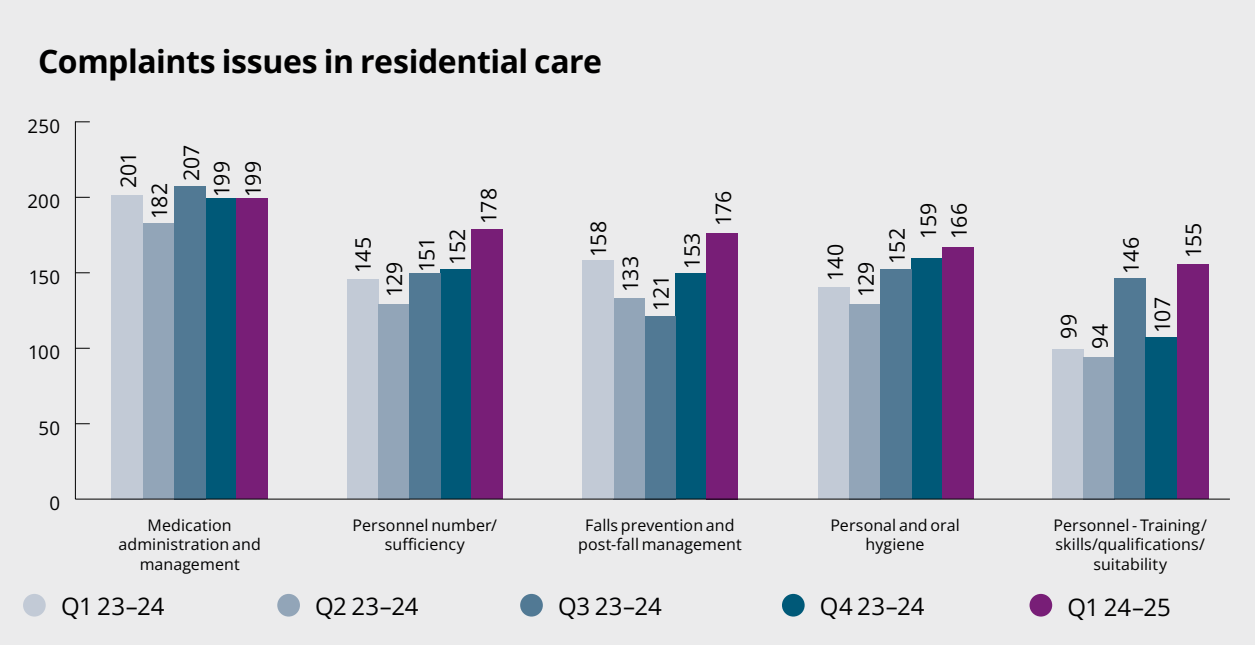


Figure 34: Top 5 complaints issues in residential care over the past 5 quarters

* The top 20 complaints issues and rankings for each quarter are in our online data tables published with the report

- Complaints about care account for 3 of the top 5 complaints issues in residential care. This is followed by complaints about the number and capability of staff, and their training, skills, qualifications and suitability.
- Medication management and administration is still the most complained-about issue in residential care.
- Common examples we see in complaints about medication include:
  - medications being given to the wrong person or a near miss
  - administering the wrong dose of medication or a near miss
  - late and missed medication.
- Complaints about falls have increased since Q3 2023–24.
- Issues we see in complaints are reflected in compliance data. While compliance with Quality Standard 3 (Personal care and clinical care) improved in Q1 (Figure 10), it has the second-lowest rate of compliance after Quality Standard 8 (Organisational governance). The requirement to have a clinical governance framework has the lowest rate of compliance of all 42 requirements of the Quality Standards.
- In contrast, the Quality Indicator Program data shows steady improvement across the sector in several care-related areas (Figure 44).
- The number and capability of staff is also consistently in the top 5 most complained-about issues. Common complaints are about:
  - reduced staff numbers on weekends
  - people not receiving timely care or help to leave their beds and rooms.
- These types of workforce issues can affect a provider's ability to meet mandatory care minutes targets for each person each day (page 27).

We encourage you to calculate your own complaints rates to compare with the sector averages and averages for similar types of providers.

If your own rates are very different from the averages, it is important to know why.

- Has an unresolved issue come up at your service?
- Are there any problems with your complaints system?
- Are people receiving care confident that management and your staff can resolve an issue quickly, or do they feel they need to involve the Commission?
- Do people receiving care feel confident about coming forward to complain? Do they know how to make a complaint?
- Are you communicating well and practising open disclosure to maintain good relationships with the people in your care?
- The Commission recently presented a webinar about open disclosure which you can watch: Trust is built in drops and lost in buckets – Why Open Disclosure Matters.

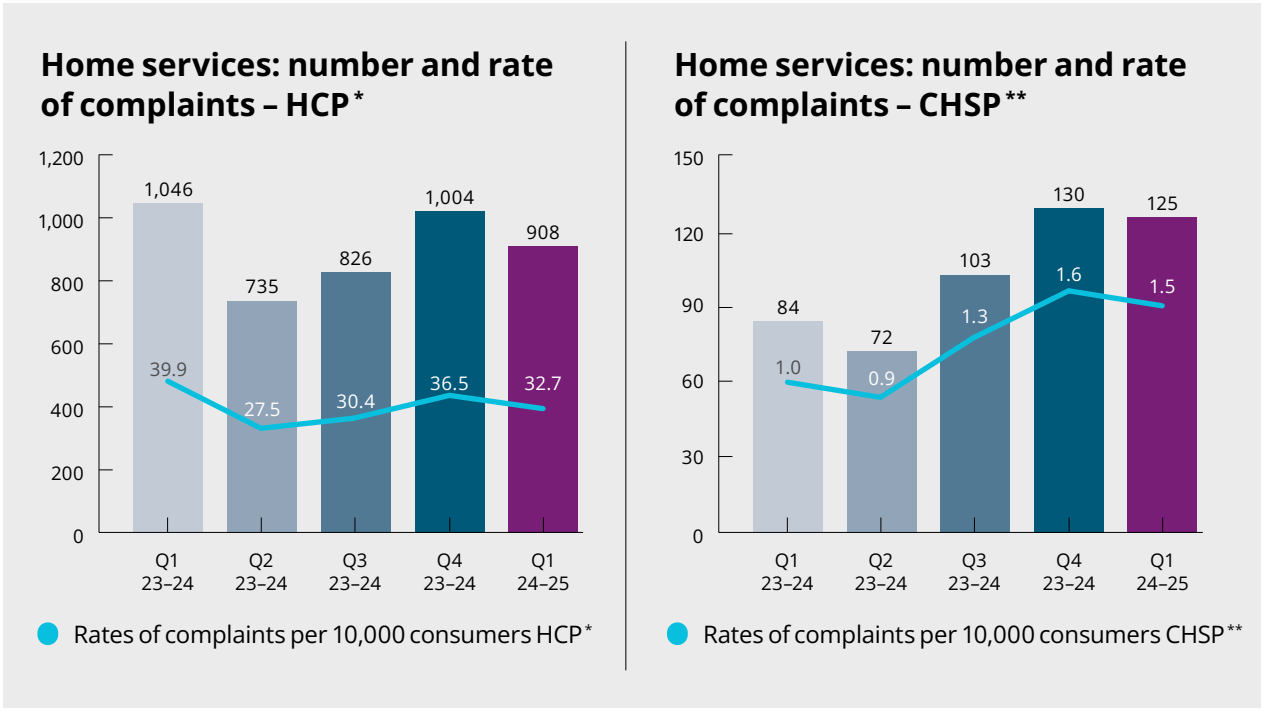


Figure 35: Number of complaints and the rate of complaints for every 10,000 people receiving home services over the past 5 quarters

* Home Care Packages (HCP)

** Commonwealth Home Support Programme (CHSP)

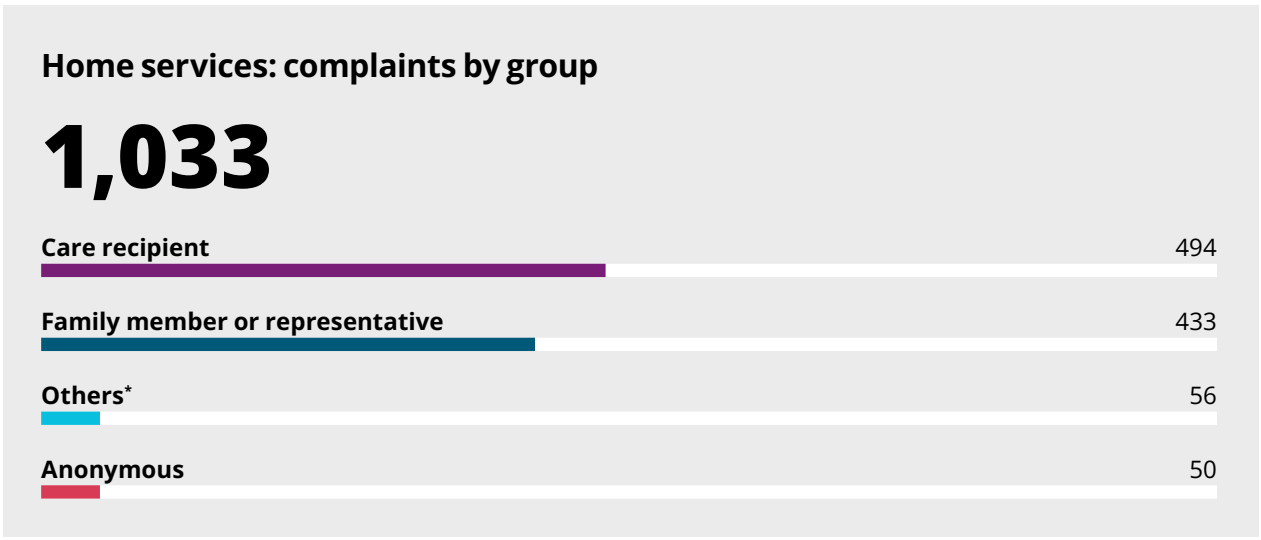


Figure 36: Complaints by the group that made the complaint in home services in Q1

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

- The number of complaints received and the complaints rates for Home Care Packages (HCP) has fallen in Q1 after increasing over the past 3 quarters.
- The number of complaints received and the complaints rates for Commonwealth Home Support Programme (CHSP) have also decreased slightly in Q1. Complaint numbers about CHSP are small relative to the large number of people receiving help under the CHSP.
- Almost half of the complaints we receive about home services are made by the people receiving care.
- Through our quality audit program, we monitor compliance with Quality Standard 6 (Feedback and complaints) which requires all providers to have a feedback and complaints system which is accessible, confidential, prompt and fair.
- Compliance with Quality Standard 6 has improved significantly among home services providers in Q1 after a concerning fall in compliance in Q4 2023–24 (Figure 13). We will be watching to ensure that this improvement is maintained. We are working to help people receiving care and workers to feel more confident about raising issues with providers directly, with us, or both.

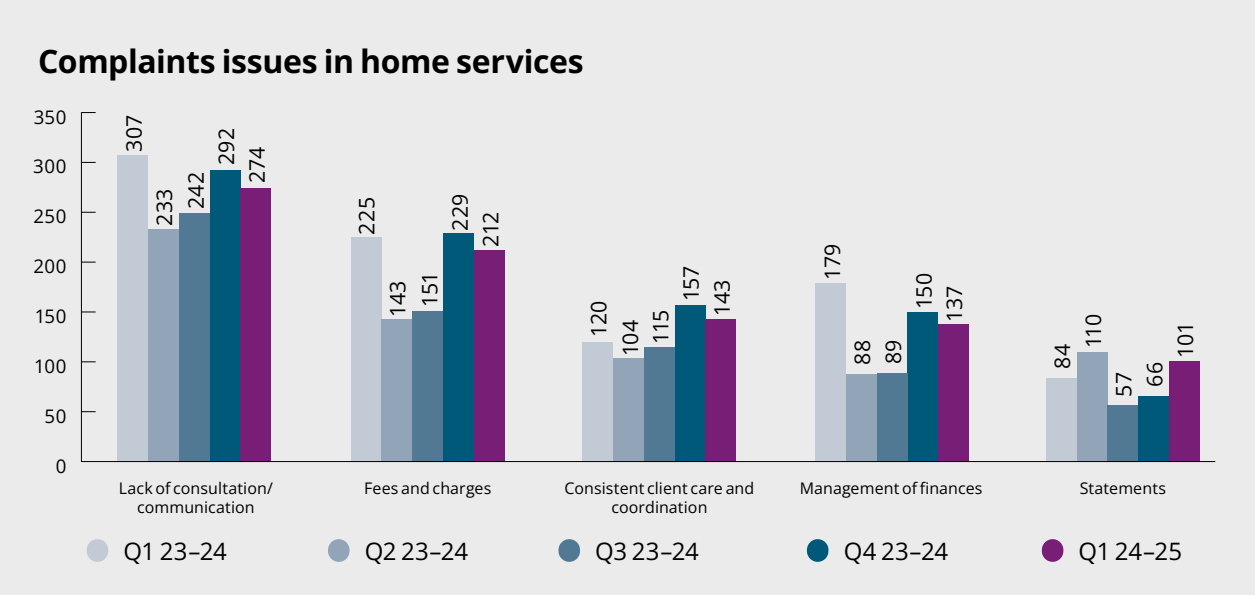
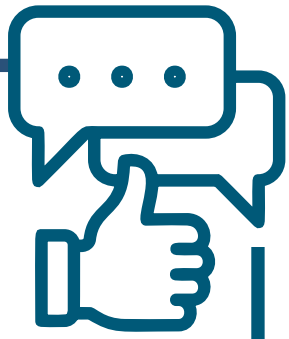


Figure 37: Top 5 complaints issues in home services over the past 5 quarters

* The top 20 complaints issues and rankings for each quarter are in our online data tables published with the report

- The top 5 complaints issues for home services are still about communication, coordination of care and financial concerns.
- Complaints about lack of consultation and communication is still the number one complaint topic in home services. Good communication with the older person to explain 'what, when, why and how' can go a long way to resolving concerns. Common complaints about communication include:
  - not answering or returning calls or emails
  - not responding to requests for goods and services.
- In Q1, complaints about fees and charges, management of finances, and statements account for 3 of the top 5 most complained-about issues in home services. Complaints we received include:
  - charging for services that are not provided anymore
  - service fees being added to purchases, such as a motorised scooter, without explaining why.
- Providers must:
  - have reasonable and transparent pricing and itemised statements
  - consult with and get consent from people receiving care for any changes to HCPs
  - deliver care that meets the needs and preferences of people receiving care.
- Complaints about consistent care and coordination are the third-most complained-about issue in home services. We are giving this greater attention in our quality audit program in 2024–25.
- These issues can also be seen in providers' non-compliance with Quality Standard 2 (Ongoing assessment and planning with consumers). Compliance with this Quality Standard improved in Q1, but it has the second-lowest rate of compliance in home services, behind Quality Standard 8 (Organisational governance) (Figure 13).



How we resolve complaints

We want complaints to be resolved as quickly as possible. We support people making the complaint and providers to resolve the issues themselves. The proportion of complaints resolved this way has stayed steady over the past 5 quarters.

A small number of the complaints we receive need to go through a formal resolution process. This can include using an external mediator or a Commission investigation into the issue.

Providers should regularly review their complaints management system. This can help them to understand why people receiving care feel the need to come to us and why complaints needed our involvement.

We are looking for evidence that providers have:

- resolved the complaint
- restored the trust and confidence of the person receiving care or their representative
- taken steps to prevent the problem or issue recurring.

By doing this, providers will build better relationships with the people in their care and with the local community.

Find out more at the links below:

- Lodge a complaint
- The complaints process
- Review rights
- Quality Standard 6 – Feedback and complaints
- Quality and safety in home services – 5 key areas of risk
- Complaints about aged care services – Insights for providers report – 2023

Residential care performance by provider size and ownership type

Throughout this report, we have included data for residential care against specific performance measures and categories. There can be different outcomes for providers depending on their size and ownership type.

This segmented data is useful for benchmarking performance in comparison with similar types of providers. However, performance outcomes on a particular measure cannot be used to determine that one type of aged care provider is better than others.

For residential care services, we have broken down the compliance, complaints and Serious Incident Response Scheme (SIRS) results in Q1 by the size of the provider that runs the service and the ownership type. We work out the size of the provider by the number of services they run.

The 3 sizes of a provider we have used are:

- small provider: operates 1 or 2 residential care services
- medium provider: operates between 3 and 10 residential care services
- large provider: operates 11 or more residential care services.

The 3 categories of ownership type we have used are:

- for-profit
- not-for-profit
- government.

As we develop these models, we will also be including other categories such as financial performance and location. We will also be extending these models to home services.

Residential care: Proportion of site audits decisions that met the Quality Standards by provider size over the past 5 quarters

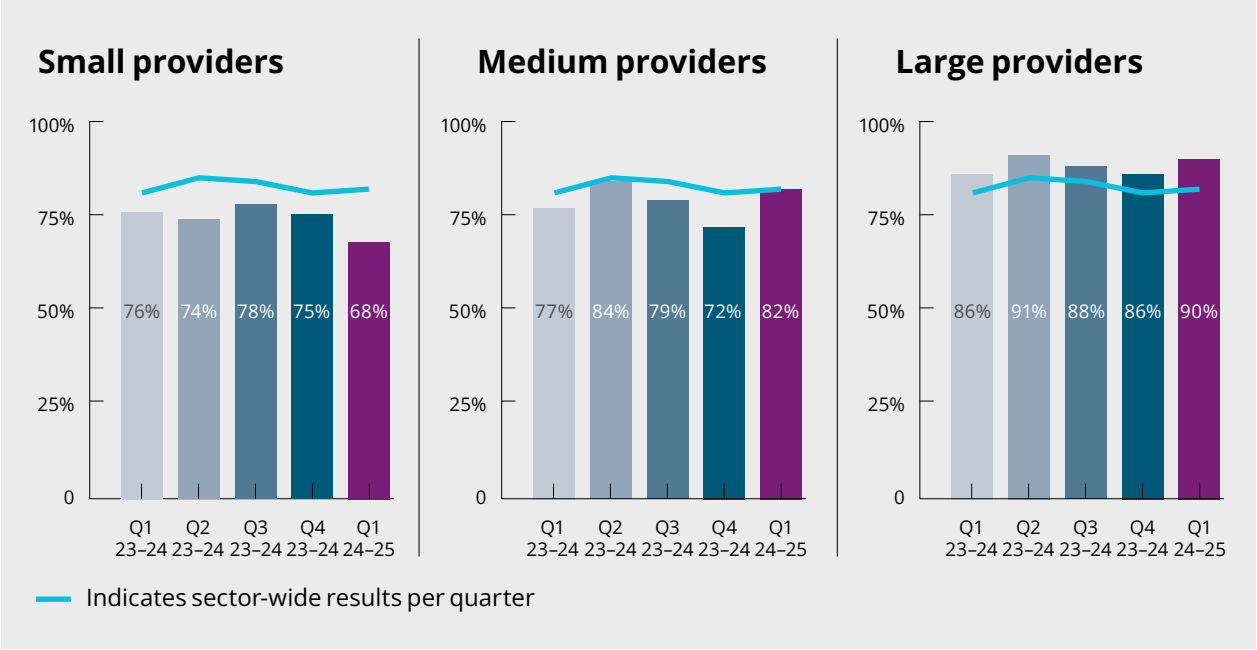


Figure 38: Proportion of compliance decisions by size of provider in residential care over the past 5 quarters

- Large providers continue to have higher compliance rates than small or medium providers. This has been consistent over the past 5 quarters.
- These differences could be for several reasons, including governance arrangements, staffing and mix of people receiving care. We are investigating other possible reasons for these differences.
- Compliance rates for medium providers increased in Q1 by 10 percentage points to 82%, bringing it up to the sector average.
- Compliance rates for small providers fell 7 percentage points in Q1 to 68% and are now 14 percentage points below the sector average.

Residential care: proportion of site audit decisions that met the Quality Standards by ownership type over the past 4 quarters

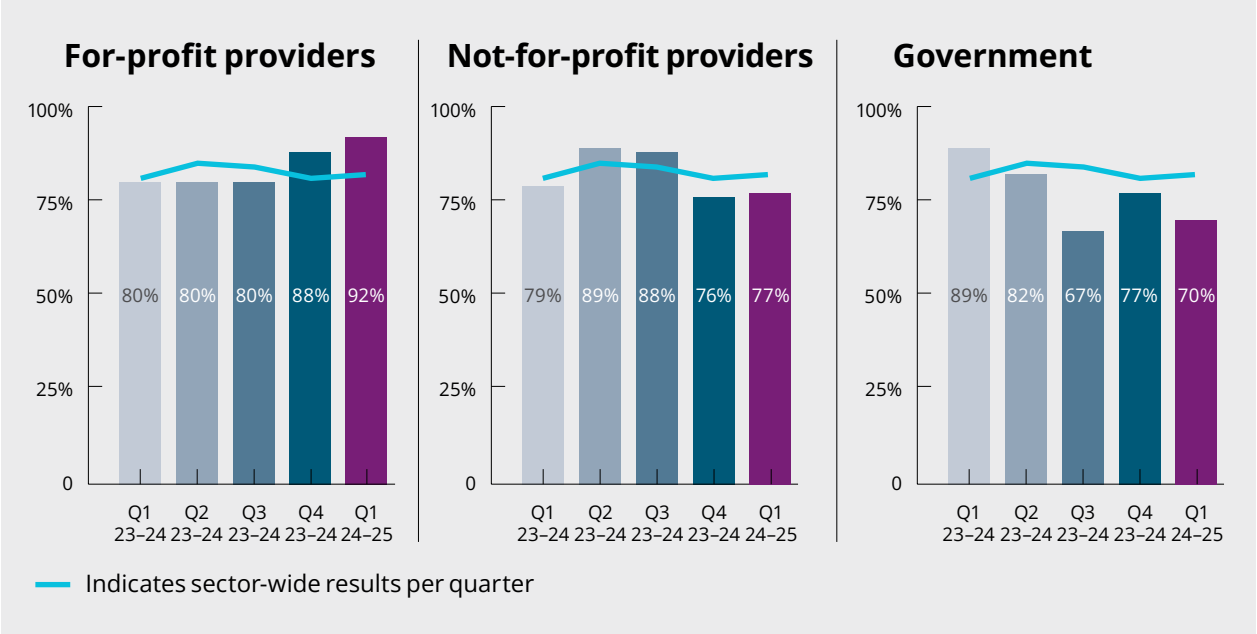


Figure 39: Proportion of compliance by ownership type in residential care over the past 5 quarters

- Compliance rates for government-owned providers have dropped by 7 percentage points in Q1. This remains below the sector average by 12 percentage points and is 17 percentage points lower in Q1 2024–25 than in Q1 2023–24. We are looking further into this trend. Because of the smaller number of government providers, non-compliance among just a few providers can have a bigger impact than on the for-profit or not-for-profit groups. This helps to explain the significant changes each quarter.
- Not-for-profit providers' compliance rate in Q1 remains below the sector average.
- For-profit providers' compliance rate increased 4 percentage points in Q1 and is now 10 percentage points above the sector average.

Residential care: SIRS notification rates by provider size

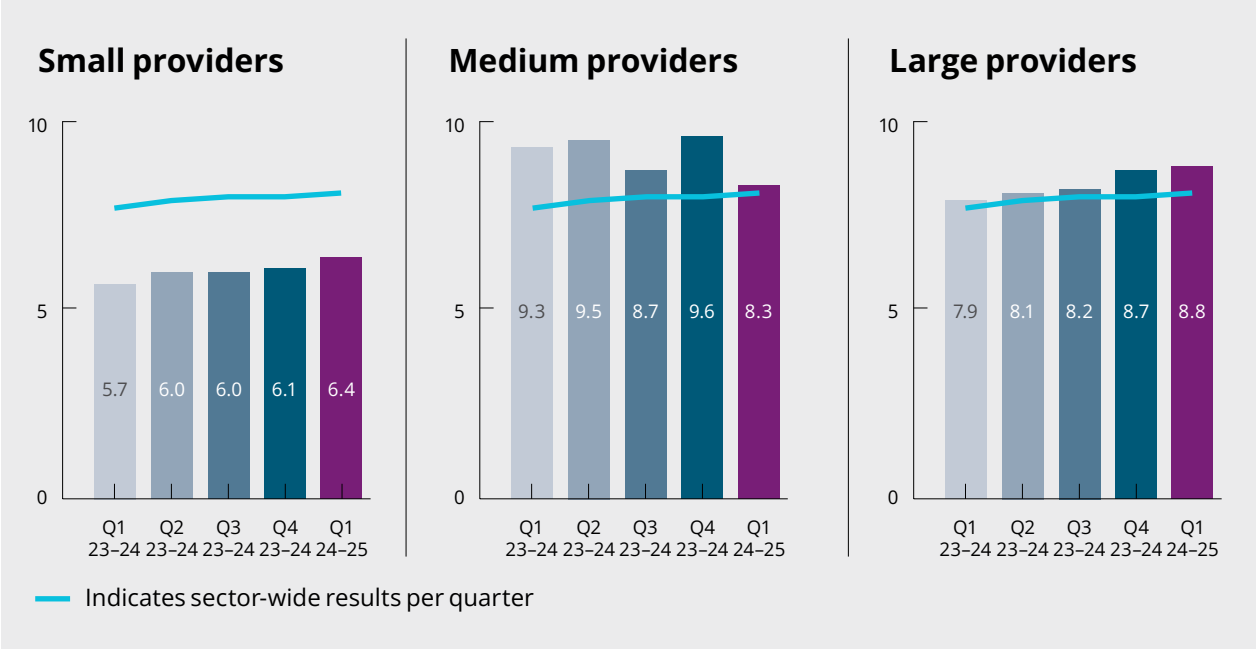


Figure 40: SIRS reporting rates by provider size in residential care over the past 5 quarters
All rates are notifications for every 10,000 occupied bed days (OBDs)

- The SIRS notification rate for small providers (6.4) increased slightly from Q4 2023–24 but is still well below the sector average of 8.1.
- The SIRS notification rate for medium providers has fallen to 8.3. This is approaching the sector average.
- Large providers' SIRS notification rate increased in Q1 and is still above the sector average.

Residential care: SIRS notification rates by ownership type

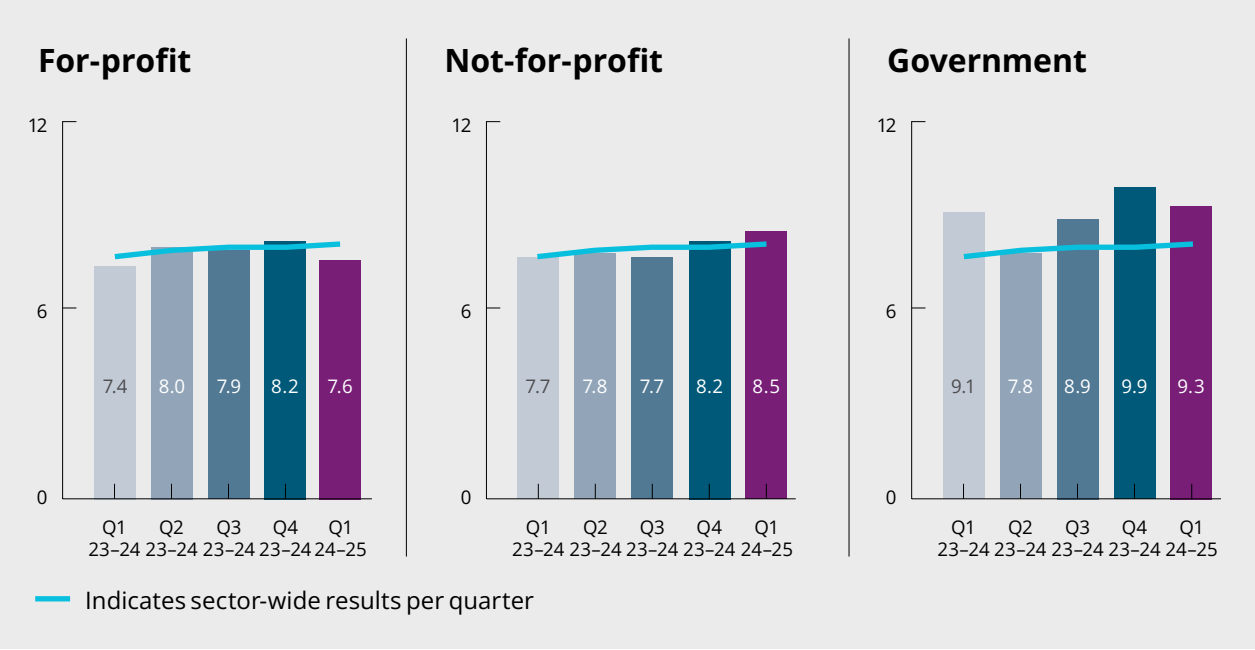


Figure 41: SIRS reporting rates for each quarter by ownership type in residential care over the past 5 quarters
All rates are notifications for every 10,000 OBDs

- Rates of SIRS notifications for for-profit providers and not-for-profit providers are still close to the sector average of 8.1. For a 110-bed service, this would mean about 32 reportable incidents a year.
- SIRS notifications rates for government providers have varied over the past 5 quarters. In Q1, there was a slight decrease to 9.3, but the rate is still well above the sector average. For a 110-bed service, this would mean 40 incidents a year.
- No general conclusions about the performance of provider types can or should be taken from this data. SIRS notifications are only a single view of performance. The reasons for any differences in notification rates are not always clear and can be affected by many different things. Providers should look at their own SIRS data and incident management system to find trends and ways they can improve.

Residential care: complaints rate by provider size

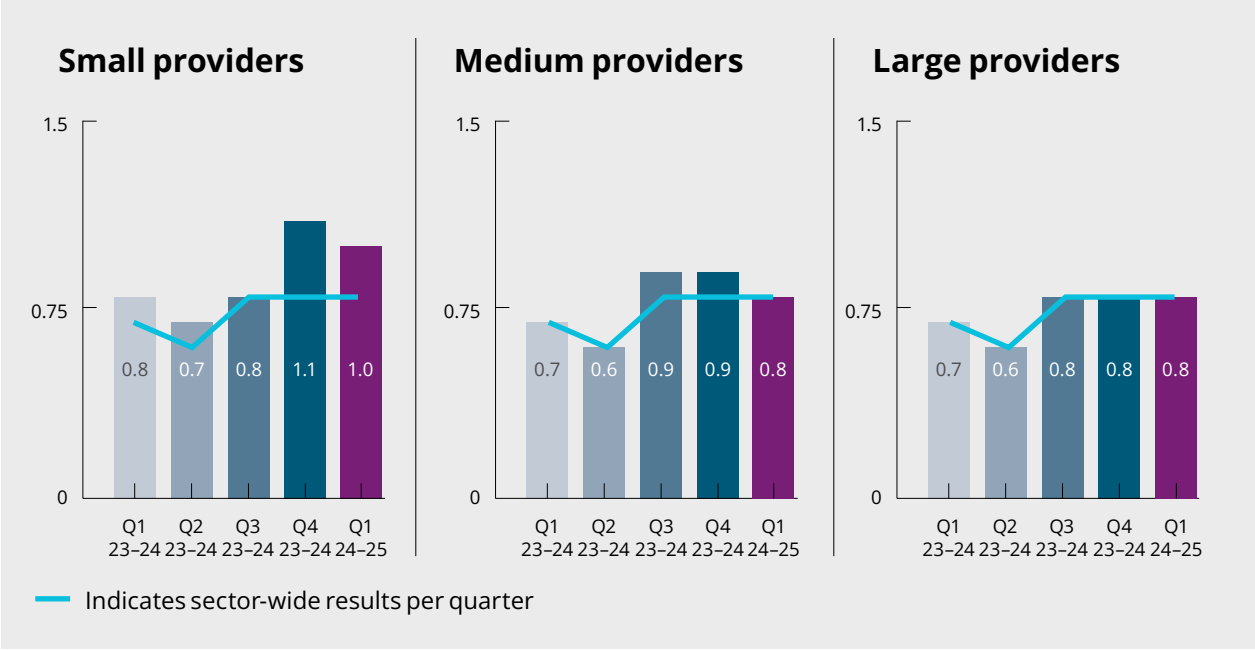


Figure 42: Complaint rates for every 10,000 OBDs by provider size in residential care over the past 5 quarters

- Small providers' complaints rate, at 1.0 for every 10,000 OBDs, is still above the sector average. This equals just over 4 complaints to the Commission a year for a 110-bed service. This compares with a sector average of 3 complaints a year.
- After sharply increasing in Q3 2023-24, medium providers' complaints rate has gone down slightly since Q4 2023–24 and sits at the sector average.
- Large providers' complaints rate in Q4 2023–24 has stayed the same as the sector average. There has been no change since Q3 2023–24.
- Published complaints rates are for complaints made to the Commission. Providers should look at their own data to find trends in complaints. This includes complaints that they resolve themselves without the person needing to raise the complaint with the Commission.

Residential care: complaints rate by ownership type

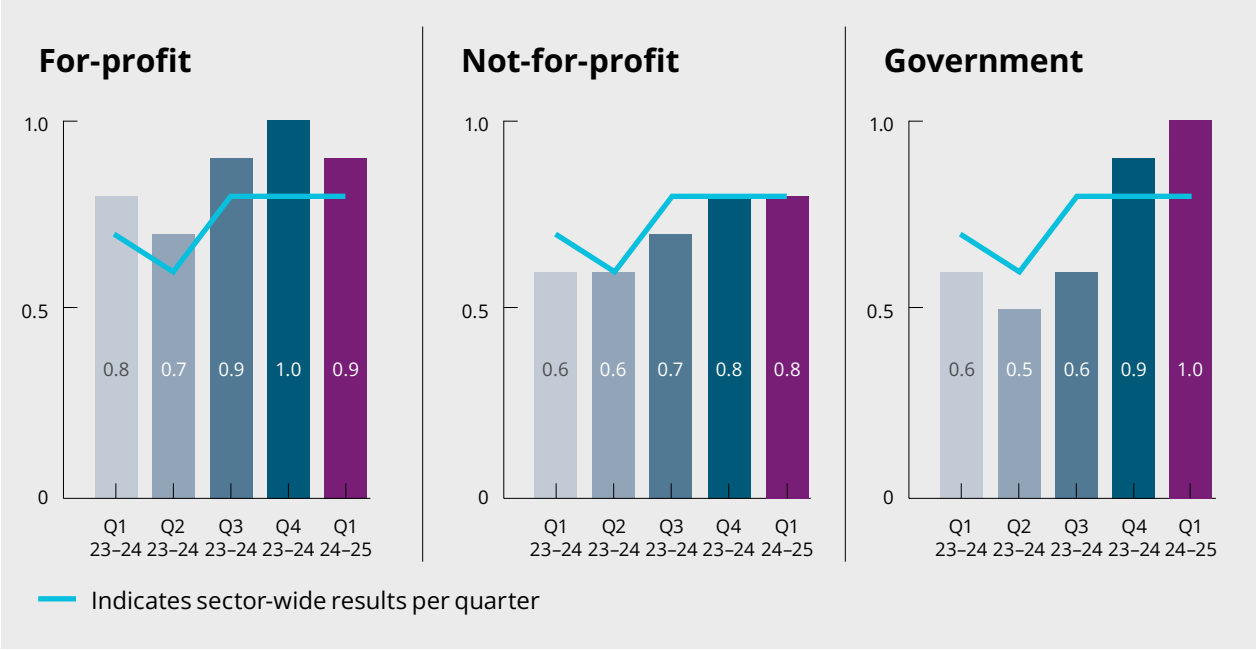
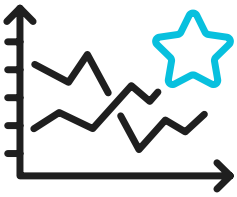


Figure 43: Complaint rates for every 10,000 OBDs in residential care by ownership type in residential care over the past 5 quarters

- The complaints rate of for-profit providers has fallen slightly in Q1 but is still above the sector average. In Q1, a 110-bed service would expect to receive about 4 complaints, compared with a sector average of 3 complaints a year.
- The not-for-profit providers' complaints rate is the same as the sector average of just over 3 complaints a year for a 110-bed service.
- Government providers' complaints rate is slightly above the sector average.
- As with complaints by provider size, providers should look at their own data to find trends. This includes complaints that they resolved directly, without the person needing to raise the complaint with the Commission.

National Aged Care Mandatory Quality Indicator Program – for residential care



Quality Indicators (QI) measure the parts of an aged care service that support the quality of care that people receive in residential care. The QI we have included here are about harm or risk of harm, so the lower the rate, the better.

Providers collect and submit their own QI data and can access their QI rates from the Government Provider Management System.

For benchmarking purposes, providers may find it useful to consider QI data alongside data relating to compliance with the Quality Standards, Serious Incident Response Scheme notifications and complaints – at both provider and sector levels.

Some QI can be considered 'lag indicators'.

This means that the issues may show up in other data before they show up in QIs. For example, while we are pleased that QIs show that issues of unplanned and consecutive weight loss are going down, providers should also look at other data. That data could include feedback and complaints from residents about not being satisfied with their food and feedback from staff involved in planning and serving meals. This will help give a sense of whether improvements are already happening, rather than waiting for weight loss data.

Trends in QI performance over time

Over the past 2 and a half years, there has been an improvement (decrease in reports) in the QIs for:

- polypharmacy
- antipsychotic medication use
- falls that resulted in major injury
- use of physical restraint
- physical restraint exclusively through the use of a secure area
- significant unplanned weight loss and consecutive unplanned weight loss.

There has been no significant change in the proportion of residents experiencing falls.

Six new QIs were introduced on 1 April 2023. These are:

- activities of daily living
- incontinence care
- hospitalisations
- workforce turnover
- consumer experience
- quality of life.

Find out more at the links below:

- Residential Aged Care Quality Indicators April – June 2024
- Guidance for providers on using QI data to inform quality improvement: National Aged Care Mandatory Quality Indicator Program Manual 3.0 – Part B

Sector rates on some indicators are heading in the right direction

Trends in quality indicator performance over time, Q1 2021–22 to Q4 2023–24

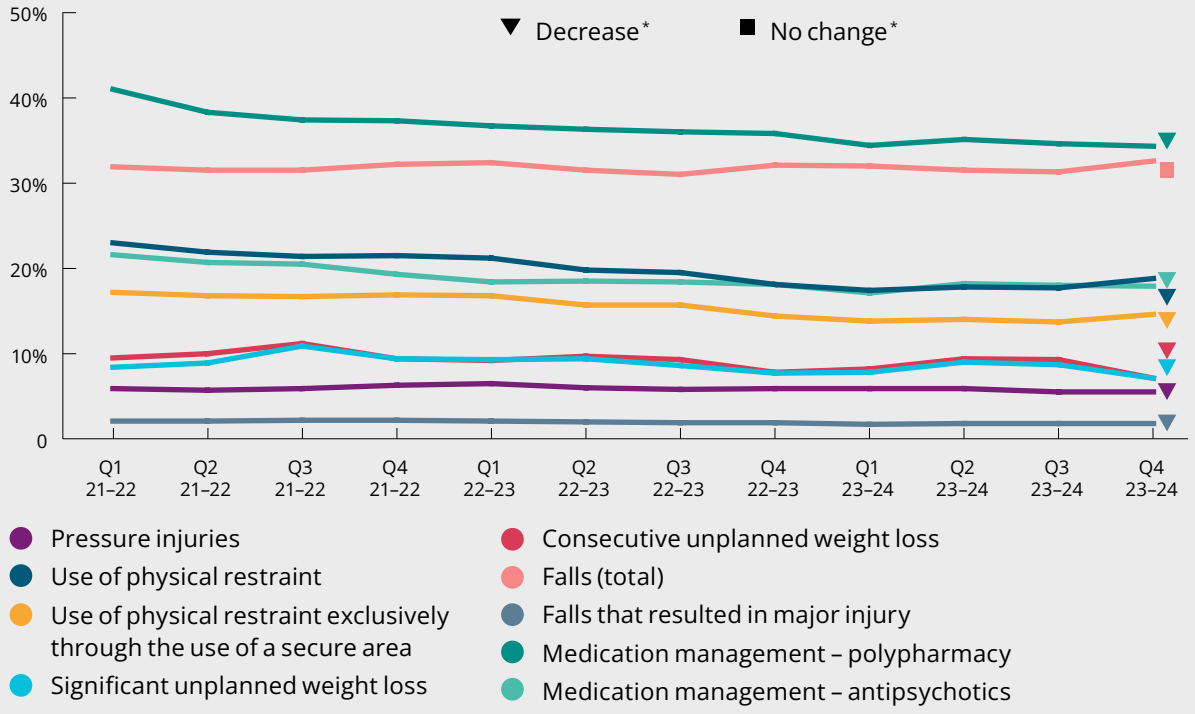


Figure 44: Trends in QI performance over the past 12 quarters

* A trend here means that there must have been a change up or down of at least 0.05%

Department of Health and Aged Care, data extracted 22 Oct 2024, published on GEN-agedcaredata.gov.au

In focus: financial and prudential compliance

How we monitor provider financial and prudential compliance

Provider financial and prudential compliance audits and reviews are part of how the Commission monitors and engages with approved providers. These audits and reviews improve the delivery of high-quality care by:

- making sure providers understand their financial and prudential responsibilities
- addressing risks
- getting providers to lift their performance.

The Commission does 3 types of audits and reviews to monitor compliance:

1. targeted reviews
2. home care pricing audits
3. prudential audits.

This In focus reports on key findings from our home care pricing audits and targeted reviews. We will report on prudential audits in a future publication. You can read more detailed findings and recommendations in our recently published Insights reports.

Targeted reviews

Targeted reviews focus on a specific financial or prudential issue or a particular group of providers. They help us raise awareness of financial and prudential responsibilities. They also help us find opportunities to educate and support providers.

In the 2023–24 financial year, we did 6 targeted reviews on the following topics:

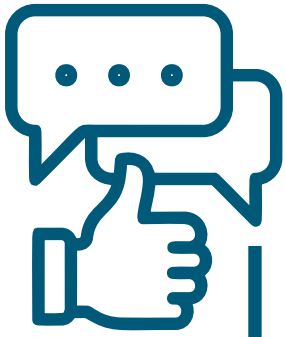
- late submission of the Annual Prudential Compliance Statement
- refunding of refundable deposits
- permitted use for capital expenditure
- permitted use for reasonable business losses
- permitted use for loans
- refundable deposits deductions.

Home care pricing audits

Home Care Package pricing audits help the Commission understand a provider's financial and price charging practices. They also give us the chance to support and educate providers on meeting their home care pricing responsibilities. In the 2023–24 financial year, we did 54 home care audits focused on price charging. This 2024-25 financial year, we are doing the same number of audits and focusing on charging practices and charging separately for subcontracted care or services.

Prudential audits

Prudential audits assess residential aged care providers' understanding of their prudential responsibilities. They tell us about providers' refundable deposit practices, policies and procedures. We assess these against the 4 Prudential Standards. In the 2023–24 financial year, we did 97 prudential audits focused on small providers. This 2024-25 financial year, we are doing the same number of audits and focusing on medium-sized providers.



How we select providers for audits and reviews

The Commission monitors risk and analyses data from complaints and the Serious Incident Response Scheme to identify non-compliance.

We gather information about provider financial and prudential performance from sources like the Quarterly Financial Report and the Aged Care Financial Report that providers submit to the Department of Health and Aged Care as part of their regular reporting requirements. To develop our priorities and responses, we also use:

- data and intelligence from across the Commission
- feedback from the sector.

Our insights

Submitting Annual Prudential Compliance Statements late

Providers of residential and flexible aged care that hold a refundable deposit must meet their prudential responsibilities. One of these responsibilities is to report to the Department of Health and Aged Care each year about how they have complied with the prudential standards. This is part of their financial reporting obligations.

The Annual Prudential Compliance Statement (APCS) and other financial reports help providers:

- track how they are complying with their regulatory obligations
- make sure they are transparent about their finances
- stay financially strong.

This helps protect older people receiving care and improves the quality of care they receive. Submitting the APCS on time is important, and providers breach their prudential obligations if they do not. Submitting late can also indicate that providers have poor governance practices more generally.

We reviewed providers across Australia to understand why they were not complying with the Disclosure Standard and were regularly submitting their APCS late. We also wanted to find out if these providers were not complying with the Governance Standard too.

Our findings

There was a strong link between non-compliance with the Disclosure Standard and non-compliance with the Governance Standard.

As well as submitting their APCS late, providers often did not:

- include that they had made late submissions in the past in their current APCS
- send timely disclosure letters to people who paid a refundable deposit
- let a person receiving care know that the provider must give them information they have asked for within 7 days of asking.

We found that the majority of providers who did not submit their APCS on time also did not have a strong governance system. For example, procedures and staff responsibilities were not set out in writing.

Things for providers to think about

1. Do you prepare your report early to make sure you can submit your APCS on time?
2. If you submitted an APCS late in the past and we found you were non-compliant, have you reported this in your current APCS?
3. Do you send disclosure letter statements to people receiving care who paid a refundable deposit within 4 months of the end of the financial year?
4. Do your annual disclosure letters and annual disclosure statements include the advice that people receiving care must receive information they ask you for within 7 days?
5. Do your processes and procedures follow the Disclosure Standard and the Governance Standard?
6. Do you clearly explain in your governance system what the staff responsible for APCS reporting need to do?
7. Are your staff trained to understand their APCS reporting responsibilities?
8. Do you have a backup plan for unexpected issues, like your information system failing or key staff being unavailable?

Refundable deposits and permitted uses

Providers of residential and flexible aged care that hold a refundable deposit must meet their prudential responsibilities in the *Aged Care Act 1997* and the Fees and Payments Principles 2014 (No. 2).

They must report on how they manage refundable deposits.

We reviewed a sample of providers across Australia to assess whether they understood and met their responsibilities for:

- refunding refundable deposits
- making deductions
- permitted uses for the refundable deposit money, including:
  - reasonable business losses
  - capital expenditure
  - loans and debt repayments.

Our findings

Some providers struggled to refund refundable deposits accurately and in a timely way. This was because of:

- staff turnover
- communication issues
- not enough supervision of responsible staff
- poor document-handling processes.

Most providers did not use refundable deposits for capital expenditure and instead used loans or banked the deposits. Compliance issues were because of:

- a lack of understanding
- poor decision-making
- difficulty separating deposits from operating funds
- weak account reconciliation
- poor record-keeping
- unclear reporting in their APCS.

Compliance was generally high for how refundable deposits were used for reasonable business losses. However, many providers did not know that they needed to report annual losses in their APCS. We found some non-compliance relating to governance gaps and reporting refundable deposits incorrectly.

Providers who used refundable deposits for loans or repaying debt made sure they made loans on commercial terms with clear repayment plans within the loan period.

Providers showed a consistent pattern of on-time repayments with regular reviews of loan arrangements.

If providers make deductions for services from refundable deposits, they must have an accommodation agreement that includes the amount allowed for deductions. This must be agreed to by the person receiving care. Interest on amounts owed must be calculated from one month and one day after the fee is due until the fee is paid. The person receiving care must agree in writing to all daily payment amounts.

Most providers did comply when making deductions from the refundable deposit. However, there were other refundable deposit non-compliance issues that we found, including refunding incorrect amounts.

Things for providers to think about

1. Are you using refundable deposits correctly for permitted uses that improve residential or flexible aged care?
2. Are you using refundable deposits correctly for reasonable business losses, only during your first year of operation?
3. Do you make sure you have enough funds available to return future refundable deposits on time?
4. Do you have a process to make sure people receiving care get regular updates and information on refundable deposits?
5. Do you report the amount of refundable deposits you hold in your APCS?
6. Are key staff responsibilities clearly explained in your governance system?
7. Are your staff trained to understand their APCS reporting responsibilities?
8. Have you separated your capital expenditure costs from your operating costs?
9. Do you record your capital expenditure in your APCS, whether you used refundable deposits or not?

Find out more at the links below:

- *Aged Care Act 1997*
- Fees and Payments Principles 2014 (No. 2)
- Financial & Prudential Standards
- Compliance Management Insights reports

Home care pricing audits

On 1 January 2023, the *Aged Care Act 1997* was updated to make sure providers use fair and transparent home care pricing practices and improve the quality of aged care services. The changes capped prices on the administration and management charges for Home Care Packages.

As part of our compliance program for 2023–24, we wanted to know if home care providers were meeting these new requirements on transparency and capping of fees and charges.

These audits focused on educating and supporting home care providers to meet the new requirements. The audits also helped us to identify risks and improve compliance in home services.

Our findings

The audits identified several gaps in provider knowledge and understanding as well as other administrative issues. We provided guidance and training sessions to help providers understand their pricing responsibilities. We discussed good governance and best practices to help providers comply.

Where we found a provider was charging people management fees above the pricing caps, we worked with the provider to make sure they refunded the overcharged amount. We also encouraged the provider to improve its governance systems to prevent future non-compliance.

Things for providers to think about

While most providers we reviewed met their responsibilities, we did find issues with pricing, communication and internal practices.

Pricing

If a provider is not complying with pricing caps, they must refund any owed money to the person receiving care as soon as possible. A provider's pricing and service details on the My Aged Care website must be the same as information on their own website. Fee structures should be clear and free of hidden charges, so older people know what they are paying for. Providers do not have to charge the highest rates when Home Care Package prices increase with the basic subsidy each year.

Communicating with people receiving aged care services

Providers need to tell people receiving care about any changes to fees or services quickly and clearly. They should explain why and how fees are set. Providers should make sure people receiving care know their rights regarding the new pricing rules. It is important that providers give people clear ways to give feedback and to get help to address any concerns.

Communication issues, particularly concerns about pricing, are one of the most common topics of complaints to the Commission. This indicates that home care providers need to focus on their communication practices to ensure that the people receiving care from them understand pricing structures, processes (for example, how invoicing works), any changes, and how they can raise concerns.

Internal practices

Providers should make sure their internal documents match the My Aged Care website. They should regularly review pricing to ensure that they are complying. Providers should also train staff on pricing and the rights of people receiving care. They should also assign staff to manage and resolve pricing issues.

Find out more at the links below:

- Targeted Review and Audits
- Pricing for Home Care Packages
- Home Services Pricing and Agreements – Navigating changes the right way guidance document
- Home Care Program – Inclusions and Exclusions (FAQ)
- Home Care Manual

What you can expect for this financial year

During this 2024-25 financial year, the Commission plans to do targeted reviews on the following topics:

Room price approvals and publishing

We will focus on providers who have charged above the maximum accommodation payment amount allowed without approval from the Independent Health and Aged Care Pricing Authority. We want to make sure they:

- have the right approvals
- have governance arrangements to manage their approvals
- comply with their publishing obligations.

Disclosure Standard

We will assess selected providers against the Disclosure Standard requirements. This includes both the requirement to disclose financial and prudential information to the government, and to current and prospective people receiving care.

Refunding of refundable deposits

We will assess selected providers against their refunding of refundable deposits responsibilities. This includes assessing how they are complying with the:

- legislative timeframes for refunding refundable deposits to a person receiving care or their estate
- requirement to pay interest on some refunds at 2 different rates – the base interest rate and the maximum permissible interest rate
- requirement to pay any interest owed to the person receiving care on the same day that they refund the refundable deposit.

Third-party arrangements

We will review selected providers' third-party arrangements, including:

- related party loans
- loans to directors
- payments for goods or services provided by related parties.

We want to make sure that these arrangements comply with the prudential standards and permitted uses.

Governance Standard

We will focus on a broad range of provider governance responsibilities, including requirements under both the prudential and quality standards, and broader aged care legislation.

Liquidity management

We will focus on providers' liquidity management, including how they are complying with these Liquidity Standard requirements:

- Providers identify their annual liquidity needs and maintain enough liquid assets to make sure they can make timely refunds to people receiving care.
- Providers have enough liquidity to cover any refunds due within the next 12 months and set up and maintain a liquidity management strategy (LMS).
- Providers include in their LMS:
  - the total amount needed (in whole dollars) for refunds due in the next 12 months; this is their minimum level of liquidity (MLL)
  - details of what they used to work out their MLL
  - the form and where their MLL funds are (for example, cash, bank bills, guarantees, or credit).

Governance for home care providers

In this targeted review, we will work with home care providers on their governance arrangements. This review will be educational and will help home care providers to develop best practice governance systems.

How to use this report

Calculating rates

The calculations we have used can help you to compare services and providers. For example, we have used the following calculations to make it easier to compare these rates:

- Fully compliant audits as a percentage of the site audits we have conducted.
- Different types of responses to non-compliance as a percentage.
- Serious Incident Response Scheme notifications per 10,000 occupied bed days (OBDs).
- Complaints rate per 10,000 OBDs in residential care and per 10,000 consumers in home services.

Residential care by size and type

Providers are the organisations that operate aged care services. For residential care services, we have broken down the result by the size of the provider that runs the service and the ownership type (page 8). We work out the size of the provider by the number of services they run.

All residential care services fit within these sizes and types. Where we cannot break down the result into size or type, the figure will be for all residential care services together.

We are currently reviewing how we break down data for providers, and will incorporate improvements in future reports, including breaking down data for home services providers.

Quality Indicator Program

This report includes rates and trends from the National Aged Care Mandatory Quality Indicator Program (QI Program) from the Australian Institute of Health and Welfare's quarterly reports. The QI Program is an important source of information about how the residential aged care sector is performing. It is particularly helpful in understanding how the sector is performing in the key areas of providing quality care and outcomes for older Australians.

Providers calculate their own rates when they submit their QI Program data to the Department of Health and Aged Care every quarter. We encourage providers to keep using QI Program data to identify where they need to improve. Providers can also use it with Commission data to compare their performance.

How to calculate your own rates

How to calculate your own Serious Incident Response Scheme (SIRS) notification rate for a quarter

1. Take the number of incidents in your service that you reported to the Commission over the quarter.
2. Take the number of occupied bed days (OBDs) for your service during the quarter. This number is what you used for claiming subsidies with Services Australia and should also match the figure you entered for 'Occupied Bed Days' in your Quarterly Financial Report.
3. Divide the first number by the second number and multiply by 10,000.

Example

Good Care ABC is a large-sized government provider. One of its services has 300 residents and is fully occupied throughout the year. It has 109,500 OBDs in a calendar year. For Q1, there are 92 days, and the service would have 27,600 OBDs. The service notified the Commission of 30 SIRS related incidents in this quarter.

Its SIRS notification rate per 10,000 OBDs would be 30/27,600 x 10,000 = 10.87

The SIRS sector average incident notification rate is 8.1 (Q1) incidents per 10,000 OBDs. Good Care ABC's incident notification rate for the quarter of 10.87 is above the sector average rate.

How to calculate your own residential complaints rate (per 10,000 OBDs) for a quarter

1. Take the number of complaints about your service lodged with the Commission over the quarter.
2. Take the number of OBDs for your service during the quarter. This number is what you used for claiming subsidies with Services Australia and should also match the figure you entered for 'Occupied Bed Days' in your Quarterly Financial Report.
3. Divide the first number by the second number and multiply by 10,000.

Example

Excellent Care ABC is a residential aged care provider that runs one residential care service of 100 residents. It is fully occupied throughout the year. It will have 36,500 OBDs in a calendar year. In Q1, there are 92 days, and the service would have 9,200 OBDs. The Commission received 2 complaints about the service in that quarter.

Its complaints rate per 10,000 OBDs would be:

2/9,200 = 0.00022

0.00022 x 10,000 = 2.2

The sector average complaints rate is 0.8 complaints per 10,000 OBDs. Excellent Care ABC's complaints rate for the quarter (2.2) is above the service average complaints rate.

The residential care sector average complaints rate is 0.8 complaints per 10,000 OBDs.

Excellent Care ABC's complaints rate for the quarter of 2.2 is above the sector average rate.

How to calculate your own home services complaints rate per 10,000 people receiving care for a quarter

1. Take the number of complaints about your service lodged with the Commission over the quarter.
2. Take the number of people receiving care for your service during the quarter.
3. Divide the first number by the second number and multiply by 10,000.

Example

Compassion Care ABC is a home services provider that operates one service providing care for 600 people. The Commission received 5 complaints about the service in the quarter.

Ratio of complaints per 10,000 people receiving care is:

= 5/600 X 10,000 = 83.33

The sector average complaints rate is 32.70 (HCP) and 1.50 (CHSP) (Q1) complaints per 10,000 people receiving care.

Compassion Care ABC's complaints rate for the quarter of 83.33 is above the service average complaints rates for both HCP & CHSP.

Notes on data

We take sector performance data at a point in time from Commission systems.

Reported figures may be superseded as database records are updated.

As the Commission systems are updated regularly, the published numbers for past quarters may be slightly different in this report, where the same periods are quoted here for comparisons.

The numbers of people receiving residential care were extracted from the Department of Health and Aged Care data warehouse as of 30 September 2024, on 22 October 2024. State is based on the service state.

The information about the number of active residential care and home services as of 30 September 2024 was taken from the Commission systems on 22 October 2024.

Home Care Packages (HCP) data on people receiving care was extracted from the department data warehouse as of 30 September 2024, on 22 October 2024. HCP state of the person receiving care is based on service.

Commonwealth Home Support Programme (CHSP) data on people receiving care was extracted from the department data warehouse as of 30 September 2024, on 22 October 2024. The state where the person receiving care in HCP is based on service. Due to financial year limitation, some people receiving care through CHSP may be listed against services that are no longer operational.

Reportable incident (SIRS) data was extracted from Commission systems on 2 October 2024.

The occupied bed days (OBDs) data for Q4 2023–24 was not available by the due date, so we have estimated OBDs for Q4 from the unique counts of people receiving care in the residential sector for the quarter.

Residential Aged Care Quality Indicators data was taken from the Australian Institute of Health and Welfare website published on 22 October 2024.

Where a person receiving care changed services, they may be counted across multiple states. The sum of the state totals may therefore exceed the total national count. In the past the state came from CHSP Outlet/Service state, however this was changed to the person receiving care state in line with other Gen-Aged Care reporting.

Data about quality assessment and monitoring activities and outcomes in this report includes care delivered flexibly (for example, services provided through short-term restorative care).

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

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