

#### Note on impact of COVID-19

Data for this reporting period reflects adjustments made to the Commission's regulatory program in response to the COVID-19 pandemic. The Commission has continued to be responsive to unfolding events (for example, targeting activities in areas of community transmission). These changes are reflected in this sector performance report.



#### **Sector performance report**

January – March 2021

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#### Aged care services in Australia

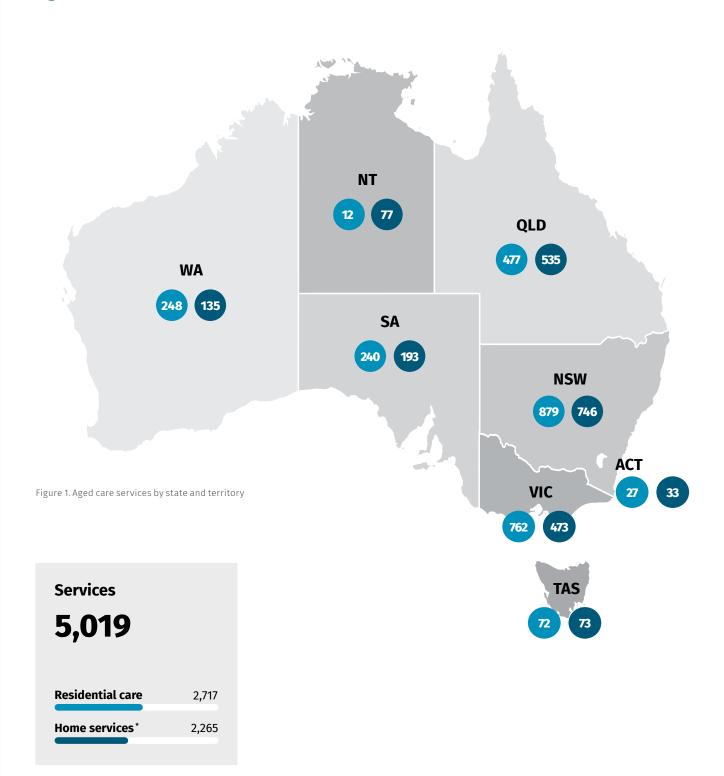


Figure 2. Aged care services

\* Home services include home care packages, CHSP, and flexible care and services delivered in a home setting. Residential care servicesHome services

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**Aged care consumers** 

179,768

159,339 Residential care\*

Home care packages †

839,373

**Commonwealth Home** Support Programme \*

Figure 3. Aged care consumers



**Complaints finalised** §

1,686

**Compulsory reports** 



**Compliance actions** 

Figure 4. Sector performance overview

#### **Sector performance against the Aged Care Quality Standards**

Site visits



**Residential services** accredited



Services found non-compliant with the Quality Standards Most common requirements of the Aged Care Quality Standards that providers did not comply with

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

3(3)(b): High impact or high prevalence risks managed effectively

2(3)(a): Safe and effective care and services

7(3)(a): Number and mix of workforce

8(3)(d): Risk management systems and practices

Figure 5. Sector performance against the Aged Care Quality Standards

- \* See note on data
- † Department of Health, Home Care Packages Data Report 2nd Quarter 2020-21, published March 2021
- ‡ Australian Institute of Health and Welfare, People using aged care, Factsheet 2019/20
- § Includes complaints related to residential care, home services, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and

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#### Infection control spot checks by state and territory

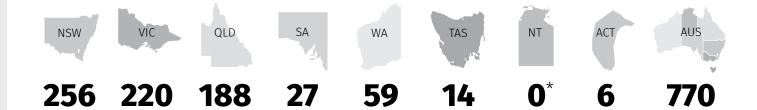
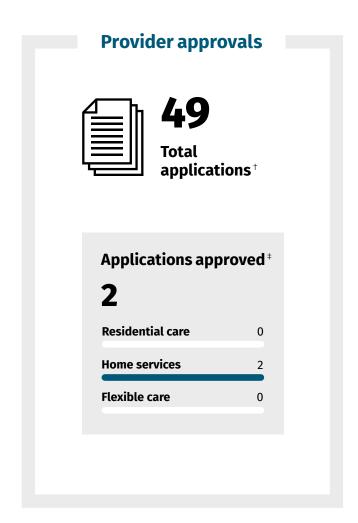
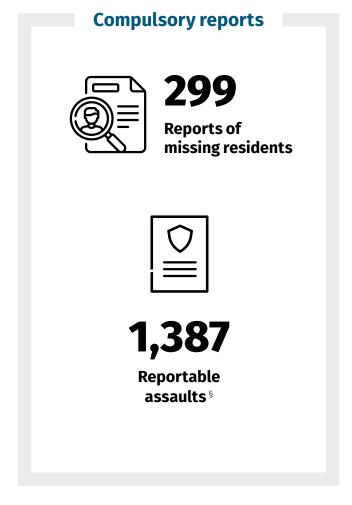


Figure 6. Infection control spot checks by state and territory





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Figure 7. Provider approvals

Figure 8. Compulsory reports

- \* All residential care services in the Northern Territory received infection control spot checks between October and December 2020.
- † 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.
- ‡ May include those that were made in previous quarters.
- § Reports of alleged, suspected and confirmed incidents of unreasonable use of force or unlawful sexual contact with an aged care resident.

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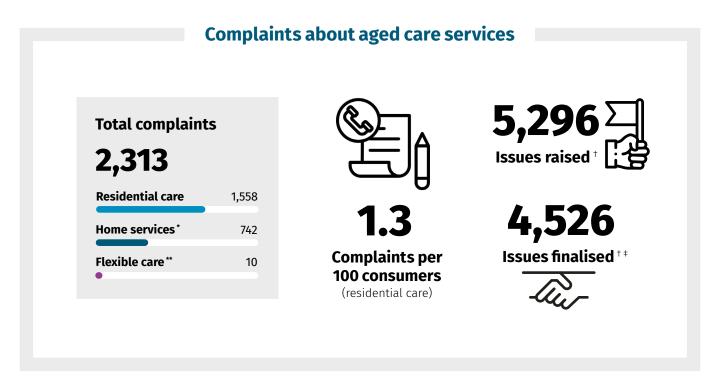


Figure 9. Complaints about aged care services



Figure 10. Compliance actions undertaken

- \* Includes home care packages and CHSP
- \*\* Includes short term restorative care, transition care, multi purpose services and innovative care
- † Includes complaints related to residential care, home services, the National Aboriginal and Torres Strait Islander Flexible Aged Care Program and Flexible Care

‡ May include those that were raised in previous quarters

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# **Provider approvals**

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

During the quarter, the Commission received 9 applications to become an approved provider of residential care. Over the same period, the Commission did not approve or decline any applications to become an approved provider of residential aged care. A further 2 applications did not proceed.

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

- a) returned to the applicant as incomplete
- b) withdrawn prior to assessment or
- c) withdrawn during assessment.

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these care types. The outcomes of applications (for example 'did not proceed') are counted for each type of care included in the application.

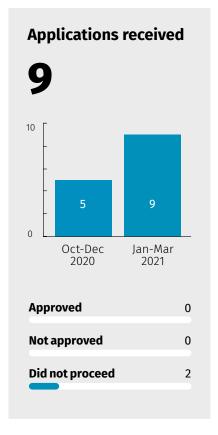


Figure 11. Provider applications and approvals.

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

# **Complaints**

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

Under the 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 12. Complaints received in the last 2 quarters

January – March 2021

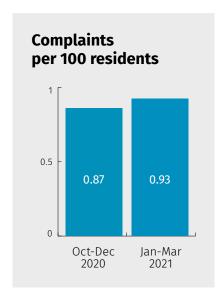


Figure 13. Complaints received in the last 2 quarters, per 100 residential care consumers

# How many services had zero complaints, one, or more than one complaint made about them?

968, or 35% of residential care services were the subject of a complaint to the Commission during this period.

The figure below shows how many residential services were subject to no complaints, one complaint or more than one complaint to the Commission.

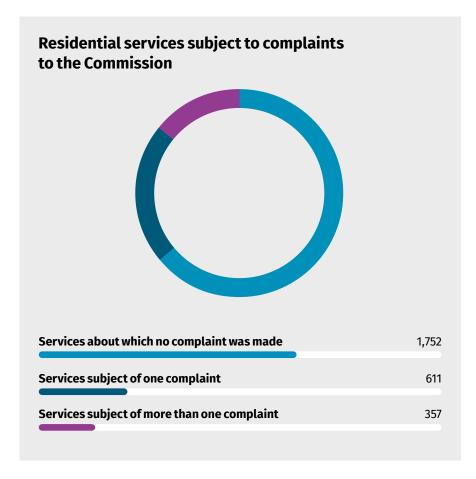


Figure 14. Complaints by service

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#### How many complaints were made in each state and territory?

This table 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 gives a ratio of complaint issues, by the overall number of aged care residents in each state and territory.

#### Complaints about residential care

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Complaints received	452	427	328	158	128	39	3	23	1,558
Number of issues	1,210	1,007	917	465	352	85	17	54	4,107
Ratio of complaint issues per 100 residents*	2.0	2.2	2.6	2.9	2.2	1.9	3.5	2.4	2.3

Figure 15. Complaints by state and territory

<sup>\*</sup> Where there are relatively few aged care residents – such as in the Northern Territory – this calculated ratio is very sensitive to small changes in the total number of complaint issues.

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#### Who makes complaints?

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

# Complaints by complainant 1,558 Family/representative 53% Anonymous 27% Resident 8% Other interested person\* 11%

#### Figure 16. Complaints by complainant

#### What are complaints about?

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



Figure 17. Top 10 complaint issues

<sup>\*</sup> Other interested person includes staff, external agency, media or provider

January – March 2021

#### 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 complaints 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



Figure 18. 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.

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# **Compulsory reporting**

# How have the number and type of compulsory reports changed over time?

This graph shows the number of compulsory reports received in this reporting period and the previous quarter, broken down by the type of compulsory report incident. Reportable assaults included the number of reported allegations or suspicions of serious physical assault, sexual assault, and a combination of serious physical and sexual assault.

Reports included alleged, suspected and confirmed incidents, demonstrating a wide range of severity and impact on residents. (This data also includes reports submitted by discretion under the then section 53 of the Accountability Principles 2014.)

Since 1 April 2021 the Commission has administered the Serious Incident Response Scheme (SIRS). Data from the SIRS will replace compulsory reporting data in future reports. For more information about the SIRS, please visit the Commission's website.



Figure 19. Compulsory reports

January – March 2021

# **Quality assessment and monitoring**

# How many quality assessment and monitoring activities were carried out against the Aged Care Quality Standards?

The <u>Aged Care Quality Standards</u> 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.

The Commission conducts monitoring activities to check providers' compliance with its aged care responsibilities, including the Quality Standards.

This figure shows the total number of contacts (assessment contacts, site audits and review audits) the Commission made with residential aged care services by state and territory this quarter, including those specifically focussed on infection control.

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

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Assessment contacts	387	224	483	59	335	11	12	7	1,518
Site audits	48	50	38	23	12	5	1	1	178
Review audits	0	1	0	0	0	0	0	0	1

Figure 20. Quality assessment and monitoring activities against the Aged Care Quality Standards

#### Quality assessment and monitoring activities by state and territory

This quarter the Commission made 844 on-site contacts with residential services, through assessment contacts, site audits and review audits.

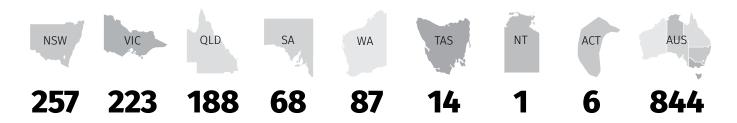


Figure 21. On-site quality assessment and monitoring activities by state and territory

January – March 2021

#### How many services were accredited or reaccredited in this quarter?

Residential services must be accredited to continue receiving 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. The figure below shows the number of residential services in each state that were accredited or reaccredited during the reporting period. Accreditation applies to newly commencing services, while reaccreditation applies to accredited or previously accredited services.

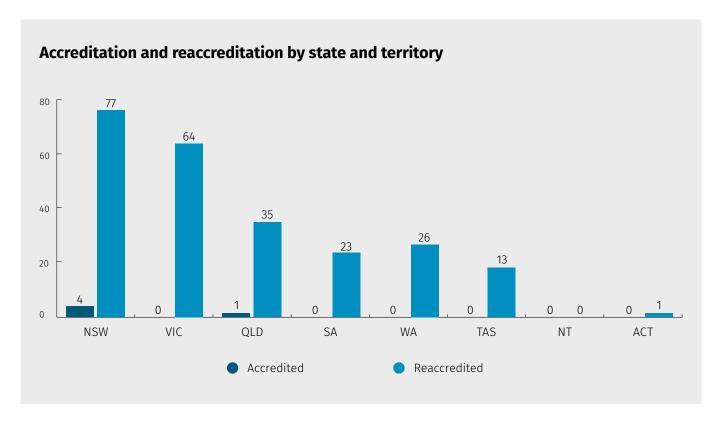


Figure 22. Accreditation and reaccreditation by state and territory

January - March 2021

# How did services perform against each of the Aged Care Quality Standards?

The Commission found non-compliance in relation to 133 services. A service can be found non-compliant against more than one Standard.

The figure below shows the number of services found noncompliant, broken down by each Standard and showing whether a service's non-compliance was against very few, some, or many/all of the requirements of that Standard.\*

This figure shows that, of all the non-compliance against the Quality Standards found during the quarter, the most common was in relation to Standard 3. The higher proportion of non-compliance with Standard 3 was due largely to non-compliance with 'very few requirements.'

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

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Services found to be non-compliant

Figure 23. Non-Compliance against the Quality Standards

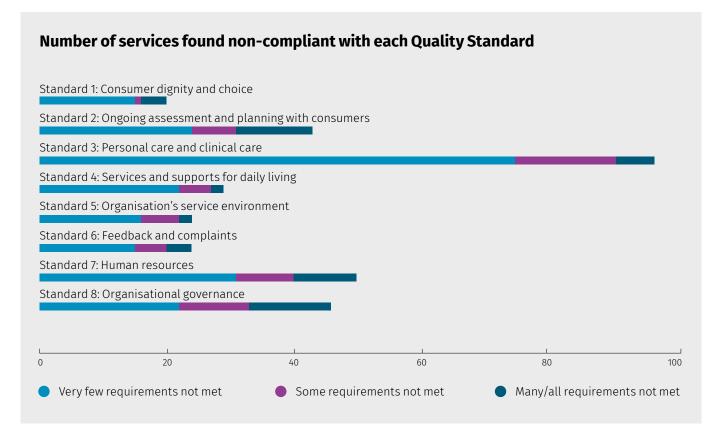


Figure 24. Total number of services found to be non-compliant with the Aged Care Quality Standards

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# How did services 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. Approved providers are expected to show how their approach enables them to meet these requirements.

This figure shows the top 10 requirements of the Quality Standards that were not complied with, ranked in descending order.

#### Top 10 requirements where non-compliance was found\* 52 3(3)(a): Safe and effective personal and clinical care 3(3)(b): High impact or high prevalence risks managed effectively 49 7(3)(a): Number and mix of workforce 36 3(3)(g): Infection risk management and appropriate prescribing 29 8(3)(d): Risk management systems and practices 27 2(3)(a): Safe and effective care and services 26 8(3)(c): Effective Governance systems 25 8(3)(e): Clinical governance framework 23 2(3)(e): Regular reviews of care and services 22 3(3)(d): Recognition and response to deterioration 21

Figure 25. Number of times services did not comply with the requirements of the Aged Care Quality Standards (top 10)

<sup>\*</sup> This figure displays the number of times a decision of non-compliance was made against the requirement of the Standard.

January – March 2021

#### 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 Standard 3. The data is drawn from performance assessments, and is shown as a percentage of decisions.

#### Non-compliance with requirements of Standard 3: Personal care and clinical care 3(3)(a): Safe and effective personal and clinical care 45% 3(3)(b): High impact or high prevalence risks managed effectively 43% 3(3)(c): End of life care 8% 3(3)(d): Recognition and response to deterioration 23% 3(3)(e): Sharing information to optimise care 15% 3(3)(f): Timely and appropriate referrals 9% 3(3)(g): Infection risk management and appropriate prescribing 29%

Figure 26. Non-compliance with requirements of Standard 3

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# **Compliance and enforcement**

# How does the Commission respond to 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, well-being and quality of life of consumers, and the extent to which the provider will manage that harm.

#### **Regulatory action**

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 return to compliance. It signals to the provider 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. This level of regulation reflects the Commission's reduced confidence in the provider's motivation or capacity to address the non-compliance.

The Commission's Compliance and Enforcement policy is available on our <u>website</u>. 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 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.

The graph on the next page 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.

The figure following shows the top 5 reasons for issuing directions, and the number of directions notices issued in relation to each.

January – March 2021

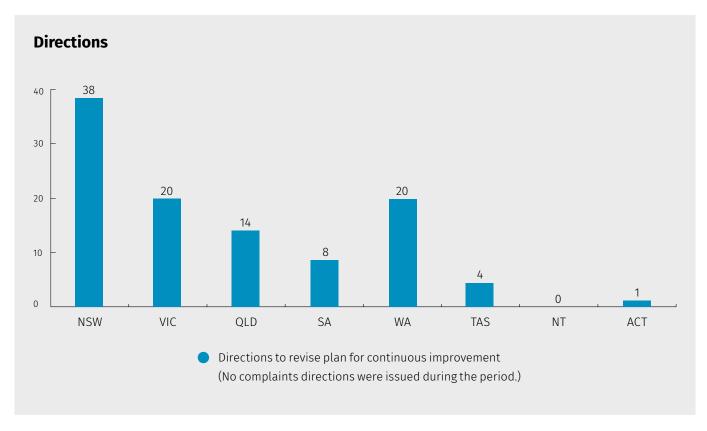


Figure 27. Directions

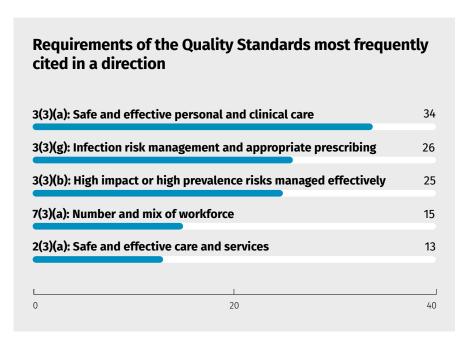


Figure 28. Requirements of the Quality Standards most frequently cited in a direction

January – March 2021

#### 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 they care for.

For residential services, where a review audit has been completed, the Commission will consider the audit report, the provider's response to the report and other relevant matters such as the service's compliance history and whether the provider has demonstrated commitment to continuous improvement of the service with respect to the Aged Care Quality Standards.

The Commission may then decide to vary or revoke the period of accreditation of the service.

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. Data for this reporting period reflects adjustments made to the Commission's regulatory program in response to the COVID-19 pandemic.

#### Number of times provider performance resulted in enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Notices of non-compliance	17	5	2	3	1	1	0	0	29
Notices to remedy	12	5	2	3	1	0	0	0	23
Notices to agree	0	1	0	0	1	0	0	0	2
Sanctions	2	1	0	2	2	0	0	0	7
Accreditation decisions									
Accreditation period varied or revoked	30	7	2	8	3	1	0	0	51
Services that were not reaccredited	1	0	0	0	0	0	0	0	1

Figure 29. Enforceable regulatory actions

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#### **Non-Compliance Notices**

A Non-Compliance Notice may be issued to the provider if the Commission is satisfied 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 well-being 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.

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

If the Commission is satisfied with the provider's response to a Non-Compliance Notice (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.

# Requirements of the Quality Standards most frequently cited in a Non-Compliance Notice 3(3)(a): Safe and effective personal and clinical care 24 3(3)(b): High impact or high prevalence risks managed effectively 22 8(3)(c): Effective Governance systems 15 7(3)(a): Number and mix of workforce 15 8(3)(d): Risk management systems and practices 15

Figure 30. Requirements of the Quality Standards most frequently cited in Non-Compliance Notices being issued to providers

January – March 2021

#### **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 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 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 31. Number of notices to agree

#### **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.

#### **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.

This level of regulation reflects 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.



Figure 32. Number of Sanctions



January – March 2021

# **Provider approvals**

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

During the quarter, the Commission received 38 applications to become an approved provider of home care. Over the same period, the Commission approved 2 applications to become an approved provider of home care, and declined approval for 9 applications. A further 26 applications did not proceed.

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

- a) returned to the applicant as incomplete
- b) withdrawn prior to assessment or
- c) withdrawn during assessment.

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these care types. The outcomes of applications (for example 'did not proceed') are counted for each type of care included in the application.

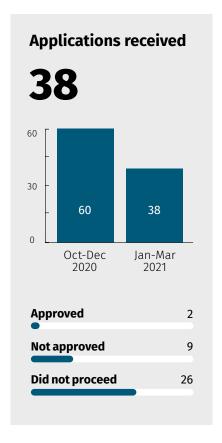


Figure 33. Home care provider applications and approvals

# **Complaints**

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

Under the 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.



Figure 34. Complaints received in the last 2 quarters

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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).

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#### **Complaints about home services**

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Number of complaints received	216	238	164	41	50	16	9	8	742
Number of issues	340	354	279	60	85	23	12	9	1,162

Figure 35. Complaints by state and territory

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#### Who makes complaints?

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

# Complaints by complainant 742 Family/representative 44% Anonymous 3% Consumer 47% Other interested person\* 5%

#### Figure 36. Complaints by complainant

#### What are complaints about?

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

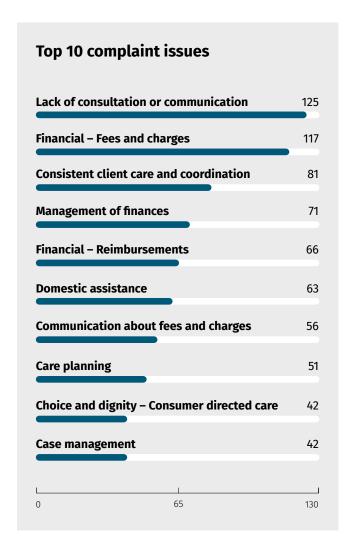


Figure 37. Top ten complaint issues

<sup>\*</sup> Other interested person includes staff, external agency, media or provider

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#### 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 complaints 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



Figure 38. 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.

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# **Quality assessment and monitoring**

# How many quality assessment and monitoring activities were carried out against the Aged Care Quality Standards?

The <u>Aged Care Quality Standards</u> 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.

The Commission conducts monitoring activities to check providers' compliance with the Aged Care Quality Standards.

This figure shows the total number of assessment contacts and quality audits the Commission undertook with home services by state and territory this quarter.

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

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Assessment contacts	93	19	19	5	1	0	0	3	140
Quality audits	4	4	3	0	0	0	0	0	11

Figure 39. Quality assessment and monitoring against the Aged Care Quality Standards

#### Quality assessment and monitoring activities by state and territory

This quarter the Commission made 55 on-site contacts with home services, through assessment contacts and quality audits.



Figure 40. On-site quality assessment and monitoring activities by state and territory

January - March 2021

#### How did services perform against each of the Aged Care Quality Standards?

The Commission found non-compliance in relation to 20 services. A service can be found non-compliant against more than one Standard.

The figure below shows the number of services found non-compliant, broken down by each Standard and showing whether a service's non-compliance was against very few, some, or many/all of the requirements of that Standard\*. Non-compliance against one requirement means that Standard will not be met.



\* See Note on definitions for an explanation of very few, some, or many/all. Figure 41. Total number of home services found to be non-compliant this quarter

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.

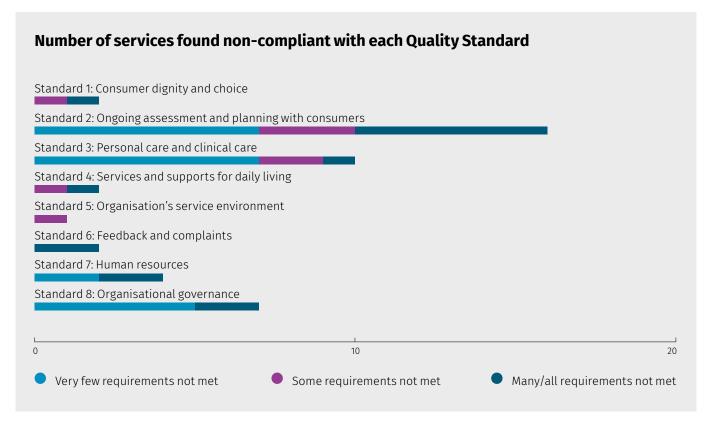


Figure 42. Total number of services found to be non-compliant with the Aged Care Quality Standards

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# How did services 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. Approved providers are expected to show how their approach enables them to meet these requirements.

This figure shows the top 10 requirements of the Quality Standards that were not complied with, ranked in descending order.

#### Top 10 requirements where non-compliance was found\* 2(3)(a): Safe and effective care and services 11 3(3)(a): Safe and effective personal and clinical care 8 2(3)(d): Communication of assessment and planning outcomes 2(3)(e): Regular reviews of care and services 7 2(3)(b): Current Needs, goals and preferences 6 3(3)(b): High impact or high prevalence risks managed effectively 6 8(3)(d): Risk management systems and practices 5 8(3)(c): Effective Governance systems 4 3(3)(d): Recognition and response to deterioration 7(3)(d): Recruitment training and support for workforce 3 15

Figure 43. Number of times services did not comply with the requirements of the Aged Care Ouality Standards (top 10)

<sup>\*</sup> This figure displays the number of times a decision of non-compliance was made against the requirement of the Standard.

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# **Compliance and enforcement**

#### How does the Commission respond to non-compliance?

Information about the Commission's regulatory actions and enforceable regulatory actions can be found in the <u>Residential care section</u> of this report.

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

The graph 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.

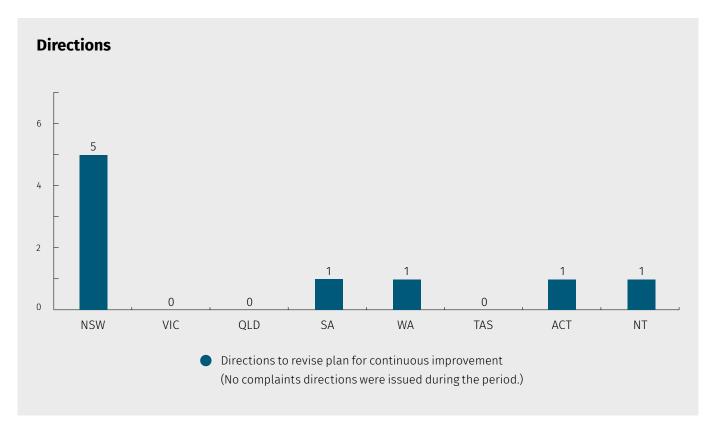


Figure 44. Directions

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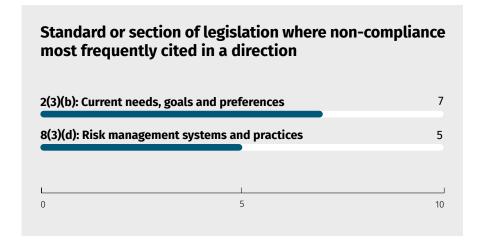




Figure 46. Number of Sanctions

Figure 45. Standard/section of legislation where non-compliance was most frequently cited in a direction

# 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.

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

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Notices of non-compliance	0	0	0	0	0	0	0	0	0
Notices to remedy	0	0	0	0	0	0	0	0	0
Notices to agree	0	0	0	0	0	0	0	0	0
Sanctions	1	0	0	0	0	0	0	0	1

Figure 47. Enforceable regulatory actions

#### **Revocation of provider approval**

There were no revocation decisions in quarter 3.



#### 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.

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**

Use of the terms "very few, some, many/all": The classifications 'very few, some or many/all' of the requirements of the Quality Standards used in this report are calculated based on the proportion of requirements not met within each 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 will be reported on an annual basis, from 2020-21 onwards.

Number of		Number of requirements in each Quality Standard											
requirements	Standard 5	Standard 6	Standards 2, 7, 8	Standard 1	Standards 3, 4								
not met	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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#### Write

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