

Aged Care Quality and Safety Commission

Sector performance report

Quarter 1 | July – September 2023



Australian Government

Aged Care Quality and Safety Commission

Engage
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Safeguard

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Message from the Commissioner

Welcome to the Commission's first quarterly Sector Performance Report for the 2023–2024 financial year, covering the period from 1 July to 30 September 2023.

Regular readers of the sector performance report will notice significant changes in this quarter's report. We have shifted our focus to what we see rather than what we do.

This report is part of our commitment to keep improving the experience of older Australians receiving government-funded aged care services, through better transparency and accountability.

For most of the data in this report, we use rates calculated by occupied bed days or counts of people receiving care. We have also divided the data by provider size and ownership type. Over coming quarters, and based on feedback from readers, we will add other ways to compare and categorise the data.

We hope this supports providers to benchmark their own performance against sector averages and similar types of providers.

The trend that we reported in the last Sector Performance Report of a significant improvement in the rate of providers fully complying with the Aged Care Quality Standards (Quality Standards) has continued. This quarter we found 81% of residential services we

audited were fully compliant, which is only a slight drop from last quarter.

This is a notable improvement over the same quarter last year. One reason for the improvement is that we are now auditing lower risk services, having prioritised high-risk services for onsite audits during the height of the pandemic. Another contributing factor may be the Star Ratings program, introduced in December 2022, which provides additional incentives for residential providers to achieve and maintain compliance across multiple quarters.

While we have seen overall improvements across the sector, performance gaps continue to be apparent. The current compliance rates show us that one in 5 residential aged care services failed to meet all the requirements of the Quality Standards in the care they provided. The level of non-compliance by home services as a group is significantly higher than that.

While we have seen overall improvements across the sector, performance gaps continue to be apparent.

Janet Anderson PSM





Provider governance remains an issue of concern for the Commission. Quality Standard 8 (Organisational governance) now has the lowest rate of compliance of all the Quality Standards across both residential care and home services.

This is worrying because we know that poor governance leads to poor clinical care, more complaints and more serious incidents. The Commission expects to see an improvement in governance arrangements, and we are supporting providers to achieve this through educational programs such as [Governing for Reform](#).

By means of sector performance reports such as this one, we are also looking to encourage providers to analyse and understand their own performance within a larger comparative context. The Commission's publication of sector-wide data categorised into various subsets allows providers to situate themselves within the bigger picture and should also prompt providers to link and cross-reference data from a range of sources to identify areas in their services that require particular attention.

For example, at a sector level, compliance with Quality Standard 3 (Personal and clinical care) has improved over the most over recent quarters, however personal and clinical care issues account for half of the top 10 complaints received about residential aged care services.

While data is the core of this report, it is only useful if providers consider it carefully and act on it.

Further, in relation to serious incident notifications, rates for notifications of neglect have been increasing quarter on quarter in residential care and are also prominent in home services. While some of this increase may well be related to a heightened awareness of this incident type, it could also point to shortcomings in personal and clinical care in some services. Clearly, there is more work to do in this important area at the levels of sector, provider and individual services.

What this example underscores is the importance of providers continuously monitoring and analysing a range of indicators which can show when there is a risk of harm to the people for whom they are providing care.

In this report we have also included some data from the National Aged Care Mandatory Quality Indicator Program. We hope this additional data will help to encourage providers to proactively join the dots between the various indicators available to them.

While data is the core of this report, it is only useful if providers consider it carefully and act on it.

We look forward to hearing what you think of the new format of the- report. We have included a link to a feedback survey on page 6.

J. M. Anderson

Janet Anderson PSM
Commissioner



Australian Government
Aged Care Quality and Safety Commission

How to use this report

In this report, you will find 2 main types of metrics:

1. Service average metrics.
2. Sector wide averages.

We use these metrics to group or measure the data and information we have collected.

Providers can use the service average metrics to compare their services with service averages for similar types and size of providers. We have included examples of simple calculations that providers can do with their own data to compare their performance with these averages.

Sector wide metrics help providers to understand how their sector and peers are performing overall. We use these metrics to look at compliance with the Aged Care Quality Standards (Quality Standards).

We have compared data over the past 4 quarters and have called out any significant differences. This means that providers can compare their most recent results as well as their past performance.

Residential care by size and type

Providers are the organisations that operate aged care services. For residential care services, we sometimes break down the result by the size of the provider that runs the service or 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 – the provider operates one or 2 residential services
- Medium – the provider operates between 3 and 10 residential services
- Large – the provider operates 11 or more residential services.

The 3 categories of ownership type we have used are:

- For-profit
- Not-for-profit
- Government.

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 services together.

We are looking into similar ways to break down the data for providers of home services in future reports.

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 (SIRS) notifications per 10,000 occupied bed days (OBDs)
- complaints per 10,000 OBDs.

We have also included information for providers on how to calculate their own rates to compare with the service averages and sector wide results.

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.

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

Residential providers' rates of compliance with the Quality Standards have increased significantly over the past 12 months. In Quarter 1 (Q1), 1 July to 30 September 2023, 81% of residential services that underwent a site audit were found to be compliant with all 42 requirements of the 8 Quality Standards. While this is an improving trend, it means that nearly 1 in 5 residential services audited were less than fully compliant.

Home services' compliance rates are much lower than for residential care, with 63% of services undergoing a quality audit in Q1 being found to be fully compliant with the Quality Standards. This dropped from a high of 71% in Q4 2022–23. Further, while compliance with Quality Standard 3 (Personal care and clinical care) has increased in residential care, it has fallen in home services. These concerning trends warrant specific attention and action by home services providers.

Quality Standard 8 (Organisational governance) now has the lowest rate of compliance for both residential and home services. This is concerning as poor governance can cause high rates of complaints and lower compliance with other Quality Standards.

The overall higher rates of provider compliance have led to a drop in compliance actions. This fall reflects an important shift in the Commission's regulatory approach. Over half of the non-compliance that our auditors found is now dealt with through early remediation. This is where the provider takes prompt and effective action to address the problem we have identified without us having to issue a formal notice.

Medication management is the number one complaint topic in residential care and complaints about this issue have increased since Q4 2022–23. Complaints about communication and falls have also increased in residential care. The Commission works with complainants and providers to resolve the concerns raised.

Incident notifications from the Serious Incident Response Scheme (SIRS) in residential care are mostly stable. The exception is neglect, where concerning, notifications are increasing each quarter.

Neglect notifications are also noteworthy in home services where they represent the largest volume of incident reports. The second largest number of notifications relate to stealing and financial coercion. The risks surrounding both of these incident types warrant closer attention by home services providers.

Fees, charges and communication complaints account for 1 in 5 complaints about home services. Complaints about Home Care Packages (HCP) increased from Q2 2022–23 to Q3 2022–23 but have now stabilised.

Sector overview

What does the sector look like?



1,272,983

More than 1.7 million older Australians receive aged care services*



● **194,607****
Residential care

● **262,244**
Home Care Packages (HCP)

● **816,132**
Commonwealth Home Support Programme (CHSP)

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

* Extracted from the Department of Health and Aged Care data warehouse, as of 30 September 2023, on 3 November 2023. State is based on the service state.

** For a percentage breakdown of resident numbers based on provider size and ownership model see the data tables on page 51



Residential care: Providers



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

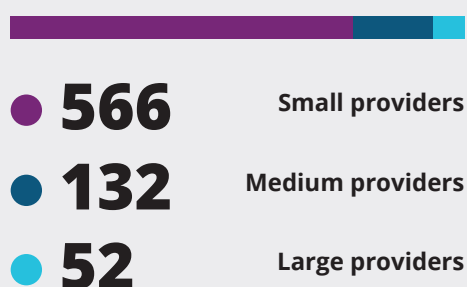


Figure 2: Number of residential care providers by provider size



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

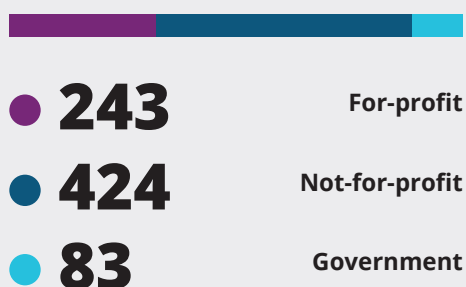


Figure 3: Number of residential care providers by ownership type

Residential care: Services



By size, most residential care services are run by large providers

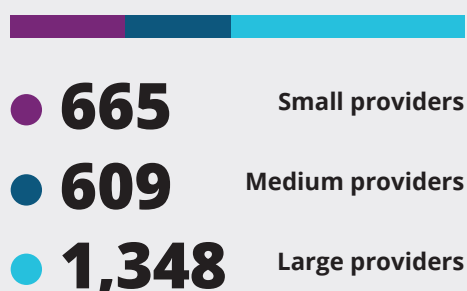


Figure 4: Number of residential services by provider size



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

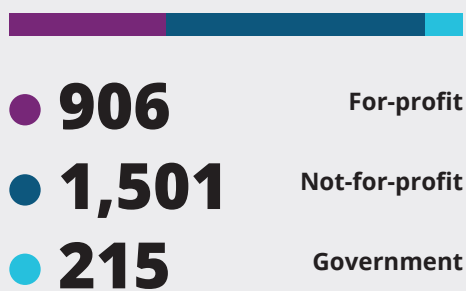


Figure 5: Number of residential services by ownership type



Home services providers

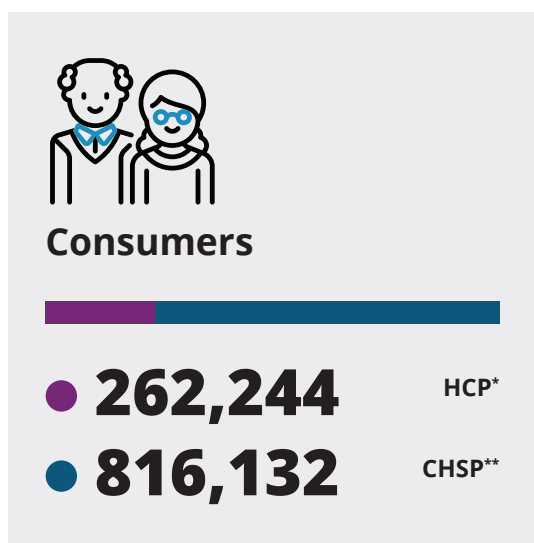


Figure 6: Home services consumers

*Home Care Package (HCP)

**Commonwealth Home Support Programme (CHSP)

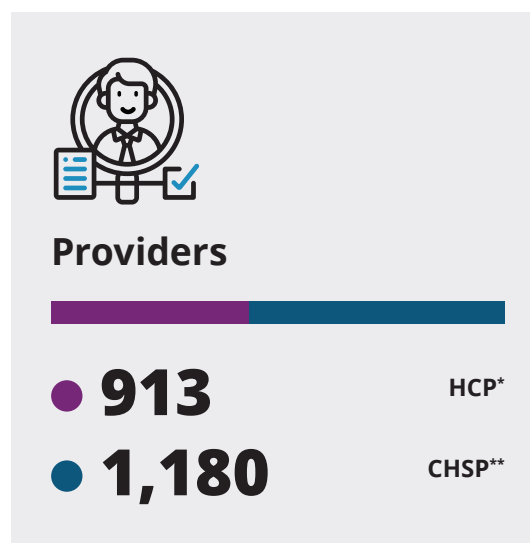


Figure 7: Home services providers

*Home Care Package (HCP)

**Commonwealth Home Support Programme (CHSP)

Aged care services in Australia

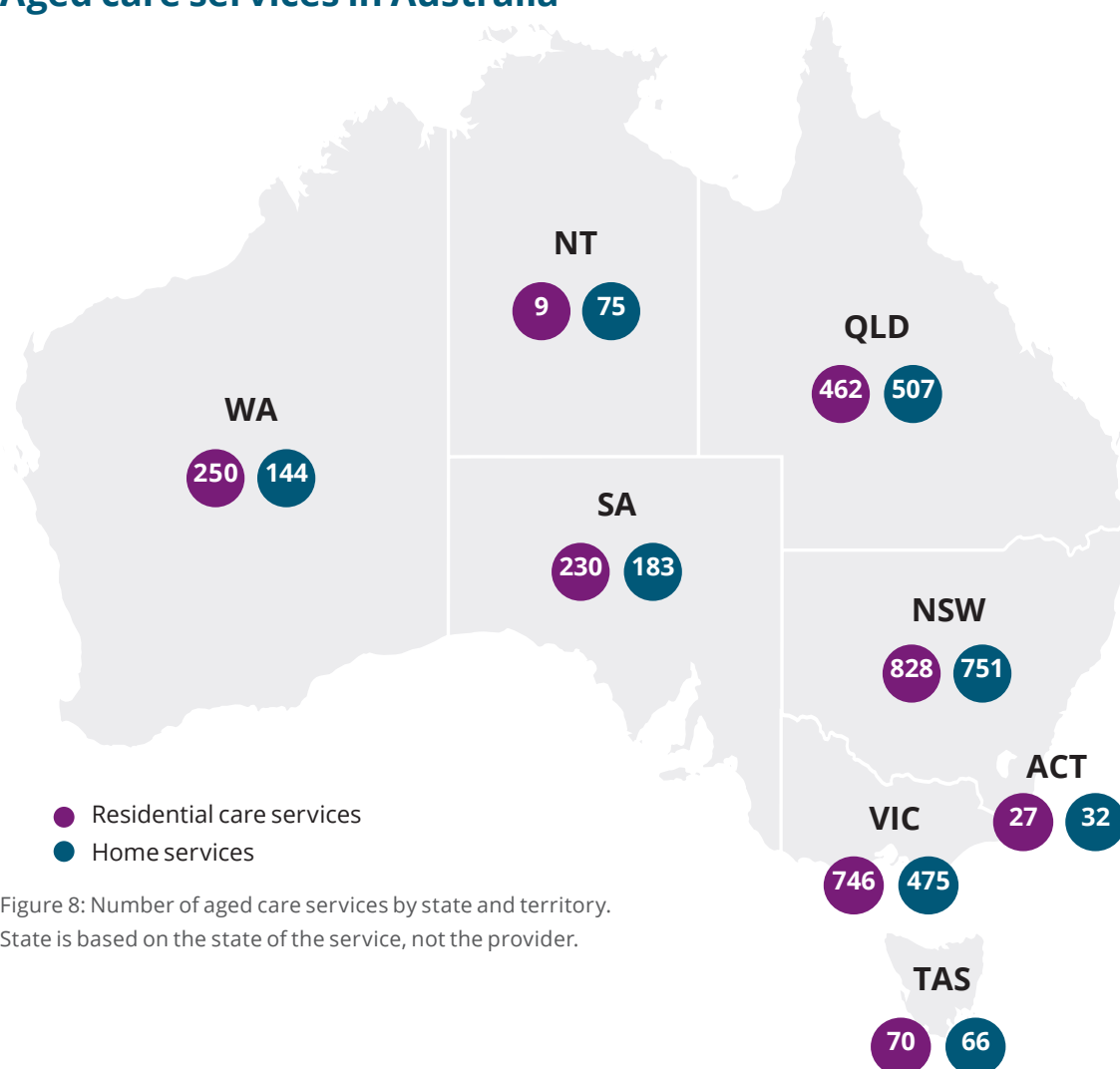


Figure 8: Number of aged care services by state and territory.

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 we understand and measure performance including:

- through compliance outcomes for site audits (residential services) and quality audits (home services)
- complaints about services
- notifications under the Serious Incident Response Scheme
- the National Aged Care Mandatory Quality Indicator Program
- compliance with worker regulation responsibilities*
- compliance with governance responsibilities.*

In this report, we deal with the different performance measures separately. Strong performance against one measure is not always reflected in strong performance against other measures.

Where we have provided data for residential aged care against specific performance measures and categories, you will see that there can be different outcomes for providers depending on their size and entity type. This data is useful for the purposes of benchmarking. However,

performance outcomes against a particular measure cannot be used to determine that one type of aged care provider is better than others. This is because looking at a particular performance measure shows only a single view of performance, not the whole picture.

We are working on how we bring together data about our different performance measures. We want to be able to better show where we see safe quality care and the risks to care at the levels of a service, provider and whole of sector.

* We expect to publish this data in future reports.

Compliance with the Aged Care Quality Standards



All aged care providers must comply with the Aged Care Quality Standards (Quality Standards). The Commission checks residential and home services providers' compliance with these standards through site audits and quality audits.

We also monitor the quality of care and services through assessment contacts. We use these contacts if we detect risks to people receiving aged care. Assessment contacts are aimed at higher risk services and providers. 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 a representative picture of overall sector performance.



81%

All 42 requirements met -
Residential care



63%

All 42 Requirements met -
Home services

Figure 9: Compliance with Quality Standards among audited residential care and home services providers



Site audits (residential care)

Site audits are unannounced visits that we do as part of a service's reaccreditation. In a site audit, we assess a provider's performance against each of the 42 requirements in the 8 Quality Standards. Figure 10 shows that 81% of the services we audited in Q1 met all 42 requirements.

To calculate compliance rates, we divided the number of audits that met all 42 requirements by the total number of site audits where a decision was made (177 divided by 219 = 81%).

Site audits and compliance rate in residential care

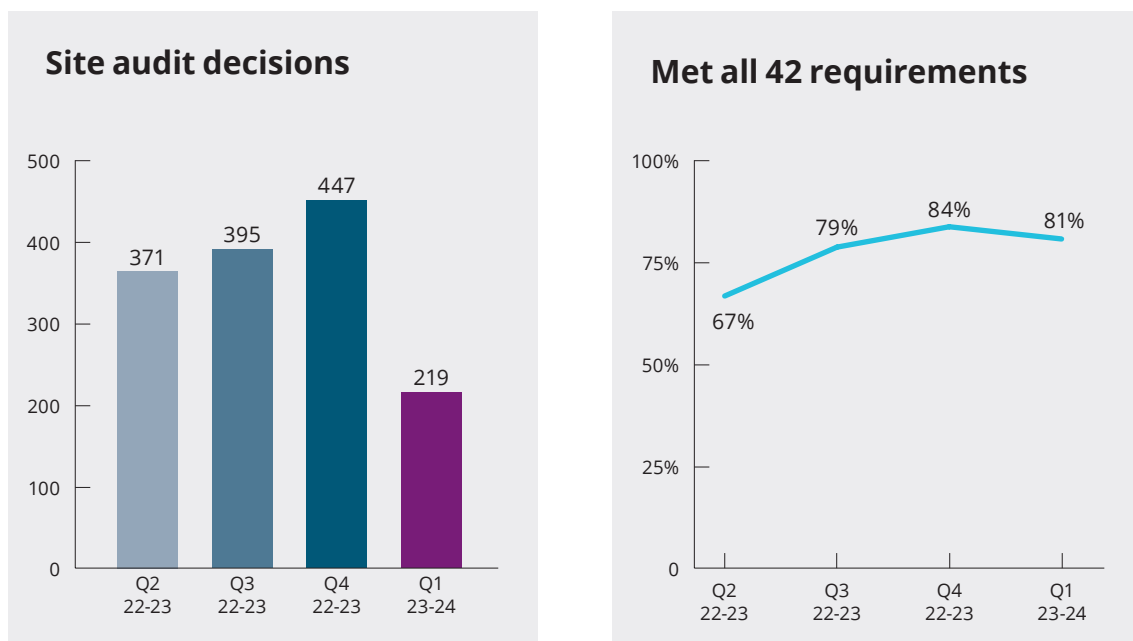


Figure 10: Sector wide results: Number of site audits and proportion of services that met all requirements of the Quality Standards.

- The higher rates of compliance in Q3 and Q4 2022-23 may be explained by our focus on higher risk services earlier in the auditing cycle. Other factors include:
 - the Star Ratings system that gives providers further incentive to fully comply
 - our educational activities and campaigns.
- For the 12 months to 30 September 2023, the overall compliance rate improved. However, the compliance rate for both residential and home services in Q1 2023-24 is lower compared with Q4 2022-23.
- All providers are expected to fully comply with all requirements of the Quality Standards. We continue to closely monitor changes in overall compliance rates as well as other risk factors.

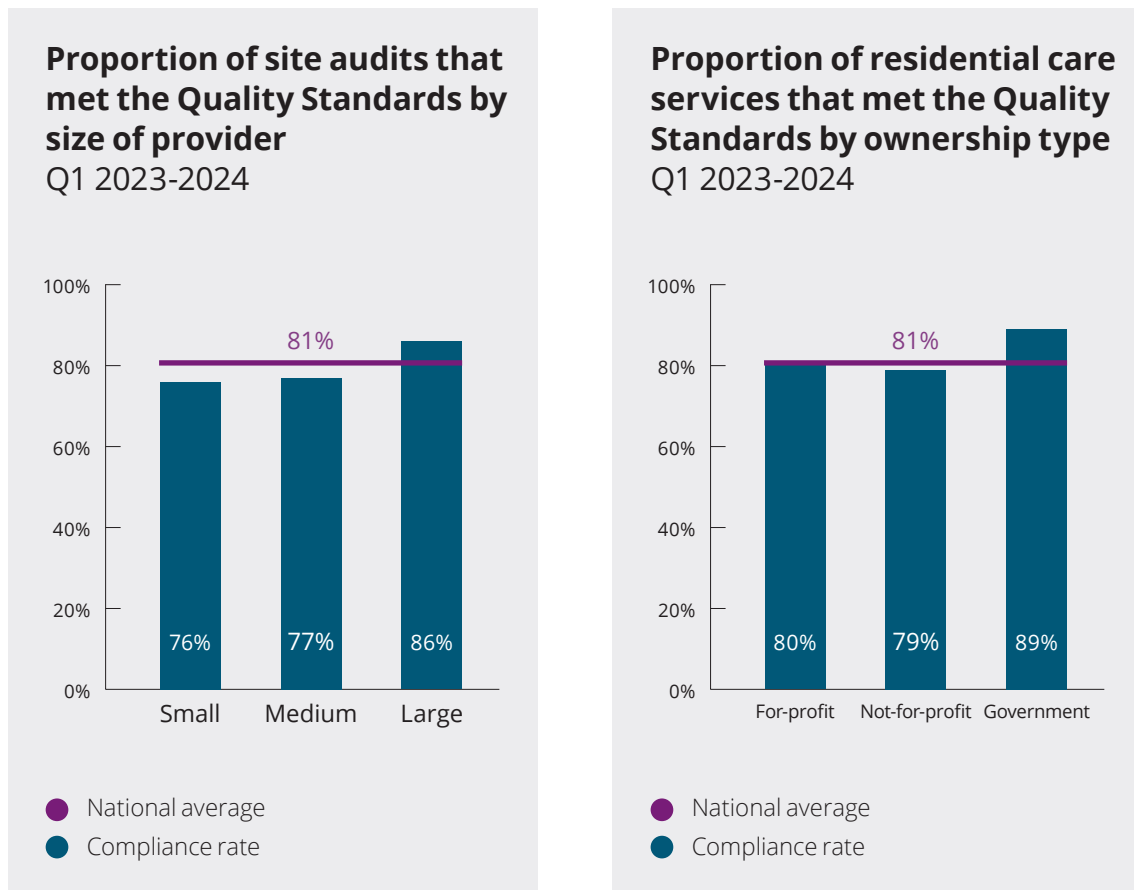


Figure 11: Sector wide result: Proportion of site audits that met all 42 Quality Standards requirements by provider size and ownership type in Q1.

- This data is useful for the purposes of benchmarking. However, performance outcomes against a particular measure cannot be used on their own to determine that one type of aged care provider is better than others.
- Large providers' compliance rate for Q1 is above the national average. Government providers' compliance rate is also above the national average.
- The higher average compliance rate for larger providers may reflect more substantial governance arrangements in place in these organisations relative to smaller providers.



Quality audits (home services)

We conduct quality audits of home services at least once every 3 years to assess providers' performance against the Quality Standards. As well as quality audits, we monitor the quality of care and services through assessment contacts, which we use if there are risks to people receiving aged care. Assessment contacts are aimed at higher risk services and providers. The compliance rates below are based on quality audits only. This gives us a representative result for the sector.

Compliance rates in home services have declined recently

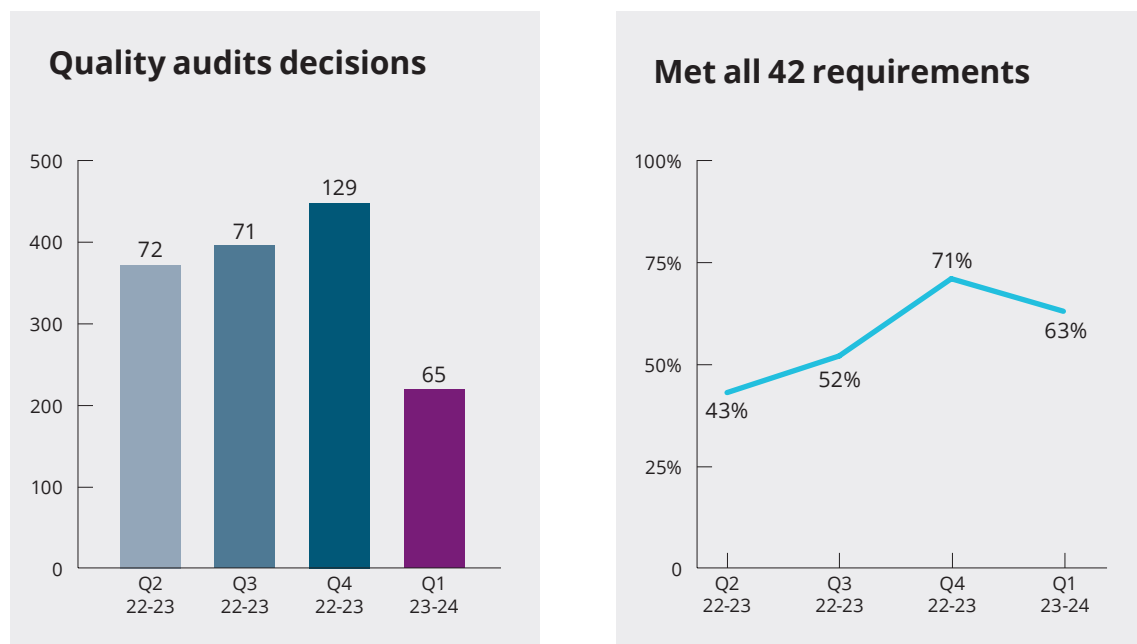


Figure 12: Quality audit numbers represent decisions made in that quarter. They are not comparable with data published in previous editions of the SPR, which reported on quality audit activities.

- Figure 12 shows that for the 12 months to 30 September 2023, the overall compliance rate improved significantly across Q2-Q4 2022-23 but dropped back in Q1.
- These compliance rates are a lot lower for home services than for residential providers. They show that nearly 2 out of 5 home services are failing to meet the minimum requirements of the Quality Standards. There needs to be significant improvement for home services providers to deliver consistent, high-quality care for older Australians.
- In response to the higher rates of non-compliance found in home services, we are increasing the number of quality audits we are undertaking in 2023-24.



Compliance with each of the Quality Standards

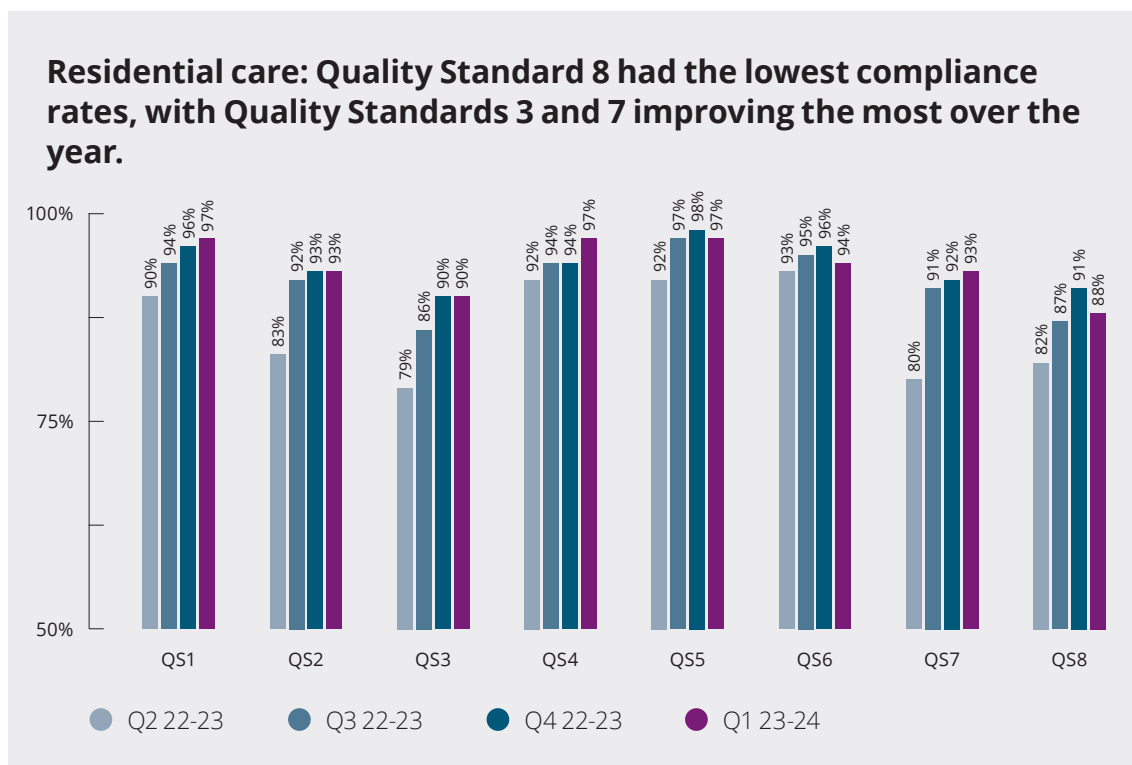


Figure 13: Compliance with the Quality Standards in residential care over the last 4 quarters

Quality Standard 1: Consumer dignity and choice

Quality Standard 2: Ongoing assessment and planning with consumers

Quality Standard 3: Personal care and clinical care

Quality Standard 4: Services and supports for daily living

Quality Standard 5: Organisation's service environment

Quality Standard 6: Feedback and complaints

Quality Standard 7: Human resources

Quality Standard 8: Organisational governance

- While there is variation over time in the compliance rates for each of the 8 Quality Standards, some trends are discernible. Quality Standard 8 (Organisational governance) now has the lowest compliance rate. Compliance with Quality Standard 3 (Personal care and clinical care) and 7 (Human resources) improved the most over the past 4 quarters.
- Compliance rates for individual requirements (Figure 14) are higher than overall compliance rates. This shows us that non-compliance is widely dispersed across different requirements.
- Quality Standards with a large number of requirements not being met indicate the areas of greatest risk to people receiving aged care.

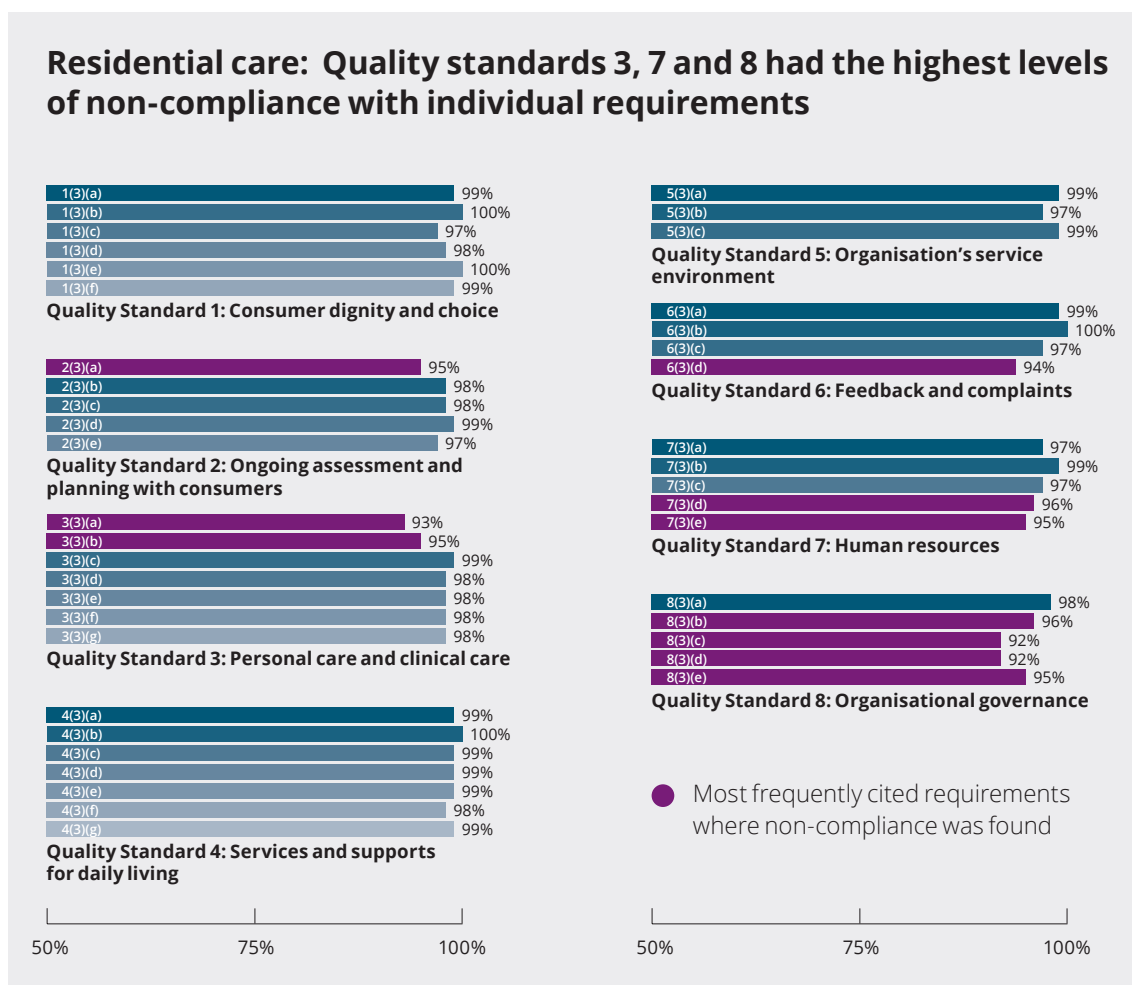


Figure 14: Sector wide result: Compliance rate across all the 42 Quality Standard requirements in residential care

- Quality Standard 8 (Organisational governance) has the lowest rate of compliance in Q1 and fell this quarter after improving across the previous three quarters. This is concerning as we know that providers with poor governance often have more complaints made about them and more clinical and service delivery issues.
- Of the 10 Quality Standard requirements with lowest compliance, 4 of them relate to governance. These 4 requirements include culture, clinical governance and risk management, which are critical for safe and quality care.
- While Quality Standard 3 (Personal care and clinical care) had the lowest compliance rate (79%) of all Standards in Q2 2022–23, it has improved significantly in Q1 with a compliance rate of 90%. Q1 Program data (page 40) also shows improvements in:
 - medication management
 - physical restraint
 - unplanned weight loss
 - falls that resulted in major injury.
- However, we are continuing to see concerns about clinical and personal care in our complaints data (page 36). These issues account for half of the top 10 complaint issues. Medication management is the number one complaints issue and falls prevention and management the number 2 issue.



Sector performance - compliance | Q1 July - September 2023

- Pleasingly, the compliance rate for Quality Standard 7 (Human resources) has also improved, from 80% in Q2 2022–23 to 93% in Q1. This may be related to providers' and workers' improved understanding of their obligations. While compliance with Quality Standard 7 as a whole is increasing, 2 of the requirements have low rates of compliance. These requirements cover effective recruitment and training, and ongoing performance monitoring.
- Further, the number and sufficiency of staff is the fourth most complained about issue in residential care (page 36), and we are monitoring this closely.
- Services that are successful in attracting, training, supervising and retaining a skilled and committed workforce are much more likely to deliver safe quality care.

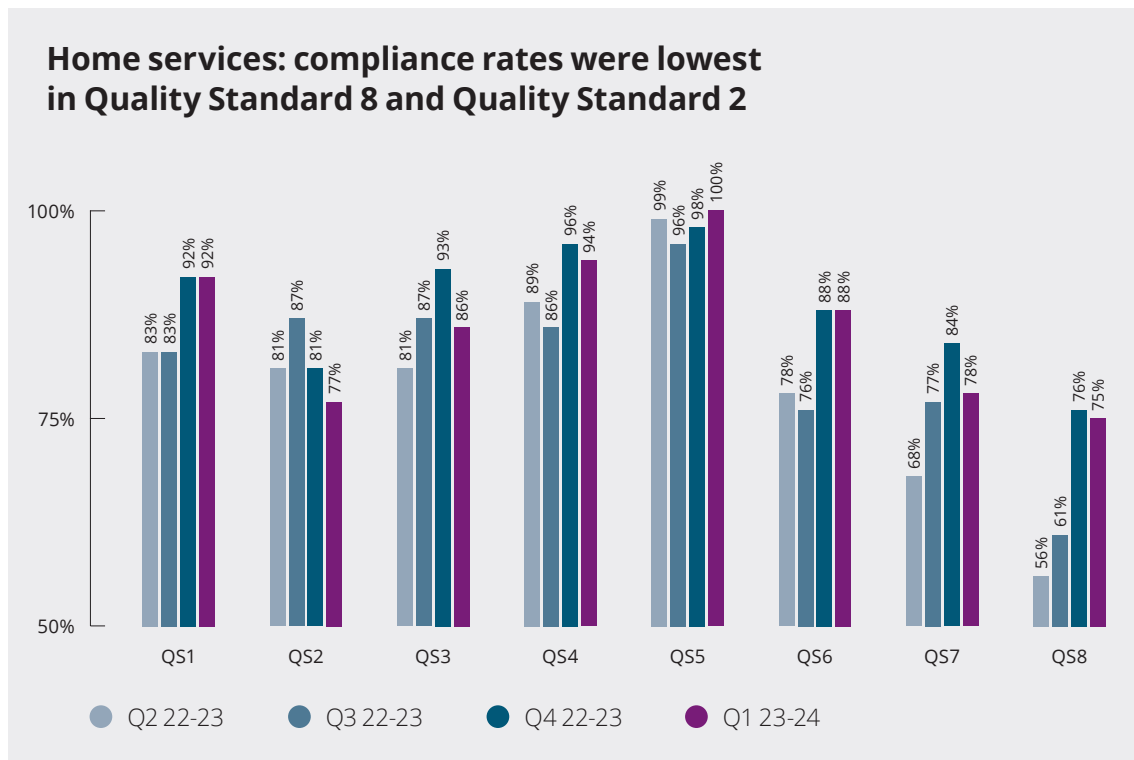


Figure 15: Sector wide result: Quality Standard compliance in home services over the past 4 quarters

Quality Standard 1: Consumer dignity and choice

Quality Standard 2: Ongoing assessment and planning with consumers

Quality Standard 3: Personal care and clinical care

Quality Standard 4: Services and supports for daily living

Quality Standard 5: Organisation's service environment

Quality Standard 6: Feedback and complaints

Quality Standard 7: Human resources

Quality Standard 8: Organisational governance

- Across the 4 quarters from September 2022, compliance rates were lowest for Quality Standard 8 (Organisational governance). While we have seen an improving trend over the past 4 quarters, there is more work needed by home services providers to make sure that safe quality care is supported by good governance arrangements. Providers with poor governance receive more complaints, have more serious incidents, and worse clinical care.
- Lower overall compliance rates are also apparent for Quality Standards 7 (Human resources) and Quality Standard 2 (Ongoing assessment and planning with consumers). Further, in contrast to residential care, we are observing a decrease in the compliance rates for Quality Standard 3 (Personal care and clinical care). These trends will be closely monitored.
- Since Q3 2022-23, there has been a concerning drop in compliance rates for Quality Standard 2 (Ongoing assessment and planning with consumers).
- Issues associated with this standard are also increasingly showing up in complaints data. Complaints about case management, coordination and care planning account for 3 of the top 10 complaints received about home services this quarter (see page 39).

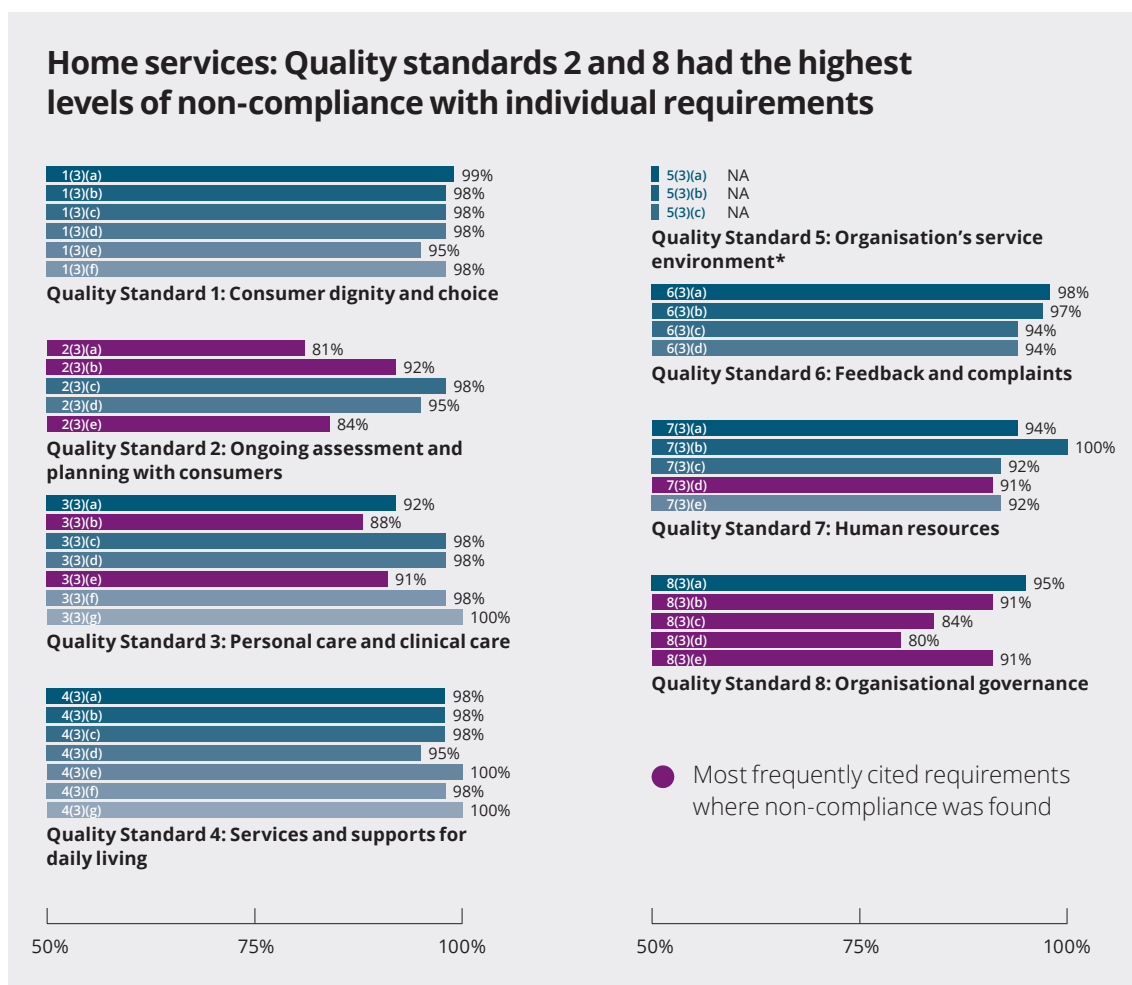


Figure 16: Sector wide result: Compliance rate across all the assessed Quality Standard requirements in home services

* Compliance rates for Quality Standard 5 (Organisational's service environment) are not included because very few home services are assessed on this standard. This is because 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.

- As noted above, the compliance rates for home services overall are concerning given that they are considerably lower than for residential providers.
- As with residential care, trends are apparent in the pattern of home services compliance with each of the 8 Quality Standards.
- Also, compliance rates for individual requirements are higher than for overall compliance with a particular standard (Figure 16). This shows us that non-compliance is widely dispersed across different requirements.
- We are most concerned about the Quality Standards with a large number of requirements that are not being met.
- Of the 10 Quality Standard requirements with the lowest compliance, 4 relate to Quality Standard 8 (Organisational governance) and 3 relate to Quality Standard 2 (Ongoing assessment and planning with consumers).



Commission and provider responses to non-compliance

Where we find a provider has not complied with their responsibilities, including the Quality Standards, we base our regulatory response on our assessment of the level of risk posed to care recipients and the provider's willingness and ability to fix the issue and make lasting improvements.

The types of decisions we make in response to that non-compliance are shown in figure 17. The proportional increase in early remediation, and the reduction in directing and compelling actions between Q4 2022-23 and Q1 indicates that when faced with a finding of non-compliance, most providers are willing and able to work with us to sort out the problem quickly and effectively.

There has been a steady decrease in directing and compelling actions in response to non-compliance between Q4 2022-23 and Q1

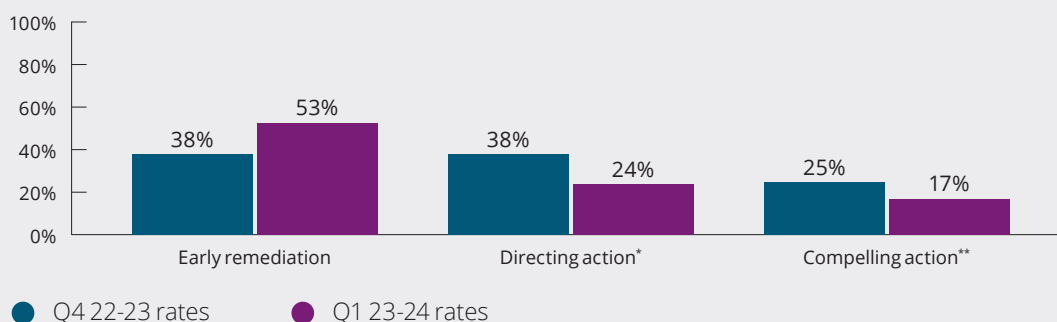


Figure 17: How the Commission responds to findings of non-compliance in residential care

*Directing actions include a Direction to Revise a Plan for Continuous Improvement (PCI Direction).

**Compelling actions include Non-Compliance Notices, Notices to Agree and Sanctions.

Early remediation

We have been working to build incentives for providers to fix lower risk non-compliance sooner through early remediation. This has been well received by the sector and has meant that fewer services have faced formal regulatory action. Over half of non-compliance is now fixed through early remediation, delivering a better outcome for people receiving aged care.

If providers need a further nudge to fix a problem, we issue a Direction to Revise a Plan for Continuous Improvement. This is issued where we are confident that they can fix a problem but may need time to develop and implement an action plan. The number and proportion of Directions continue to fall. This shows that we have been able to work with more providers to quickly fix non-compliance through early engagement rather than through formal regulatory action.





Residential care: Commission response to provider non-compliance

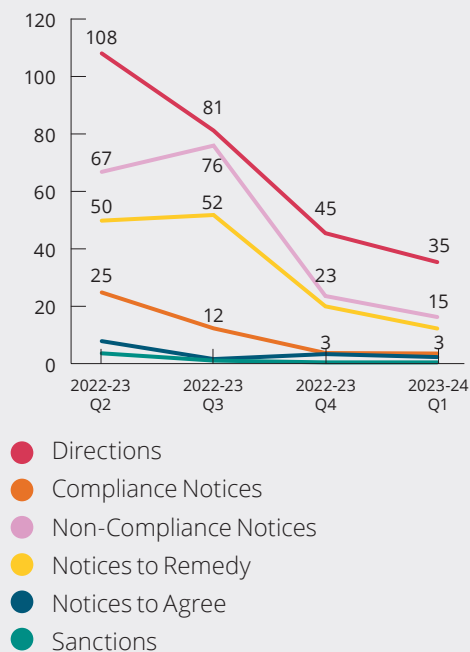


Figure 18: Sector wide result: Commission response to provider non-compliance in residential care

- You can see the effect of our increased emphasis on early remediation on the number of directions we have issued to providers. We issued 35 directions in residential care Q1 – nearly a third of the number we issued 12 months ago.
- Non-compliance notices were highest in Q3 2022-23, fell sharply in Q4 2022-23 and have now stabilised.
- These falls reflect the Commission's focus to work with providers to address and fix lower risk issues that could harm people receiving care (see Early remediation p21).
- We aim to identify risks early and help providers to take actions to prevent them from becoming non-compliant. This also allows us to concentrate more of our efforts on providers who pose a higher risk and those that have a history of non-compliance.

Home services: Commission response to provider non-compliance

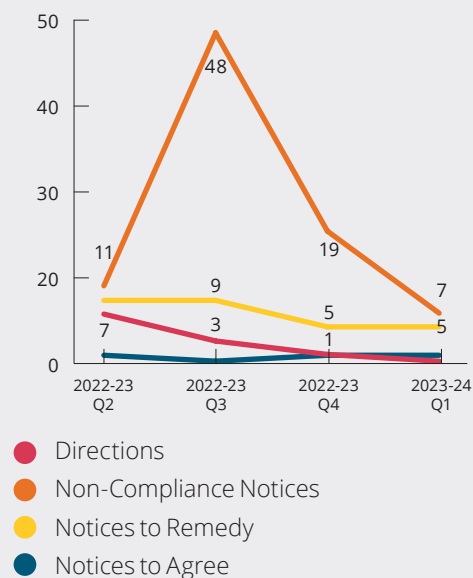


Figure 19: Sector wide result: Commission response to provider non-compliance in home services

- Directions in home services have also decreased over the last 4 quarters. However, Non-Compliance Notices (NCNs) jumped in Q3 2022-23, with most of these NCNs being issued for late submission of Quarterly Financial Reports (QFRs). Providers made significant improvements in meeting their financial reporting requirements in Q4 2022-23 and Q1.

Find out more by
clicking the links below:



- [Assessment & monitoring | Aged Care Quality and Safety Commission](#)
- [Aged Care Quality Standards](#)
- [Home services quality reviews](#)
- [Residential care review audits](#)
- [Aged care services performance and enforceable actions](#)

Serious Incident Response Scheme



Since 1 April 2021, residential aged care providers have been required to notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS). On 1 December 2022, the SIRS was extended to cover care delivered in a home or community setting. More detailed information about the SIRS is included in links at the end of this report.

Every provider is expected to have an effective incident management system in place that they use to reduce the risk of serious incidents and to respond effectively when they occur. This is specifically referred to in Standard 8 (Organisational governance). Knowing the rate of SIRS notifications for the sector can help individual providers to understand how their rate of notifications compares. The Commission uses these rates, combined with other information on provider performance, to focus on services that have concerning rates of SIRS notifications. This can include rates that seem too high or rates that seem too low. For the first time in this report, we have included SIRS notification rates for residential care by provider ownership type and size.

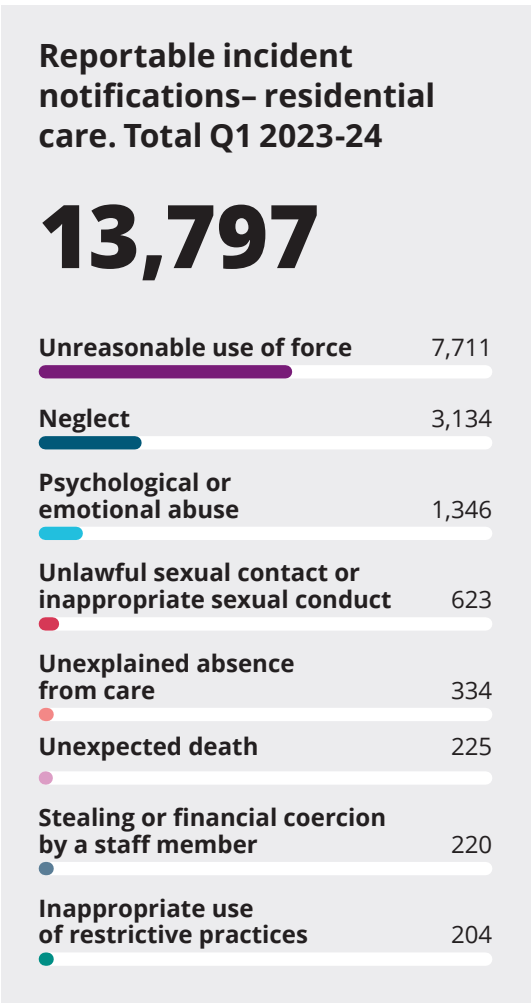


Figure 20: Sector wide result: Number of Priority 1 and Priority 2 reported incidents for residential care



Figure 21: Sector wide result: Number of Priority 1 and Priority 2 reported incidents for home services



In residential care, unreasonable use of force was the most reported incident type across the past 4 quarters

| Reportable incident | Total Q2 2022-23 | Total Q3 2022-23 | Total Q4 2022-23 | Q1 2023-24 Priority 1 | Q1 2023-24 Priority 2 | Total Q1 2023-24 |
|---|---------------------|---------------------|---------------------|-----------------------------|-----------------------------|---------------------|
| Unreasonable use of force | 7,806 | 7,686 | 7,370 | 2,115 | 5,596 | 7,711 |
| Neglect | 1,861 | 2,236 | 2,960 | 946 | 2,188 | 3,134 |
| Psychological or emotional abuse | 1,031 | 1,102 | 1,122 | 152 | 1,194 | 1,346 |
| Unlawful sexual contact or inappropriate sexual conduct ~ | 594 | 603 | 524 | 618 | 5 | 623 |
| Unexplained absence from care ^ | 437 | 410 | 352 | 332 | 2 | 334 |
| Unexpected death ^ | 246 | 211 | 242 | 225 | 0 | 225 |
| Stealing or financial coercion by a staff member | 189 | 336 | 180 | 114 | 106 | 220 |
| Inappropriate use of restrictive practices | 172 | 193 | 146 | 25 | 179 | 204 |
| TOTAL | 12,336 | 12,777 | 12,896 | 4,527 | 9,270 | 13,797 |

Figure 22: Sector wide result: Number of Priority 1 and Priority 2 reported incidents for residential care

~ Reportable incidents of unlawful sexual contact, or inappropriate sexual conduct 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.

^ Notifications of unexplained absence or 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.

- The Commission expects to see serious incidents decline over time, particularly Priority 1 incidents that are of greatest risk to older people.
- Unreasonable use of force consistently accounts for more than 60% of notifications under the SIRS in residential aged care. More than 90% of these notifications are for incidents between residents.
- We have seen a concerning jump in reports of neglect over the past 12 months. Neglect includes many kinds of clinical incidents. When providers notify us of incidents of neglect, they should also review their data to look for other clinical issues. This includes reviewing data that providers collect and submit under the QI Program.
- Inappropriate use of restrictive practices notifications continues to account for the lowest number of reports of any of the 8 incident types. However, these notifications are trending upwards, which may be partly due to under-reporting in the past. It is noted that this trend is not apparent in the QI program data. Incidents of inappropriate use of restrictive practices may also be included in notifications of other incident types.

SIRS incident notification rate: residential care

| SIRS notification rate for Residential care | Q2 2022-23 | Q3 2022-23 | Q4 2022-23 | Q1 2023-24 | 12-month average at end of Q1 |
|---|---------------|---------------|---------------|---------------|----------------------------------|
| Rate | 7.1 | 7.4 | 7.4 | 7.7 | 7.4 |

Figure 23: Service average metric: SIRS incident notification rate for residential care

SIRS notification rate is number of notifications per 10,000 occupied bed days (OBD).



Residential care reporting rates per quarter for each incident type

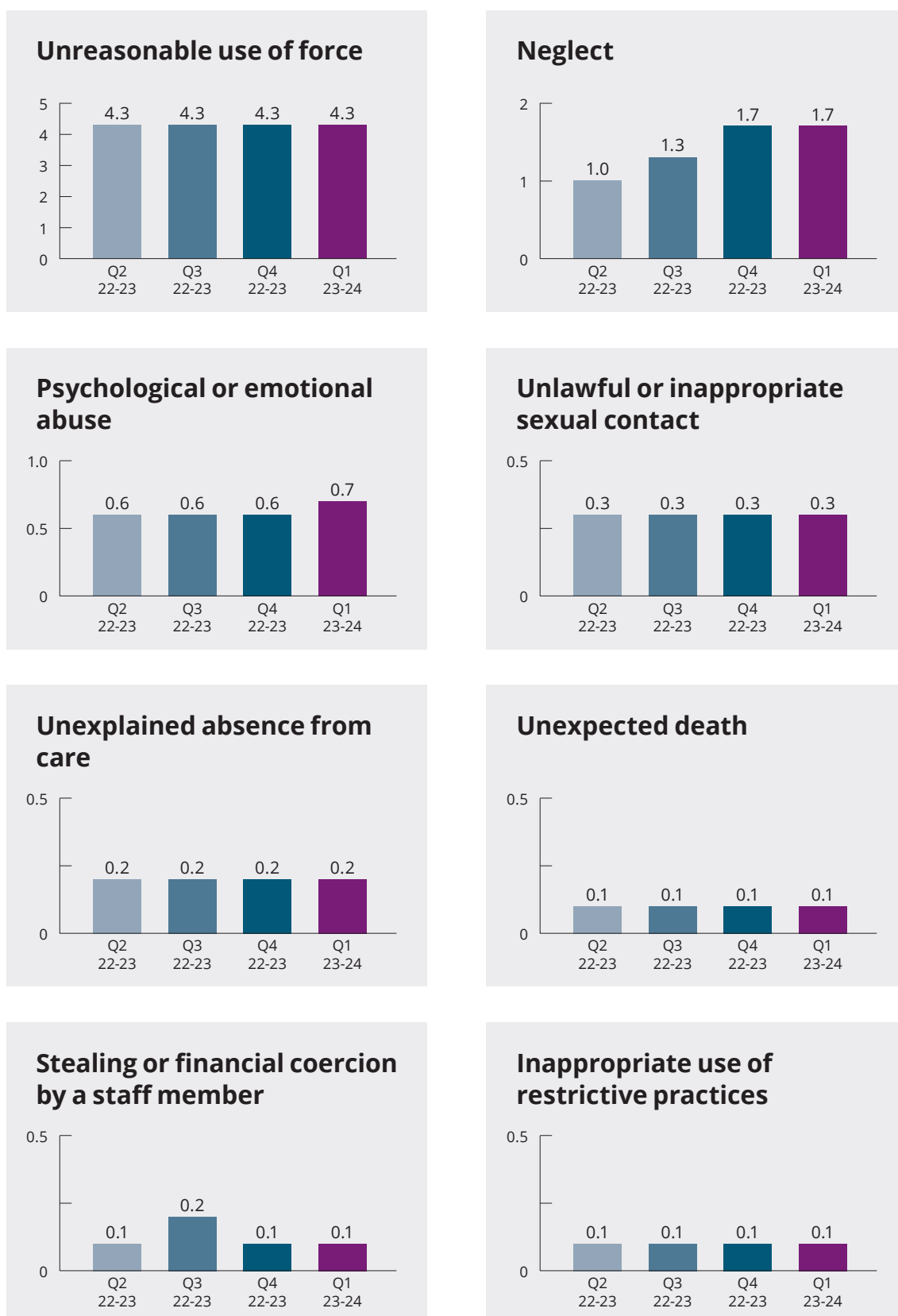


Figure 24: SIRS reporting rates per quarter for each incident type.



Sector performance - SIRS | Q1 July - September 2023

- These rates can help providers to identify if their reporting rate is significantly different from the sector average. Providers should review their incident management system to look for ways they can improve.
- SIRS reporting rates show that unreasonable use of force is consistently reported at a much higher rate than all other incident types.
- Reporting rates for each incident type have remained relatively stable, apart from neglect. Rates of neglect have increased from 1.0 to 1.7 per 10,000 occupied bed days (OBDs) from Q2 2022-23 to Q1. As we previously reported, this is partly due to one provider submitting over 600 notifications for an issue across all their services in Q3 2022-23. However, we are doing further research to better understand the types of incidents reported as neglect.
- Rates of psychological or emotional abuse increased in Q4 2023-24 after having remained stable for 3 quarters.
- Many reported incidents are preventable. We expect providers to be able to show how they use continuous improvement to reduce the likelihood of incidents occurring. This includes studying what happens when things go wrong and introducing changes to avoid it happening again.
- Our publication SIRS Insights [Unreasonable Use of Force: resident incidents](#) underlines our expectation that providers focus on preventing and managing this type of incident.
- A SIRS Insights report on Unexplained absence from care https://www.agedcarequality.gov.au/sites/default/files/media/sirs_insights_report_-_unexplained_absence_from_care.pdf was published in November 2023. The third report in the SIRS Insights series on Unreasonable use of force incidents involving staff will be published in March,

Priority 1 reportable incidents are incidents:

- that have caused, or could reasonably have been expected to cause 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. Providers must notify the Commission within 30 days of becoming aware of the incident.



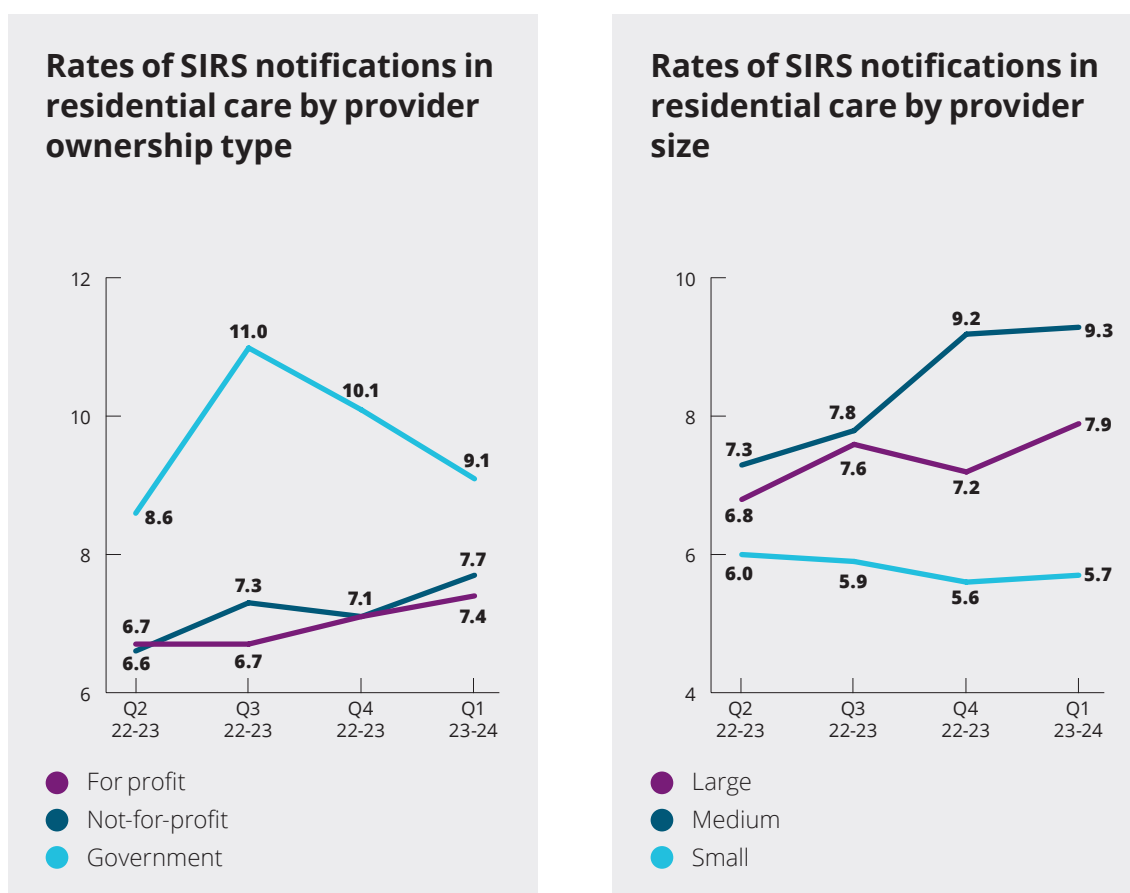


Figure 25: Service average metric: SIRS reporting rates per quarter by ownership type and provider size in residential care

SIRS notification rate is number of notifications per 10,000 occupied bed days (OBD).

Rates for ownership type or provider size do not include: 1,462 notifications for the 12-month period, 191 notifications for Q1 2022-23, 295 notifications for Q4 2022-23, 391 notifications for Q3 2022-23, and 585 notifications for Q2 2022-23 that could not be connected to a provider size or ownership type. These notifications are included in the total SIRS reporting rate figure.

- We have included the rates of SIRS notifications by provider ownership type and size so providers can compare their results with similar types of providers.
- No general conclusions about the relative performance of provider types can or should be drawn from this data. SIRS notifications are only a single view of performance, and the reasons for any calculated differences in notification rates are not always clear and are likely to reflect multiple factors.
- Providers should always review their own data to get a better understanding of where and why they might be different from the sector average. Ownership type and size are not the only explanation for why a provider's results might differ.
- The higher rate of reporting for government residential services may be because government providers had incident reporting systems in place before SIRS, resulting in a more developed reporting culture. It could also be related to the care needs of residents.
- There does not appear to be a clear trend in SIRS notifications rates by size of a provider, with rates varying across quarters, and medium sized providers having a higher rate. This may indicate that provider size does not have a strong relationship with reporting rate.



How to calculate your own SIRS notification rate for the quarter:

1. Take the number of incidents in your service that you reported to 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.

How to calculate your own SIRS notification rate for the 12-month period:

1. Take the number of incidents in your service that you reported to the Commission over the 12-month period.
2. Take the number of OBDs for your service during the 12-month period. This number is what you used for claiming subsidies with Services Australia and should also match the figures you entered for 'Occupied Bed Days' in your last 4 Quarterly Financial Reports.
3. Divide the first number by the second number and multiply by 10,000.

Example

Good Care ABC is a large size 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 incident notification rate per 10,000 OBDs would be
 $30/27,600 \times 10,000 = 10.87$

The overall SIRS incident notification rate is 7.7 (for Q1) incidents per 10,000 OBDs. Good Care ABC's incident notification rate for the quarter is above the service average rate.





In home services, neglect was the most reported incident type across the last three quarters*

| Reportable incident | Total Q3 2022-23 | Total Q4 2022-23 | Q1 Priority 1 | Q1 Priority 2 | Total Q1 2023-24 |
|---|------------------|------------------|---------------|---------------|------------------|
| Neglect | 382 | 562 | 287 | 269 | 556 |
| Stealing from or financial coercion of a consumer by a staff member | 250 | 252 | 147 | 133 | 280 |
| Psychological or emotional abuse | 66 | 72 | 24 | 45 | 69 |
| Unreasonable use of force | 56 | 52 | 18 | 36 | 54 |
| Missing consumers | 24 | 30 | 39 | 0 | 39 |
| Unexpected death | 13 | 24 | 26 | 0 | 26 |
| Unlawful sexual contact, or inappropriate sexual conduct | 13 | 21 | 24 | 0 | 24 |
| Inappropriate use of restrictive practices | 5 | 16 | 1 | 6 | 7 |
| TOTAL | 809 | 1029 | 566 | 489 | 1055 |

Figure 26: Sector wide result: Number of Priority 1 and Priority 2 reported incidents for home services

*SIRS for home services was not introduced until December 2022 so only 3 quarters of data is available.

SIRS notification rates are not available for home services because of the different way consumer data is collected.

- SIRS for home services has similar incident types to those reportable for residential SIRS apart from:
 - ‘Missing consumers’ replaces the ‘unexplained absence’ notification type
 - Three other incident types: unexpected death, neglect and inappropriate use of restrictive practices are defined differently in home services.
- The significantly lower rates of SIRS notifications for home services may be because of the different settings in which the services are provided, the lower contact hours per person and the lower risks associated with the delivery of many home services.
- However, our review of the data suggests that there is still considerable underreporting for SIRS in home services and we will be working with providers in 2024 to remind them of their reporting responsibilities.
- Neglect accounts for the highest proportion (55%) of SIRS notifications in home services. Unlike for residential care, this includes a care worker missing a shift in home services.
- Reporting levels relating to stealing or financial coercion by a staff member flag this as another area of concern in home services.
- Both of these incident types will be subject to closer scrutiny in 2024.

Find out more by clicking the links below:

- [Serious Incident Response Scheme Insight Reports](#)
- [SIRS information for providers](#)
- [SIRS information for consumers](#)
- [SIRS information for home services providers](#)
- [Information on Quality Standard 8 - Organisational governance](#)



Complaints



Complaints and feedback give providers and the Commission valuable information about the issues

that are concerning people receiving care and their families or representatives. In this section we list the most common issues raised with the Commission by people receiving aged care services, their families and representatives. We also include rates sector wide and by provider size and type.

The rates below only include complaints that were lodged with the Commission. Providers will have their own internal complaints data that they can use to improve their service.

Residential care



1,268

Complaints received



0.7

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

Home services



1,130

Complaints received
(HCP = 1,046 + CHSP = 84)



0.4

Complaints rate per 100 consumers in HCP

Figure 27: Number of complaints and complaints rate for Q1

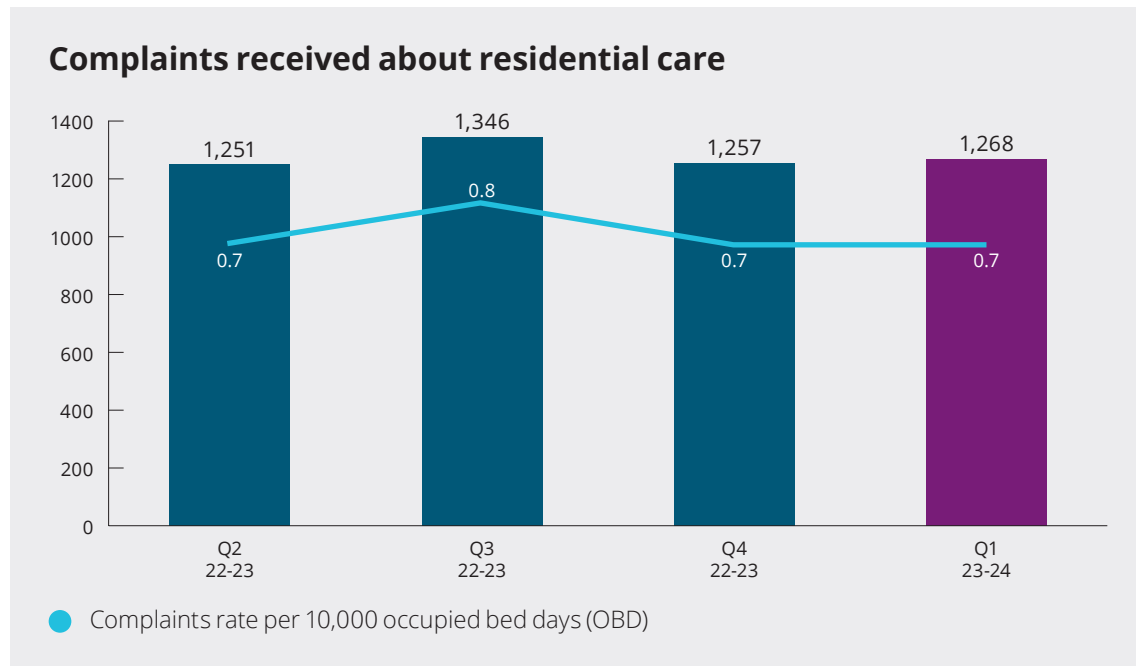


Figure 28: Service average metric: Number of residential care complaints and complaints rate per 10,000 OBDs over the last 4 quarters

In this section we list the rates of complaints over the past 4 quarters, calculated by the number of complaints received in the quarter per:

- 10,000 OBDs in residential care
- 100 consumers in home services.

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

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

There are national rates and rates by provider size and ownership type for residential care. Where possible, we have also broken down home services by program type. These 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. We encourage you to calculate your own complaints rates to compare with the sector wide 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 can resolve an issue quickly or do they feel the need to involve the Commission?
- Does this show that people receiving care are not confident to come forward and complain, or even know how to make a complaint?



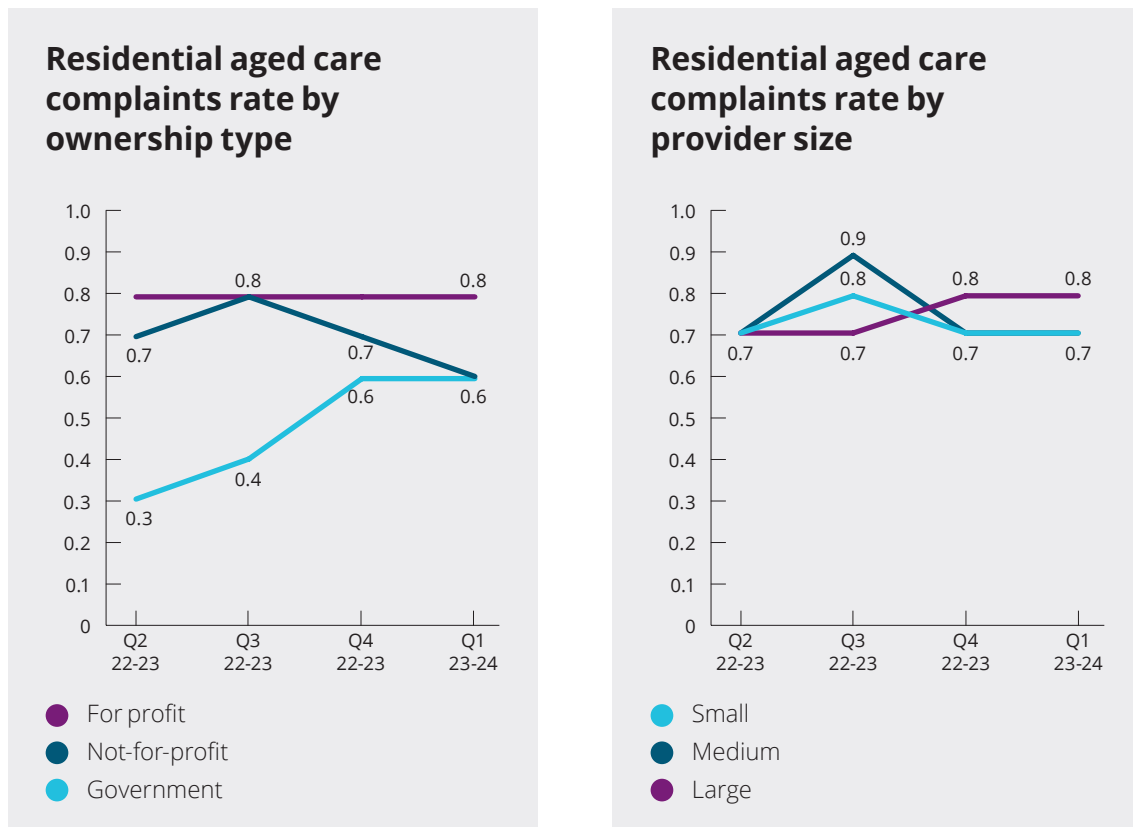


Figure 29: Service average metric: Residential care complaint rate per 10,000 occupied bed days (OBD) by ownership type and provider size over the past 4 quarters

- The volume of complaints received each quarter from Q2 2022–23 was fairly steady, with a transient increase in Q3 2022–23. Variation between quarters is common and can be affected by things such as different seasons and media interest in specific topics.
- We have included data broken down by provider ownership type and size so providers can compare their rates with similar types of providers. The data does not provide a robust basis for drawing conclusions about the performance of different provider categories because of the wide range of factors that can affect complaints rates and their variation over time.
- Ideally, complaints should be resolved between providers and people receiving care. Providers should look at why complaints about them have been referred to the Commission rather than being resolved directly with the person making the complaint. It is expected that providers will encourage and support people receiving care to make complaints when there is an issue with their care; and also encourage and support their staff to resolve complaints.



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.

How to calculate your own complaints rate (per 10,000 OBDs) for a 12-month period:

1. Take the number of complaints in your service that you reported to the Commission over the 12-month period.
2. Take the number of OBDs for your service during the 12-month period. This number is what you used for claiming subsidies with Services Australia and should also match the figures you entered for 'Occupied Bed Days' in your last 4 Quarterly Financial Reports.
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. For 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:

1. $2/9,200 = 0.00022$
2. $0.00022 \times 10,000 = 2.2$.

Assuming the service average complaints rate is 0.7 complaints per 10,000 OBDs, then Excellent Care ABC's complaints rate for the quarter is above the service average complaints rate.



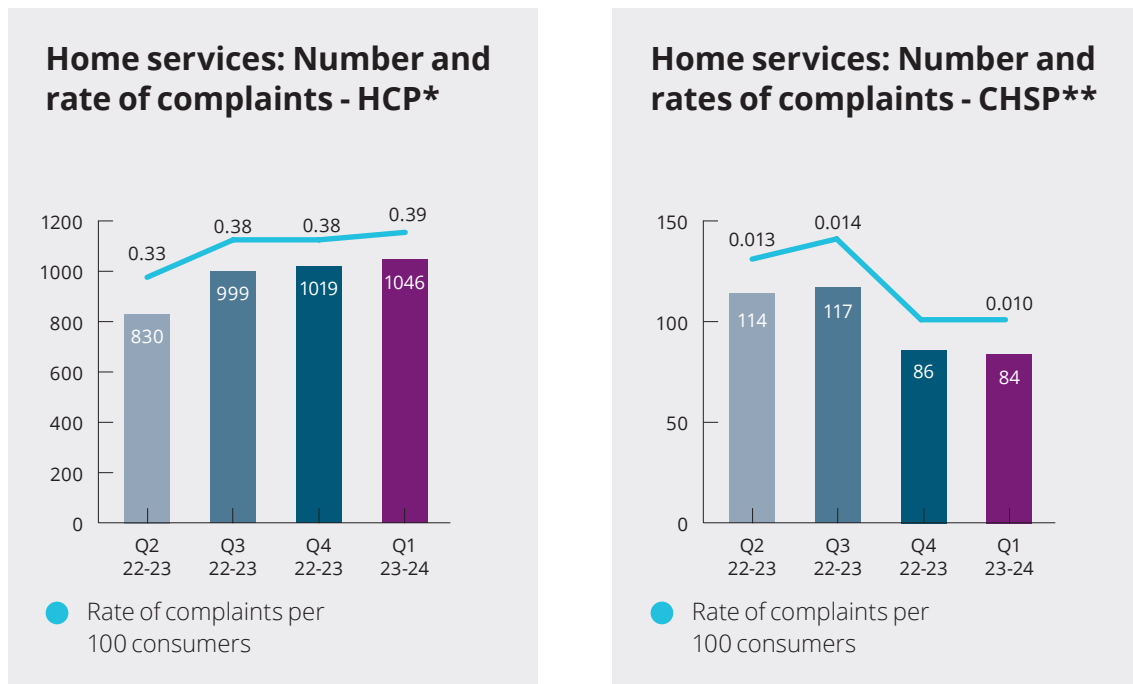


Figure 30: Service average metric: Number of complaints and the complaints rate per 100 consumers for the past 4 quarters

*Home Care Package (HCP)

**Commonwealth Home Support Programme (CHSP)

- Complaint rates for home services are calculated based on the number of people receiving care because home services do not have occupied bed days.
- Through our quality audit program, we encourage people receiving care to give feedback and make complaints directly to their provider and/or to the Commission. This helps providers to keep improving and to manage risks.
- The number of complaints and complaints rates for Home Care Packages (HCP) have stabilised over the past 3 quarters since the price capping changes in January 2023. We saw a big increase in complaints about HCP before those changes.

Example

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

Ratio of complaints per 100 consumers is:

$$= 5/600 \times 100 = 0.83$$

Assuming the overall HCP rate of 0.43 (for Q1) complaints per 100 consumers, then Compassion Care ABC's rate for the quarter is above the service average complaint rate.





Most complaints are resolved through the Commission's early resolution process.

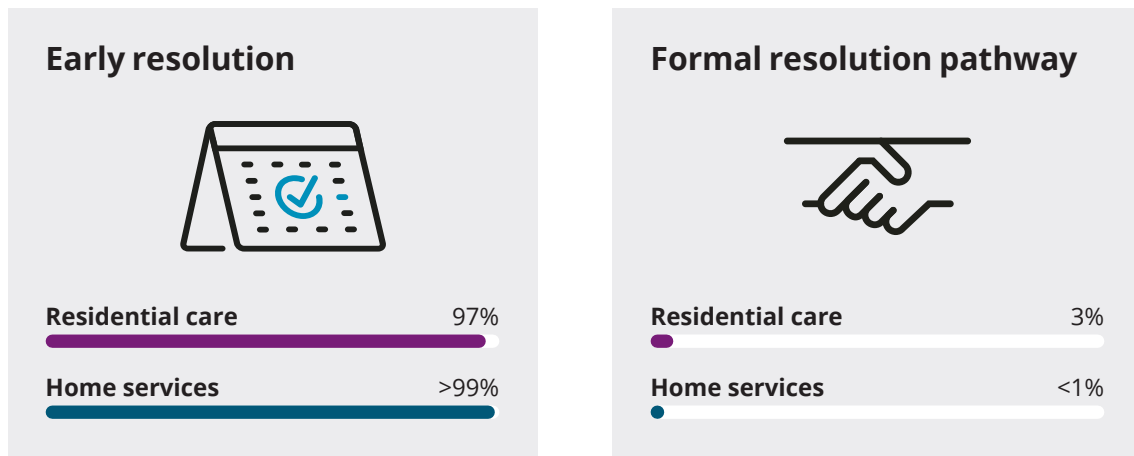


Figure 31: Sector wide result: Number of complaints resolved in residential care and home services

- Most complaints about both residential care and home services are resolved through the early resolution process. Through this process, we support those involved to resolve the issues themselves. This data has stayed steady at this level over the past 4 quarters.
- A small number of the complaints received by the Commission need to go through a formal process. This can include using an external mediator or conducting a Commission or provider investigation into the issue.
- Providers should review their complaints management system. This can help them to understand why people receiving care feel the need to go to the Commission and why complaints have not been able to be resolved without Commission intervention.

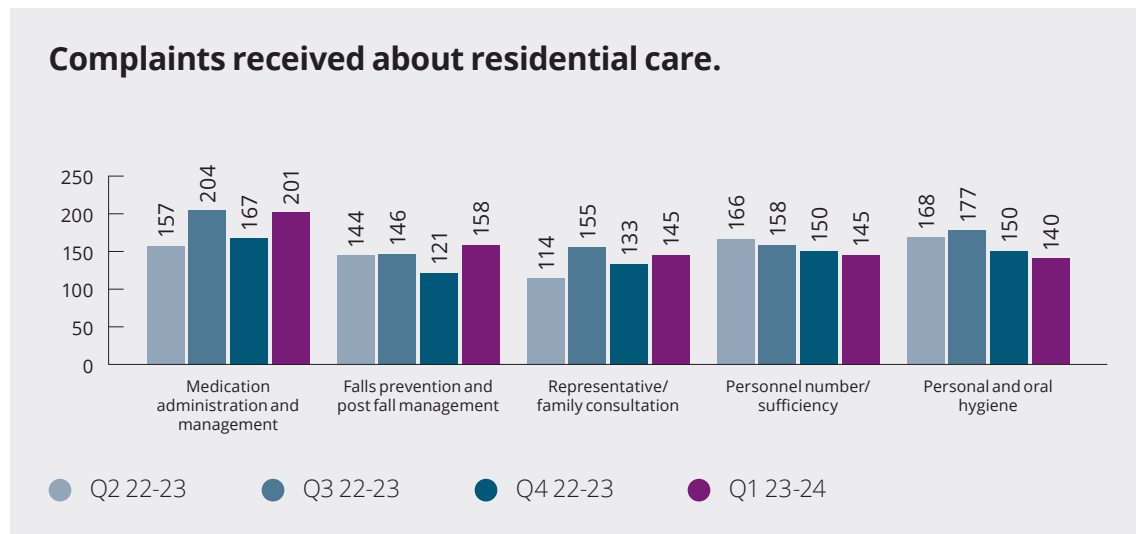


Figure 32: Sector wide result: Top 5 complaint issues across the past 4 quarters

For the top 20 complaint issues and rankings per quarter see the Commission data tables on page 53.

- Concerns about medication management and administration are consistently the most complained about issue in residential care. These are between 5% and 6% of all complaint issues raised with us.
- People receiving care also regularly raise concerns about falls, communication and the workforce. Each of these are about 5% of all complaint issues raised with us.
- Overall, clinical issues are consistently one of the most common complaints topics and it is clear from the complaints data that higher quality clinical care remains very important to consumers and their families.
- Encouragingly, there are signs of improvement in this area. In residential care compliance with Quality Standard 3 (Personal care and clinical care) has increased over the past 3 quarters (see figure 32). Also, the QI Program data (page 41) shows steady sector-wide improvement over consecutive years in several clinical indicators.
- We encourage providers to continue their efforts to deliver safe and high-quality clinical care.



Most common complaint issues in residential care for Q1 2023-24

| | |
|--|-----|
| Medication administration and management | 201 |
| Falls prevention and post fall management | 158 |
| Representative/family consultation and communication | 145 |
| Number sufficiency | 145 |
| Personal care - personal and oral hygiene | 140 |
| Consultation and communication - lack of consultation/communication | 131 |
| Food and catering - quality and variety | 111 |
| Client assessment and service implementation - change of clinical status/deterioration | 108 |
| Constipation and continence management | 88 |
| Training/skills/qualifications/suitability | 85 |

- While the top 5 complaints are stable across quarters, Q1 data shows us issues that come in and out of the top 10.
- Food was the seventh most complained about issue in Q1.
- Clinical assessment, constipation management, and staff skills and training are also top 10 issues in Q1.
- Commission quality assessors keep these issues in mind when undertaking monitoring or assessment site visits at residential services.

Figure 33: Sector wide result: Top 10 complaint issues in residential care for Q1
For the top 20 complaint issues and rankings per quarter see the Commission data tables on page 53.

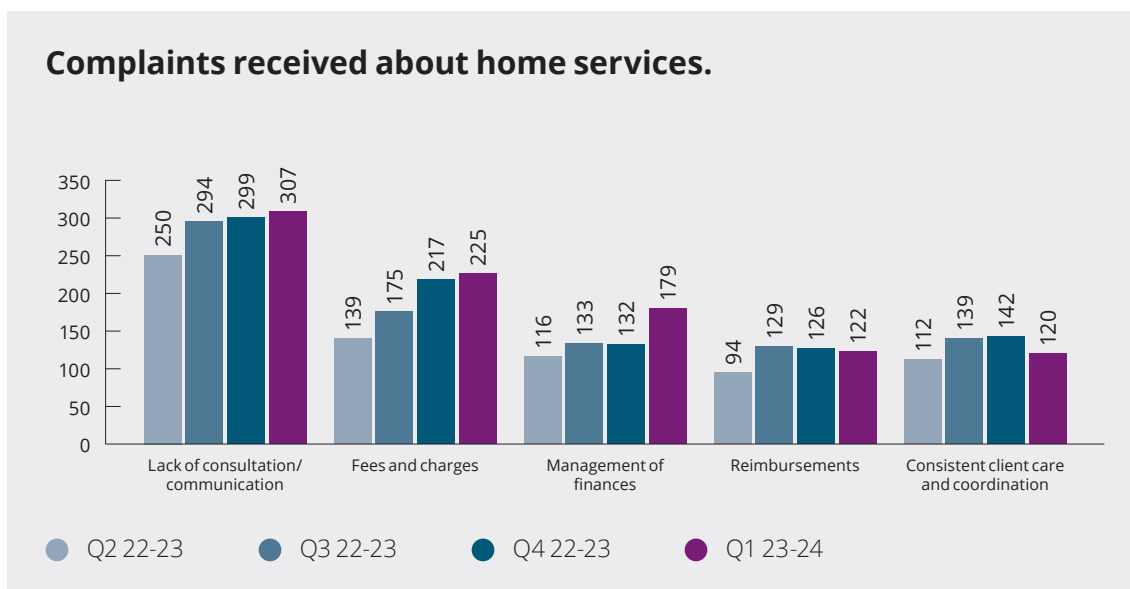


Figure 34: Sector wide result: Top 5 complaint issues across the past 4 quarters

For the top 20 complaint issues and rankings per quarter see the Commission data tables on page 54.

- The top complaint issue about home services is lack of consultation and communication.
- The number of complaints about fees and charges, and management of finances has continued to increase over the past 4 quarters. It accounts for 3 out of the 5 most complained about issues in home services over the past 4 quarters.
- Providers are expected to:
 - have reasonable and transparent pricing
 - consult and obtain consent for any changes to home care packages
 - deliver care that is consistent with consumer needs and preferences.
- Guidance for providers on how to manage these risks can be found in [Quality and Safety in Home Services – 5 Key Areas of Risk](#).



Most common complaint issues in home services for Q1 2023-24



- Unsurprisingly, issues raised in complaints are often also identified by our assessors when they carry out assessments against the Quality Standards.
- As well as complaints about finance and communication, 3 out of the top 10 issues for home services in Q1 relate to Quality Standard 2 (Ongoing assessment and planning with consumers). This involves consistent client care and co-ordination and is an emerging issue in home services that will receive greater attention from the Commission in 2024.
- Quality Standard 2 (Ongoing assessment and planning with consumers) now has the lowest rate of compliance, along with Quality Standard 8 (Organisational governance) (refer figure 13).

Figure 35: Sector wide result: Top 10 complaint issues in home services in Q1

For the top 20 complaint issues and rankings per quarter see the Commission data tables on page 54.

Find out more by clicking the links below:

- [How to make a complaint](#)
- [Complaints and the complaints process](#)
- [Complaint rights review](#)
- [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.](#)



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 services. The 5 QIs we have included here are about harm or risk of harm, so the lower the rate the better. In the future, 6 extra QIs that were introduced more recently will also be reported.

Providers collect and submit their own QI data and can access their QI rates from the Government Provider Management System. The Commission receives this information through the Australian Institute of Health and Welfare.

For benchmarking purposes, providers may find it useful to consider QI data alongside data relating to compliance with the Quality Standards, SIRS and complaints – at both provider and sector-wide levels.

QIs can be considered 'lag indicators'. QIs 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. This data could include feedback and complaints from residents about their food satisfaction 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 years, there has been an improvement in the QIs for:

- physical restraint
- significant and consecutive unplanned weight loss
- falls resulting in major injury
- both medication management indicators.

These improvements can also be seen in higher compliance rates for Quality Standard 3 (Personal care and clinical care) in residential care (see figure 13).

Sector-wide rates on some indicators are trending in the right direction.

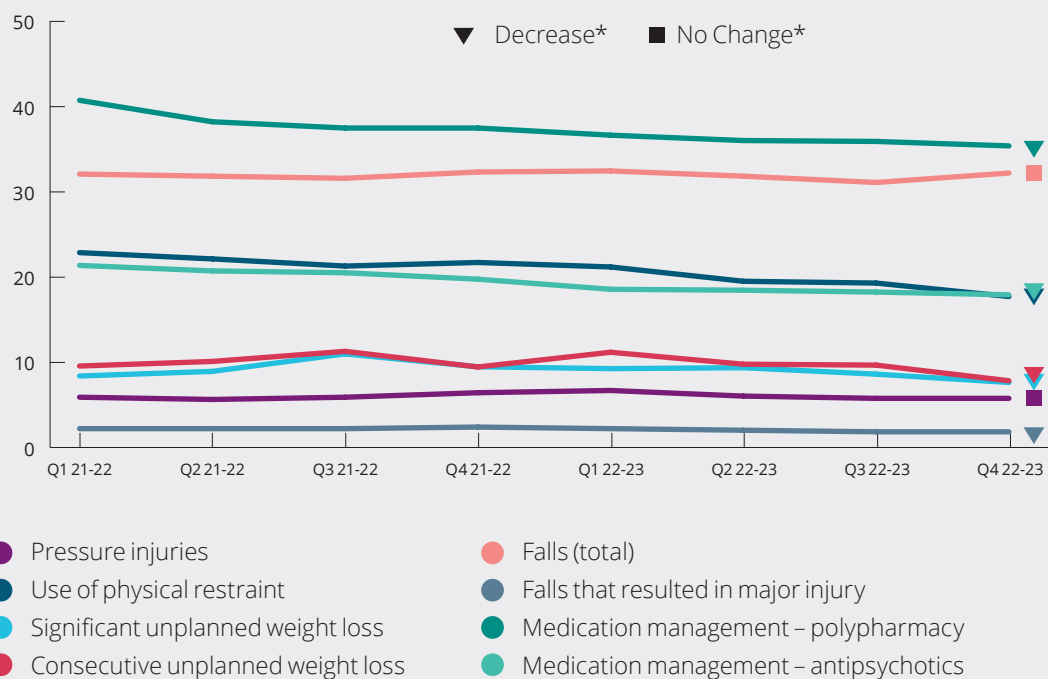


Figure 40: Trends in QI performance across the past 8 quarters

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

Taken from: Australian Institute of Health and Welfare (2023) Residential Aged Care Quality Indicators—Annual Report 2023, AIHW, Australian Government.

Find out more:

- [Residential Aged Care Quality Indicators Annual Report 2022-23](#)
- Guidance for providers on using QI data to inform quality improvement: [National Aged Care Mandatory Quality Indicator Program Manual 3.0 – Part B](#)



In Focus



Infection Prevention and Control (IPC)

Older people living in residential services are more likely to be harmed by infections than others.

They are particularly vulnerable to COVID-19, influenza and gastroenteritis infections.

We recently ran a survey of infection prevention and control (IPC) practices in residential aged care services. The survey showed that:

- Aged care services' confidence in their IPC capability is improving each year.
- Services with well-supported and resourced IPC lead nurses rated their IPC capability higher.
- Providers who offer vaccinations for staff and residents onsite have higher vaccination rates, which reduces the risk from COVID-19 and influenza.

IPC regulatory campaign

In 2023, the Commission had a particular focus on IPC capability in residential care services. Our IPC Regulatory Campaign brought together different activities aimed at reducing the risk of IPC-related harm to consumers. Campaign activities included educating and supporting the sector to improve IPC capability. Our monitoring of and responses to IPC-related risks continue through our regulatory activities.

This section shows results from our activities, and the results from the sector's response to capability uplift and regulation.

**Infection
Prevention
and Control**



You can find more information on transmissible diseases and IPC practices on our [IPC online tools](#) page.





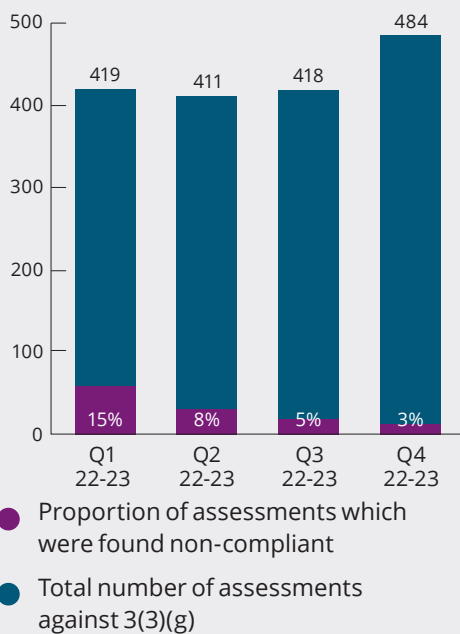
IPC regulatory campaign: what we do and what we see

We monitor IPC when we assess provider performance against the Quality Standards, and when we undertake Infection Control Monitoring (ICM) spot checks. In 2022-23, there was an increasing trend in the proportion of providers we found to be complying with requirement 3(3)(g) to minimise infection related risks.

More information on how we assess providers against this requirement is on our [website](#).



Our assessments against the requirement to minimise infection-related risks



Spot checks in 2022-23 FY

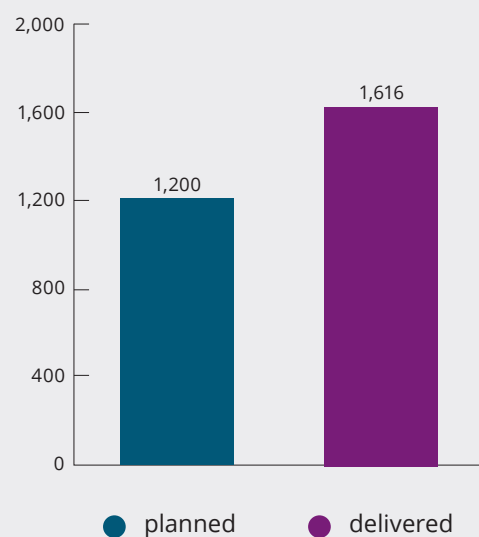


Figure 37: Number of assessments and spot checks delivered.



Infection control spot checks

Spot checks have taken place at 90% or more of residential services in each state and territory since August 2020.

The spot check program is part of the Commission's commitment to reducing the risk to older people receiving aged care from all infectious diseases, including influenza and gastroenteritis.

Over 90% of residential services around Australia have had at least one ICM spot check since we started the program in August 2020.

Our ICM spot checks in 2023 found that most services had:

- good cleaning practices
- good hand hygiene
- correctly used personal protective equipment (PPE).

The areas where we found services could improve included:

- a lack of health promotion posters and signs – particularly in the entrance area and at hand wash stations
- outbreak management plans not printed and available to all staff at all times
- outdated and expired products
- no hand sanitiser, or empty hand sanitiser dispensers, in communal areas.

We analyse the results of our spot checks to continuously improve how we assess IPC performance.

More information on how we run [ICM spot checks](#)

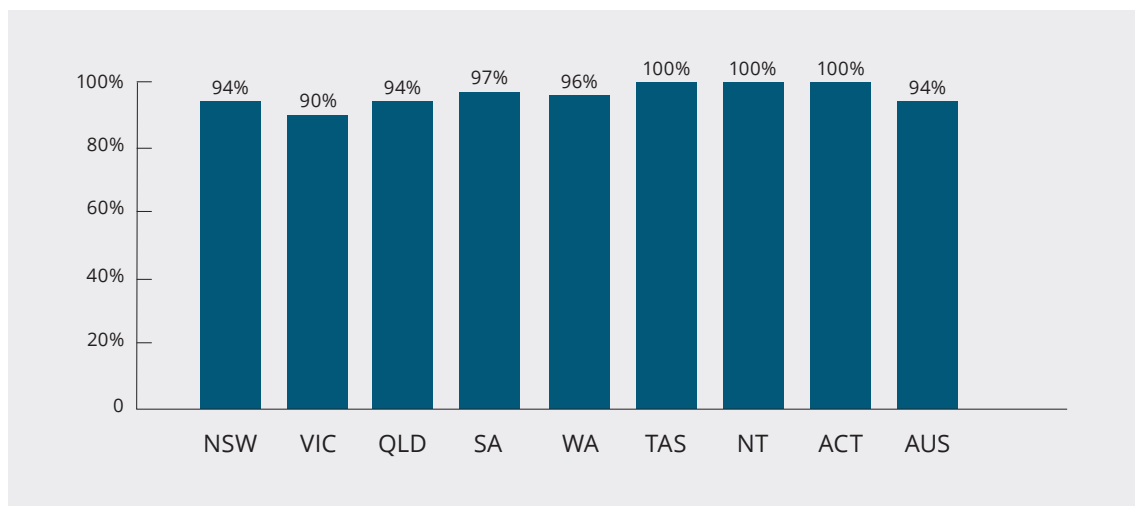


Figure 38. Proportion of residential services that have had an infection control monitoring (ICM) check since August 2020, by state and territory

* Some services have had more than one spot check, however we only counted services once in this data. As at 19 October 2023, 165 services had not had an ICM spot check.



What services say about IPC capability

We have seen an increase in how services rate their IPC capability in 2023, compared with 2017 and 2020.

Self-assessment survey of residential services

From July to August 2023, we ran an online IPC self-assessment survey for residential services. Nearly 80% of all residential services took part in the survey. We undertook similar surveys of IPC capability in 2017 and 2020.

Services were more likely to rate their IPC capability as best practice if they had recently had an ICM spot check.



69.9%

Services that rate their IPC capability as best practice

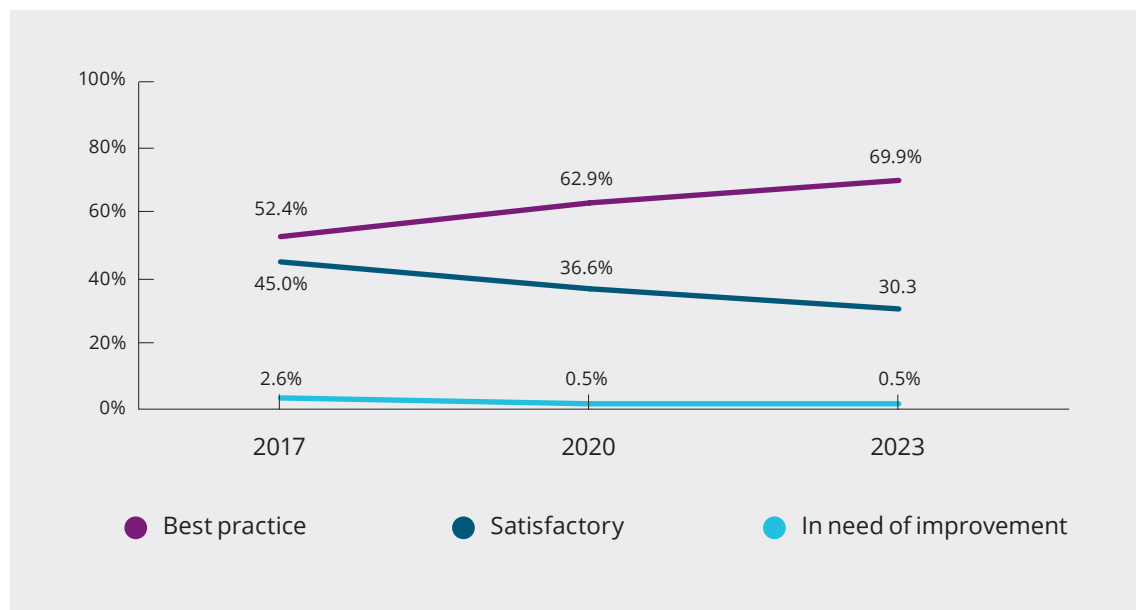


Figure 39. Self-assessed service IPC capability for 2017, 2020, 2023

Source: IPC Survey, 2017, 2020, 2023. Question: Overall, how would you rate the service's readiness in the event of an influenza, COVID-19 or gastroenteritis outbreak at the service?

Question varies between years. In 2020, the focus was on COVID-19. In 2017, it was on influenza.



Services that had an ICM spot check in 2023 were more likely to report their IPC capability as best practice

This is likely because we had recently checked their IPC practices. Another factor could also be that most services have had outbreaks in the last 12 months and this has given them an opportunity to put their outbreak management plan into practice (See Table 2, Appendix A).

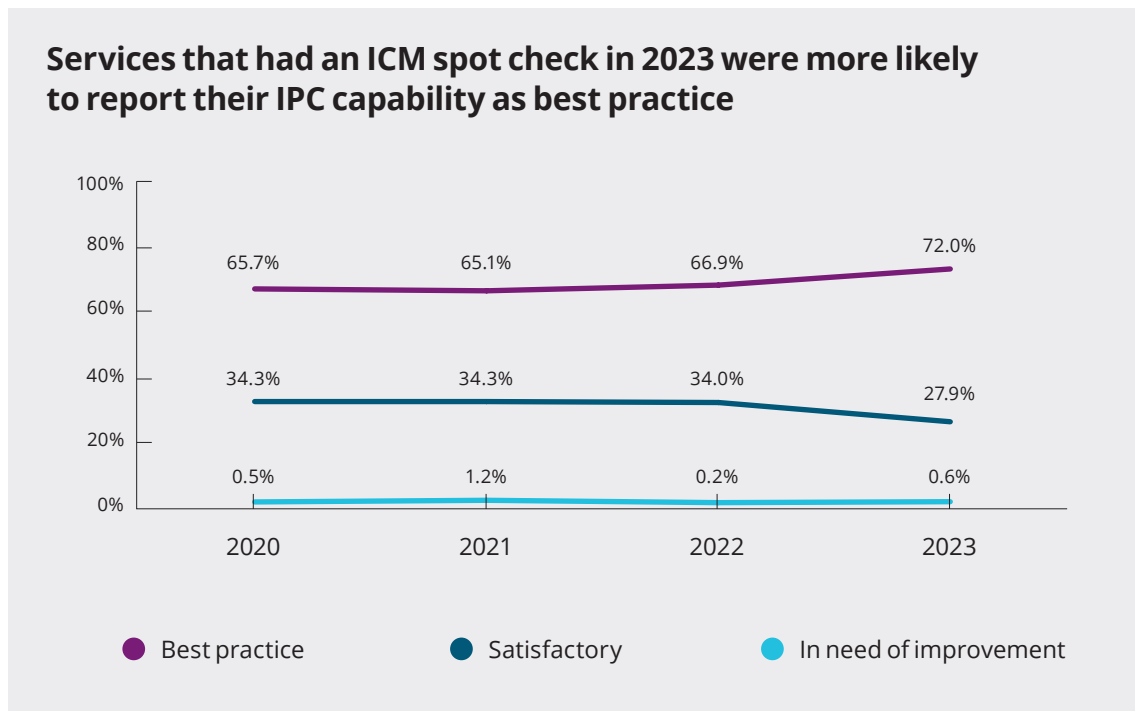


Figure 40. Self-assessed service IPC capability, by year of last ICM spot check

Source: IPC Survey, 2023. Question: Overall, how would you rate the service's readiness in the event of an influenza, COVID-19 or gastroenteritis outbreak at the service?



Improving vaccination rates for staff and residents

Vaccination is one of the most effective ways to protect people from influenza and COVID-19.

- Most services reported an annual vaccination program for staff and residents.
- All providers should be continuing to assess whether resident and staff vaccinations are up to date, and facilitate vaccination where needed.
- Most services offer onsite COVID-19 and influenza vaccinations.
- Services that offer vaccinations onsite tended to report higher vaccination rates.



99.4%

Services with an annual vaccination program for staff and residents

Most services offer onsite vaccinations for COVID-19 and Influenza for staff and residents

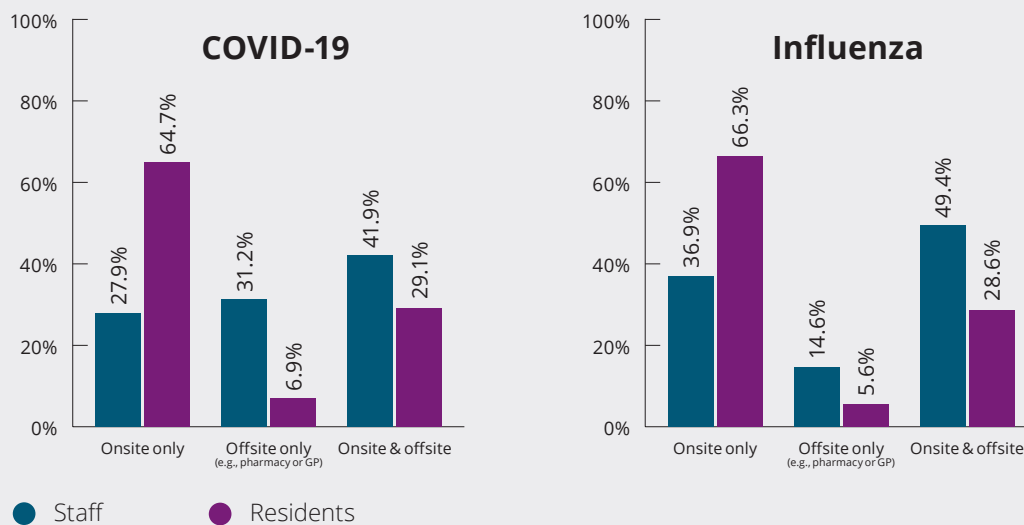


Figure 41. COVID-19 and influenza vaccinations for staff and residents, by where they were offered
Source: IPC Survey, 2023. Question: Does your service offer an annual vaccination program? If yes, is this provided onsite?

Outbreaks in the last 12 months

| | Yes | No |
|-----------------|-------|-------|
| COVID-19 | 89.7% | 10.4% |
| Gastroenteritis | 22.7% | 77.7% |
| Influenza | 6.5% | 93.7% |

Figure 42. Proportion of services that have had an outbreak in the last 12 months
Base: all residential aged care services that responded to the 2023 IPC Self-Assessment Survey
Due to rounding calculations percentages do not equal 100%.



IPC lead nurses are crucial to IPC capability

Services with an IPC lead role that is clearly defined in the role's job description were more likely to rate their IPC capability as best practice.

The IPC Survey found that 98.0% of services said they had an IPC lead.

For services with an IPC lead, 82.8% had their IPC lead role defined in their job description. These services were much more likely to rate their IPC capability as best practice (Figure 43).

Services that did not have an IPC lead were much less likely to rate their IPC capability as best practice (33.3% compared with 69.5% of those with an IPC lead).

A case study on page 50 shows how a provider can improve their IPC practices and strengthen their IPC lead.



98%

Services with an
IPC lead nurse

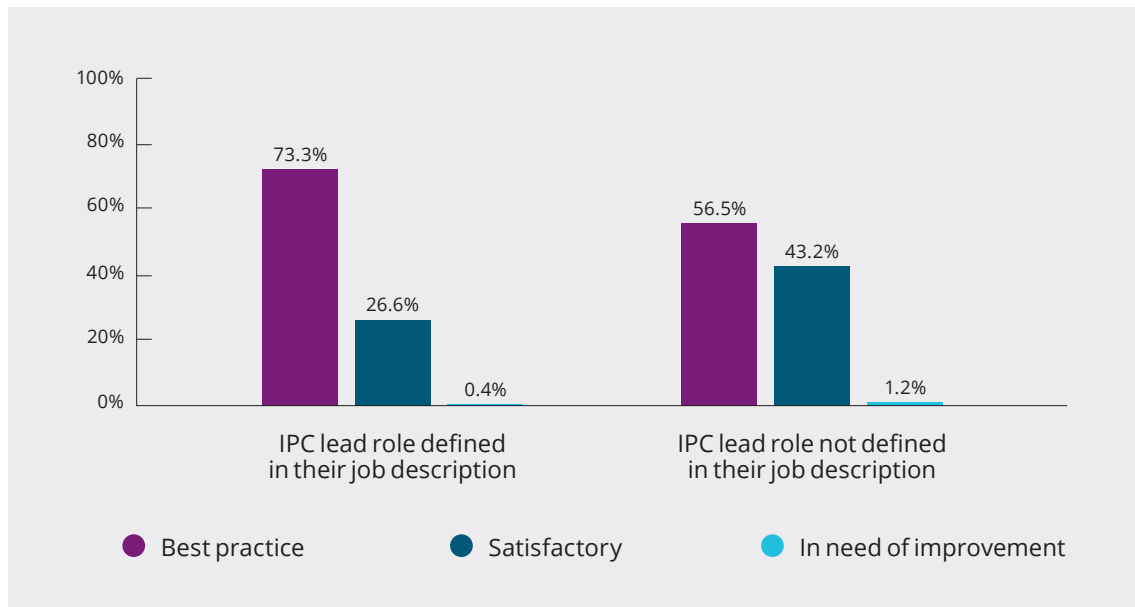


Figure 43. Self-assessed service IPC capability, by whether the IPC lead role was defined in their job description
Source: IPC Survey, 2023. Question: Does your IPC lead have the role defined within their job description?
Due to rounding calculations percentages do not equal 100%.



What we found through our in-service education program

We identified 50 aged care services that could benefit from an IPC education program, tailored to each service.

The 5-day education program starts with providers completing a self-assessment of their IPC practices. An external clinical educator then reviews the site's IPC practice, identifies potential gaps and delivers a customised set of education modules. These modules are presented in person to leadership teams and care staff.

The program is now complete.

Innovative IPC adopted by providers included:



A dedicated 'IPC-ready' room ready for quick rollout if there is an outbreak



Using open shelf wound care trolleys so staff can easily identify and use equipment, to stop accidental reuse of single-use items



Reducing stigma of COVID-19 by redesigning room signs and using visual cues to identify residents who are unwell

Source: IPC Survey, 2023.



In-service education: setting up IPC leads for success

A medium sized residential aged care provider in a rural town had several outbreaks of gastroenteritis over a 3-month period. During this time, 20% of residents had gastroenteritis.

The reasons for the outbreaks were not immediately clear. The service had IPC measures in place including:

- an IPC lead nurse
- outbreak management and planning
- annual mandatory training.

Our education review showed that the IPC measures established by the service were not as effective as expected. The key issues were:

- that IPC lead responsibilities were part of the Clinical Care Manager's (CCM) role
- the CCM did not have time to do the mandatory IPC lead nurse education
- there were no dedicated hours for IPC activities on a regular and frequent basis such as in-house training and auditing IPC practices.

Through the review and tailored education program the leadership team:

- included IPC as an ongoing agenda item at monthly governing body meetings
- reviewed the position description for the IPC lead and allowed enough time for IPC lead activities
- made sure that the IPC lead completed the required training.

You can find more information on the roles and responsibilities of an IPC lead on:

- [DOHAC IPC leads page](#)
- [Commission's fact sheet](#)



Commission data tables

Table 1. Residential care providers by provider size and ownership type

| Residential care – Providers | For-profit | Not-for-profit | Govt | Total Q1 2023-2024 |
|------------------------------|------------|----------------|-----------|--------------------|
| Small provider | 190 | 321 | 55 | 566 |
| Medium provider | 41 | 65 | 26 | 132 |
| Large provider | 12 | 38 | 2 | 52 |
| Total | 243 | 424 | 83 | 750 |

Table 2. Residential services by provider size and ownership type

| Residential care – Providers | For-profit | Not-for-profit | Govt | Total Q1 2023-2024 |
|------------------------------|------------|----------------|------------|--------------------|
| Small provider | 221 | 369 | 75 | 665 |
| Medium provider | 216 | 285 | 108 | 609 |
| Large provider | 469 | 847 | 32 | 1,348 |
| Total | 906 | 1,501 | 215 | 2,622 |

Table 3. Proportion of people receiving residential care by size and ownership of their care provider.

| Residential care – Unique consumers for Q1 2022-23 | For-profit | Not-for-profit | Govt | Total Q1 2023-2024 |
|--|------------|----------------|-----------|--------------------|
| Small provider | 10% | 13% | 1% | 24% |
| Medium provider | 9% | 10% | 2% | 21% |
| Large provider | 22% | 33% | 1% | 55% |
| Total | 40% | 56% | 3% | 100% |

Table 4. Aged care services in Australia – Residential and home services*

| Aged Care in Australia | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | Total Q1 2023-2024 |
|---|-----|-----|-----|-----|-----|-----|----|-----|--------------------|
| Number of residential services | 828 | 746 | 462 | 230 | 250 | 70 | 9 | 27 | 2,622 |
| Number of home services* (HCP and CHSP) | 751 | 475 | 507 | 183 | 144 | 66 | 75 | 32 | 2,233 |

*Please note home services includes Home Care Packages (HCP), Short-Term Restorative Care at home and Commonwealth Home Support Programme (CHSP). It does not include National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC), Multi-Purpose Services Program and Transition Care Program.

Table 5. Residential care complaints and issues raised by state and territory

| Residential care – Complaints by state and territory | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | Blank* (if any) | Total Q1 2023-2024 |
|--|--------|--------|--------|--------|--------|-------|-----|-------|-----------------|--------------------|
| Consumers | 65,478 | 52,852 | 40,880 | 17,739 | 18,429 | 4,876 | 536 | 2,568 | 644 | 204,002 |
| Complaints received | 372 | 303 | 265 | 143 | 107 | 48 | 10 | 8 | 12 | 1,268 |
| Complaints finalised | 407 | 341 | 274 | 134 | 103 | 48 | 8 | 15 | 8 | 1,338 |
| Number of issues – raised | 1162 | 704 | 505 | 365 | 270 | 95 | 33 | 20 | 32 | 3,186 |
| Number of issues – finalised | 1175 | 762 | 639 | 334 | 237 | 92 | 17 | 73 | 20 | 3,349 |

Table 6. Residential care complaints and issues totals for Q2, Q3 and Q4 2022-23

| Residential care – Complaints over time | Total Q2 2022-2023 | Total Q3 2022-2023 | Total Q4 2022-2023 |
|---|--------------------|--------------------|--------------------|
| Consumers | 201,451 | 199,629 | 196,096 |
| Complaints received | 1,257 | 1,346 | 1,251 |
| Complaints finalised | 1,320 | 1,384 | 1,301 |
| Number of issues – raised | 3,049 | 3,369 | 3,055 |
| Number of issues – finalised | 3,384 | 3,547 | 3,391 |

Table 7. Home services complaints and issues raised by state and territory

| Home services complaints by state and territory | NSW | VIC | QLD | SA | WA | TAS | NT | ACT | Blank* (if any) | Total Q1 2023-2024 |
|---|---------|---------|---------|--------|--------|--------|-------|--------|-----------------|--------------------|
| Consumers (HCP) | 86,854 | 71,169 | 50,165 | 23,557 | 20,403 | 5,963 | 1,138 | 2,949 | 46 | 262,244 |
| Complaints received (HCP) | 292 | 253 | 257 | 72 | 111 | 28 | 3 | 8 | 22 | 1,046 |
| Complaints finalised (HCP) | 301 | 331 | 256 | 76 | 99 | 36 | 8 | 14 | 18 | 1,139 |
| Number of issues – raised (HCP) | 616 | 474 | 392 | 111 | 194 | 59 | 4 | 16 | 30 | 1,896 |
| Number of issues – finalised (HCP) | 642 | 607 | 422 | 150 | 187 | 60 | 11 | 25 | 29 | 2,133 |
| Consumers (CHSP) | 230,271 | 222,191 | 186,340 | 73,526 | 61,686 | 24,773 | 4,611 | 8,926 | 3,808 | 816,132 |
| Complaints received (CHSP) | 24 | 19 | 17 | 7 | 11 | 2 | 1 | 3 | 0 | 84 |
| Complaints finalised (CHSP) | 21 | 30 | 14 | 7 | 9 | 1 | 2 | 3 | 0 | 87 |
| Number of issues – raised (CHSP) | 44 | 25 | 23 | 12 | 18 | 1 | 1 | 9 | 0 | 133 |
| Number of issues – finalised (CHSP) | 32 | 44 | 17 | 9 | 15 | 1 | 2 | 5 | 0 | 125 |
| Consumers (HCP+ CHSP) | 317,125 | 293,360 | 236,505 | 97,083 | 82,089 | 30,736 | 5,749 | 11,875 | 3,854 | 1,078,376 |
| Complaints received (HCP+ CHSP)) | 316 | 272 | 274 | 79 | 122 | 30 | 4 | 11 | 22 | 1,130 |
| Complaints finalised (HCP+ CHSP) | 322 | 361 | 270 | 83 | 108 | 37 | 10 | 17 | 18 | 1,226 |
| Number of issues – raised (HCP+ CHSP) | 660 | 499 | 415 | 123 | 212 | 60 | 5 | 25 | 30 | 2,029 |
| Number of issues –finalised (HCP+ CHSP) | 674 | 651 | 439 | 159 | 202 | 61 | 13 | 30 | 29 | 2,258 |

Table 8. Home services complaints and issue totals for Q2, Q3 and Q4 2022-23

| Home services complaints by state and territory | Total Q2 2022-23 | Total Q3 2022-23 | Total Q4 2022-23 |
|---|------------------|------------------|------------------|
| Consumers (HCP) | 249,429 | 257,124 | 263,018 |
| Complaints received (HCP) | 830 | 999 | 1,019 |
| Complaints finalised (HCP) | 934 | 933 | 953 |
| Number of issues – raised (HCP) | 1,448 | 1,873 | 1,986 |
| Number of issues – finalised (HCP) | 1,658 | 1,636 | 1,854 |
| Consumers (CHSP) | 816,132 | 816,132 | 816,132 |
| Complaints received (CHSP) | 114 | 117 | 86 |
| Complaints finalised (CHSP) | 107 | 111 | 106 |
| Number of issues – raised (CHSP) | 159 | 184 | 135 |
| Number of issues – finalised (CHSP) | 146 | 174 | 181 |
| Consumers (HCP+CHSP) | 106,5561 | 1,073,256 | 1,079,150 |
| Complaints received (HCP+CHSP)) | 944 | 1,116 | 1,105 |
| Complaints finalised (HCP+CHSP) | 1,041 | 1,044 | 1,059 |
| Number of issues – raised (HCP+CHSP) | 1,607 | 2,057 | 2,121 |
| Number of issues – finalised (HCP+CHSP) | 1,804 | 1,810 | 2,035 |

*Blank includes any complaint or complaint issue that does not have a location assigned to it.

Table 9. Flexible care complaints and issues

More information on [Flexible care is available on the Department of Health and Aged Care's website.](#)

| Flexible care | Total Q1 2023-2024 | Total Q2 2022-2023 | Total Q3 2022-2023 | Total Q4 2022-2023 |
|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Complaints received | 18 | 24 | 28 | 21 |
| Complaints finalised | 27 | 22 | 18 | 28 |
| Number of issues – raised | 34 | 50 | 56 | 41 |
| Number of issues – finalised | 49 | 49 | 31 | 70 |

Table 10. Residential care most common complaint issues

| Residential care top 20 complaint issues | Q1 2023-24 | % of this issue compared to total issues* |
|---|---------------|--|
| Medication administration and management | 201 | 6% |
| Falls prevention and post-fall management | 158 | 5% |
| Representative/family consultation | 145 | 5% |
| Personnel number/sufficiency | 145 | 5% |
| Personal and oral hygiene | 140 | 4% |
| Lack of consultation/communication | 131 | 4% |
| Quality and variety of food | 111 | 3% |
| Change of clinical status/deterioration | 108 | 3% |
| Constipation and continence management | 88 | 3% |
| Personnel training/skills/qualifications | 85 | 3% |
| Consistent client care and coordination | 79 | 2% |
| Internal complaints process | 78 | 2% |
| Personnel behaviour/conduct | 78 | 2% |
| Physical environment cleanliness | 77 | 2% |
| Wound management | 75 | 2% |
| Pain management | 70 | 2% |
| Physical abuse | 63 | 2% |
| Adequate nutrition and/or hydration | 53 | 2% |
| Activities | 51 | 2% |
| Personal safety and interventions | 48 | 2% |

This is not an extensive list of all complaint types. Only the top 20 most common complaints for Q1 are listed.

*Percentage is calculated by total complaint issues raised across all complaint types.

Table 11. Home services most common complaint issues

| Home services top 20 complaint issues | Q1 2023-24 | % of this issue compared to total issues* |
|--|---------------|--|
| Lack of consultation/communication | 307 | 15% |
| Fees and charges | 225 | 11% |
| Management of finances | 179 | 9% |
| Reimbursements | 122 | 6% |
| Consistent client care and coordination | 120 | 6% |
| Communication about fees and charges | 111 | 5% |
| Financial statements | 96 | 5% |
| Care planning | 86 | 4% |
| Case management | 64 | 3% |
| Domestic assistance | 62 | 3% |
| Home modifications | 56 | 3% |
| Consumer directed care | 55 | 3% |
| Goods and equipment – mobility aids | 53 | 3% |
| Personnel – behaviour/conduct | 47 | 2% |
| Representative/family consultation and communication | 39 | 2% |
| Internal complaints process | 37 | 2% |
| Termination of agreement/services | 34 | 2% |
| Medical and pharmaceutical supplies and equipment | 32 | 2% |
| Training/skills/qualifications/suitability | 32 | 2% |
| Goods and equipment – self-care aids | 31 | 2% |

This is not an extensive list of all complaint types. Only the top 20 most common complaints for Q1 are listed.

*Percentage is calculated by total complaint issues raised across all complaint types.

Table 12. Residential care – SIRS reportable incident notifications (Priority 1 and Priority 2)

| Reportable incident type | Q2 2022-2023 | | Q3 2022-2023 | | Q4 2022-2023 | | Q1 2023-2024 | |
|---|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|
| | Priority 1 | Priority 2 | Priority 1 | Priority 2 | Priority 1 | Priority 2 | Priority 1 | Priority 2 |
| Unreasonable use of force | 2,334 | 5,472 | 2,260 | 5,426 | 2,105 | 5,265 | 2,115 | 5,596 |
| Neglect | 695 | 1,166 | 875 | 1,361 | 853 | 2,107 | 946 | 2,188 |
| Psychological or emotional abuse | 170 | 861 | 149 | 953 | 151 | 971 | 152 | 1,194 |
| Unlawful sexual contact, or inappropriate sexual conduct* | 587 | 7 | 592 | 11 | 515 | 9 | 618 | 5 |
| Unexplained absence from care† | 433 | 4 | 406 | 4 | 346 | 6 | 332 | 2 |
| Unexpected death† | 245 | 1 | 211 | - | 242 | - | 225 | - |
| Stealing or financial coercion by a staff member | 111 | 78 | 241 | 95 | 93 | 87 | 114 | 106 |
| Inappropriate use of restrictive practices | 24 | 148 | 24 | 169 | 20 | 126 | 25 | 179 |
| TOTAL | 4,599 | 7,737 | 4,758 | 8,019 | 4,325 | 8,571 | 4,527 | 9,270 |

*Reportable incidents of unlawful sexual contact, or inappropriate sexual conduct 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.

†Reportable incidents of unexplained absence or 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.

Table 13. Home services – SIRS reportable incident notifications (Priority 1 and Priority 2)

| Reportable incident type | Q3 2022-2023 | | Q4 2022-2023 | | Q1 2023-2024 | |
|---|--------------|------------|--------------|------------|--------------|------------|
| | Priority 1 | Priority 2 | Priority 1 | Priority 2 | Priority 1 | Priority 2 |
| Unreasonable use of force | 17 | 39 | 29 | 23 | 18 | 36 |
| Neglect | 178 | 204 | 251 | 311 | 287 | 269 |
| Psychological or emotional abuse | 13 | 53 | 15 | 57 | 24 | 45 |
| Unlawful sexual contact, or inappropriate sexual conduct | 13 | - | 21 | - | 24 | - |
| Missing consumers | 24 | - | 30 | - | 39 | - |
| Unexpected death | 13 | - | 24 | - | 26 | - |
| Stealing from or financial coercion of a consumer by a staff member | 129 | 121 | 107 | 145 | 147 | 133 |
| Inappropriate use of restrictive practices | 3 | 2 | 5 | 11 | 1 | 6 |
| TOTAL | 390 | 419 | 482 | 547 | 566 | 489 |

On 1 December 2022, the Serious Incident Response Scheme (SIRS) was extended from residential aged care to also cover care delivered in a home or community setting. So, there is no Q2 data available.

Table 14. Number of Infection Control Monitoring (ICM) spot checks, by state and territory

| | 2020-21 * | 2021-22 | 2022-23 | 2023-24 | Total |
|--------------------------|--------------|------------|--------------|------------|--------------|
| NSW | 945 | 390 | 454 | 51 | 1,840 |
| VIC | 793 | 146 | 416 | 105 | 1,460 |
| QLD | 460 | 133 | 320 | 42 | 955 |
| SA | 238 | 51 | 198 | 19 | 506 |
| TAS | 97 | 26 | 43 | 10 | 176 |
| WA | 224 | 102 | 168 | 17 | 511 |
| ACT | 37 | 20 | 12 | 7 | 76 |
| NT | 12 | 0 | 5 | 0 | 17 |
| Residential Total | 2,806 | 868 | 1,616 | 251 | 5,541 |
| NATSIFACP † | 22 | 1 | 0 | 0 | 23 |

* ICM Spot Checks started in August 2020.

† In 2023 the Commission examined infection control processes at National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) services during onsite quality audits.

Note 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 previous quarters may be slightly different in this report, where the same periods are quoted here for comparisons.

The information about the number of services as of 30 September 2023 was taken from the Commission systems on 20 October 2023 for residential care and home services.

The numbers of people receiving residential care were extracted from the Department of Health and Aged Care data warehouse as of 30 September 2023, on 3 November 2023. State is based on the service state.

Home Care Packages (HCP) data on people receiving care was extracted from the Department of Health and Aged Care data warehouse as of 30 September 2023, on 25 October 2023. HCP consumer state is based on service.

CHSP consumer data is from consumer state from the 2022–23 Financial Year, extracted from Commission systems as of 25 October 2023.

Where a consumer changed services, they may be counted across multiple states. The sum of the state totals may therefore exceed the total national count. Previously the state was derived from Commonwealth Home Support Programme (CHSP) Outlet/ Service state, however this was changed to the consumer state in line with other Gen-Aged Care reporting.

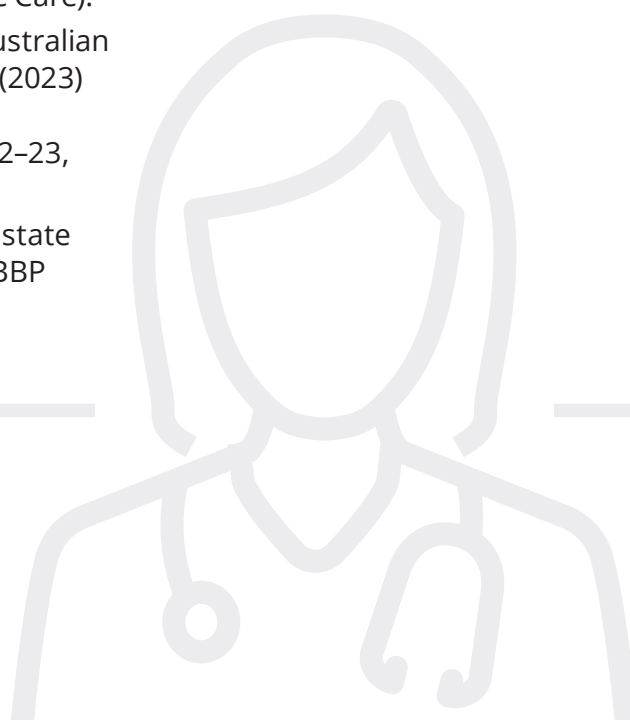
Reportable incident data was extracted from Commission systems on 3 October 2023.

Reported figures may change as database records are updated.

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).

QI Program data taken from: Australian Institute of Health and Welfare (2023) Residential Aged Care Quality Indicators—Annual Report 2022–23, AIHW, Australian Government.

Number of ICM spot checks, by state and territory sourced through BBP Activity Report, data extracted 21 September 2023.





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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