

# Aged Care Quality and Safety Commission

## Sector performance report

January – March 2022



Australian Government  
Aged Care Quality and Safety Commission

Engage  
Empower  
Safeguard

# Sector performance report

January – March 2022

## Contents

### **Sector performance overview** 3

---

Aged care services in Australia 3

Aged care consumers 4

Provider approvals 4

Accreditation and reaccreditation 4

Complaints about aged care services 5

Reportable Incidents 6

Sector performance against the Aged Care Quality Standards 7

Managing non-compliance 8

---

### **Residential care sector performance** 9

---

Provider approvals 10

Complaints 11

Reportable incident notifications 15

Quality assessment and monitoring 18

Compliance and enforcement 25

---

### **Home services sector performance** 33

---

Provider approvals 34

Complaints 35

Quality assessment and monitoring 38

Compliance and enforcement 41

---

### **Notes** 44

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# Sector performance overview

January – March 2022

## Aged care services in Australia

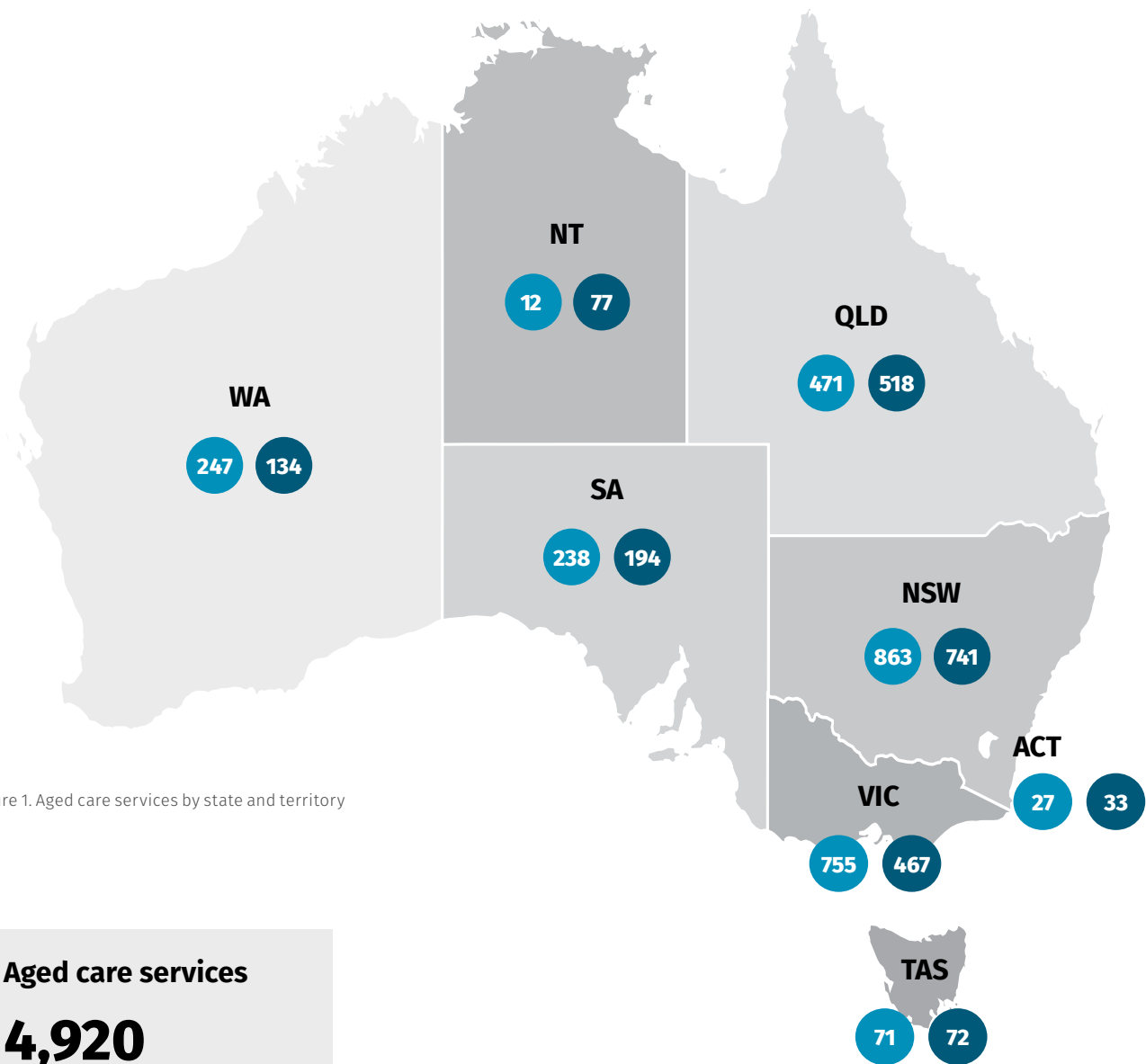


Figure 1. Aged care services by state and territory

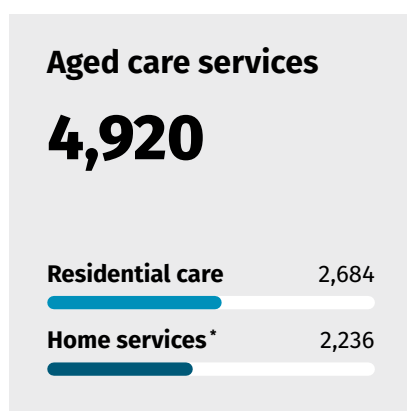


Figure 2. Aged care services

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

- Residential care services
- Home services

# Sector performance overview

January – March 2022

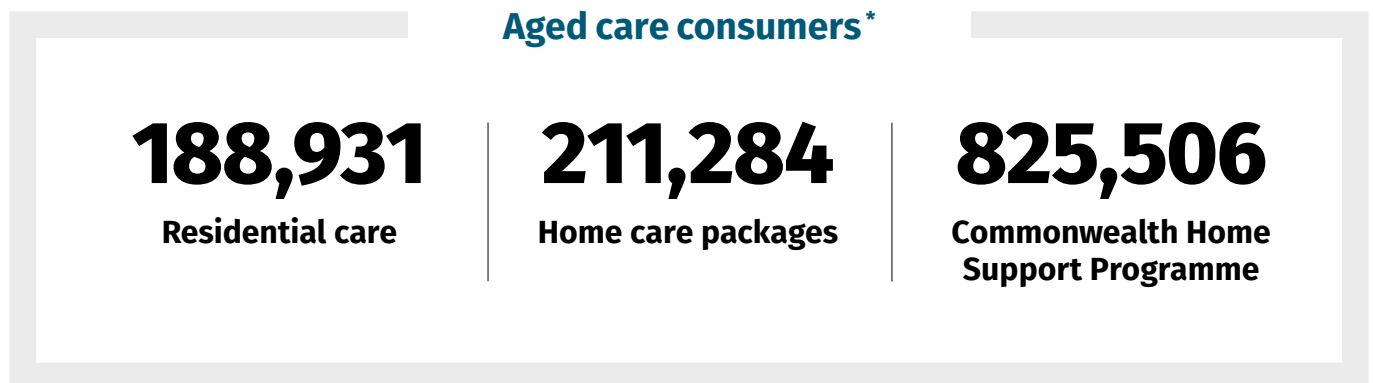


Figure 3. Aged care consumers

\* See Note on data on [page 44](#)

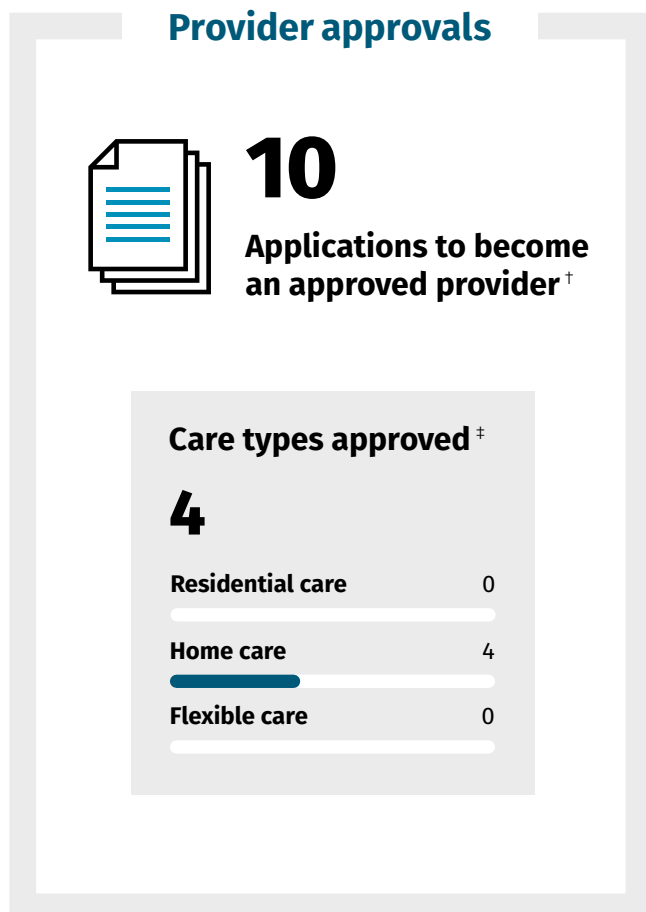


Figure 4. Provider approvals

<sup>†</sup> An application can be for residential, home care or flexible care, or any combination of these care types. For this reason, when broken down into care types, application totals are not cumulative

<sup>‡</sup> Care types approved may include those that were approved in previous quarters

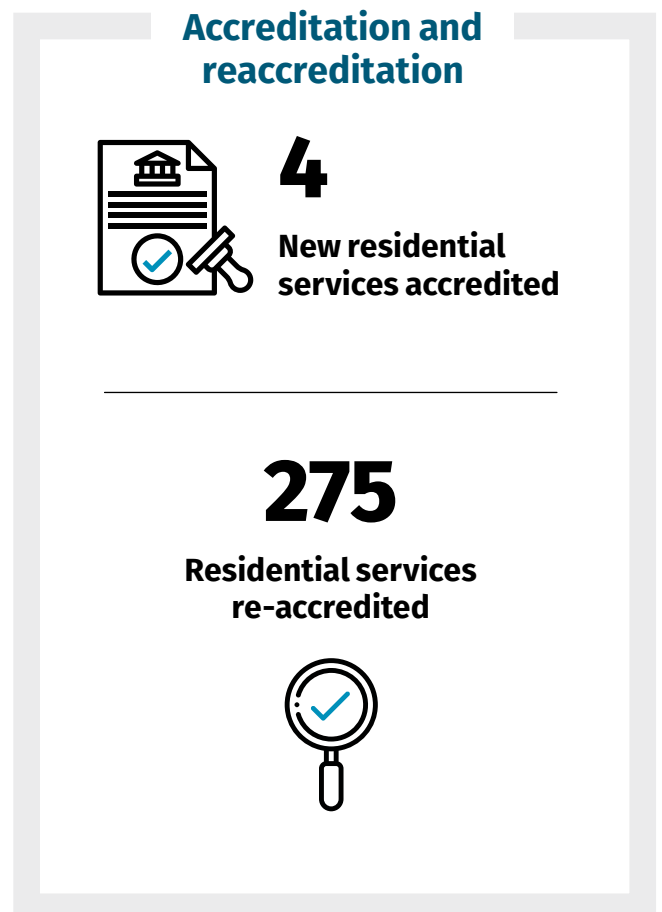
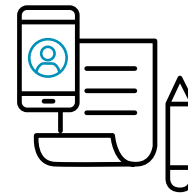
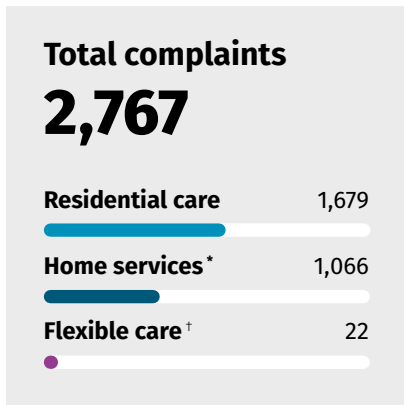


Figure 5. Accreditation and re-accreditation

# Sector performance overview

January – March 2022

## Complaints about aged care services



**0.89**

**Complaints per 100 consumers**  
(residential care)

**5,980**  
Issues raised ‡



**4,806**  
Issues finalised §



Figure 6. Complaints about aged care services

\* Includes home care packages and CHSP

† 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

January – March 2022

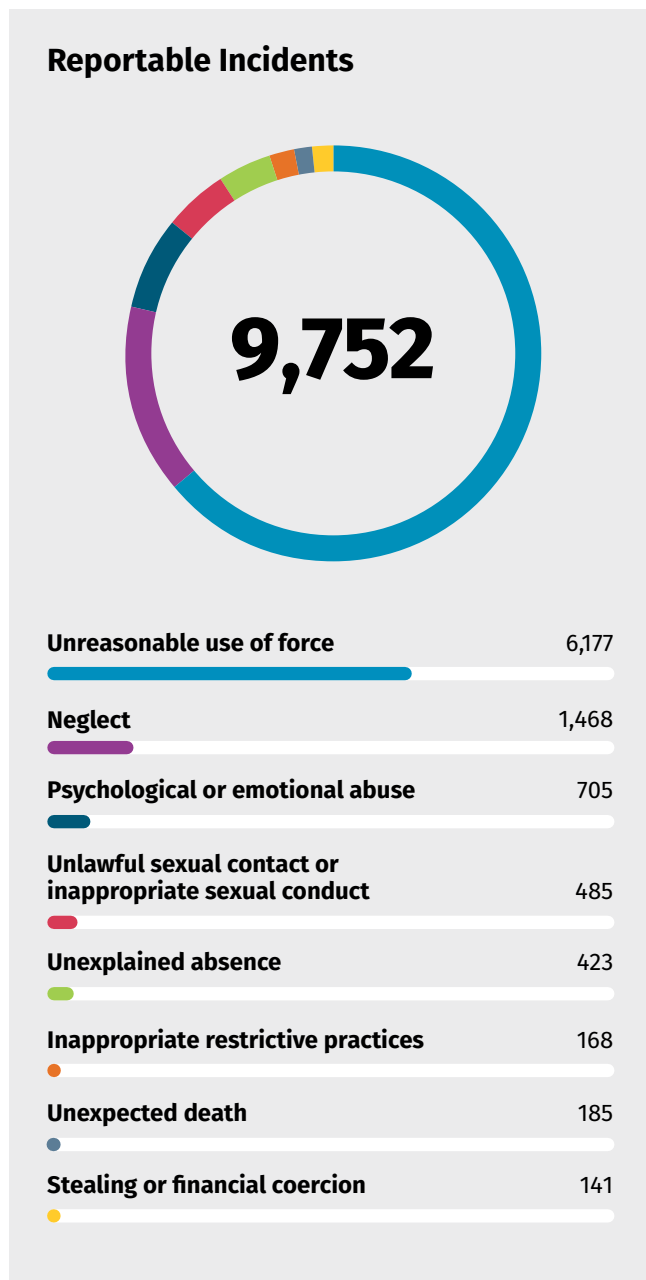


Figure 7. Number of priority 1 and priority 2 reportable incidents received by the commission, from 1 January 2022 to 31 March 2022

# Sector performance overview

January – March 2022

## Sector performance against the Aged Care Quality Standards



### 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: 2(3)(a) Assessment and planning informs safe, effective care and services

**758**

Site visits\*



**120**

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

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

January – March 2022

### Managing non-compliance



**54**

Directions



**4**

Incident Management  
Compliance Notices



**1**

Restrictive Practices  
Compliance Notices



**43**

Non-Compliance  
Notices



**14**

Notices to Agree



**9**

Sanctions

Figure 9. Enforceable regulatory actions undertaken



# Residential care sector performance

January – March 2022



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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 care types. From 15 November 2021, a fee applies to all applications to become an approved provider.

The Commission received 1 application to become an approved provider of residential care. The Commission did not approve 2 applications to become an approved provider of residential aged care.

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

- a) returned to the applicant as incomplete or
- b) 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.

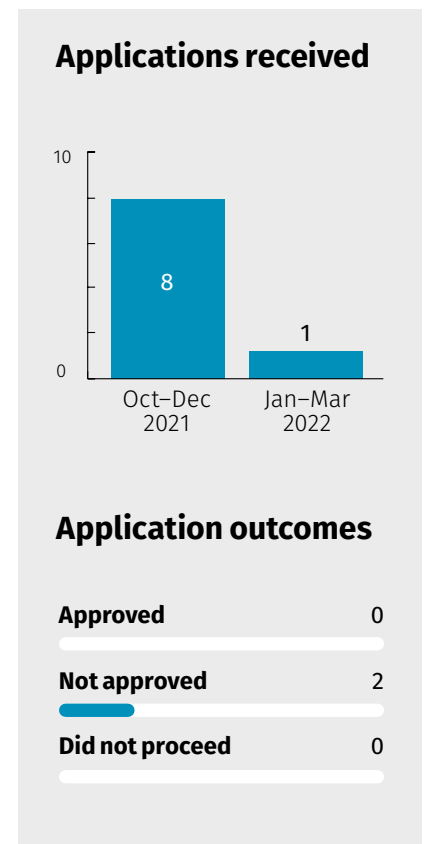


Figure 10. Provider applications and approvals  
Application outcomes may relate to applications that were received in previous quarters

# Residential care sector performance

January – March 2022

## Complaints

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery.

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery.

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 inform our understanding of risk to consumers and can influence our regulatory activities.

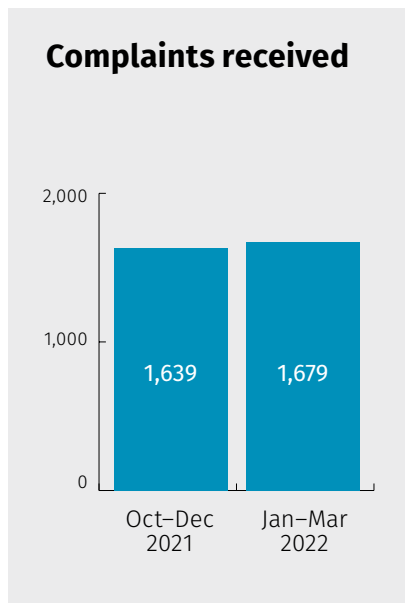


Figure 11. Complaints received in the last 2 quarters

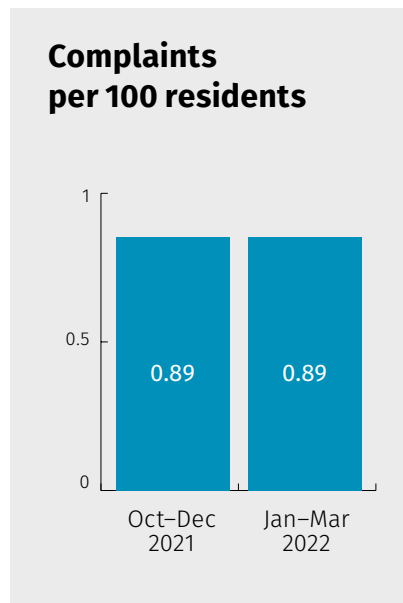


Figure 12. Complaints received in the last 2 quarters, per 100 residential care consumers

# Residential care sector performance

January – March 2022

## How many services had complaints made about them?

978 residential care services were the subject of a complaint to the Commission during this period.

Figure 13 shows how many residential services were subject to no complaints, one complaint or more than one complaint to the Commission.

## 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.

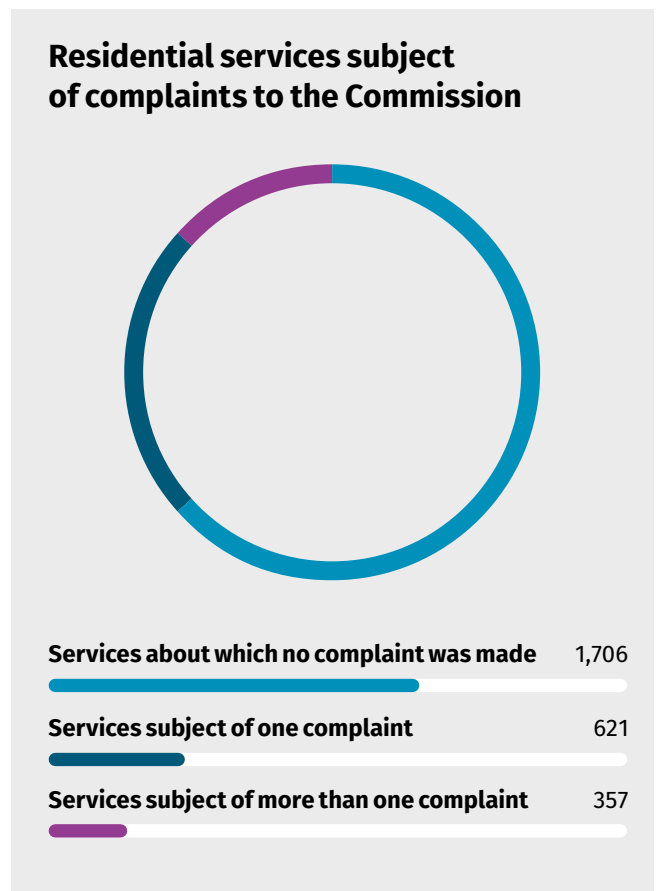


Figure 13. Complaints by service

## Complaints about residential care

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Number of residential consumers	61,534	48,618	37,788	16,593	16,950	4,580	491	2,377	<b>188,931</b>
Complaints received	546	469	331	166	102	39	7	19	<b>1,679</b>
Number of issues	1,593	1,101	659	390	265	68	36	43	<b>4,155</b>
Ratio of complaints per 100 residents <sup>†</sup>	0.89	0.96	0.88	1.00	0.60	0.85	1.43	0.80	<b>0.89</b>

Figure 14. Complaints by state and territory

\* Ratios are calculated based on the total number of complaints received throughout the quarter and the number of consumers as at 31 March 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

# Residential care sector performance

January – March 2022

## Who makes complaints?

This graph shows the percentage of complaints received by the Commission about residential care, by who made the complaint.

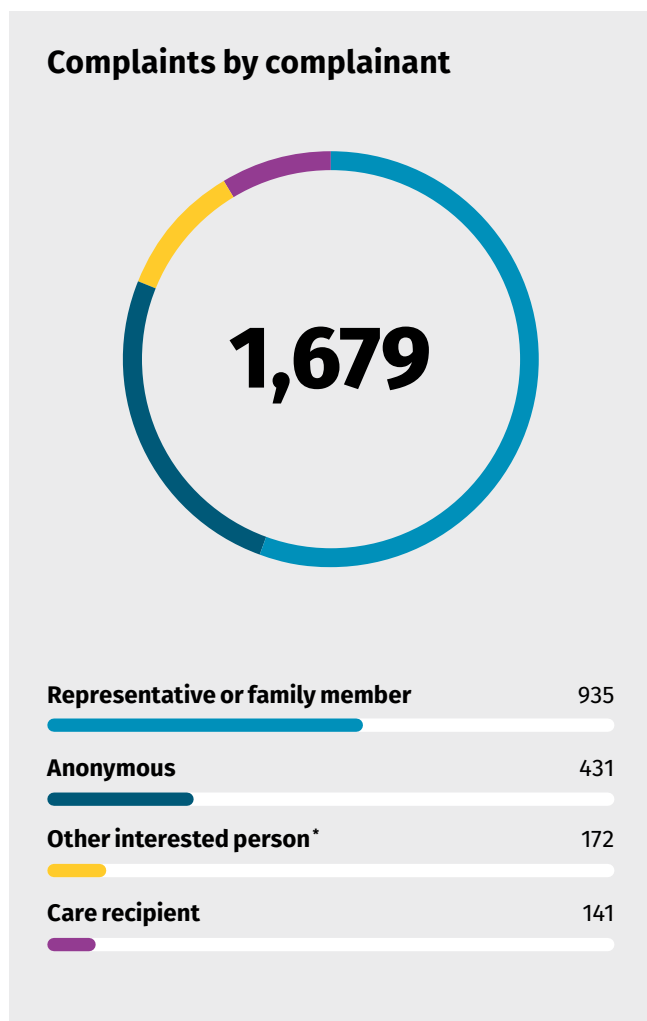


Figure 15. Complaints by complainant

\* Other Interested person Includes staff, external agency, media, internal referrals, provider or other interested person/s

## What are complaints about?

This graph shows the top 10 most frequent complaint issues received about residential care during the reporting period.

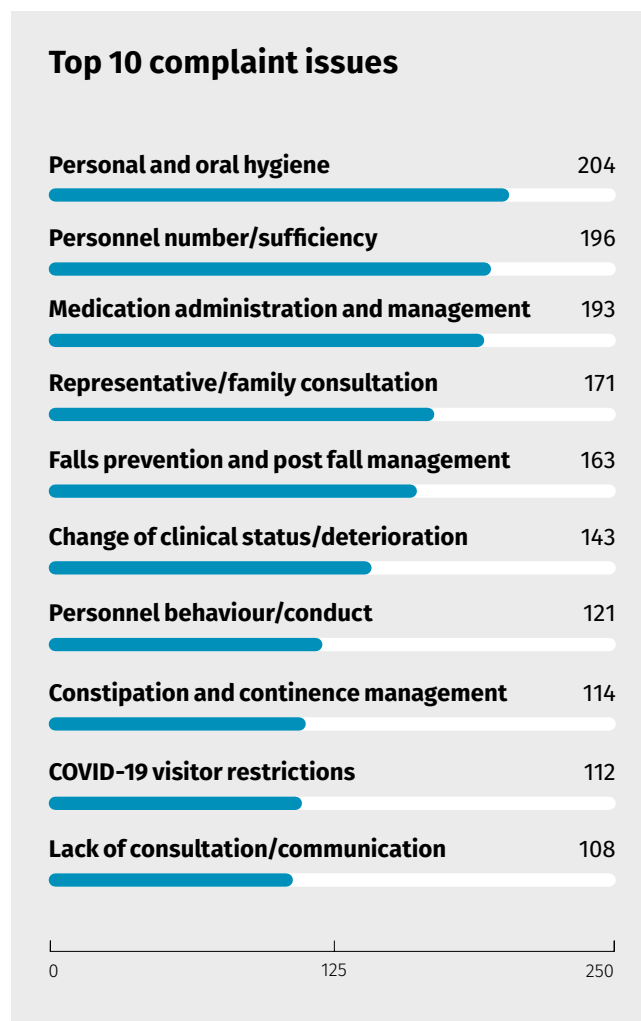


Figure 16. Top 10 complaint issues

# Residential care sector performance

January – March 2022

## Finalised complaints

The Commission finalised **1,372** complaints about residential care this quarter.

## How were complaint issues finalised?

Before a complaint is finalised, the Commission talks to all parties to explain the Commission's findings and how the issues have been resolved. The Commission also provides written feedback in relation to all complaints, except where the complainant is satisfied to close the complaint and does not require 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 as a whole 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 which do not necessarily mean that the complainant is not satisfied. These 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 Commissioner may finalise the issue.

## How complaint issues were finalised

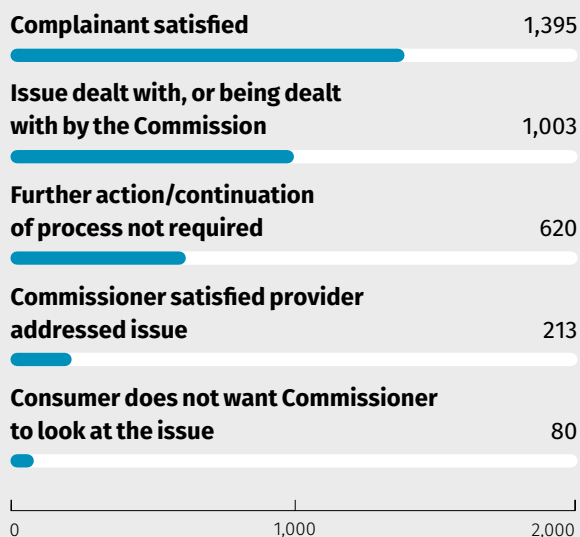


Figure 17. Top 5 reasons complaint issues were finalised

In some cases, having regard to all the circumstances, no further action in relation to an issue is required by the Commissioner. 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 the provider has met its responsibilities, but the complainant may remain unsatisfied.

# Reportable incident notifications

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

Providers must also notify the Commission of [8 types of reportable incidents](#) under the Serious Incident Response Scheme (SIRS). This includes incidents that occur, or are alleged or suspected to have occurred, and includes incidents involving a consumer with a cognitive or mental impairment (such as dementia).

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, or
- where there are reasonable grounds to contact the police (this is taken to include all incidents involving alleged, suspected or witnessed sexual assault), or
- 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.

The Commission reviews all incident notifications within 24 hours of receipt and will take appropriate and proportionate action as required.

Figure 18 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	1,832	4,345	6,177
Neglect	836	632	1,468
Psychological or emotional abuse	124	581	705
Unlawful sexual conduct or inappropriate sexual contact	371	114*	485
Unexplained absence	401	22†	423
Inappropriate restrictive practices	66	102	168
Unexpected death	182	3†	185
Stealing or financial coercion	88	53	141
<b>Total</b>	<b>3,900</b>	<b>5,852</b>	<b>9,752‡</b>

Figure 18. Number of priority 1 and priority 2 reportable incidents received by the Commission, from 1 January 2022 to 31 March 2022

\* 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. In this quarter, the Commission [clarified guidance](#) for providers to report incidents relating to unlawful sexual contact to the police

† 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 when submitted after 8pm on 27 February 2022

‡ 57 notifications for this period have been assessed by the Commission as being out of scope of the scheme and are not included in the table

Note: Notifications made between 1 January and 8 pm on 27 February 2022 were assessed by the Commission as priority 1 or priority 2 based on information providers supplied in the notification. From 8pm on 27 February 2022 onwards, providers assigned a notification as priority 1 or priority 2 in the My Aged Care portal

Source: Data as at 31 March 2022, extracted from Commission systems on 3 May 2022. Reported figures may change as cases in the database are updated

### Behind the data: Unreasonable use of force

The large proportion of notifications of ‘Unreasonable use of force’ is attributable to several factors, including the relatively broad range of incidents that can be captured under this heading (including squeezing, grabbing, pinching, rough handling, hitting, pushing, and forcing someone to move against their will). Further, this incident type includes alleged, suspected or known incidents initiated by a resident that impact another resident. This underscores the importance of work underway by the Commission and Department to improve providers’ understanding of and capability to comply with their obligations in relation to managing residents’ behaviours of concern.



## Residential care sector performance

January – March 2022

### Commission responses to reportable incident notifications

The Commission monitors provider compliance with reportable incident responsibilities to ensure the safety, health, wellbeing and quality of life of consumers. The Commission takes an intelligence-led, risk-based and proportionate approach to dealing with reportable incidents. The Commission reviews notifications to assess the risk to consumers and the adequacy of actions taken by the provider. It also considers other regulatory intelligence that may influence the Commission's confidence in the provider's ability to manage risk and reduce the likelihood of reoccurrence. This includes reviewing all notifications at a provider and/or service.

In responding to an incident, the Commission may provide guidance and education to build the capacity of providers to develop effective systems to prevent and respond to incidents. The Commission may also engage with the provider regarding identified concerns and seek information to enable the Commission to further understand risk and adequacy of provider actions. During this monitoring process the provider may satisfy the Commission 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 the Commission that it has identified and taken appropriate actions, the Commission may require the provider to complete remedial actions or to undertake an investigation into the incident. The Commission may also investigate the most serious reportable incidents.

#### Commission regulatory and enforcement responses to reportable incidents\*

# 1,434

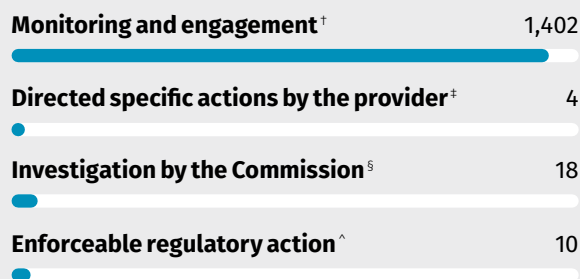


Figure 19. Commission actions in dealing with SIRS notifications

\* 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

<sup>†</sup> May include the use of powers/instruments under the Act or administrative request for further or missing information

<sup>‡</sup> The Commission directed actions including but not limited to remedial action, investigation and written report

<sup>§</sup> Includes investigations underway or concluded in the reporting period. Investigations can include a site visit and ongoing monitoring

<sup>^</sup> Includes compliance notices, notices to agree and sanctions

Where the provider has failed to take required actions following engagement with the Commission, or where the Commission identifies a provider's non-compliance with its responsibilities, the Commission can respond using any of a range of regulatory powers. The response to non-compliance will be appropriate to the level of severity and immediacy of the risk to consumers and will consider the most effective way to ensure that the provider complies with its responsibilities in a timely manner.

# Residential care sector performance

January – March 2022

## Quality assessment and monitoring

### On-site activities by state and territory

This quarter the Commission conducted 693 on-site contacts with residential services, through site audits, assessment contacts, and review audits.

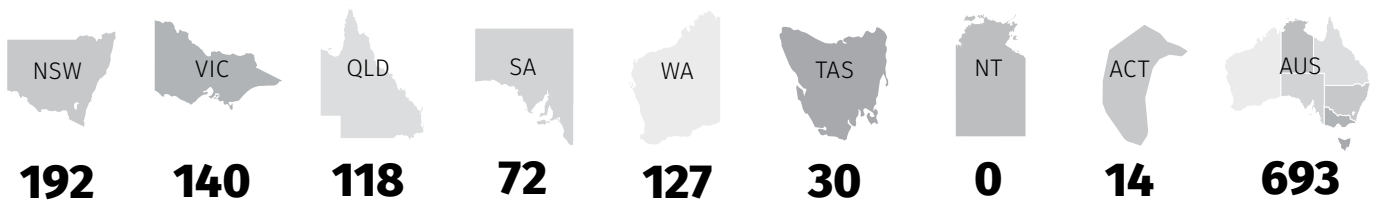


Figure 20. On-site quality assessment and monitoring activities by state and territory

The [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 Commonwealth 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.

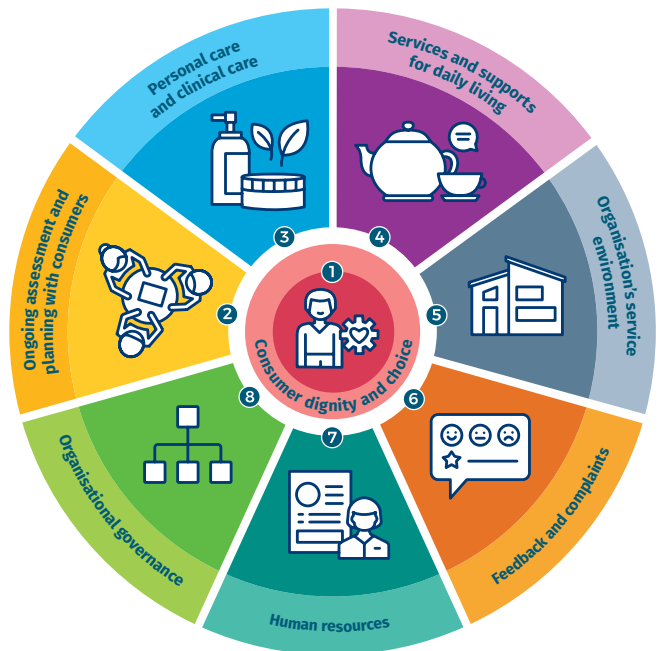


Figure 21. The Aged Care Quality Standards

## Residential care sector performance

January – March 2022

### 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 249 services for 3 or more years and 26 services for less than 3 years.

The figure below shows the number of residential services in each state and territory that were accredited or reaccredited during the reporting period.

Accreditation Decisions	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	1	1	2	0	0	0	0	0	<b>4</b>
Reaccredited	86	66	53	25	36	8	0	1	<b>275</b>
<i>Reaccredited for 3 years or more</i>	72	63	51	22	33	7	0	1	<b>249</b>
<i>Reaccredited for less than 3 years</i>	14	3	2	3	3	1	0	0	<b>26</b>
Accreditation period reduced*	1	0	0	1	0	0	0	0	<b>2</b>

Figure 22. 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

A residential service must undergo an extensive site audit for reaccreditation. Site audits involve an assessment team carrying out an unannounced, comprehensive assessment of a provider's performance against each of the 8 Quality Standards in relation to a service. The following figure shows the number of site audits that took place in this reporting period.

### Number of site audits by state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site Audits	40	49	31	19	20	4	0	1	<b>164</b>

Figure 23. Comprehensive, unannounced site audits

## Residential care sector performance

January – March 2022

### How many quality monitoring and review activities were carried out?

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

Data for this reporting period reflects adjustments made to the Commission's Regulatory Program to focus on continuing risks arising from the COVID-19 pandemic and from the flooding events in NSW and Queensland. As more public health services allowed on-site access over the quarter this is reflected in a higher number of on-site assessments.

The Commission used provider surveys and telephone contacts to better understand the impact on residential aged care consumers' health and safety of COVID-19 and recent flood events in NSW and Queensland. This is reflected in significantly higher (3,214) off site assessment contacts this quarter.

Figure 24 shows the number of monitoring activities the Commission conducted by state and territory.

### Number of assessments and review audits

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Assessment contacts	1,307	752	900	292	360	82	15	35	<b>3,743</b>
Assessment contacts (off site)	1,155	661	813	239	253	56	15	22	<b>3,214</b>
Assessment contacts (on site)	152	91	87	53	107	26	0	13	<b>529</b>
Review Audits	0	0	0	0	0	0	0	0	<b>0</b>

Figure 24. Assessment contacts and review audits, by state and territory

### Regulatory response to potential flooding in QLD AND NSW

The Commission works closely with the Australian Government Department of Health to support aged care consumers during natural disaster events. We do this through co-ordination of information and oversight of risks.

- Following the flooding events in Queensland and NSW in 2022 the Commission commenced a phone assessment contact program on February 25, 2022 to better understand the flooding impact and potential risks at exposed services, including escalation for assistance to relevant authorities. The call program incorporated higher-risk flood impacted services in the wider South East Queensland region and flood affected areas along the NSW Coast and Western Sydney areas.
- The Commission contacted a total of 486 residential services in these areas – 202 services in Queensland and 284 services in NSW. A total of 35 services were escalated to relevant authorities. These related to pending evacuations, medication/catering supplies, staffing shortages and emergency service/medical officer access.
- Commission staff sought information from services, including whether emergency plans had been activated, the impact on supplies of medication and food, workforce availability and medical services access.

## Residential care sector performance

January – March 2022

### 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, the Commission used targeted regulatory activities to monitor infection control preparedness and outbreak management team meetings (OMTs).

In this quarter we attended **2,795** OMTs Australia-wide of which **1,479** were in NSW. The Commission's attendance at OMTs rose in Quarter 3 due to the increase in COVID-19 infections across New South Wales, Victoria and Queensland, and then across South Australia and Tasmania in the latter part of February and March, as community restrictions eased and local transmission of the virus increased in many areas.

The Commission supported consumers, their families and representatives to resolve complaints on COVID-19 related issues.

#### Top 10 COVID-19 related complaint issues

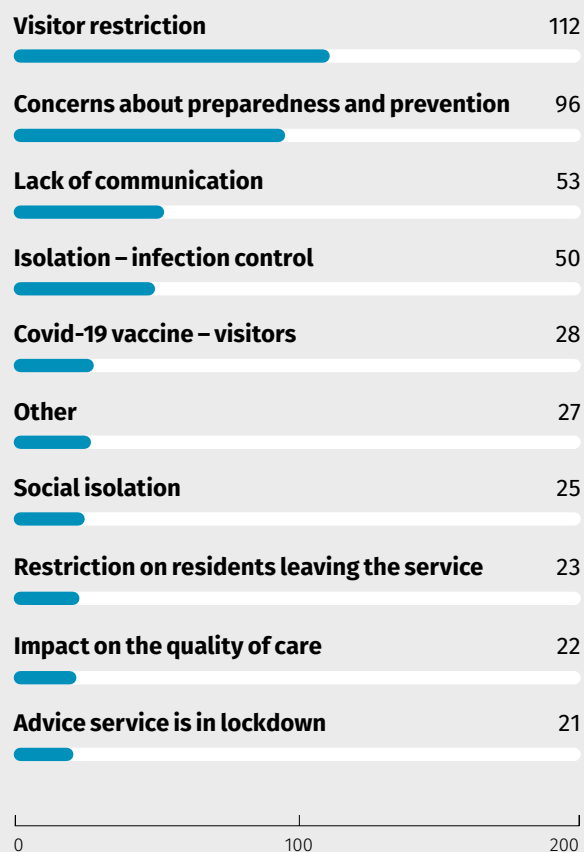


Figure 25. COVID-19 related complaint issue

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

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Outbreak management team meetings	1,479	194	483	266	105	227	35	6	<b>2,795</b>

Figure 26. Outbreak management team meetings

# Residential care sector performance

January – March 2022

## 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 Commission found non-compliance in relation to **99** services this quarter.

A provider can be found non-compliant with more than one Quality Standard at a service. The figure below shows whether the non-compliance was with very few, some, or many/all of the requirements of each Quality Standard.\*

This figure shows that, of all the non-compliance with the Quality Standards found during the quarter, the three standards most commonly not met were 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 1, 2 or 3 requirements of that Standard.

\* Non-compliance against one requirement means that Quality Standard will not be met. See note on definitions for an explanation of very few, some, or many/all.

**99**  
**Services where non-compliance was found**



Figure 27. Non-compliance with the Aged Care Quality Standards

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

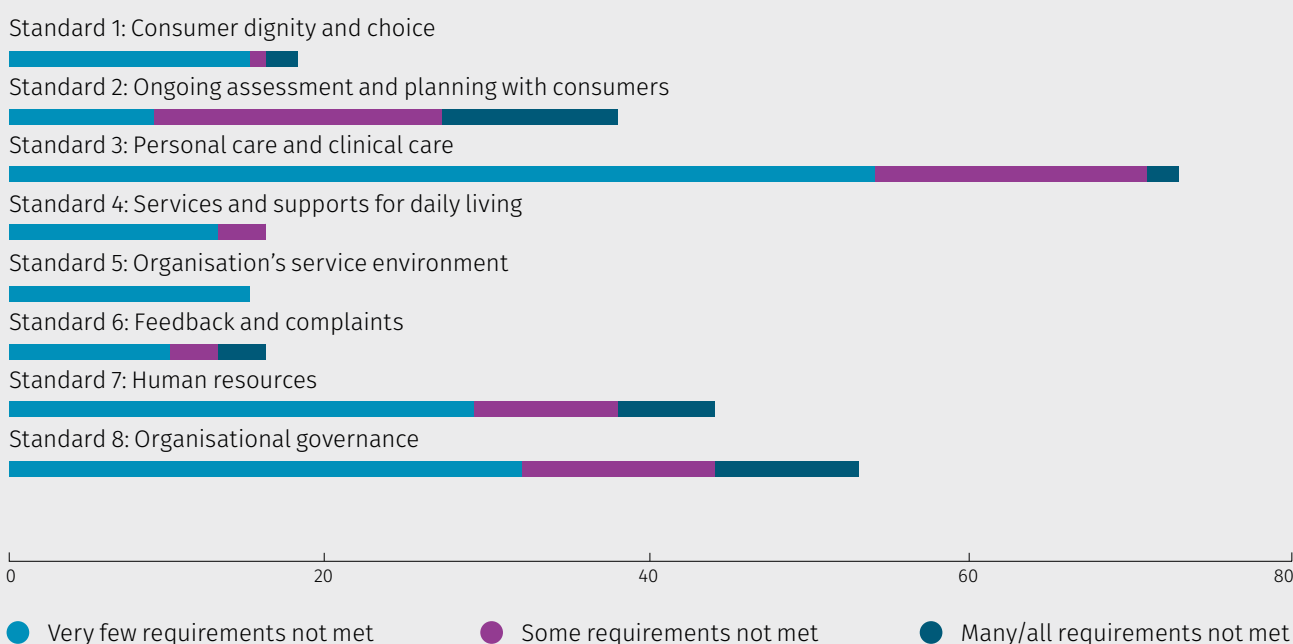


Figure 28. Total number of services where non-compliance with the Aged Care Quality Standards was found

# Residential care sector performance

January – March 2022

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

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.

This figure shows the top 10 requirements of the Quality Standards 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.

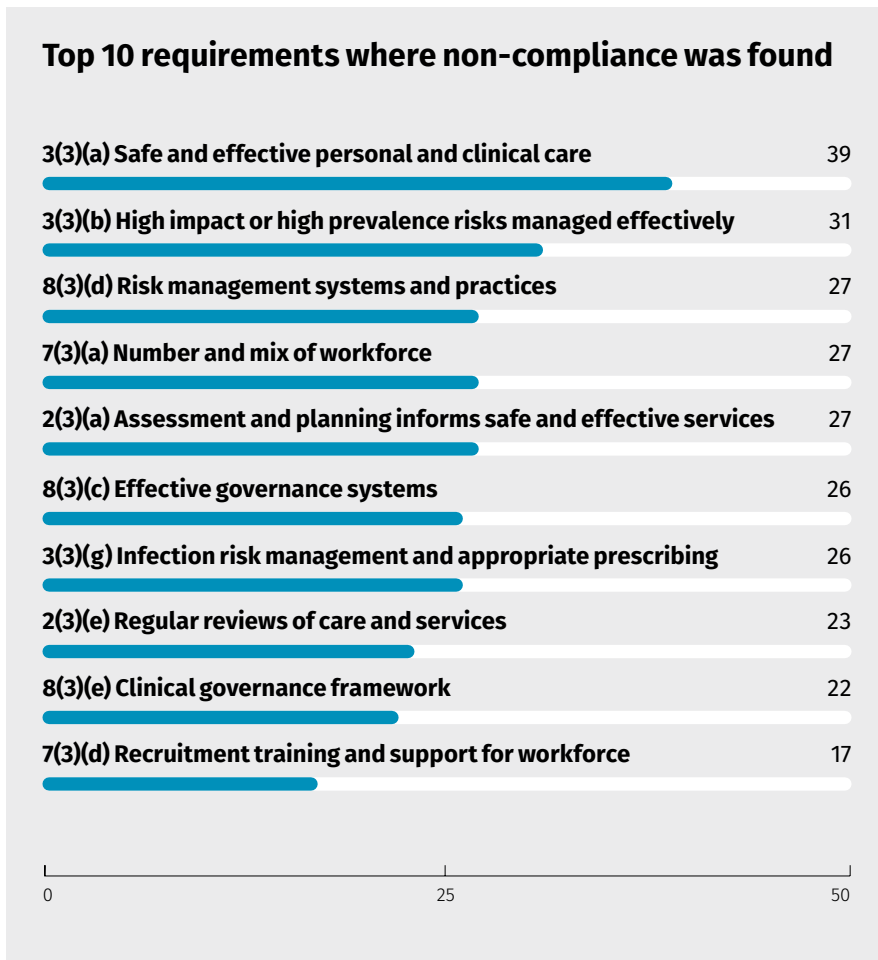


Figure 29. Top 10 requirements of the Aged Care Quality Standards where non-compliance was found

# Residential care sector performance

January – March 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 30. Non-compliance with requirements of Aged Care Quality Standard 3



# Compliance and enforcement

## How does the Commission manage non-compliance?

The Commission has 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 takes into account 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 the Commission has 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 the provider to rectify the non-compliance and take action to sustain improvements.

### 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, the Commission may respond with enforceable regulatory action. An enforceable regulatory action is intended to oblige the provider to take action to address quality and safety risks and to comply with its responsibilities as quickly as possible.

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

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

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

These directions may be about its compliance with the Aged Care Quality Standards or in relation to a complaint. If the provider fails to comply with these directions, further action may be taken against the provider.

# Residential care sector performance

January – March 2022

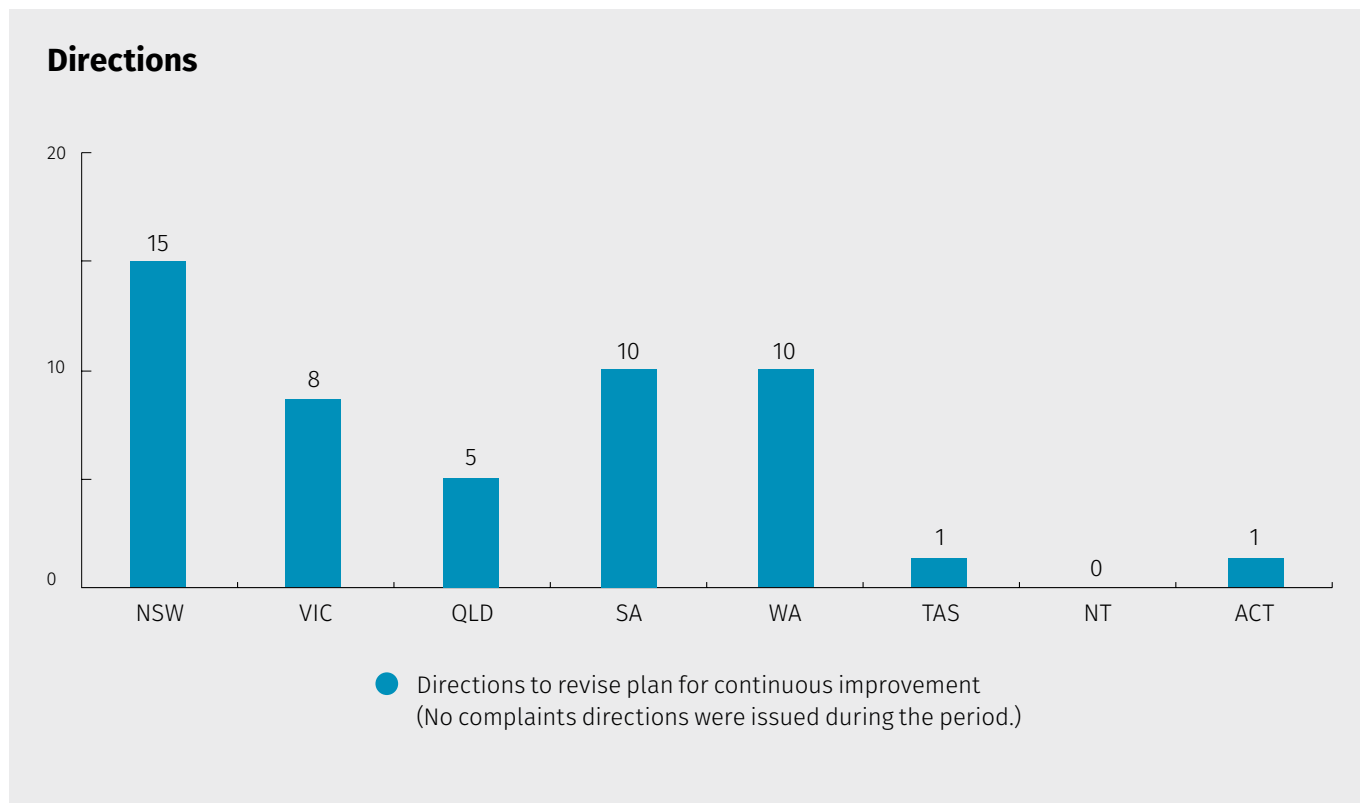


Figure 31. Number of Directions Notices issued to approved providers

The graph above shows the number of Directions Notices issued by the Commission over the reporting period. The data shows directions to revise a plan for continuous improvement, categorised by state and territory. There were no complaints directions in this period.

Figure 32 shows the top 5 reasons for issuing directions, and the number of services subject to a Directions Notice.

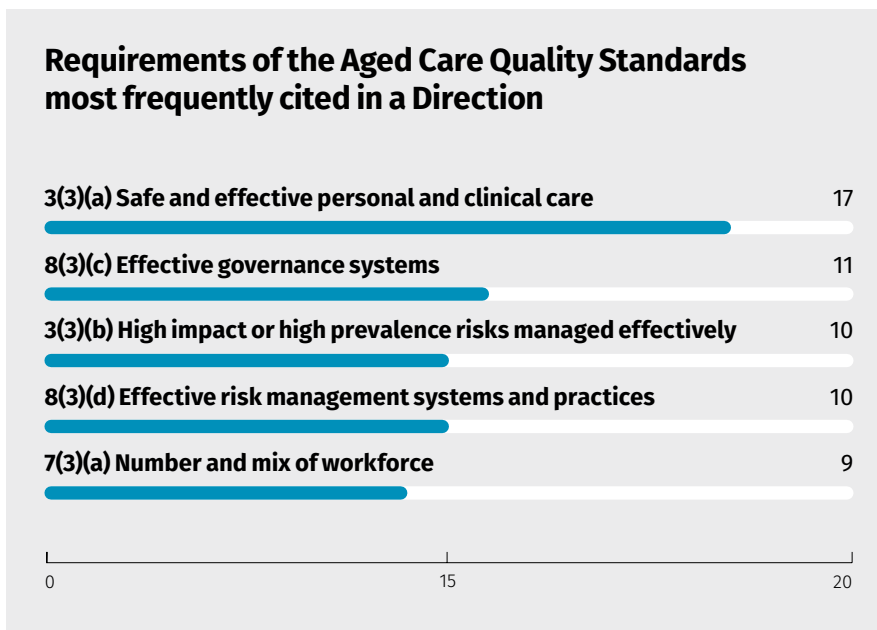


Figure 32. Number of services subject to a Directions Notice

## Residential care sector performance

January – March 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 a provider has failed to remedy non-compliance following regulatory action, the Commission may take one or more enforceable regulatory actions, requiring the provider to improve its performance and ensure the safety and wellbeing of the people it cares for.

The table below shows the actions taken by the Commission over the reporting period, 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	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Incident Management Compliance Notices	1	1	0	2	0	0	0	0	<b>4</b>
Restrictive Practices Compliance Notices	0	1	0	0	0	0	0	0	<b>1</b>
Non-Compliance Notices	11	14	5	2	3	2	0	0	<b>37</b>
Notices to Agree	8	1	3	1	1	0	0	0	<b>14</b>
Sanctions	5	0	1	2	1	0	0	0	<b>9</b>

Figure 33. Enforceable regulatory actions

# Residential care sector performance

January – March 2022

## Compliance Notices

The Commission may give an approved provider a Compliance Notice in relation to its incident management or restrictive practices responsibilities, where there is a risk of harm to consumers and the provider’s response is insufficient prior to the issuing of the Notice.

The Notice compels the provider to address actual or possible non-compliance within a reasonable time period. The Compliance Notice is designed to elicit an immediate and focussed response outside the Non-Compliance Notice and sanctions pathways.



Figure 34. Number of Compliance Notices

# Residential care sector performance

January – March 2022

## Non-Compliance Notices

A Non-Compliance Notice (NCN) may be issued to the provider if the Commission is satisfied that the provider is or has been non-compliant with one or more of its responsibilities under the Aged Care Act, but that the non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

This notice signals to the provider the Commission’s intention to impose sanctions with respect to the non-compliance, sets out actions the provider is required to take to remedy the non-compliance, and gives the provider the opportunity to make submissions prior to the decision-maker deciding to impose one or more sanctions.

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 after receiving the NCN, an Undertaking to Remedy the non-compliance in the NCN.

The figure below shows the requirements of the Aged Care Quality Standards most frequently cited in Non-Compliance Notices issued to providers.

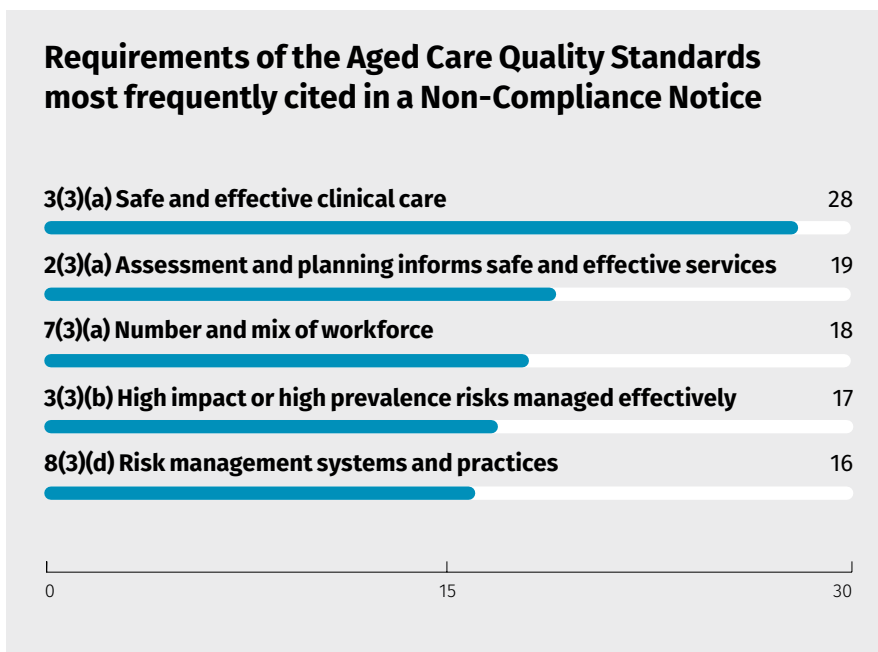


Figure 35. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

# Residential care sector performance

January – March 2022

## Notices to Agree

In cases where the risk to consumers is assessed as high to severe and an approved provider’s non-compliance has resulted in the Commission considering revoking its approval to deliver aged care, or the provider has failed to comply with an undertaking to remedy, the Commission may – in certain circumstances – first issue the provider a Notice of Requirement to Agree to Certain Matters (NTA).

An NTA may cite one or more requirements of the Aged Care Quality Standards, or other legislation. An NTA sets out actions a provider is required to take (including necessary timeframes). Should a provider fail to agree, their approval to provide Australian Government subsidised aged care may be revoked.



Figure 36. Number of Notices to Agree

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



Figure 37. Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree

# Residential care sector performance

January – March 2022

## Sanctions

If the Commission is not satisfied with the provider’s response to a Non-Compliance Notice or where there is immediate and severe risk, the Commission may also issue a Notice of Decision to Impose Sanctions. This notifies the provider, in writing, of the Commission’s requirements for immediate action or decision to impose one or more sanctions on the provider.

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

In this quarter, 9 Sanctions were imposed on providers. These providers are not eligible to receive funding for new consumers for the period of the sanction.



Figure 38. Number of Sanctions

## Requirements of the Aged Care Quality Standards most frequently cited in a Sanction



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

## Residential care sector performance

January – March 2022

### Revocation decisions

In cases of serious non-compliance – that is, where the risk to consumers is severe or where a provider has failed to remedy non-compliance, or the provider is no longer suitable to provide aged care – the Commission may respond by revoking accreditation of a residential aged care service and/or revoking provider approval to provide aged care.

These regulatory decisions reflect a complete lack of trust in the provider's suitability to provide care. The consequence of revocation is cessation of Commonwealth 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 expedite the provider's exit from the sector through issuing a revocation sanction.

**There were no revocation decisions in quarter 3.**



# Home services sector performance

January – March 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. From 15 November 2021, a fee applies to all applications to become an approved provider. Most of the unprecedented number of applications received in the Oct-Dec 2021 quarter were submitted in the period leading up to the introduction of the fee.

In the Jan-Mar 2022 quarter, the Commission received 9 applications. Over the same period, the Commission approved 4 applications to become an approved provider of home care and did not approve 36 applications. A further 5 applications did not proceed.

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

- a) returned to the applicant as incomplete or
- b) 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.

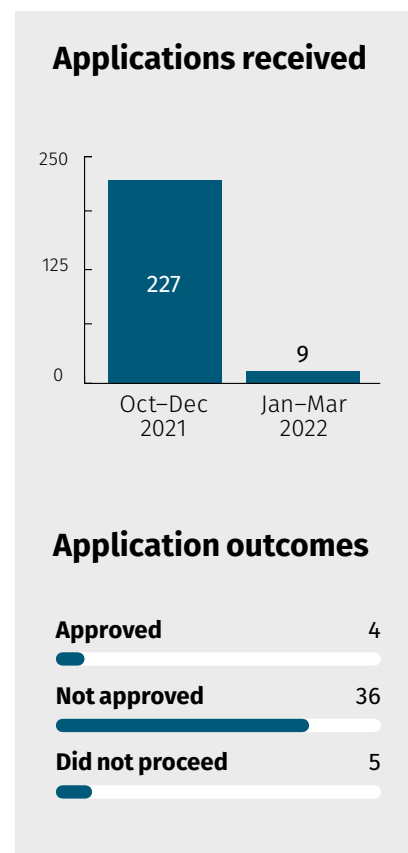


Figure 40. Home care provider applications and approvals

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

## Home services sector performance

January – March 2022

# Complaints

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery.

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery.

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 inform our understanding of risk to consumers and can influence our regulatory activities.

### 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 over the reporting period.

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	BLANK	AUS
Complaints received	274	358	219	63	81	20	11	21	19	<b>1,066</b>
Number of issues	553	588	293	109	171	29	35	47	35	<b>1,860</b>

Figure 42. Complaints by state and territory

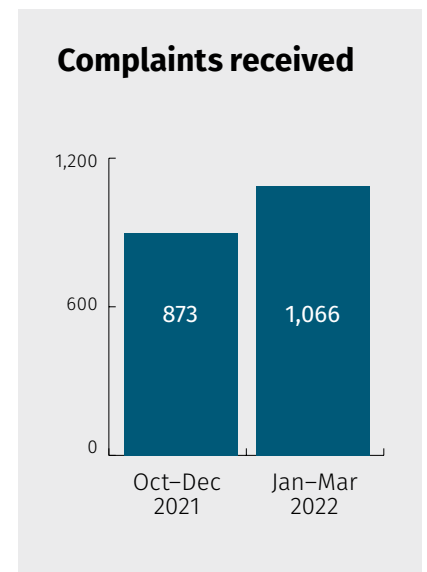


Figure 41. Complaints received in the last 2 quarters

# Home services sector performance

January – March 2022

## Who makes complaints?

This graph categorises the complaints received by the Commission about home services, by who made the complaint.

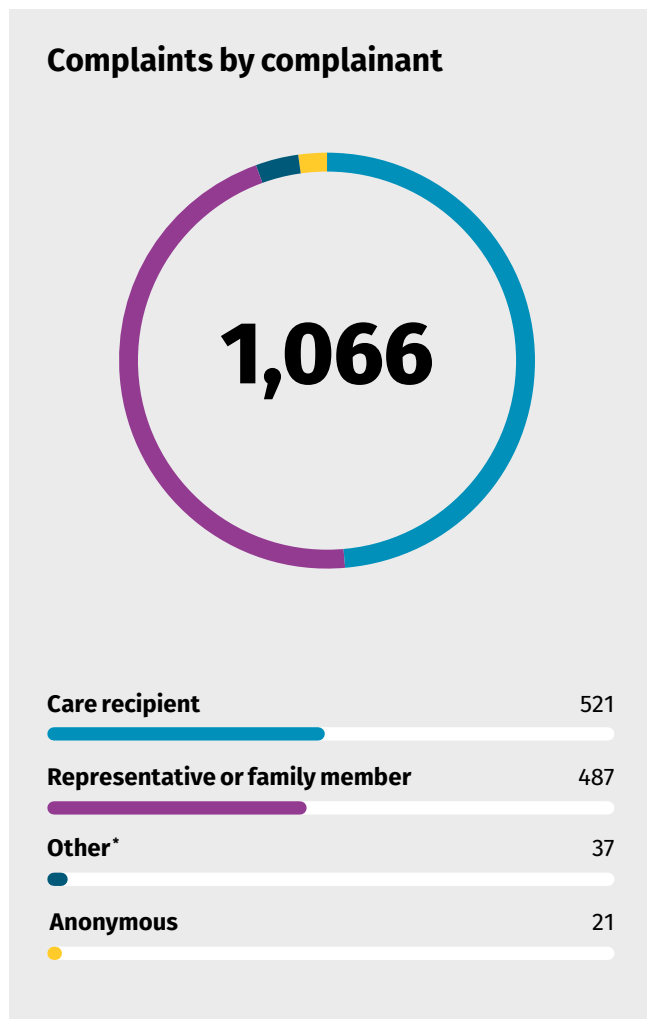


Figure 43. Complaints by complainant

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

## What are complaints about?

This graph shows the top 10 most frequent complaint issues received about home services during the reporting period.

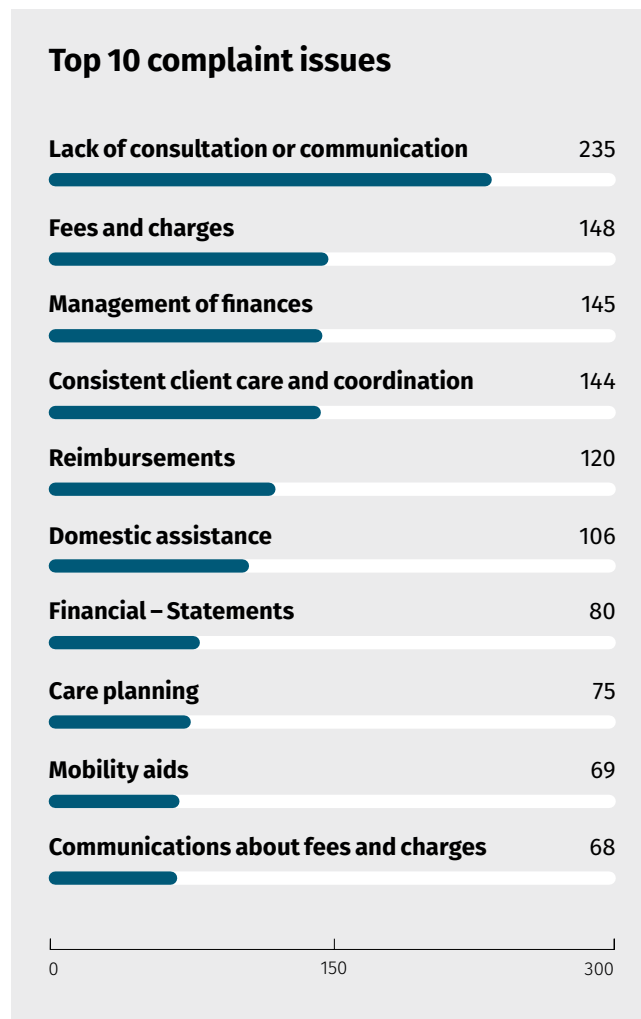


Figure 44. Top 10 complaint issues

## Home services sector performance

January – March 2022

### Finalised complaints

The Commission finalised **742** complaints about home services this quarter.

### How were complaint issues finalised?

Before a complaint is finalised, the Commission talks to all parties to explain the Commission's findings and how the issues have been resolved. The Commission also provides written feedback in relation to all complaints, except where the complainant is satisfied to close the complaint and does not require a letter.

### This figure 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 as a whole 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 which do not necessarily mean that the complainant is not satisfied. These 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 Commissioner may finalise the issue.

### How complaint issues were finalised (top 5)

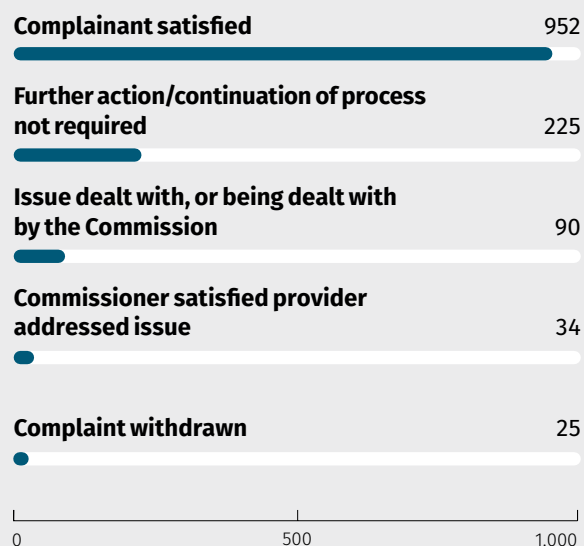


Figure 45. Top 5 reasons complaint issues were finalised

In some cases, having regard to all the circumstances, no further action in relation to an issue is required by the Commissioner. 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 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 using the Aged Care Quality Standards?

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

Data for this reporting period reflects adjustments made to the Commission’s regulatory program to focus effort on the continuing risks arising from the COVID-19 pandemic, and to comply with local Public Health Directions. To ensure providers were doing everything possible to keep aged care consumers safe, the Commission’s modified regulatory program continued to undertake on-site activities when state and territory restrictions and outbreaks did not prevent them from occurring.

### Number of quality assessment and/or audit activities by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Assessment contacts	4	0	1	1	1	0	1	2	<b>10</b>
Assessment contacts (off site)	4	0	1	1	1	0	1	2	<b>10</b>
Assessment contacts (on site)	0	0	0	0	0	0	0	0	<b>0</b>
Quality Audits	9	20	17	7	4	8	0	0	<b>65</b>

Figure 46. Quality assessment and monitoring against the Aged Care Quality Standards

### On-site quality assessment and monitoring activities by state and territory

This quarter the Commission conducted **65** on-site quality audits with home services.



Figure 47. On-site quality assessment and monitoring activities by state and territory

# Home services sector performance

January – March 2022

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

A provider of care may operate one or more services. The Commission found non-compliance in relation to **21** services this quarter. A provider can be found non-compliant with more than one Quality Standard at a service.

The figure below shows whether the non-compliance was with very few, some, or many/all of the requirements of each Quality Standard.<sup>†</sup>

The three standards most commonly not met during the quarter were Standard 2 (ongoing assessment and planning with consumers), Standard 8 (organisational governance) and Standard 3 (personal and clinical care).

<sup>†</sup> See Note on definitions 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.



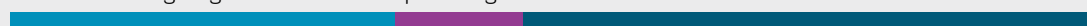
Figure 48. Total number of services where non-compliance with the Aged Care Quality Standards was found

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

Standard 1: Consumer dignity and choice



Standard 2: Ongoing assessment and planning with consumers



Standard 3: Personal care and clinical care



Standard 4: Services and supports for daily living



Standard 5: Organisation's service environment\*

Standard 6: Feedback and complaints



Standard 7: Human resources



Standard 8: Organisational governance



0 10 20

● Very few requirements not met ● Some requirements not met ● Many/all requirements not met

Figure 49. Number of services where non-compliance with the Aged Care Quality Standards was found

\* 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

January – March 2022

### How did providers perform in relation to 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.

This figure shows the top 5 requirements of the Quality Standards 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.



Figure 50. Number of times non-compliance was found with the requirements of the Aged Care Quality Standards (top 10)



# Compliance and enforcement

## How does the Commission manage non-compliance?

The Commission applies a risk based, transparent and proportionate approach when responding to non-compliance. Further information about the Commission’s regulatory actions and enforceable regulatory actions can be found 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 over the reporting period. The data shows directions to revise a plan for continuous improvement, categorised by state and territory. There were no complaints directions in this period.



Figure 51. Number of directions issued to approved providers

# Home services sector performance

January – March 2022

## Requirements of the Aged Care Quality Standards most frequently cited in a direction

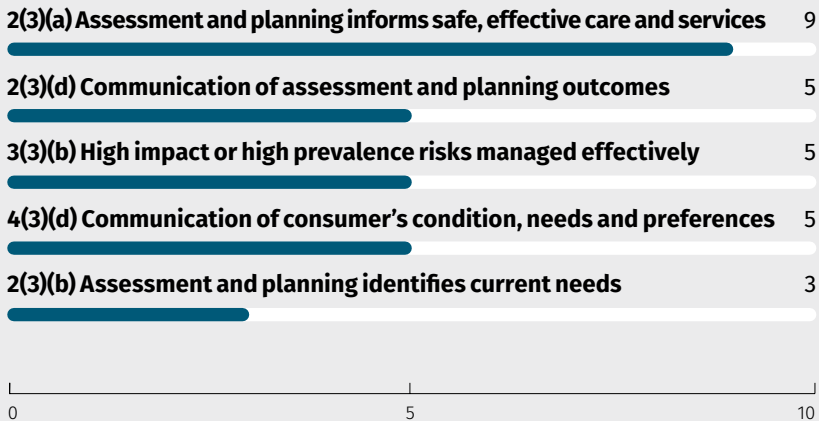


Figure 52. Number of services subject of Directions



4

Directions

Figure 53. Number of Directions

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

The table below shows the actions taken by the Commission over the reporting period, by state and territory.

### Enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Non-Compliance Notices	1	4	1	0	0	0	0	0	6
Notices to Agree	0	0	0	0	0	0	0	0	0
Sanctions	0	0	0	0	0	0	0	0	0

Figure 54. Enforceable regulatory actions

# Home services sector performance

January – March 2022

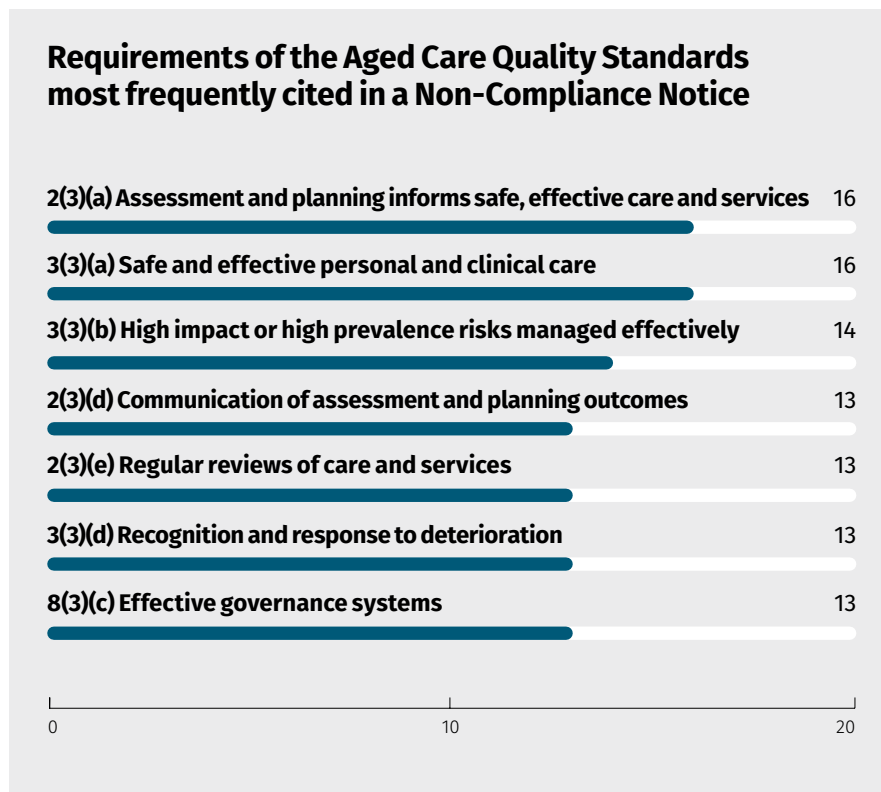


Figure 55. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

## Sanctions

There were no sanctions imposed on home service providers in quarter 3.

## Revocation decisions

There were no revocation decisions in quarter 3.

## Sector performance overview

January – March 2022

### Note on data

Residential care consumer data are sourced from Commission systems, March 2022.

Home care package and Commonwealth Home Support Programme consumers, service and provider data are sourced from the Report on the Operation of the Aged Care Act 2021, released November 2021. The full report can be found on the [GEN Aged Care data website](#).

Reportable incident data as at 31 March 2022, extracted from Commission systems on 3 May 2022. Reported figures may change as database records are updated.

Sector performance data is extracted at a point in time from Commission systems. Reported figures may be superseded 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).

### 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.

### Note on National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) data

Sector performance data about the NATSIFACP is reported on an annual basis.

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



*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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