

Aged Care Quality and Safety Commission

Sector performance report

July – September 2022



Australian Government

Aged Care Quality and Safety Commission

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Sector performance overview

July – September 2022

Purpose of this report

This report provides information, data and insights into provider performance 1 July to 30 September 2022 (quarter 1). It draws on information collected through the Commission's activities including:

- approving organisations to deliver aged care services
- independently accrediting, assessing, monitoring and re-accrediting aged care services subsidised by the Australian Government
- resolving complaints about aged care services
- responding when providers are non-compliant with their legislated responsibilities and holding them to account for their performance.

We are committed to evaluating and treating the risks to the health, safety and wellbeing of older Australians. The information and data in this report reflects our commitment. We work harder in the areas where the risk is greatest. Sometimes, we redirect resources from planned activities to matters that arise quickly and unexpectedly, such as COVID-19 or natural disasters. We do this by:

- assessing the risk
- deciding the best response to the risk
- responding to the risk.

For notes on data, see [page 54](#)

Sector performance overview

July – September 2022

Aged care services in Australia

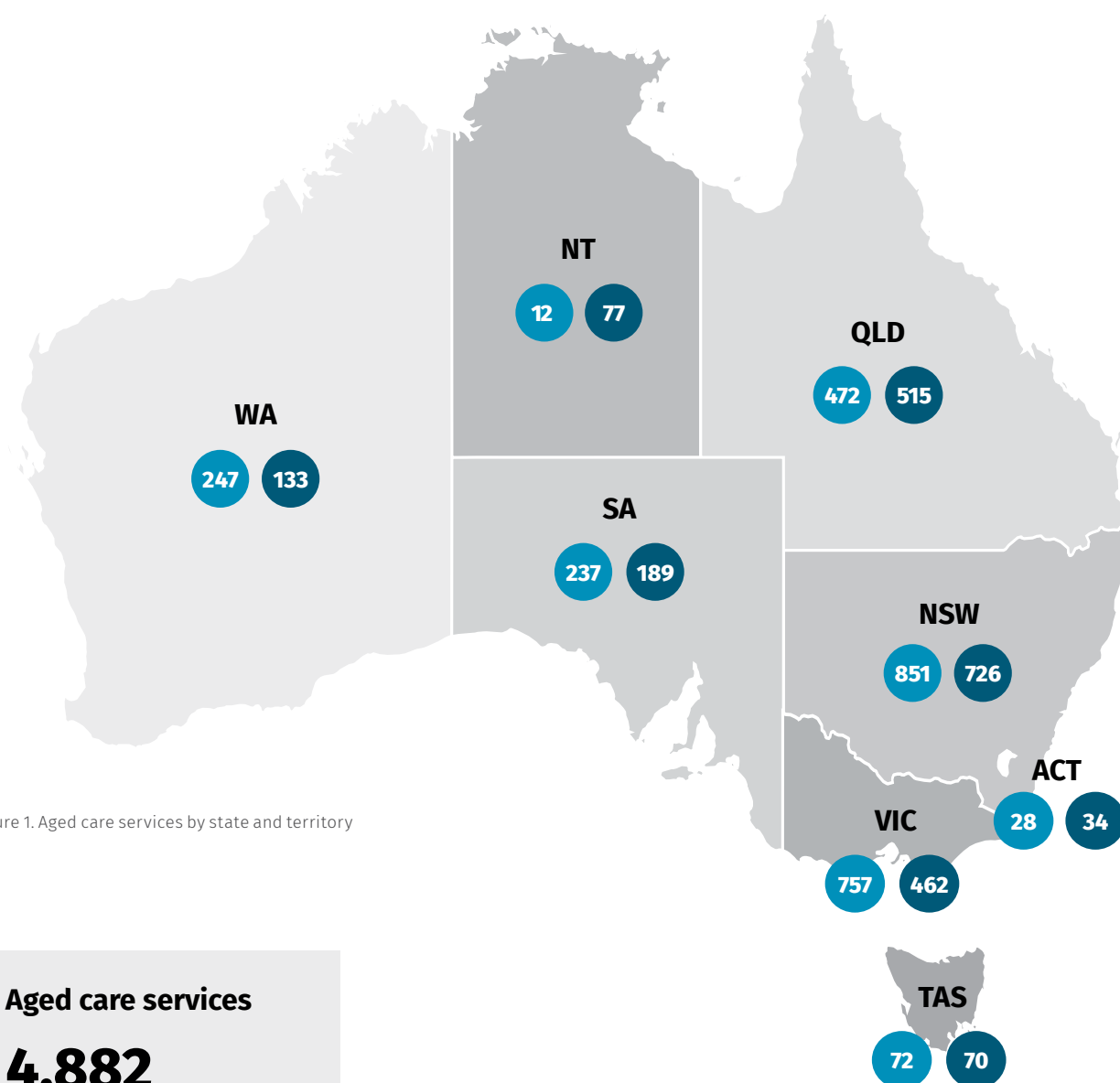


Figure 1. Aged care services by state and territory

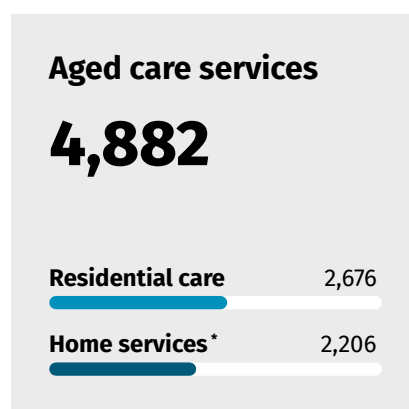


Figure 2. Aged care services

* Home services include home care packages, Commonwealth Home Support Programme (CHSP) services and flexible care and services delivered in a home setting

- Residential care services
- Home services

Sector performance overview

July – September 2022

Aged care consumers*

187,060

Residential care

228,351

Home care packages

825,384

Commonwealth Home
Support Programme

Figure 3. Aged care consumers*

* See Notes on data on [page 54](#)

Provider approvals



55

Applications to become
an approved provider[†]

28

Care types approved[‡]

Residential care 0

Home Services (HCP and CHSP)* 28

Flexible care[†] 0

Accreditation and reaccreditation



10

New residential
services accredited

396

Residential services
re-accredited



Figure 4. Provider approvals

[†] An application can be for residential, home care, flexible care or any combination of these care types. For this reason, when broken down into care types, application totals are not cumulative. This also includes reconsiderations.

[‡] Approved care types may include those made in previous quarters

Figure 5. Accreditation and reaccreditation

Sector performance overview

July – September 2022

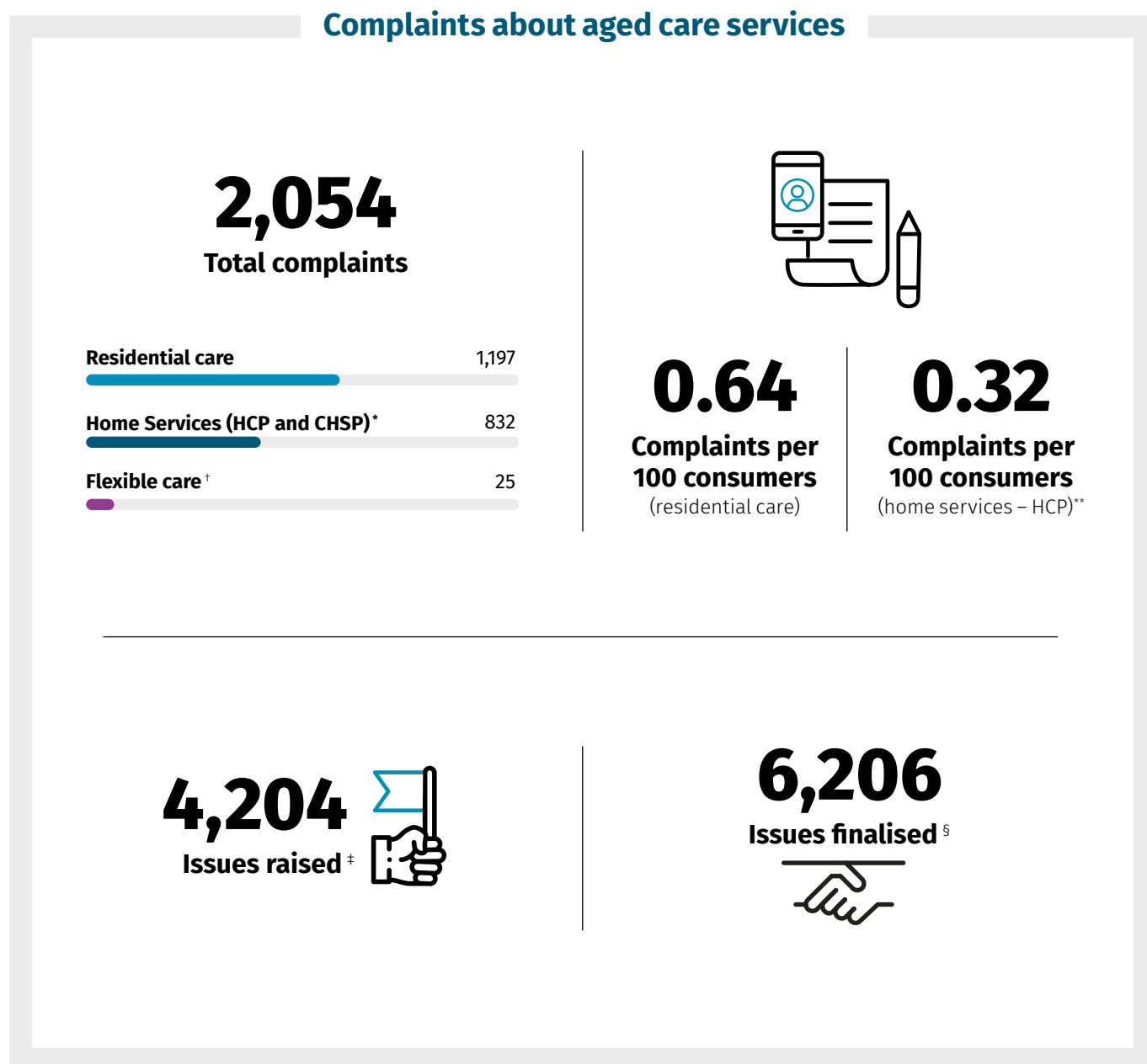


Figure 6. Complaints about aged care services

* Includes home care packages and CHSP

** Rate is derived from HCP consumers and complaints only. CHSP specific data is being considered for inclusion in subsequent publications

† Includes short term restorative care, transition care, multi-purpose services and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program

‡ Includes issues raised in complaints related to residential care, home services and flexible care

§ May include those that were raised in previous quarters

Sector performance overview

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Reportable Incidents



Unreasonable use of force	7,171
Neglect	1,893
Psychological or emotional abuse	963
Unlawful sexual contact or inappropriate sexual conduct	633
Unexplained absence	430
Unexpected death	232
Inappropriate restrictive practices	201
Stealing or financial coercion	154

Figure 7. Priority 1 and Priority 2 reportable incident notifications received by the Commission, under the Serious Incident Response Scheme (SIRS)

Sector performance against the Aged Care Quality Standards



878

Site visits*

(residential care and home services)

241

Services where non-compliance was found against at least one Quality Standard†

Most common requirement of the Aged Care Quality Standards that providers did not comply with



Residential care

3(3)(a) Safe and effective personal and clinical care

Home services

8(3)(c) Effective organisation wide governance systems

Figure 8. Sector performance against the Aged Care Quality Standards

* Includes site visits conducted through site audits, performance assessments, monitoring contacts and quality audits for residential and home services

† Includes residential and home services

Sector performance overview

July – September 2022

Managing non-compliance



107

Directions



59

Non-Compliance
Notices



6

Incident Management
Compliance Notices



0

Restrictive Practices
Compliance Notice



25

Notices to Agree



6

Sanctions

Figure 9. Enforceable regulatory actions undertaken in home services and residential care

Residential care sector performance

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Applications to become an approved provider

What were the outcomes of applications to be an approved provider of residential care?

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these.

This quarter the Commission received 11 applications to become an approved residential care provider. This quarter 3 applications were not approved, and 5 applications did not proceed. These outcomes may relate to applications received in previous quarters.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete
- withdrawn.

The outcomes of applications (for example ‘did not proceed’) are counted for each type of care included in the application. Outcomes may relate to applications that were received in previous quarters.

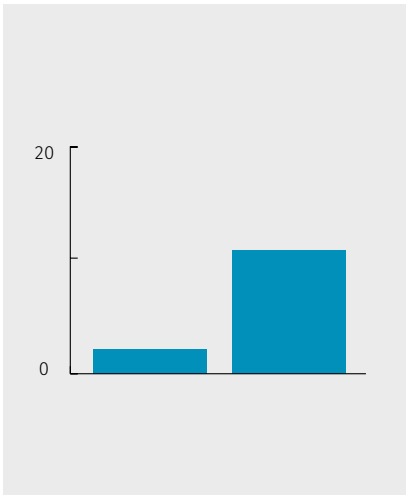


Figure 10. Applications received by the Commission

Application outcomes

	Q4	Q1
Approved	1	0
Not approved	4	3
Did not proceed	0	5

Figure 11. Provider applications and approvals
Application outcomes may relate to applications that were received in previous quarters

Complaints

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally.

A complainant may also (or instead) choose to lodge a complaint about a service with the Commission.

We take all complaints seriously and work with providers and consumers to resolve the matter. Complaints also inform our understanding of risk to consumers and can influence our regulatory activities.

How many complaints were made about aged care services?

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery. We are working with consumers to improve their confidence in raising concerns and complaints with providers or with the Commission.

The figure to the right shows the number of complaints about residential aged care for this quarter compared with the previous quarter. This quarter we received **1,197** complaints comprising **2,848** issues.

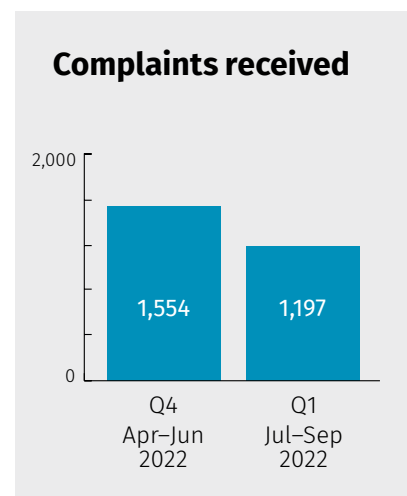


Figure 12. Number of complaints received by the Commission in the past 2 quarters

Residential care sector performance

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How many complaints were made in each state and territory?

The table below shows the number of complaints made about residential care in each state and territory. It also displays the total number of complaint issues (a complaint can be about more than one issue) and presents a ratio of complaints per 100 aged care residents in each state and territory.

Complaints about residential care

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Number of residential consumers	61,144	48,231	37,221	16,445	16,641	4,548	502	2,329	187,060
Complaints received	401	349	212	117	75	28	7	7	1,197 [‡]
Number of issues	1,097	698	424	293	218	68	20	23	2,848 [§]
Ratio of complaints per 100 residents ^{*†}	0.66	0.72	0.57	0.71	0.45	0.62	1.39	0.29	0.64

Figure 13. Residential care complaints by state and territory in quarter 1

* Ratios are calculated based on the total number of complaints received throughout the quarter and the number of consumers as of 30 September 2022

† Where there are relatively few aged care residents — such as in the Northern Territory — even a small change to the total number of complaints received in a quarter can significantly impact the ratio of complaints per 100 residents

‡ One complaint did not have state assigned to it

§ Seven issues did not have state assigned to it

The figure to the right shows that the rate of complaint issues per 100 consumers has shifted over the last 2 quarters. A reduction in the number of complaints has resulted in a reduced rate.

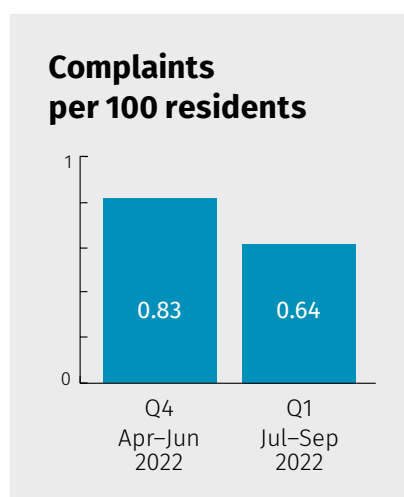


Figure 14. Complaints per 100 residential care consumers in past 2 quarters

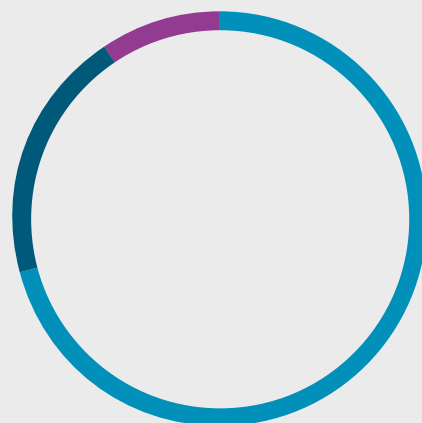
Residential care sector performance

July – September 2022

How many services had complaints made about them?

We received complaints about **780** residential care services. There were **1,896** services that were not the subject of a complaint.

Residential services subject of complaints to the Commission



Services about which no complaint was made 1,896

Services subject of one complaint 533

Services subject of more than one complaint 247

Figure 15. Complaints by service

Residential care sector performance

July – September 2022

Who makes complaints?

This graph shows the number of complaints received by the Commission about residential care, by who made the complaint. Representatives or family members make most complaints about residential care services. Care recipients make the least.

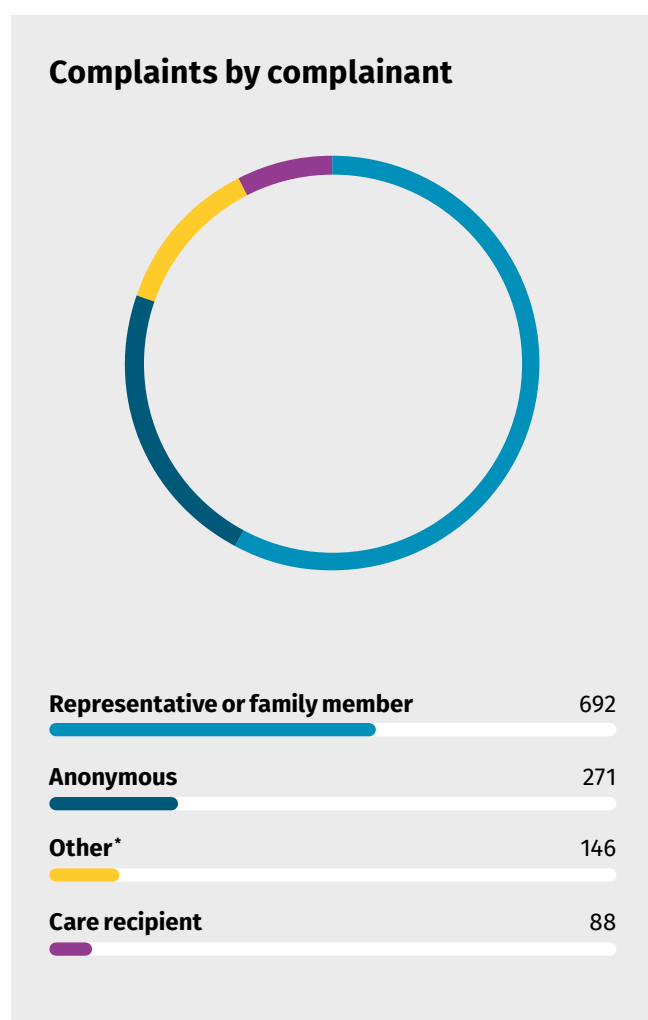


Figure 16. Complaints by complainant

* Other include staff, external agency, media, internal referrals, or provider

What are complaints about?

This graph shows the top 10 most frequent complaint issues about residential care during the reporting period, compared with the previous quarter.

Complaints about medication administration and management, personal and oral hygiene, and consultation and communication were the three most complained about issues.

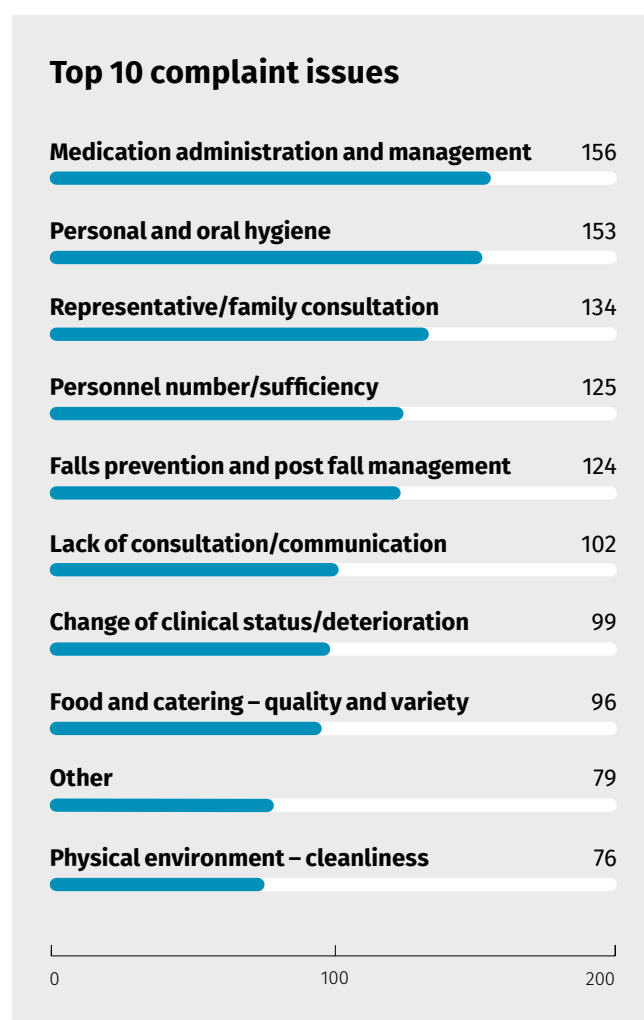


Figure 17. Top 10 complaint issues

Residential care sector performance

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Finalised complaints

The Commission finalised a total of **1,472** complaints about residential care this quarter.

The Commission worked with providers and consumers to resolve **1,394** complaints, involving **3,716** issues about residential care. These were resolved through the early resolution pathway.

There were an additional **78** complex complaints involving **350** issues that were addressed through a formal resolution process such as:

- a formal investigation by the Commission,
- requiring the provider to resolve the issue within a set timeframe,
- suggesting both parties go to mediation.

See figure 20 on the next page for a breakdown of how the Commission finalised issues.

Each complaint may be made up of one or more issues or concerns. Complaints are finalised when all issues have been resolved.

We aim to help complainants resolve their concerns directly with the provider. We can use a range of approaches to help people to resolve their concerns. Our focus is on reaching the best outcome for the person receiving aged care, as quickly as possible.

The best result can be achieved when:

- all parties work cooperatively
- discussions are open
- information is provided in a timely way.



Figure 18. Residential care complaints resolved early



Figure 19. Residential care complaints formal resolution pathway

* Other resolution pathways include:

- Investigation
- service provider resolution within a set timeframe
- mediation

Residential care sector performance

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How were complaint issues resolved and finalised?

Before a complaint is finalised, we talk to all parties to explain our findings and how the issues have been resolved. We also provide written feedback in relation to all complaints, except where the complainant is satisfied to close the complaint and does not need a letter.

The figure to the right shows the top 5 reasons for finalising complaint issues over the period. The data includes complaints where all individual issues which make up the complaint have been resolved, and so the complaint has been finalised. Complaints resolved 'to the satisfaction of the complainant' indicate the person making the complaint is satisfied their issues have been heard and addressed.

This quarter we resolved **1,802** complaint issues to the complainant's satisfaction. Some complaints are not resolved 'to the satisfaction of the complainant' for reasons that include anonymous complaints and complaints which have been withdrawn.

Some issues are raised by complainants more than once, in one or more separate complaints. Some issues raised by complainants may also be the subject of compliance or quality assessment and monitoring activities. Where an issue has been dealt with or is being dealt with in another complaint or through the Commission's regulatory activities, the Commission may finalise the issue.

How complaint issues were finalised

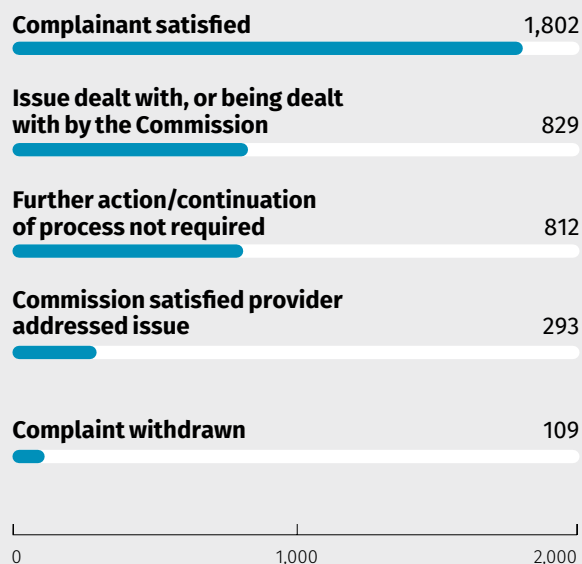


Figure 20. Top 5 reasons complaint issues were finalised

In some cases, after considering all the circumstances, we do not need to take any more action about an issue. Complaint issues may be finalised in this way when, for example, the issue is not ongoing and there is no outcome that can be achieved by continuing the process.

Issues resolved to the satisfaction of the Commission include those where the Commission concludes that the provider has met its responsibilities or has taken appropriate action to address the concerns. The Commission is satisfied that the provider has met its responsibilities, but the complainant may remain unsatisfied.

Preventing and responding to serious incidents

Since 1 April 2021, through the Serious Incident Response Scheme (SIRS), providers have been required to notify the Commission of [8 types of reportable incidents](#). This includes incidents that occur, or are alleged or suspected to have occurred.

The aim of SIRS is to reduce the occurrence of serious incidents in residential aged care and improve providers' responses when they do occur. Reducing the chance of a serious incident occurring requires providers to identify, manage and mitigate risks to consumers, to learn from every incident and to introduce preventative measures to avoid any recurrence.

The SIRS complements existing provider responsibilities to prevent and manage incidents of abuse and neglect in aged care by establishing responsibilities for providers to notify the Commission of serious incidents involving consumers, and to use incident data to drive quality improvement.

Where the provider fails to take required actions following reporting an incident to the Commission, or where the Commission identifies a provider's non-compliance with its responsibilities, we can respond using any of a range of regulatory powers (see [page 30](#)).

The scheme provides the Commission with intelligence on provider performance that, when combined with other Commission data, assists us to better identify and manage provider and service level risk.

At a sector-wide level we also use this data to shape our initiatives including education, information and guidance for consumers and providers to better understand and manage common risks that impact the quality and safety of care.

Reportable incident notifications

Providers must respond to all incidents to ensure the safety, health and wellbeing of those affected.

Priority 1 reportable incidents must be notified to the Commission within 24 hours of the provider becoming aware of the incident.

Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- where there are reasonable grounds to contact the police
- where there is the unexpected death of a consumer or a consumer's unexplained absence from the service.

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident. They are notified to the Commission within 30 days of the provider becoming aware of the incident.

We review all incident notifications within 24 hours of receipt and take appropriate and proportionate action as required.

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Figure 21 shows the breakdown of reportable incidents notified to the Commission in this quarter.

Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1	Priority 2	Total
Unreasonable use of force	2,120	5,051	7,171
Neglect	665	1,228	1,893
Psychological or emotional abuse	154	809	963
Unlawful sexual conduct or inappropriate sexual contact*	446	187	633
Unexplained absence†	384	46	430
Unexpected death†	225	7	232
Inappropriate restrictive practices	34	167	201
Stealing or financial coercion	77	77	154
Total	4,105	7,572	11,677

Figure 21. Priority 1 and Priority 2 reportable incidents received by the Commission

* The Commission reviews and assesses all notifications of unlawful sexual conduct or inappropriate sexual contact within 24 hours to determine risk to the consumer. Assessed risk is different from, and not dependent on, the priority classification type. The Commission has clarified guidance for providers to report incidents relating to unlawful sexual contact to the police. As of October 3, providers can only select Priority 1 for this incident type in the My Aged Care (MAC) portal.

† By definition, notices of unexplained absences or unexpected deaths are Priority 1 and cannot be Priority 2. These notices are recorded in this table as Priority 2, as this was the classification selected by the provider. As of October 3, providers can only select Priority 1 for this incident type in the My Aged Care (MAC) portal.

Source: Unpublished data as of 4 October 2022

Understanding the nature of sexual incidents in aged care and their impacts on consumers

Providers must report all incidents of unlawful sexual contact or inappropriate sexual conduct to the Commission. The incident notifications are reviewed and assessed within 24 hours to ensure appropriate responses by providers including reporting to the police. The impact of an incident can be devastating and have lifelong consequences for the affected resident, their families and their carers. To provide further insights into the nature of these incidents and their causes, the Commission is undertaking qualitative research analysing incidents reported to the Commission under the SIRS. The goal of the research to provide insights into strategies to reduce and prevent these incidents occurring in aged care, including identifying areas for improvement in provider practice.

Residential care sector performance

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Serious Incident Response Scheme notified incident rate

Analysis of sector-level data for the SIRS allows the Commission to monitor trends over time. This will help us target our education and engagement initiatives to areas of highest risk to the quality and safety of care of consumers.

One way of monitoring trends is to consider the rate of notified serious incidents over a given period, and how this changes from quarter to quarter. The notified incident rate puts the number of incidents in the context of all residential care delivered over time.

These rates also allow providers to understand their rate of reportable incidents against all other providers, and use this information as part of their Quality Management System and service governance. The Commission uses these rates, combined with other information on provider's performance, to focus its regulatory activity on services that have concerning rates of reportable incidents. This may be both under-reporting and over-reporting of incidents.

The number of serious incident notifications does not necessarily relate to the number of instances of harm to an older person receiving aged care. Reports might include multiple notifications of the same matter, allegations of incidents, and situations where incidents occurred but injury was avoided. As provider capability improves, we expect to see improvement in providers' identification and response to incidents including increased and more complete reporting. In the longer term we want to see improvements in care and in the prevention of incidents, with the rate of incidents declining over time.

Serious Incident Response Scheme notified incident rate (per 10,000 occupied bed days)

Unreasonable use of force	3.9
Psychological or emotional abuse	0.5
Unexplained absence ⁺	0.3
Inappropriate restrictive practices	0.1
Total	6.2

Figure 22. SIRS notified incident rate (per 10,000 occupied bed days (OBD) 1 October 2021 to 30 September 2022

Note: Occupied bed days (OBD) for August and September quarter have been derived from Department of Health and Aged Care estimates of residential consumers and may be revised.

Data source: SIRS data as of 30 September 2022, extracted from Commission data on 4 October 2022. OBD data extracted from Department of Health and Aged Care systems on 8 November 2022.

In Figure 22 we have calculated the rate of notified incidents over the past 12 months (1 October 2021 to 30 September 2022) by taking the total number of notified incidents over the period for each incident type and dividing them by the total number of occupied bed days in residential aged care homes and multiplying that by 10,000 to arrive at a rate.

We have used the date the incident occurred as reported by providers. This notified incident rate depends on providers correctly reporting incidents in a timely way and therefore should not be considered a prevalence rate.

Residential care sector performance

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Commission responses to reportable incident notifications

We review all notifications (Priority 1 and Priority 2) within 24 hours of receipt to assess the risk to consumers and whether a provider's actions were adequate. We consider all information available to us when deciding if a provider can manage risk and reduce the likelihood of an incident re-occurring. This includes reviewing all notifications at a provider and/or service level.

In responding to an incident, we may provide guidance and education to help providers develop effective systems to prevent and respond to incidents. We may also work with the provider to address identified concerns and seek information to enable us to further understand risk and adequacy of provider actions. During this monitoring process, the provider may satisfy us that it has identified and taken appropriate actions to address risks or has improved its response to the incident.

Where the provider has not satisfied us that it has identified and taken appropriate actions, we may require the provider to complete remedial actions or to undertake an investigation into the incident.

We may also investigate the most serious reportable incidents.

Where the provider has failed to take required actions after engaging with us, or where we identify a provider's non-compliance with its responsibilities, we can respond using any of a range of regulatory powers. We respond to non-compliance according to the severity and immediacy of risk to consumers. We also consider the most effective way to ensure that providers comply with their responsibilities in a timely manner.

Commission regulatory and enforcement responses to reportable incidents*

715

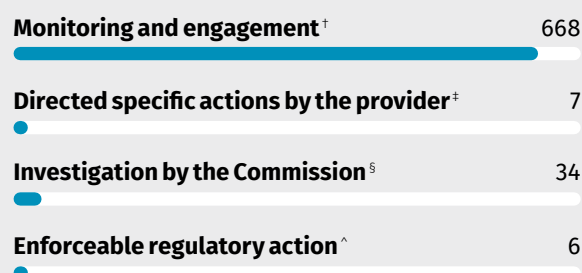


Figure 23. Commission actions in dealing with SIRS notifications in quarter 1

* Multiple regulatory responses may be taken in response to a single notification. A regulatory response may also be undertaken in relation to provider responsibility information received by the Commission

[†] May include the use of powers/instruments under the Act or administrative request for further or missing information

[‡] The Commission directed actions including but not limited to remedial action, investigation and written report

[§] Includes investigations underway or concluded in the reporting period. Investigations can include a site visit and ongoing monitoring

[^] Includes compliance notices, notices to agree and sanctions

Source: Unpublished data as at 4 October 2022. This data was compiled from multiple sources.

Quality assessment and monitoring

The [Aged Care Quality Standards](https://agedcarequality.gov.au/aged-care-quality-standards) are a set of 8 standards used to determine the performance of an aged care service. They focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Australian Government subsidised aged care.

Accreditation seeks to assess the quality of residential care and services delivered by approved providers, against the Quality Standards. The process contributes to improved safety, quality and continuous improvement of residential care services.

Residential services must be accredited to receive Australian Government subsidies. The accreditation of services includes the accreditation of commencing services and the re-accreditation of accredited or previously accredited services. Unannounced site audits of a service are conducted following an application for re-accreditation.

Accreditation is also supported by risk-based monitoring activities (assessment contacts and review audits) that check providers' ongoing compliance with their aged care responsibilities, including the Quality Standards. Some assessment contacts are carried out onsite, while others are carried out offsite and may include activities and surveys in response to risks as they arise.

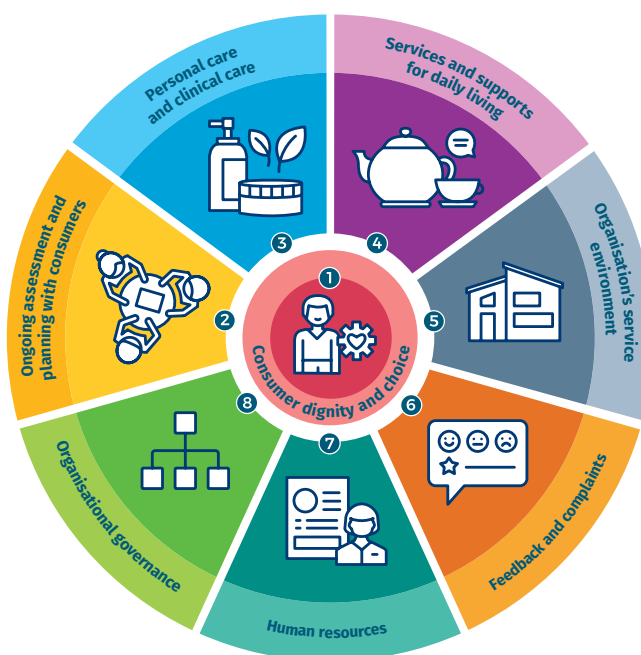


Figure 24. The Aged Care Quality Standards

Residential care sector performance

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How many site audits were carried out?

We continued to increase the number of site audits conducted by our trained, registered assessors this quarter (**380** compared with 316 in quarter 4).

The increase in site audits this quarter resulted in increases in the number of services reaccredited (396 this quarter compared with 304 last quarter).

The table below shows the total number of site audits by state and territory conducted by registered quality assessors in quarter 1.

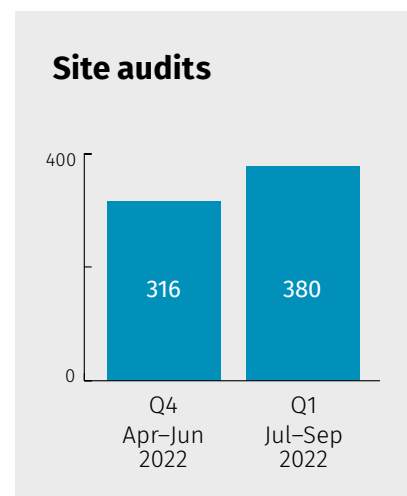


Figure 25. Site audits in the past 2 quarters

Number of site audits by state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site audits	113	106	87	34	28	6	2	4	380

Figure 26. Site audits by state and territory

Residential care sector performance

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Risk-based monitoring activities

This quarter we conducted a total of **999** assessment contacts, of which **585** were offsite and **414** were onsite, an increase of 420 from last quarter.

Assessment contacts are conducted by the Commission to monitor the quality of care and services delivered by providers of aged care services.

An assessment contact may occur to:

- assess performance against the Aged Care Quality Standards in relation to a service
- monitor the quality of care and services provided through a service.

Offsite assessment contacts include telephone contacts in response to a specific issue at a service, or a program of surveys or telephone contacts deployed in natural disaster events to co-ordinate information and oversee risks.

The figure below shows the total number of onsite and offsite assessments we conducted. We did not carry out any review audits this quarter.

Number of assessments and review audits

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	510	125	211	49	73	26	1	4	999
Assessment contacts (offsite)	306	61	161	21	31	4	1	0	585
Assessment contacts (onsite)	204	64	50	28	42	22	0	4	414

Figure 27. Assessment contacts and review audits, by state and territory

Onsite performance assessment activities by state and territory

This quarter, the Commission conducted **794** onsite contacts with residential services through site audits and assessment contacts, an increase of 279 compared with last quarter. The figure below shows the total number of onsite quality assessment and monitoring activities by state and territory.



Figure 28. Onsite quality assessment and monitoring activities by state and territory

Residential care sector performance

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How many services were accredited or reaccredited in this quarter?

Residential services must be accredited to receive residential care subsidies from the Commonwealth Government. Accreditation is for a fixed period and a residential service must undergo a comprehensive site audit for reaccreditation.

Accreditation applies to newly commencing services, while reaccreditation applies to accredited or previously accredited services. Reaccreditation is most often for a period of 3 years.

In this quarter, the Commission reaccredited **337** services for 3 or more years and **59** services for less than 3 years, a total increase of **92** reaccreditations compared with quarter 4.

The figure to the right shows the number of residential services reaccredited for the past 2 quarters. The higher number of services reaccredited in Q1 reflects the increased number of site audits conducted over the period. The figure below indicates the number of residential services in each state and territory that were accredited or reaccredited in Q1.

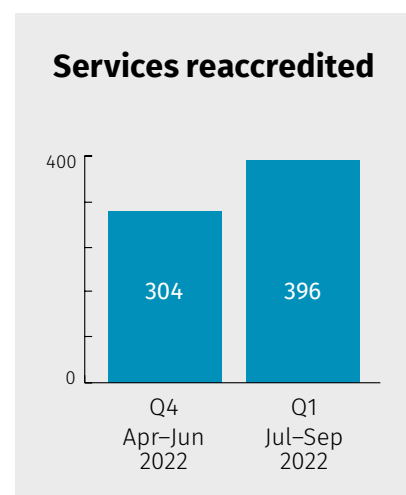


Figure 29. Services reaccredited in the past 2 quarters

Accreditation Decisions	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	4	3	2	0	0	1	0	0	10
Reaccredited	126	119	91	31	22	6	0	1	396
Reaccredited for 3 years or more	92	110	88	21	19	6	0	1	337
Reaccredited for less than 3 years	34	9	3	10	3	0	0	0	59
Accreditation period reduced*	0	0	1	0	0	0	0	0	1

Figure 30. Accreditation and reaccreditation by state and territory

* For residential services where a review audit has been completed, the Commission may decide to take enforceable regulatory action in some circumstances. This may include, for example, to reduce the period of accreditation of the service

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Regulatory response to COVID-19 pandemic risks

The Commission continued its focus on the regulatory risks associated with the COVID-19 pandemic. To ensure providers were keeping aged care consumers safe, we used targeted regulatory activities to monitor infection control preparedness and outbreak management team meetings (OMTs). These are meetings with providers convened by local health authorities.

In this quarter, we attended **659** OMTs Australia-wide of which **383** were in QLD. Our attendance at OMTs fell this quarter, reflecting the fact that health authorities were holding fewer meetings between the two COVID-19 waves.

The Commission received fewer complaints related to COVID-19 this quarter. There were fewer complaint issues related to visitor restrictions as accessibility increased, but it remains the second most common COVID-19 related complaint.

Top 10 COVID-19 related complaint issues

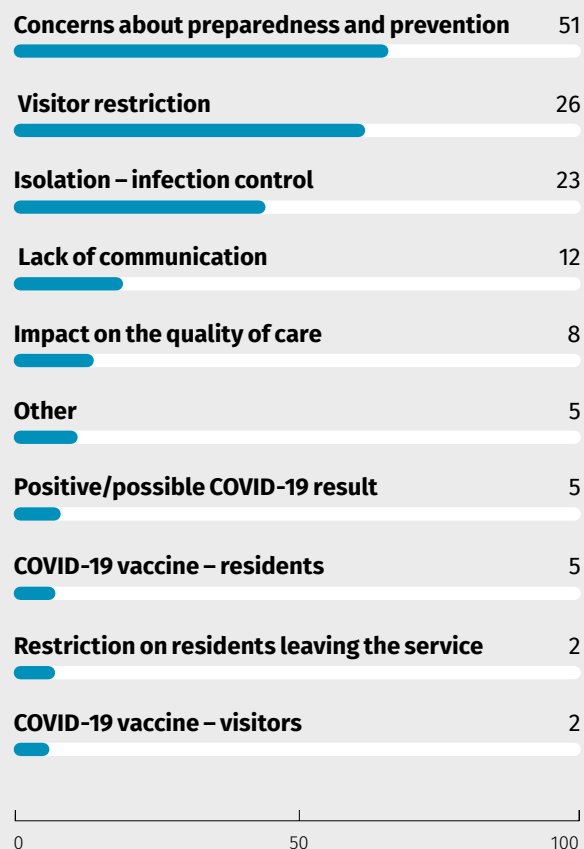


Figure 31. Top 10 COVID-19 related complaint issues

Number of outbreak management team meetings attended in each state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Outbreak management team meetings	185	38	383	23	0	14	16	0	659

Figure 32. Outbreak management team meetings

Residential care sector performance

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Figure 33. Non-compliance with the Aged Care Quality Standards

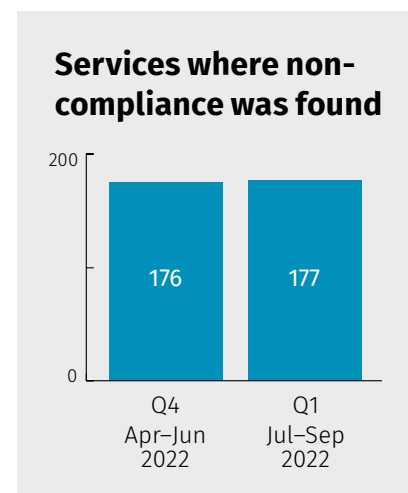


Figure 34. Non-compliance with the Aged Care Quality Standards in the past 2 quarters

How did approved providers perform in relation to each of the Aged Care Quality Standards?

An approved provider may operate one or more services. The number of non-compliant services (177) remained stable this quarter compared with the previous quarter (176).

Residential care sector performance

July – September 2022

Number of services where non-compliance was found with each Aged Care Quality Standard

A provider can be found non-compliant with more than one Quality Standard at a service.

The figure below shows non-compliance was most frequent in relation to Quality Standard 3 (Personal care and clinical care), Standard 8 (Organisational governance) and Standard 7 (Human resources). Most instances of non-compliance were due to providers failing to comply with one, 2 or 3 requirements of that Standard. These findings are consistent with previous quarters.

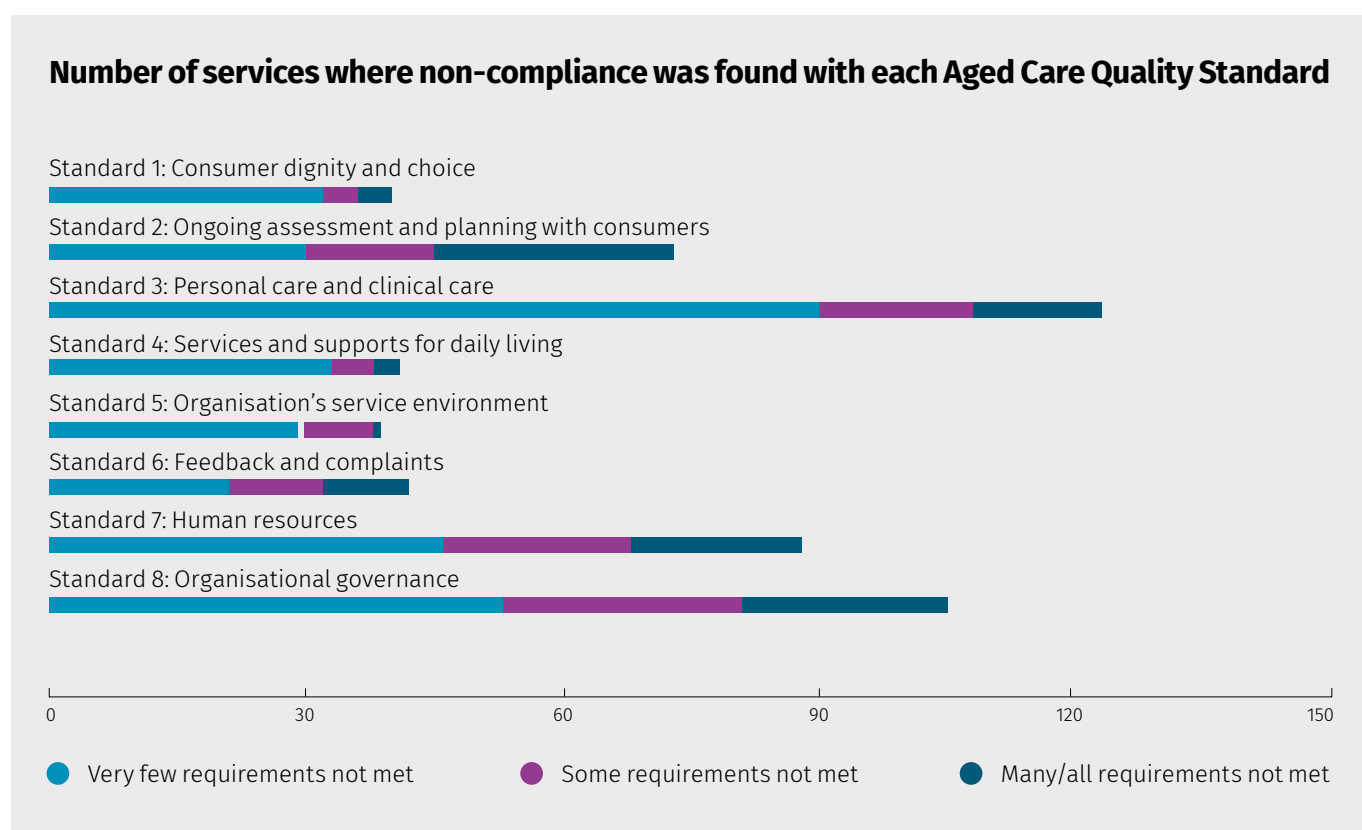


Figure 35. Total number of services where non-compliance with the Aged Care Quality Standards was found

See Note on definitions ([page 53](#)) for an explanation of very few, some, or many/all

Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service

Residential care sector performance

July – September 2022

How did approved providers perform in relation to each of the Aged Care Quality Standards requirements?

Each of the Aged Care Quality Standards contains requirements to demonstrate that the Quality Standard has been complied with. Approved providers are expected to show how their approach enables them to meet these requirements at the service(s) they operate.

The figure shows most frequently cited Quality Standard requirements that were not complied with, ranked in descending order. It displays the number of times a decision of non-compliance was made in relation to the requirement of the Quality Standard. Non-compliance was most commonly found in the requirements to deliver safe and effective personal and clinical care, effective governance systems, the number and mix of workforce, and the effective management of high impact or high prevalence risks.

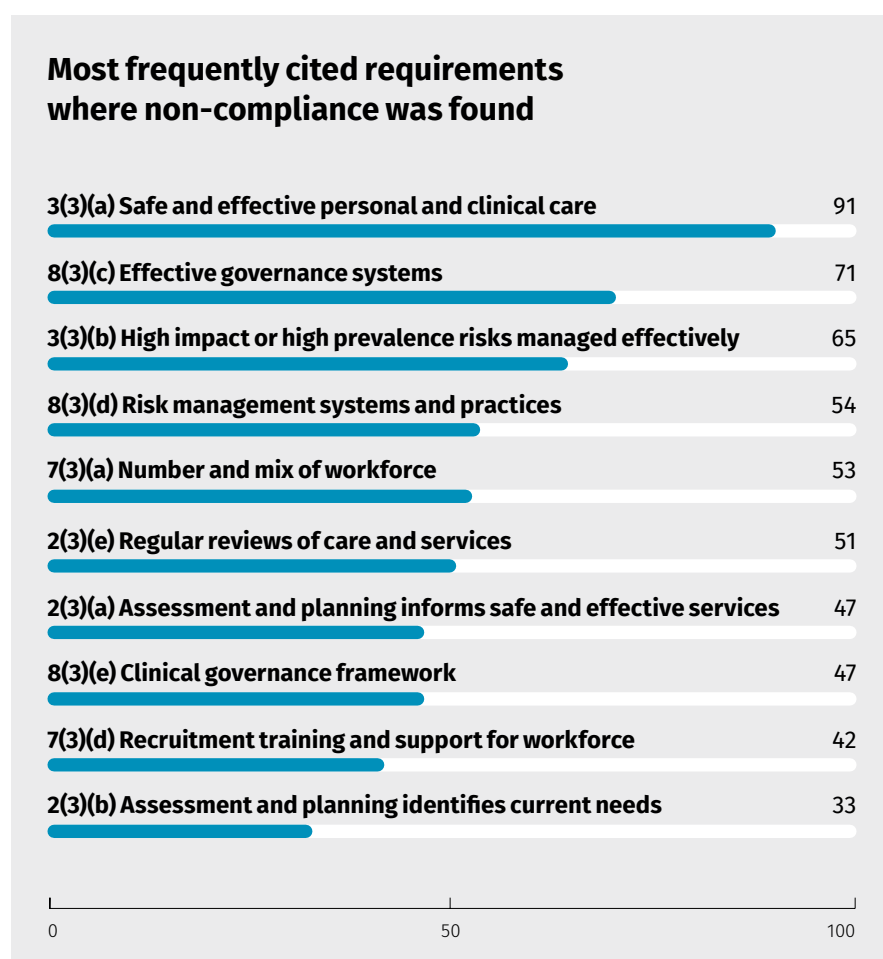


Figure 36. Top 10 requirements of the Aged Care Quality Standards where non-compliance was found

Residential care sector performance

July – September 2022

Non-compliance was found most often against Standard 3 of the Aged Care Quality Standards

The figure below shows non-compliance with the requirements of Quality Standard 3. The data is drawn from performance assessments and is shown as a percentage of decisions.



Figure 37. Non-compliance with requirements of Aged Care Quality Standard 3

Compliance and enforcement

How does the Commission respond to non-compliance?

We have the power to take regulatory or enforceable action(s) where appropriate to address non-compliance with provider responsibilities. In determining a response to non-compliance by providers, the Commission considers the risk to the safety, health, wellbeing and quality of life of consumers, and the extent to which the provider will manage that harm.

Regulatory action

Regulatory action (as opposed to enforceable regulatory action) may be considered where risk to consumers is assessed as low to medium. This approach reflects the level of trust and confidence we have in the provider's motivation and capacity to manage the risk and rectify non-compliance. It signals to the provider that there has been a failure to meet responsibilities and encourages them to fix the non-compliance and take action to sustain improvement.

Enforceable regulatory actions

In cases where the risk to consumers is assessed as medium to severe, or where a provider has failed to remedy non-compliance following regulatory action, we may respond with enforceable regulatory action. This involves the use of a range of escalating regulatory powers that, if not complied with, can and will be enforced. Enforceable regulatory actions may range from use of compulsory information gathering powers through to issuing compliance notices, non-compliance notices, applying sanctions, and, ultimately, revocation of provider approval. Such actions are intended to compel the provider to act to address quality and safety risks and to comply with its responsibilities as quickly as possible.

Our Compliance and Enforcement policy is available on our [website](#). It provides more information about how we use our compliance and enforcement powers.

Residential care sector performance

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How many times did provider non-compliance result in regulatory action (directions)?

Where we are satisfied a provider is not meeting its responsibilities, we may issue directions describing the specified actions to be taken by the provider (and the timeframes within which those actions must be taken).

These directions may be in relation to the Quality Standards or other provider responsibilities, including in relation to a complaint. We could take further action against the provider if it fails to comply with directions. The number of directions related to compliance with the quality standards increased to **94** this quarter compared with **74** last quarter.

The figure below shows the 5 most frequent reasons for issuing directions. Directions notices were most commonly about the delivery of safe and effective personal and clinical care.

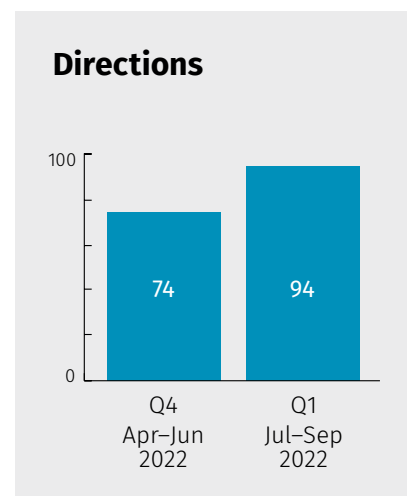


Figure 38. Directions

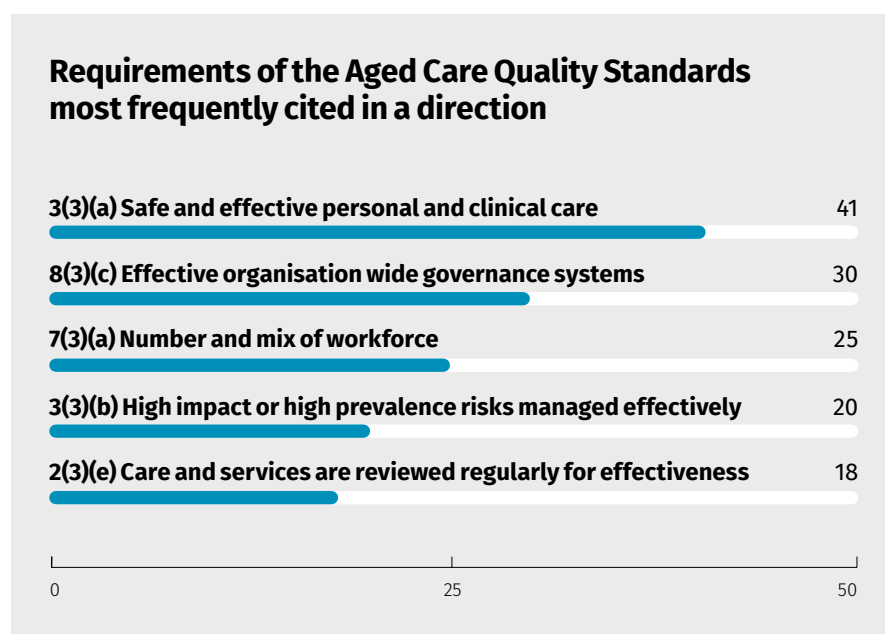


Figure 39. Requirements of the Aged Care Quality Standards most frequently cited in a direction

Residential care sector performance

July – September 2022

How many times did provider performance result in enforceable regulatory action?

Where provider performance poses a medium to severe risk to quality and safety or where they have failed to remedy non-compliance after regulatory action, we may take enforceable regulatory action/s. Such actions are intended to compel the provider to take action to address quality and safety risks and to comply with its responsibilities as quickly as possible. Ultimately this can include revocation of provider approval and removal from the sector.

The figure below shows enforceable regulatory actions for the past 2 quarters. There was an increase in enforceable regulatory actions this quarter.

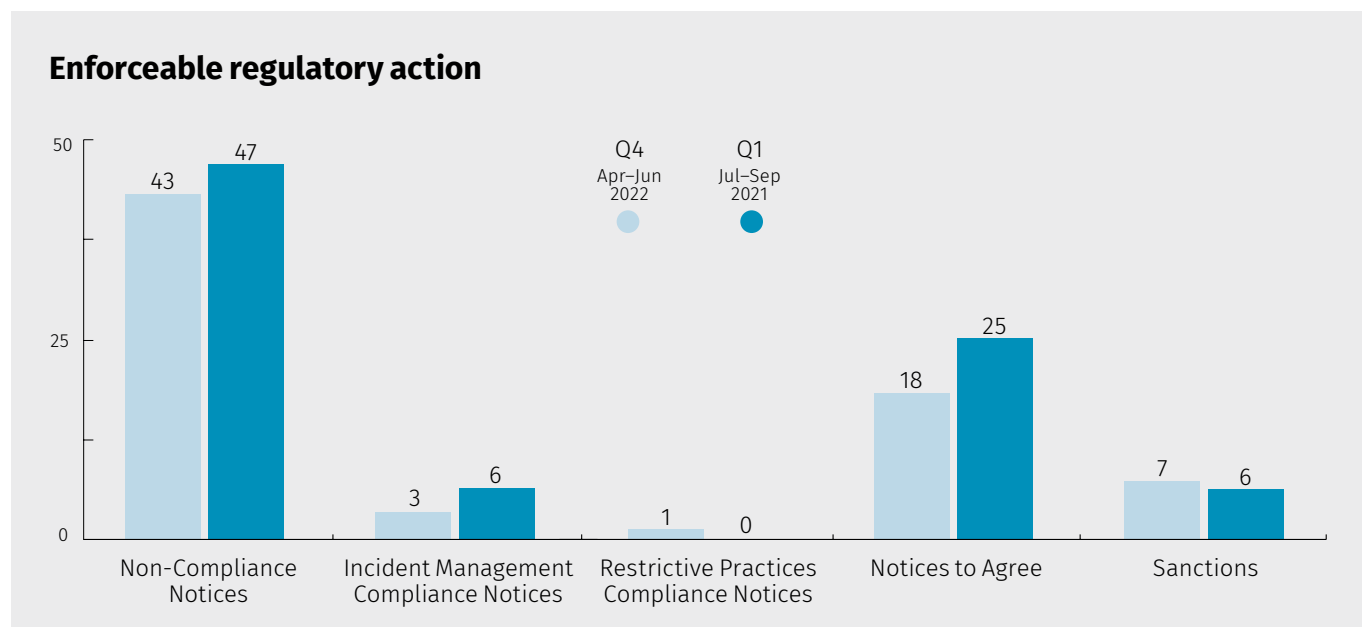


Figure 40. Enforceable regulatory actions in this quarter compared to the previous quarter

Residential care sector performance

July – September 2022

The table below shows the actions taken by the Commission in quarter 1, by state and territory. The regulatory activities leading to these actions may have occurred in preceding quarters.

Number of times provider performance resulted in enforceable regulatory action

	NSW	ACT	NT	QLD	SA	TAS	VIC	WA	Other
Incident Management Compliance Notices	2	0	3	1	0	0	0	0	6
Non-Compliance Notices	23	9	2	3	9	1	0	0	47
Sanctions	3	0	1	1	1	0	0	0	6

Figure 41. Enforceable regulatory actions by state and territory

Compliance notices

The Commission may give an approved provider a compliance notice in relation to its incident management (IMCN) or restrictive practices responsibilities, where there is a risk of harm to consumers and the provider's response is insufficient at the time the notice is issued.

The notice compels the provider to address actual or possible non-compliance within a reasonable time. The compliance notice is designed to elicit an immediate and proactive response outside the non-compliance notice and sanctions pathways. There was a 50 per cent increase in IMCNs this quarter (from a low base).



6

**Incident Management
Compliance Notices**

Figure 42. Number of Compliance Notices in quarter 1

Residential care sector performance

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Non-Compliance Notices and Notices to Remedy

We may issue a Non-Compliance Notice (NCN) to a provider if we are satisfied that the provider is, or has been, non-compliant with one or more of its responsibilities under the Aged Care Act. When we issue an NCN, we must also be satisfied that the provider's non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

If the Commission is satisfied with the provider's response to the NCN (for example, the response outlines the proposed action to remedy the non-compliance; or sets out an acceptable reason for the non-compliance; or is otherwise satisfactory) a Notice to Remedy (NTR) may be issued to the provider.

An NTR requires the provider to give to the Commission, within 14 days of receiving the NCN, an Undertaking to Remedy the non-compliance in the NCN. In this quarter the Commission issued **47** NCNs and **52** NTRs.

The figure below shows the requirements of the Aged Care Quality Standards most frequently cited in non-compliance notices issued to providers. Delivery of safe and effective personal and clinical care, effective management of high prevalence risks and effective governance systems were most frequently cited in an NCN this quarter.

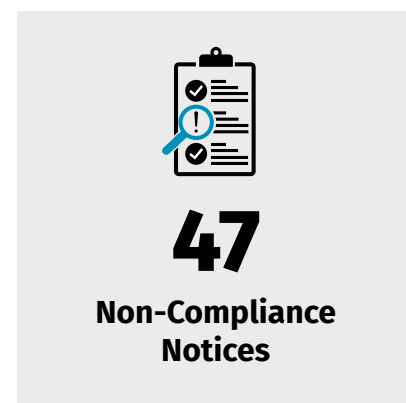


Figure 43. Non-Compliance Notices

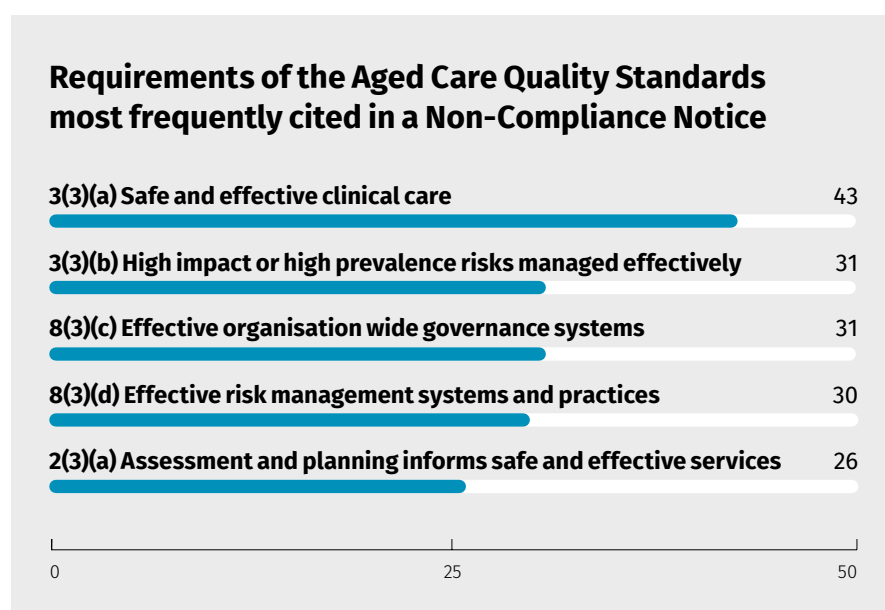


Figure 44. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

Residential care sector performance

July – September 2022

Notices to Agree

When the risk to consumers is assessed as high to severe and a provider's non-compliance has resulted in the Commission considering revoking its approval to deliver aged care or a provider has failed to comply with an undertaking to remedy, the Commission may first issue a Notice to Agree (NTA).

An NTA may cite one or more requirements of the Quality Standards, or other legislation. An NTA tells the provider what they need to do and by when. If a provider fails to agree, the Commission can revoke their approval to provide Australian Government subsidised aged care. We issued **25** NTAs this quarter — an increase of 7 compared with quarter 4.



25

Notices to Agree

Figure 45. Number of Notices to Agree

Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree



Figure 46. Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree

Residential care sector performance

July – September 2022

Sanctions

If we are not satisfied with the provider’s response to a non-compliance notice or where there is immediate and severe risk, we may also issue a Notice of Decision to Impose Sanctions. This tells the provider, in writing, what immediate action we need them to take. The notice could also tell the provider that we have decided to impose one or more sanctions.

Sanctions require the provider to remedy its non-compliance promptly and are intended to protect consumers — both future and current.

In this quarter, **6** sanctions were imposed on providers. These providers are not eligible to receive funding for new consumers for the period of the sanction.



Figure 47. Sanctions

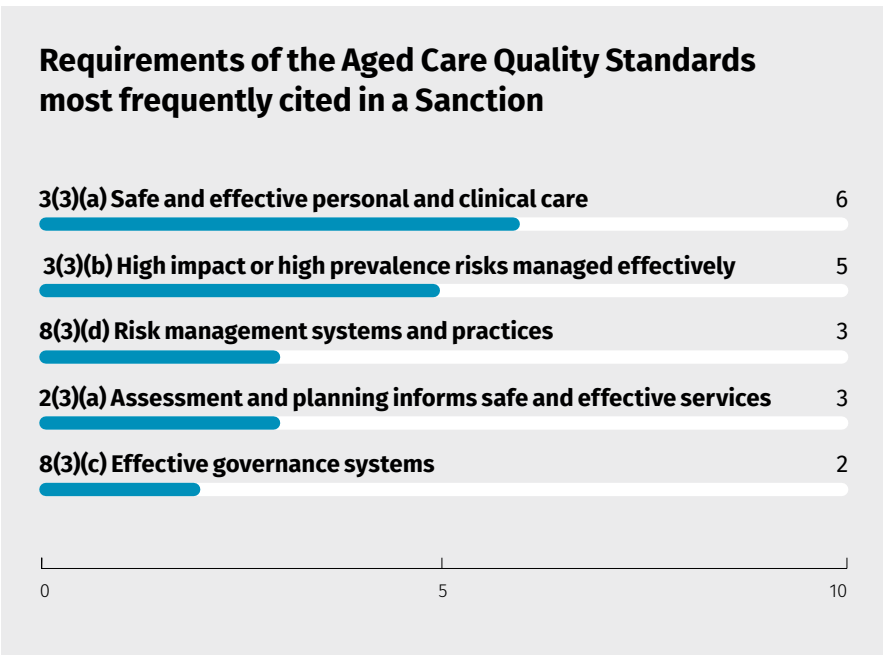


Figure 48. Requirements of the Aged Care Quality Standards most frequently cited in a Sanction

Residential care sector performance

July – September 2022

Revocation decisions

In cases of serious non-compliance — where the risk to consumers is severe, where a provider has failed to remedy non-compliance, or the provider is no longer suitable to provide aged care — we may revoke accreditation of a residential aged care service and/or revoke provider approval to provide aged care.

When this happens, it means we have no trust in the provider's suitability to provide care. The consequence for providers is they can no longer get Australian Government subsidies for the provision of care and services.

Where a provider's non-compliance is particularly serious, for example systematic, repeated, wilful or criminal, the Commission may fast-track the provider's exit from the sector through issuing a revocation sanction.

There were no revocation decisions in this quarter.

Home services sector performance

July – September 2022



Australian Government

Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Applications to become an approved provider

What were the outcomes of applications to be an approved provider of home care?

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these care types.

In this quarter, we received **54** applications. We approved **28** applications to become an approved home care provider and did not approve **82** applications. Outcomes may relate to applications that were received in previous quarters. Most of the applications finalised this quarter relate to a spike in applications in Q2 2021, in the 6 weeks prior to the introduction of an application fee.

We assess applications to determine whether the applicant is suitable to provide aged care in accordance with the specific requirements of the *Aged Care Quality and Safety Commission Act 2018*. Reasons for non-approval related to failure to satisfy the suitability criteria connected to experience, understanding of responsibilities, operational processes, and financial processes. The continued high numbers of applicants not approved this quarter is indicative of the rigour of this process, and the Commission's ongoing commitment to seeing providers of aged care able to deliver quality and safe care to Australia's aged care consumers.

A further **11** applications did not proceed.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete, or
- withdrawn.

The outcomes of applications, for example, 'did not proceed' are counted for each type of care included in the application.

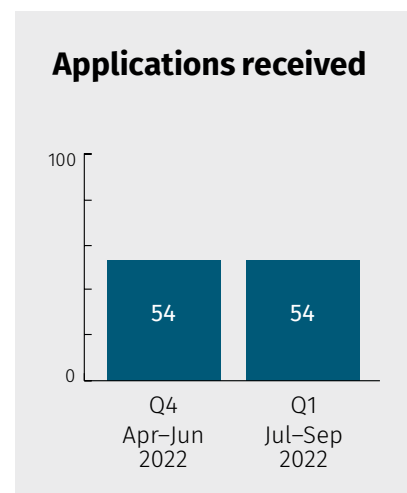


Figure 49. Applications in the past 2 quarters

Application outcomes

	Q4	Q1
Approved	4	28
Not approved	111	82
Did not proceed	10	11

Figure 50. Home care provider applications and approvals in the past 2 quarters

Application outcomes may relate to applications that were received in previous quarters

Complaints

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally.

A complainant may also, or instead, choose to lodge a complaint about a service with the Commission.

The Commission takes all complaints seriously and works with providers and consumers to resolve the matter. Complaints to the Commission also inform our understanding of risk to consumers and can influence our regulatory activities.

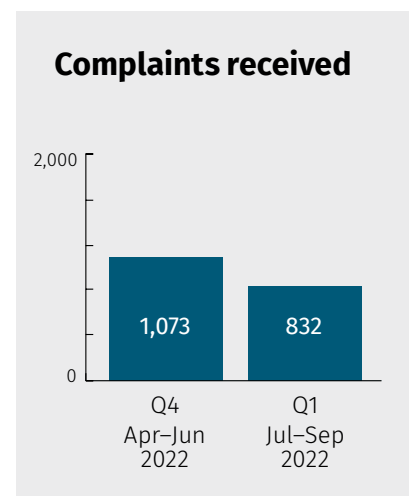


Figure 51. Home services complaints in the past 2 quarters

How many complaints were lodged about home services?

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery.

There are over one million consumers of home services. This quarter the Commission received **832** complaints about home services comprising **1,316** issues, a rate of **0.32** complaints per 100 consumers.

The total number of complaints and rate of complaints per consumer decreased this quarter compared with the previous quarter.

How many complaints were made in each state and territory?

This table shows the number of complaints made about home services (home care packages and Commonwealth Home Support Programme services) in each state and territory in quarter 4.

It also displays the total number of complaint issues (a complaint can be about more than one issue).

Complaints about home services

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A	AUS
Complaints received	198	322	157	45	61	15	4	17	13	832
Number of issues	354	473	229	87	95	20	6	33	19	1,316

Figure 52. Complaints by state and territory

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

Home services sector performance

July – September 2022

Who makes complaints?

This figure categorises the home services complaints we received by complainant group. In contrast to complaints about residential aged care services (where most complaints are made by family or other representatives), care recipients are the largest category of complainants regarding home services.

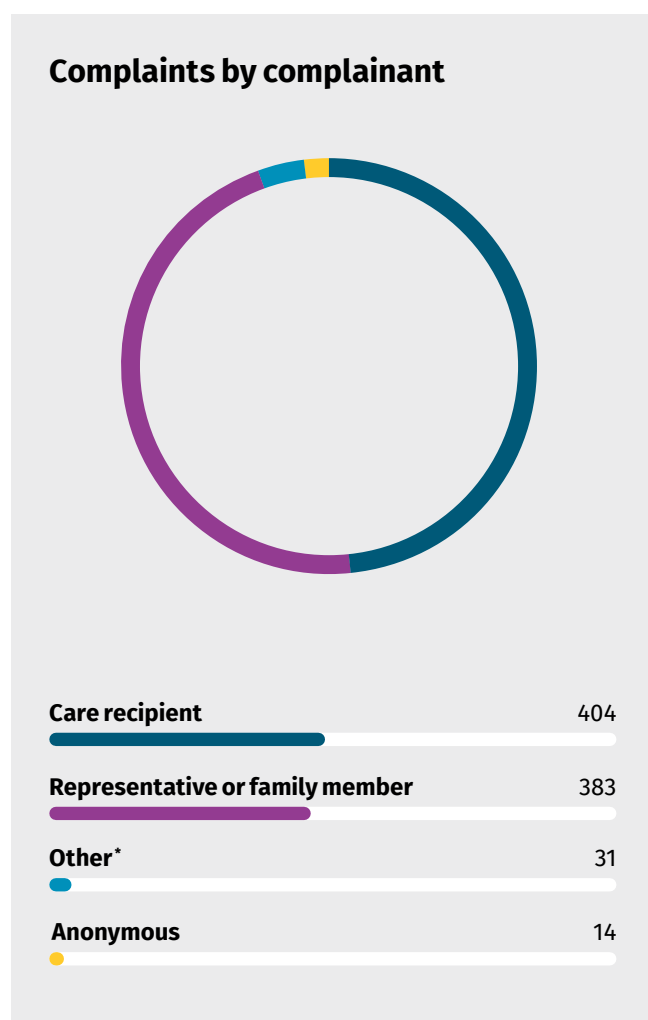


Figure 53. Complaints by complainant

* Other includes staff, external agency, media, internal referrals or provider

What are complaints about?

This figure shows the top 10 home services complaint issues we received during this quarter. Consistent with previous quarters, the most common complaints were about consultation and communications and a wide range of financial issues.

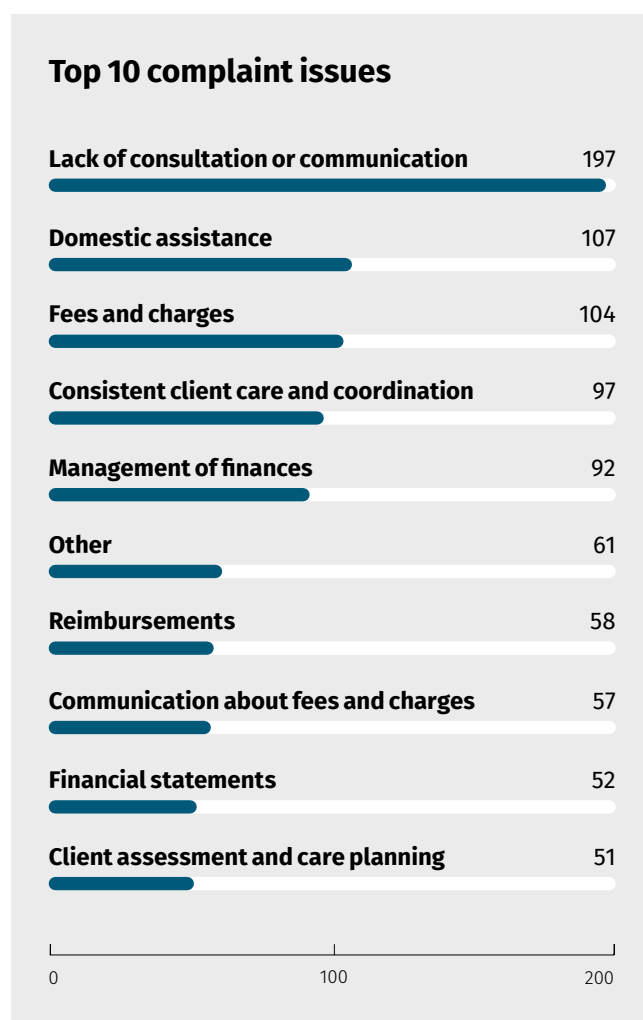


Figure 54. Top 10 complaint issues

Home services sector performance

July – September 2022

Finalised Complaints

The Commission finalised a total of **1,059** complaints about home services this quarter.

The Commission worked with providers and consumers to resolve **1,055** complaints, involving **2,075** issues about home services. These were resolved through the early resolution pathway.

There were **4** complex complaints involving **9** issues that were addressed through a formal resolution process such as:

- a formal investigation by the Commission
- requiring the provider to resolve the issue within a set timeframe
- suggesting both parties go to mediation.

See figure 57 on the next page for a breakdown of how the Commission finalised issues.

Each complaint may be made up of one or more issues, or concerns. Complaints are finalised when all issues have been resolved.

We aim to help complainants resolve their concerns directly with the provider. We can use a range of approaches to help people to resolve their concerns. Our focus is on reaching the best outcome for the person receiving aged care, as quickly as possible.

The best result can be achieved when:

- all parties work cooperatively
- discussions are open
- information is provided in a timely way.

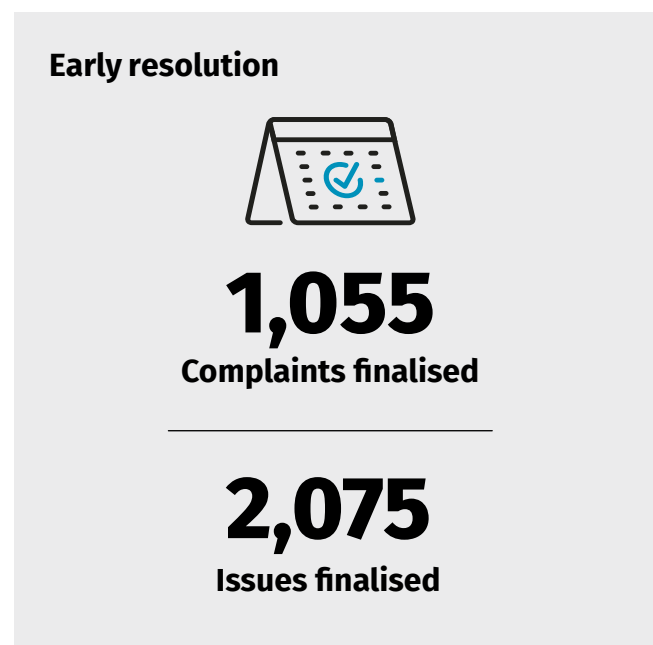


Figure 55. Residential care complaints resolved early



Figure 56. Residential care complaints formal resolution pathway

- * Other resolution pathways include:
- Investigation
 - service provider resolution within a set timeframe
 - mediation

Home services sector performance

July – September 2022

How were complaint issues resolved and finalised?

Before a complaint is finalised, we talk to all parties to explain our findings and how the issues have been resolved. We also give written feedback about all complaints, except where the complainant is satisfied to close the complaint and does not need a letter.

This figure shows the top 5 reasons for finalising complaint issues this quarter.

The data includes complaints where all individual issues which make up the complaint have been resolved, and so the complaint has been finalised.

Complaints resolved ‘to the satisfaction of the complainant’ indicate the person making the complaint is satisfied their issues have been heard and addressed.

Some complaints are not resolved ‘to the satisfaction of the complainant’ for reasons including anonymous complaints, and complaints which have been withdrawn.

Some issues are raised by complainants more than once, in one or more separate complaints.

Some issues raised by complainants may also be the subject of compliance or quality assessment and monitoring activities. Where an issue has been dealt with or is being dealt with in another complaint or through the Commission’s regulatory activities, the Commissioner may finalise the issue.

How complaint issues were finalised

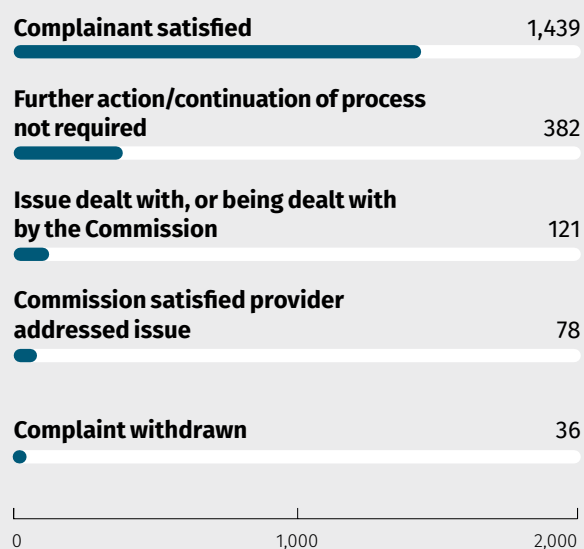


Figure 57. Top 5 reasons complaint issues were finalised

In some cases, after considering all the circumstances, we don’t need to take any more action about an issue. Complaint issues may be finalised in this way when, for example, the issue is not ongoing and there is no outcome that can be achieved by continuing the process.

Issues ‘resolved to the satisfaction of the Commissioner’ include those where the Commission concludes that the provider has met its responsibilities or has taken appropriate action to address the concerns. The Commissioner is satisfied that the provider has met its responsibilities, but the complainant may remain unsatisfied.

Quality assessment and monitoring

How many quality assessment and monitoring activities were carried out?

We conduct quality reviews of home services to assess whether providers deliver their services in accordance with the Aged Care Quality Standards. We also conduct risk-based monitoring of the quality of care and services through assessment contacts.

A quality review is conducted at least once every 3 years. It is the process of reviewing the quality of home services delivered against all the relevant Quality Standards. The process includes an onsite quality audit, a quality audit report and a performance report.

A quality review includes a quality audit at the premises of the home service provider. The Commission will generally give the service written notification of the date/s on which the quality audit will take place. This will include a template for informing consumers and their nominated representatives about the upcoming audit.

If we consider, on reasonable grounds, that the home service provider is not complying with the Quality Standards, then we do not need to give the provider prior notice of the site visit.

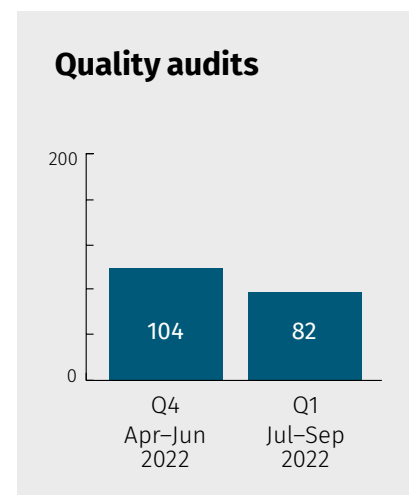


Figure 58. Quality audits in the past 2 quarters

Home services sector performance

July – September 2022

Onsite quality assessment and monitoring activities by state and territory

This quarter, we conducted **82** quality audits compared with **104** in the previous quarter. (see figure 58).

We also monitor the quality of care and services through assessment contacts. A provider can be found to be non-compliant with more than one Quality Standard at a service.



Figure 59. Onsite quality assessment and monitoring activities for home services by state and territory

Number of assessment contacts and quality audits by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	8	11	9	2	1	0	0	2	33
Quality audits	15	28	15	8	6	2	2	6	82

Figure 60. Quality assessment and monitoring home services

Home services sector performance

July – September 2022

How did providers perform in relation to each of the Aged Care Quality Standards?

A provider may operate one or more services. The Commission found **64** services non-compliant this quarter — an increase of more than 50 per cent compared with the previous quarter. A provider can be found non-compliant with more than one Quality Standard at a service. To assist home service providers manage common risks, the Commission has released a resource ‘Quality and safety in home services — 5 key areas of risk’ which is available on our [website](#).



Figure 61. Services found non-compliant with the Quality Standards

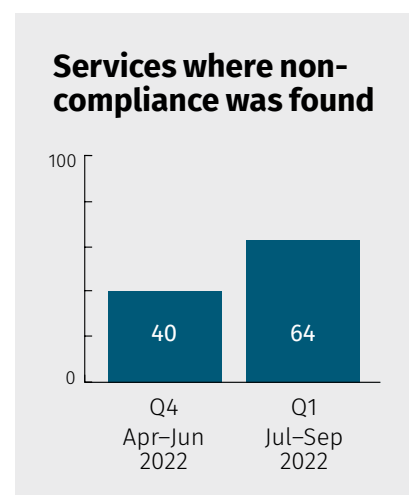


Figure 62. Home services where non-compliance with the Quality Standards was found in the past 2 quarters

Home services sector performance

July – September 2022

The figure below shows whether the non-compliance was with very few, some, or many/all of the requirements of each Quality Standard.[†] The 3 Quality Standards most commonly not met this quarter were Standard 2 (ongoing assessment and planning with consumers), Standard 8 (organisational governance) and Standard 7 (human resources).

Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service.

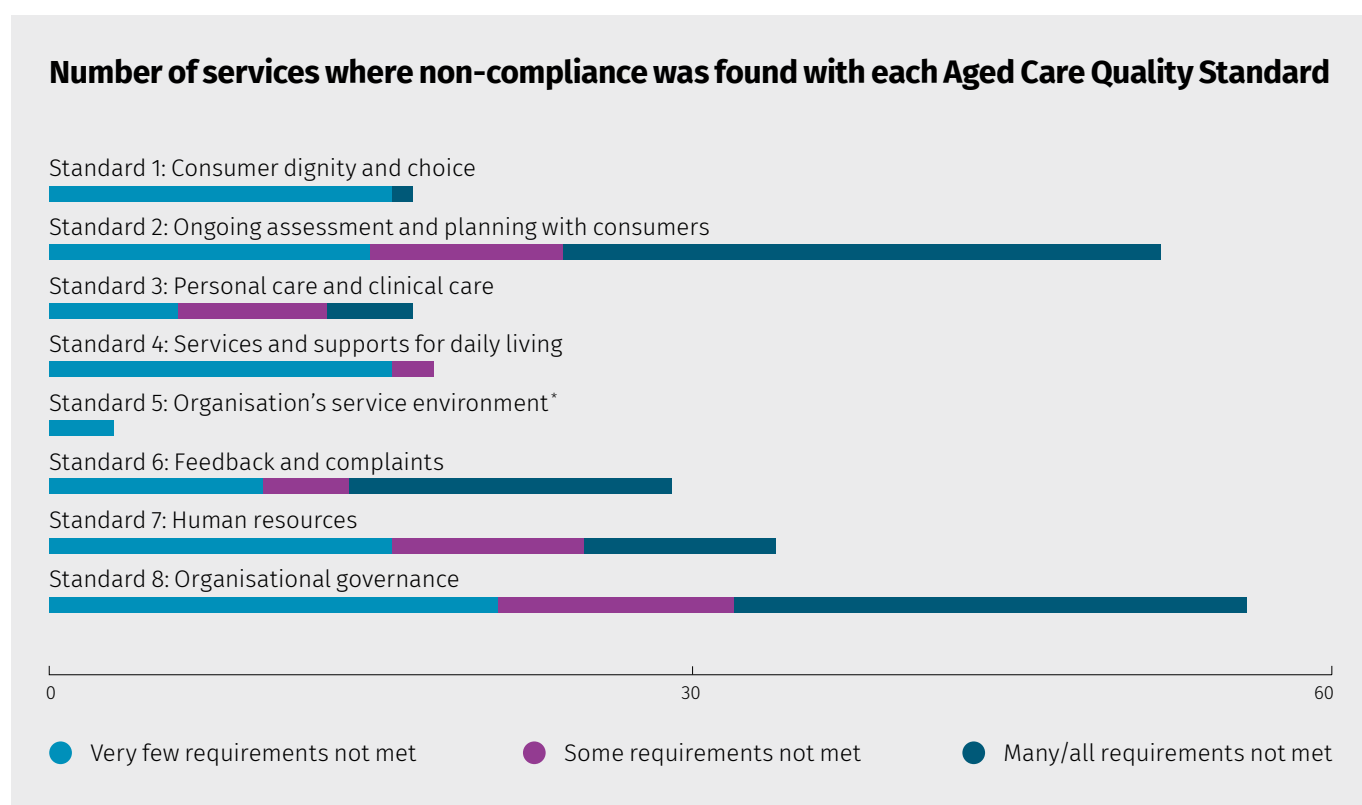


Figure 63. Number of services where non-compliance with the Aged Care Quality Standards was found

[†] See Note on definitions ([page 53](#)) for an explanation of very few, some, or many/all

Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service

* Quality Standard 5 applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It does not apply to home services where the environment is the consumer's home. It also does not apply to other environments that consumers visit, such as bowling clubs or libraries

Home services sector performance

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How did providers perform against the requirements of the Aged Care Quality Standards?

Each of the Aged Care Quality Standards contains requirements to demonstrate that the Standard has been complied with.

Providers are expected to show how their approach enables them to meet these requirements.

The figure below shows most frequently cited Quality Standard requirements that were not complied with, ranked in descending order.

It displays the number of times a non-compliance decision was made about a Quality Standard requirement. Consistent with previous quarters, effective governance systems, and assessment and planning remain the most frequent requirements not complied with.

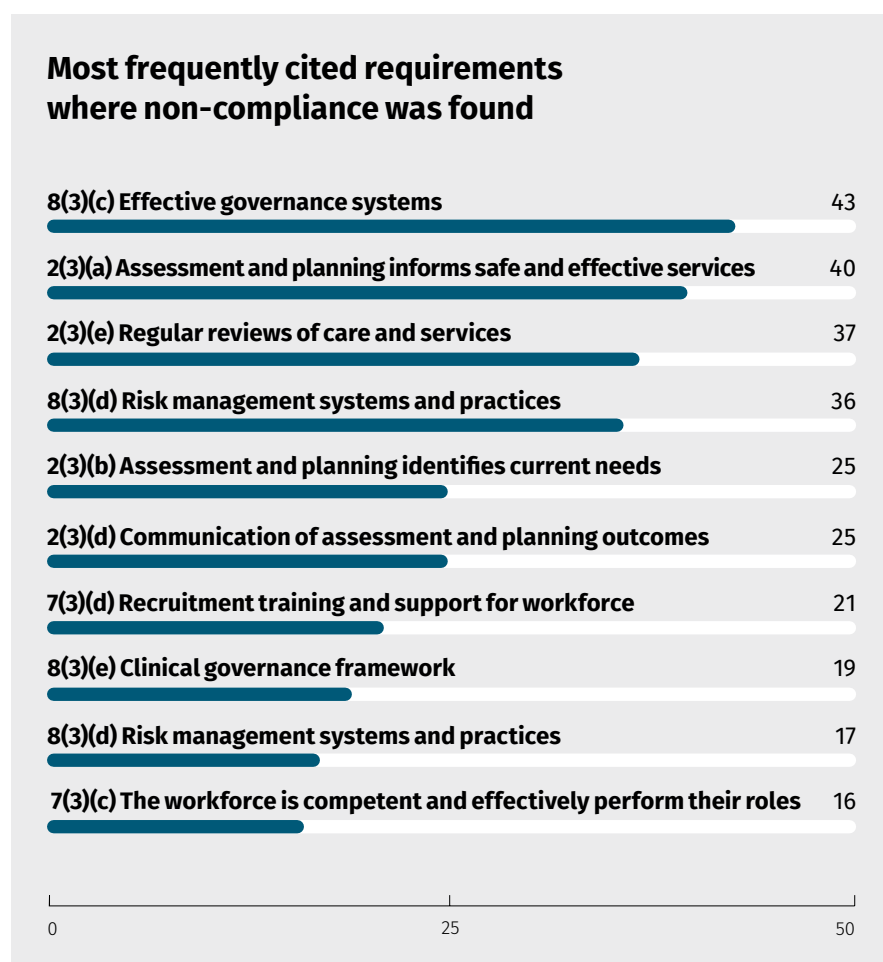


Figure 64. Number of times non-compliance was found with the requirements of the Aged Care Quality Standards (top 10)

Compliance and enforcement



Figure 65. Directions

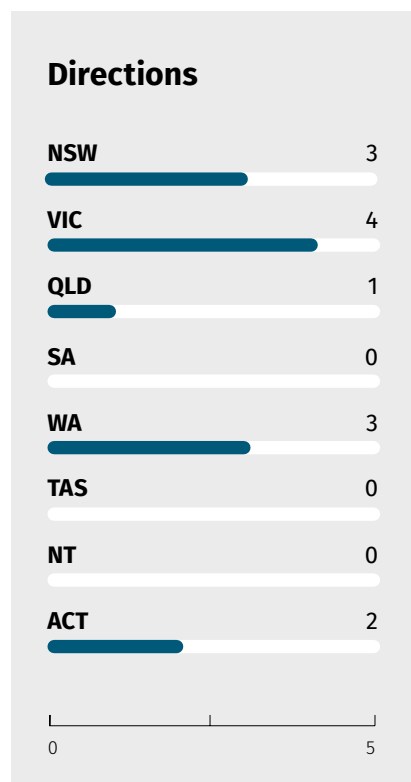


Figure 66. Directions by state and territory

How does the Commission manage non-compliance?

The Commission applies a risk based proportionate approach when responding to non-compliance. Further information about the Commission's regulatory actions and enforceable regulatory actions is in the [Residential care section](#) of this report.

How many times did provider non-compliance result in regulatory action (directions)?

The figure below shows the number of directions notices issued by the Commission in each state and territory this quarter. We issued **13** directions notices compared with **5** in the previous quarter. We most frequently issued directions related to effective governance, and assessment and planning.

We issued zero complaints directions.

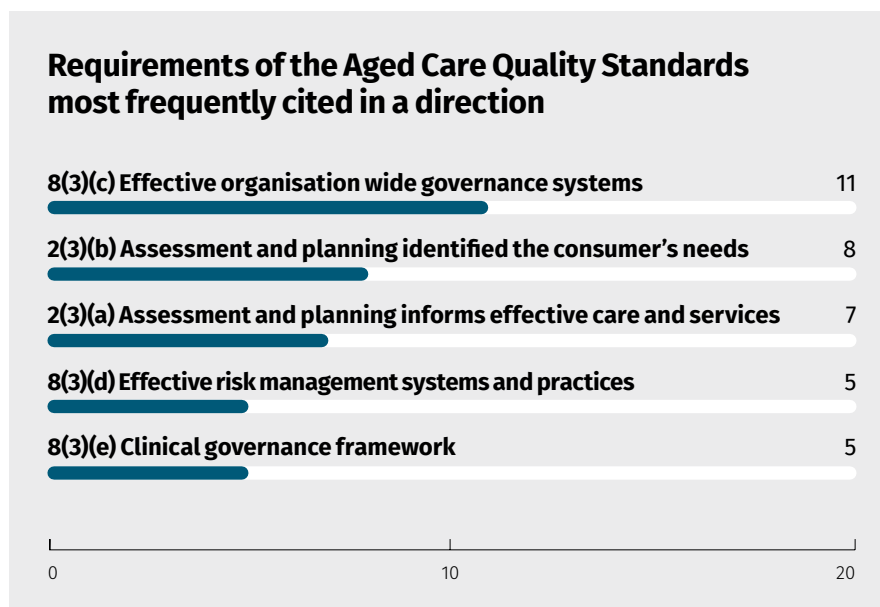


Figure 67. Number of services subject to directions

Home services sector performance

July – September 2022

How many times did provider non-compliance result in enforceable regulatory action?

The graph below shows our enforceable regulatory actions over the past 2 quarters. The number of non-compliance notices issued increased from **8** to **12** this quarter. The requirements most frequently cited in a non-compliance notice related to governance, assessment and planning, and effective management of high impact or high prevalence clinical risks.

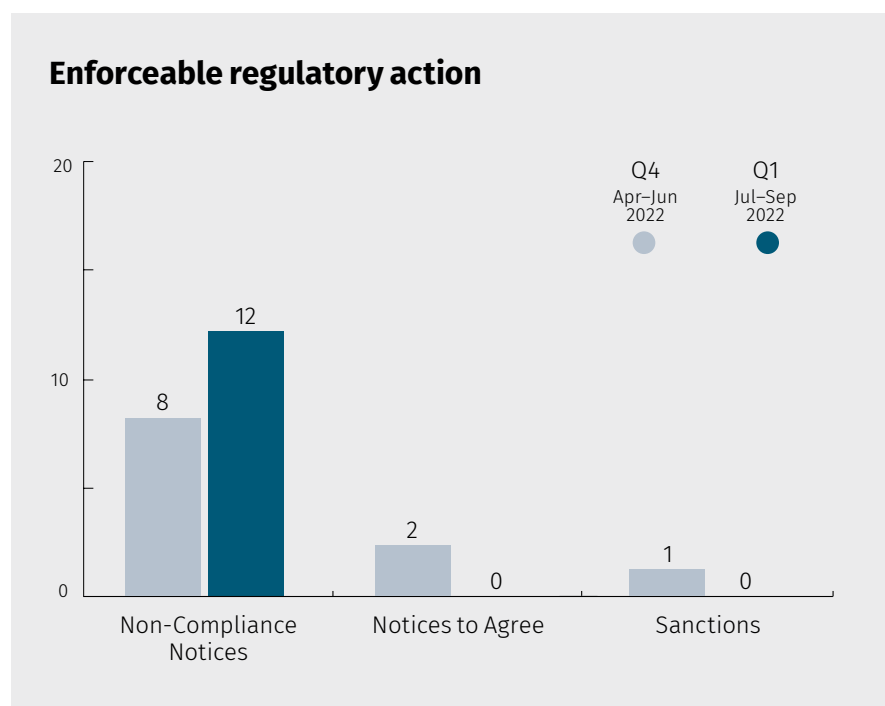


Figure 68. Enforceable regulatory actions in the past 2 quarters

The table below shows the actions we took this quarter, by state and territory.

Enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Non-Compliance Notices	2	5	1	1	3	0	0	0	12
Notices to Agree	0	0	0	0	0	0	0	0	0
Sanctions	0	0	0	0	0	0	0	0	0

Figure 69. Enforceable regulatory actions

Home services sector performance

July – September 2022

Non-Compliance Notices and Notices to Remedy

We may issue a Non-Compliance Notice (NCN) to a provider if we are satisfied that the provider is, or has been, non-compliant with one or more of its responsibilities under the Aged Care Act. When we issue an NCN, we must also be satisfied that the provider's non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

An NTR requires the provider to give to the Commission, within 14 days of receiving the NCN, an Undertaking to Remedy the non-compliance in the NCN. In this quarter the Commission issued **12** NCNs and **7** NTRs.

Failure to comply with the undertaking may result in a sanction being imposed or a Notice to Agree to Certain Matters being issued.

The figure below shows the requirements of the Aged Care Quality Standards most frequently cited in non-compliance notices issued to providers. Effective management of high prevalence risks, effective governance systems, and assessment and planning were most frequently cited in an NCN this quarter.



Figure 70. Non-Compliance Notices

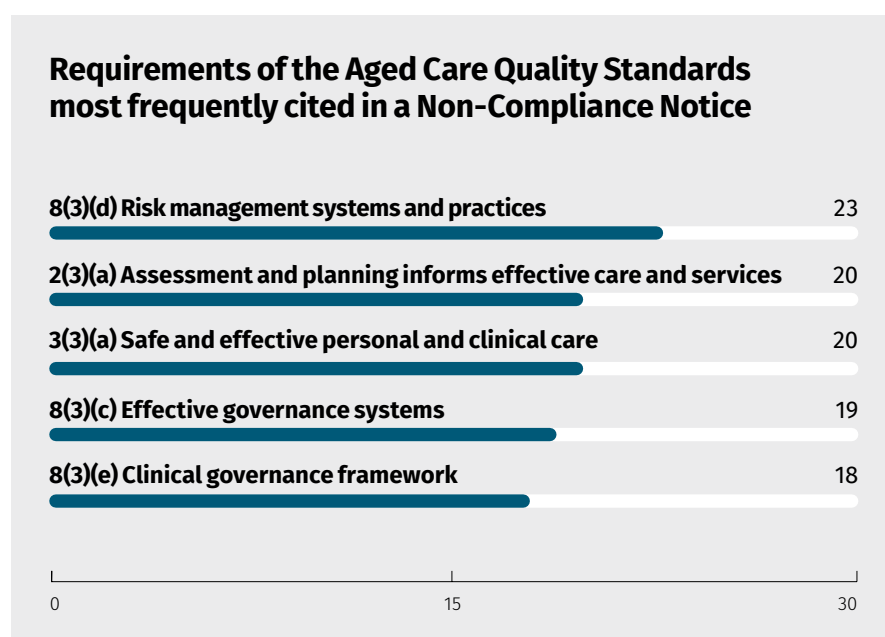


Figure 71. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

Home services sector performance

July – September 2022

Notice to Agree

When the risk to consumers is assessed as high to severe and a provider's non-compliance has resulted in the Commission considering revoking its approval to deliver aged care or a provider has failed to comply with an undertaking to remedy, the Commission may first issue a Notice to Agree (NTA).

An NTA may cite one or more requirements of the Quality Standards, or other legislation. An NTA tells the provider what they need to do and by when. If a provider fails to agree, the Commission can revoke their approval to provide Australian Government subsidised aged care.

We issued no NTAs this quarter.

Sanctions

If we are not satisfied with the provider's response to a Non-Compliance Notice or where there is immediate and severe risk, we may also issue a Notice of Decision to Impose Sanctions. This tells the provider what immediate action they must take. The notice may also tell the provider that we have decided to impose one or more sanctions.

Sanctions require the provider to remedy its non-compliance promptly and are intended to protect consumers — both future and current.

We issued no sanctions this quarter.

Revocation decisions

We made no revocation decisions this quarter.



Figure 72. Number of Notices to Agree



Figure 73. Number of sanctions

Sector performance overview

July – September 2022

Note on definitions

The terms ‘very few’, ‘some’, ‘many/all’ reflect the proportion of requirements not met within each Quality Standard. As the number of requirements in each Standard varies, the proportions are determined according to the table below.

Number of requirements not met	Number of requirements in each Quality Standard				
	Standard 5	Standard 6	Standards 2, 7, 8	Standard 1	Standards 3, 4
	3 requirements	4 requirements	5 requirements	6 requirements	7 requirements
1	Very few	Very few	Very few	Very few	Very few
2	Some	Some	Some	Very few	Very few
3	Many/all	Many/all	Many/all	Some	Some
4		Many/all	Many/all	Many/all	Some
5			Many/all	Many/all	Many/all
6				Many/all	Many/all
7					Many/all



Note on data

Sector performance data is extracted 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 slightly differ in this report where the same periods are quoted here for comparisons.

The information corresponding to the count of services (residential care and home services) was extracted from the Commission systems on 4 October 2022.

The residential care and Home care packages consumer data was unavailable at date of publishing, figure presented is a forecast based on linear modelling.

CHSP consumer data derived by consumer state was unavailable at date of publishing, figure presented is a carried forward from previous quarter due to unsuitability of linear forecast result.

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 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 4 October 2022. 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).

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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