

# Aged Care Quality and Safety Commission

## Sector performance report

April – June 2023



Australian Government

Aged Care Quality and Safety Commission

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# Purpose of this report

This report includes information, data and insights into how aged care providers performed in Quarter 4 (Q4) 2023. Q4 covers the period from 1 April to 30 June 2023.

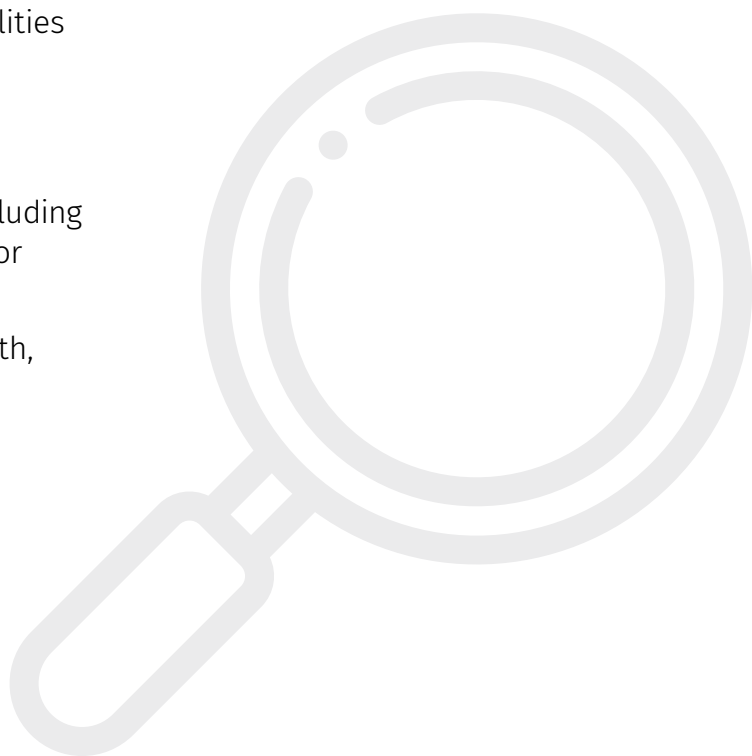
The report uses information collected by the Aged Care Quality and Safety Commission (the Commission) through our work, such as:

- approving organisations to deliver aged care services
- independently accrediting, assessing, monitoring and reaccrediting aged care services
- resolving complaints about aged care services
- responding when providers, aged care workers or governing persons are not, or may not be, complying with their responsibilities
- managing Serious Incident Response Scheme (SIRS) reportable incident notifications
- regulating the aged care workforce, including compliance with the Code of Conduct for Aged Care.

We are committed to protecting the health, safety and wellbeing of older Australians through monitoring and managing risks. The information and data in this report reflects our commitment.

We focus most on areas where the risk is greatest.

We target specific issues of concern. We focus our attention on services and providers that are at risk of failing to deliver aged care that is high quality and safe. We build an understanding of services and providers by bringing together data from different sources.



## Sector performance overview

April – June 2023

### Aged care services in Australia

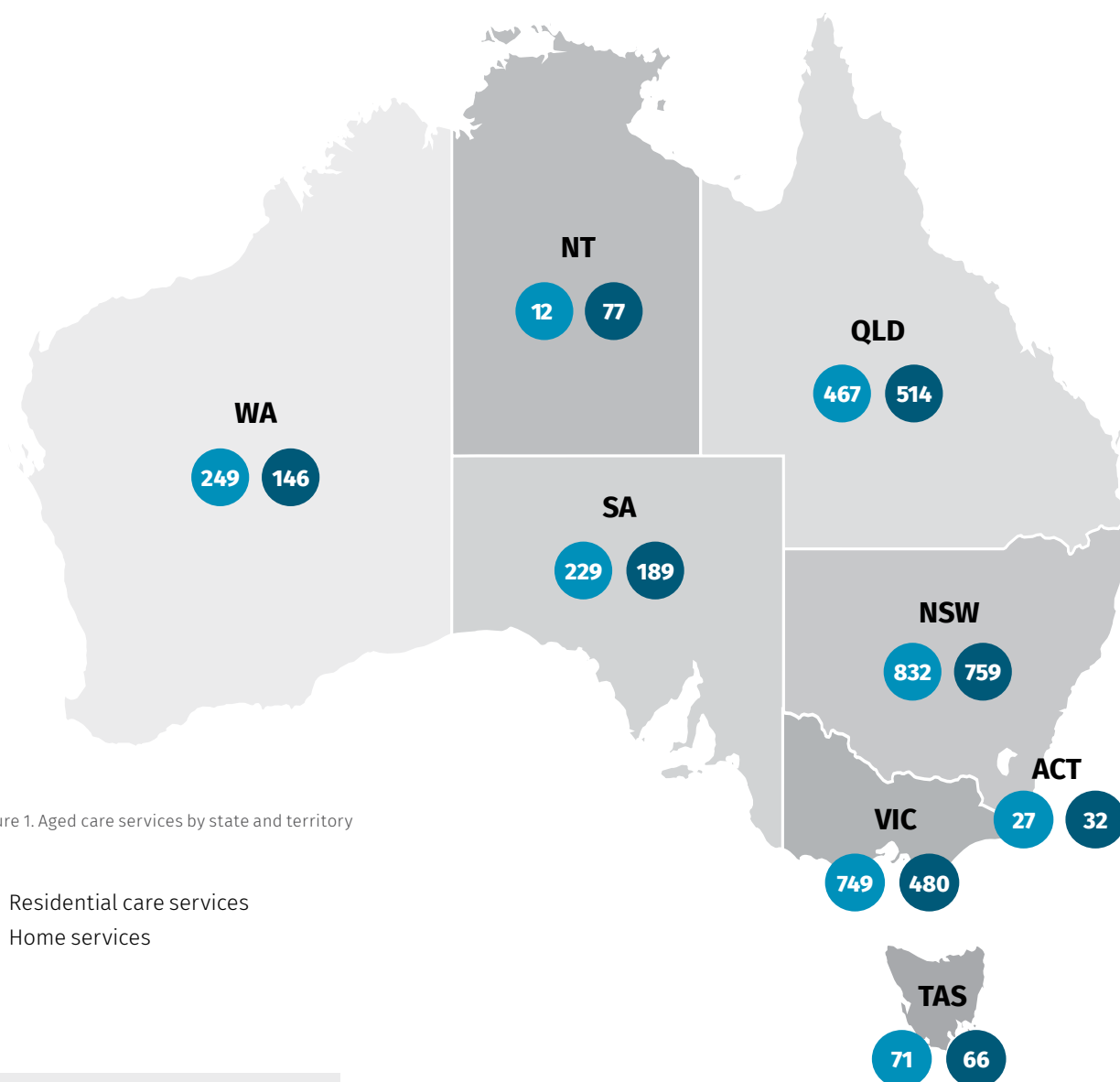


Figure 1. Aged care services by state and territory

- Residential care services
- Home services

#### Aged care services

# 4,899

**Residential care** 2,636

**Home services\*** 2,263

Figure 2. Aged care services by type of service

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

## Sector performance overview

April – June 2023

### Aged care consumers\*

**193,793**

Residential care

**263,018**

Home Care Packages

**818,228**

Commonwealth Home  
Support Programme

Figure 3. Aged care consumers

\* See page 88 for how we calculate consumer numbers.

### Provider approvals



**26**

Applications to become  
an approved provider<sup>†</sup>

**1**

Care types approved<sup>‡</sup>

Residential care 0

Home services<sup>§</sup> 1

Flexible care<sup>§§</sup> 0

### Accreditation and reaccreditation



**448**

Residential services  
reaccredited



**4**

New residential  
services accredited



**1**

Residential services  
not reaccredited

Figure 4. Provider approvals

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

<sup>‡</sup> Approved care types may include those made in previous quarters.

<sup>§</sup> Includes Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP).

<sup>§§</sup> Includes Short-Term Restorative Care, Transition Care Program and the Multi-Purpose Services Program.

Figure 5. Accreditation and reaccreditation results

## Sector performance overview

April – June 2023

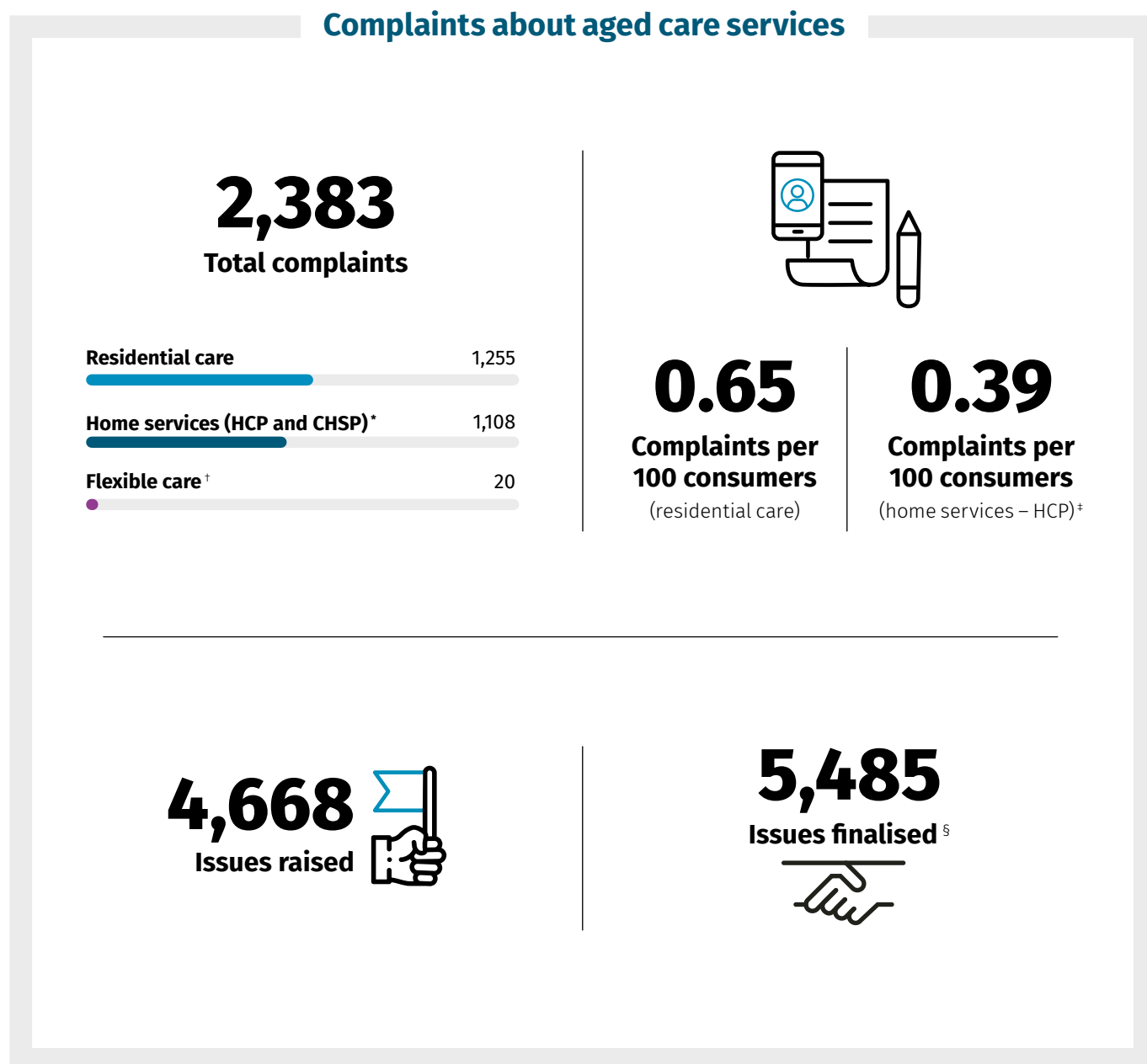


Figure 6. Number of complaints and issues raised about aged care services and issues finalised

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

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

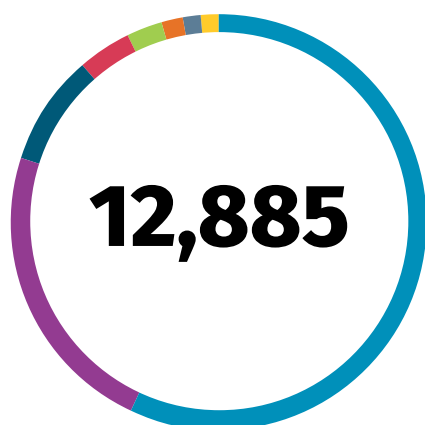
‡ Rate is derived from HCP complaints and consumers only.

§ May include issues raised in past quarters.

## Sector performance overview

April – June 2023

### Reportable incidents in residential care



Unreasonable use of force	7,368
Neglect	2,954
Psychological or emotional abuse	1,127
Unlawful sexual contact or inappropriate sexual conduct	519
Unexplained absence from care	349
Unexpected death	241
Stealing or financial coercion	180
Inappropriate restrictive practices	147

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

### Reportable incidents in home services\*



Unreasonable use of force	52
Neglect	560
Psychological or emotional abuse	73
Unlawful sexual contact or inappropriate sexual conduct	21
Missing consumers	29
Unexpected death	24
Stealing or financial coercion	253
Inappropriate restrictive practices	15

Figure 8. Priority 1 and Priority 2 reportable incident notifications received by the Commission, under the Serious Incident Response Scheme (SIRS) in home services

\* Includes home care and flexible care delivered in a home or community setting.

This includes providers of Home Care Package (HCP), Short-Term Restorative Care at home, Commonwealth Home Support Programme (CHSP), National Aboriginal and Torres Strait Islander Flexible Aged Care (NATSIFAC), Multi-Purpose Services Program and Transition Care Program.

## Sector performance overview

April – June 2023

### Onsite quality assessment and monitoring visits



**1,484**\*

**Site visits**

(residential care and home services)

**1,368**

**Residential care  
site visits**

**116**

**Home services  
site visits**

Figure 9. Number of onsite quality assessment and monitoring visits

\* Includes site audits, performance assessments, monitoring contacts and quality audits for residential and home services.

### Sector performance against the Quality Standards

**120**

**Services found non-compliant  
with at least one Aged Care  
Quality Standard**†

**Most common Quality Standard  
requirements that providers  
did not comply with**

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

**Home services:  
8(3)(a)** Effective governance systems

Figure 10. Services that did not comply with at least one Aged Care Quality Standard (Quality Standard)

† Includes residential and home services.



## Sector performance overview

April – June 2023

### Managing non-compliance



**46**

**Directions**



**42**

**Non-Compliance  
Notices**



**3**

**Compliance Notices**  
(incident management  
and restrictive practices)



**25**

**Notices to Remedy**



**4**

**Notices to Agree**



**2**

**Enforceable  
Undertakings**

Figure 11. Commission compliance and enforcement actions for residential care and home services

# Residential care

## Sector performance

April – June 2023



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## Residential care sector performance

April – June 2023



### Key points

- Over the last 2 years, through our audit and assessment program, we have visited **99%** of residential aged care providers.
- In 2022–23, our findings of non-compliance have fallen. The numbers of services that have been accredited for more than 3 years (meaning that they do not have any non-compliance or have quickly fixed low risk issues) is also increasing. While this is a pleasing trend, this partly reflects the risk profile of the services that we have assessed during 2022–23. Most of the services that we assessed for accreditation in 2022–23 have a lower risk profile compared with services assessed for accreditation in 2021–22.
- The reduced findings of non-compliance are also a result of an important shift in the Commission's strategy. We have been working to build incentives for providers that fix lower risk non-compliance earlier. This has been well received by the sector and has meant that fewer services have faced formal regulatory action.
- We issue a Direction for Plan for Continuous Improvement to providers where we are confident that they can fix a problem but may need a timeframe and plan of action. In the first 2 quarters of this year, the number of Directions we issued increased, as we dealt with lower risk providers this way. However, in Q4 the number of Directions has fallen to **45** – well under half the number we issued in Q2. This shows that we have been able to work with more providers to quickly fix non-compliance through early engagement rather than through formal regulatory action.
- Data we gather through our regulatory activities helps us to understand the key issues that affect the quality and safety of aged care services. For example, concerns about clinical care are consistently 3 of the top 5 complaints issues about residential services. This is also reflected in our assessment activities with Quality Standard 3 (Personal care and clinical care).

# Residential care sector performance

April – June 2023



## Key points

- A key change is the significant growth in findings of non-compliance related to governance. Non-compliance with Quality Standard 8 (Organisational Governance) is often caused by many failures against the requirements of that standard.
- Governance issues do not feature as a specific topic in complaints. However, poor governance often sits behind the issues raised by people who make complaints. Providers with poor governance are likely to have more complaints and more clinical and service delivery issues.
- The Commission is continuing to closely monitor providers' governance. Commission resources and information related to strengthening provider governance and providers' statutory obligations are available on our [website](#). The Governing for Reform in Aged Care program provides a free and highly effective learning program for governing bodies and executives to improve corporate and clinical governance.
- We have also noticed a trend in the increase of complaints about workforce. Complaints about the number and quality of staff are now the second most frequent complaint issue in residential care. Complaints about staff behaviour and conduct also made it into the top 10 complaints issues.
- Since 1 December 2022, the Commission has had statutory powers to hold providers, individual care workers and members of governing bodies to account for not complying with the Aged Care Code of Conduct.
- In Q4 we issued **25** banning orders under the Code of Conduct:
  - **14** were against people who have never been engaged in aged care. All of these people were banned permanently and barred from ever working in aged care.
  - **11** were against people who are currently, or were previously, engaged in aged care. Of these, **3** people have been banned permanently and **8** have time limited banning orders.

# Applications to become an approved provider

We assess applications to determine whether the applicant is suitable to provide aged care that will meet the:

- requirements of the *Aged Care Quality and Safety Commission Act 2018*
- responsibilities of an approved provider under the *Aged Care Act 1997*.

Where we do not approve an application, it is because the provider does not meet one or more of the requirements. Information to help providers complete a successful application is provided on page 14.

In Q4 the Commission:

- received **one** application to become an approved residential care provider
- did not approve **one** application – this was for an application we received in a past quarter.

We count the outcomes of applications (for example 'did not proceed') for each type of care included in the application.

### Applications received

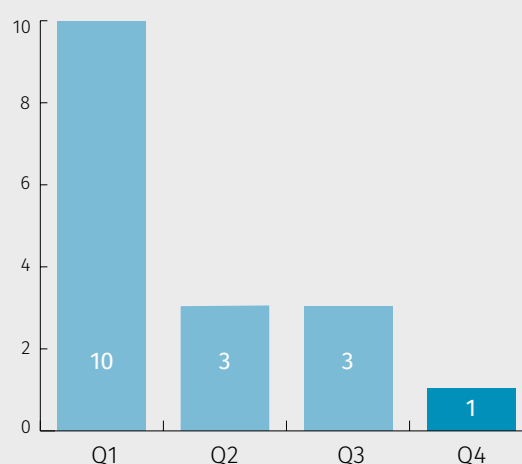


Figure 12. Applications the Commission received for residential care services in the past 4 quarters

### Application outcomes

	Q1	Q2	Q3	Q4
Approved	0	0	0	0
Not approved	3	2	1	1
Did not proceed *	4	1	1	0

Figure 13. Outcomes of residential care provider applications and approvals in the past 4 quarters

\* An application that 'did not proceed' is one that was either returned to the applicant as not complete or withdrawn.

## Residential care sector performance

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### Information to help providers complete their approved provider application

The Commission follows a rigorous assessment process to decide if applicants are suitable to provide aged care. We will not approve an application that does not meet one or more of the suitability criteria.

Reasons for not approving an application can include the following:

#### **Experience**

No experience or not explaining how the applicant's experience in another sector (for example, as a provider of National Disability Insurance Scheme (NDIS) services) would apply to the aged care sector.

#### **Understanding of responsibilities**

Not demonstrating the applicant's understanding of their responsibilities.

#### **Policies and procedures**

Generic policies that are not tailored to the service or services that the applicant wants to provide.

#### **Operational processes**

Business models that:

- would not support effective delivery of care
- do not explain processes for how workers would be managed
- do not explain how systems would operate.

#### **Financial processes**

Not explaining the funding available to start running the service or how the applicant will stay financially viable. No explanation of how their financial processes would make sure they meet their regulatory requirements.

# Complaints

Resolving complaints is one of the Commission's core responsibilities and functions. We work closely with people making complaints and providers to manage and, where possible, address concerns about the care and services that the provider is delivering. We also make sure that providers meet their responsibilities.

We work with providers, the person making the complaint and the person receiving care to find solutions and make sure that the care is consistent with the *Aged Care Act* and the Aged Care Quality Standards (Quality Standards). We help the person making the complaint resolve their concerns directly with the provider where possible. We work to get the best outcome for the person receiving care as quickly as possible.

Under the Quality Standards, all providers must have a system in place to handle complaints. A complaint about the provider's service can be lodged directly with:

- the provider
- the Commission
- both the provider and the Commission.

The provider's process for handling complaints must be:

- accessible
- confidential
- prompt
- fair
- well known within the service.

### Complaints received

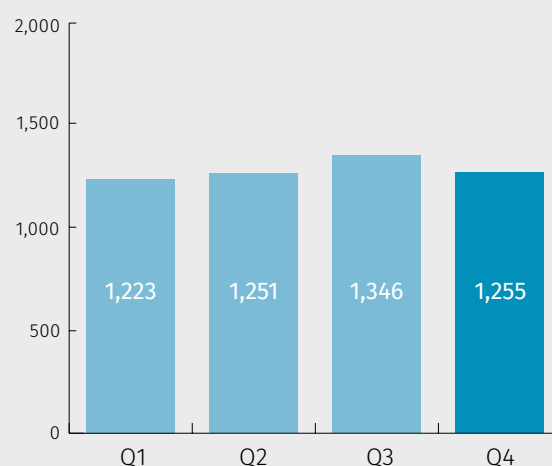


Figure 14. Complaints about residential care the Commission received in the past 4 quarters

It must also encourage people receiving aged care to give feedback or make a complaint without fear of negative consequences when they do.

Complaints and feedback give providers valuable information about the issues that people receiving care and their families and representatives are worried about. Complaints help us understand where providers need to improve and the risks facing people receiving care. They also inform our education and regulatory activities, such as accreditation, compliance and enforcement.

The best results are achieved when:

- all parties work together
- discussions are open
- information is provided promptly.

Complaints can include more than one issue or concern about a provider's responsibilities.

## Residential care sector performance

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The number of complaints does not necessarily reflect the quality of the service. For example, a service with a positive complaints culture will encourage feedback and use it as an opportunity to improve their services. The Commission is working to help people receiving care feel more confident about raising concerns or complaints with providers directly, or with the Commission or a combination of both.

### Complaints received about residential aged care services

In Q4, there were **193,793** people receiving residential aged care services and the Commission received **1,255** complaints on **2,751** issues.

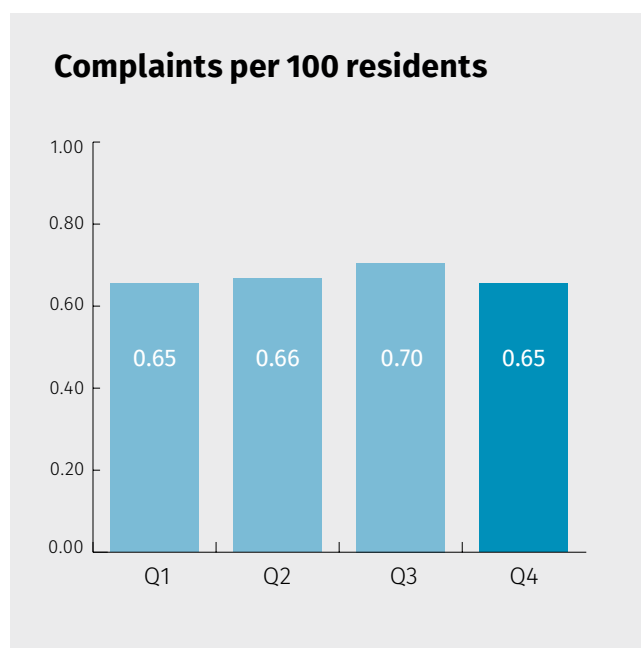


Figure 15. National complaints per 100 residents in the past 4 quarters

### Complaints by state and territory

Figure 16 shows the number of complaints made about residential aged care in each state and territory. It also includes the total number of issues raised through complaints (a complaint can be about more than one issue) and shows the ratio of complaints per 100 aged care residents.

The ratio of complaints has dropped in Q4 to **0.65** from **0.7** in Q3. The ratio has been relatively stable over the past 4 quarters.

### Complaints by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A*	AUS
Consumers	62,392	50,129	39,177	16,892	17,619	4,618	518	2,448		<b>193,793</b>
Complaints received	368	298	272	139	104	48	6	15	5	<b>1,255</b>
Number of issues raised	941	579	508	290	246	97	12	69	9	<b>2,751</b>
Ratio of complaints per 100 residents†	0.59	0.59	0.69	0.82	0.59	1.04	1.16	0.61	0.00	<b>0.65</b>

Figure 16. Residential care complaints received by state and territory

\* N/A includes any complaint or complaint issue that does not have a location assigned to it.

† Ratios are calculated based on the total number of complaints received in the quarter and the number of consumers as of 21 July 2023.

Note: Where there are only a small number of aged care residents – such as in the Northern Territory – even a small change to the total number of complaints can affect the ratio of complaints per 100 residents.



## Residential care sector performance

April – June 2023

### Number of services with complaints made

In Q4, of a total **2,636** residential aged care services:

- **567** services were the subject of a complaint
- **265** services had more than one complaint
- **1,804** services were not the subject of a complaint.

Figure 17 shows the complaints by residential service for Q4 and the comparative numbers for the 12 months to date (1 July 2022 to 30 June 2023).

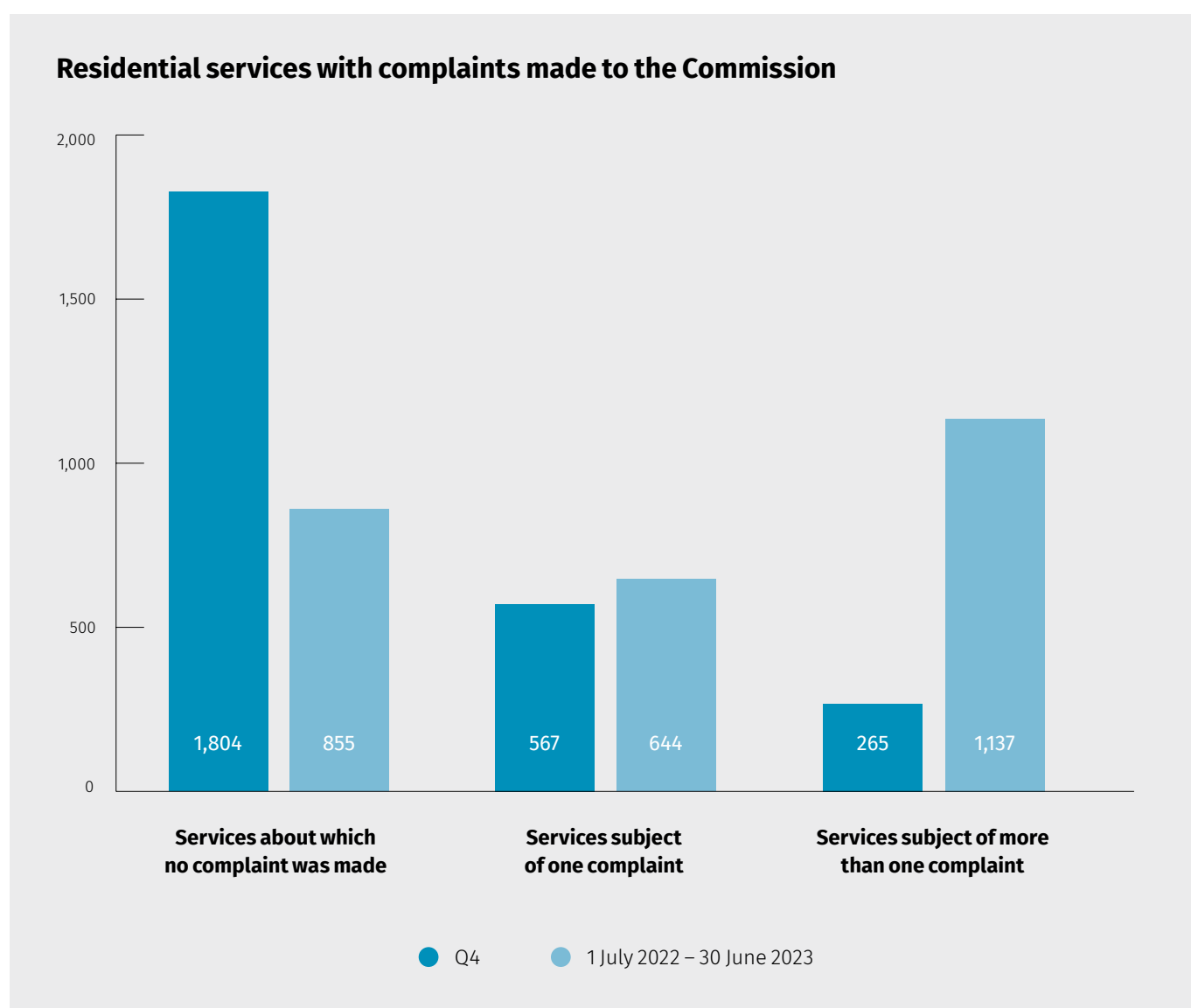


Figure 17. Number of services with no complaints, one complaint, or more than one complaint

## Residential care sector performance

April – June 2023

### Most common types of complaints

Figure 18 shows the most complained about issues in residential aged care during the reporting period.

Concerns about medication administration and management was the number one issue in complaints in Q4 and is also the number one issue in the 12-month total.

This was followed by the number and sufficiency of personnel, and personal and oral hygiene. This is consistent with past quarters, although the order has changed. In Q3, personal and oral hygiene was placed higher.

In the last 12 months the top 3 complaint issues were:

- Medication administration and management
- Personnel – number/sufficiency
- Personal and oral hygiene.

The 3 issues included in the Q4 list of the top 10 most complained about issues that were not listed in Q3 are:

- Quality and variety of food and catering (rank 7)
- Cleanliness of the physical environment (rank 8)
- Physical abuse (rank 10).

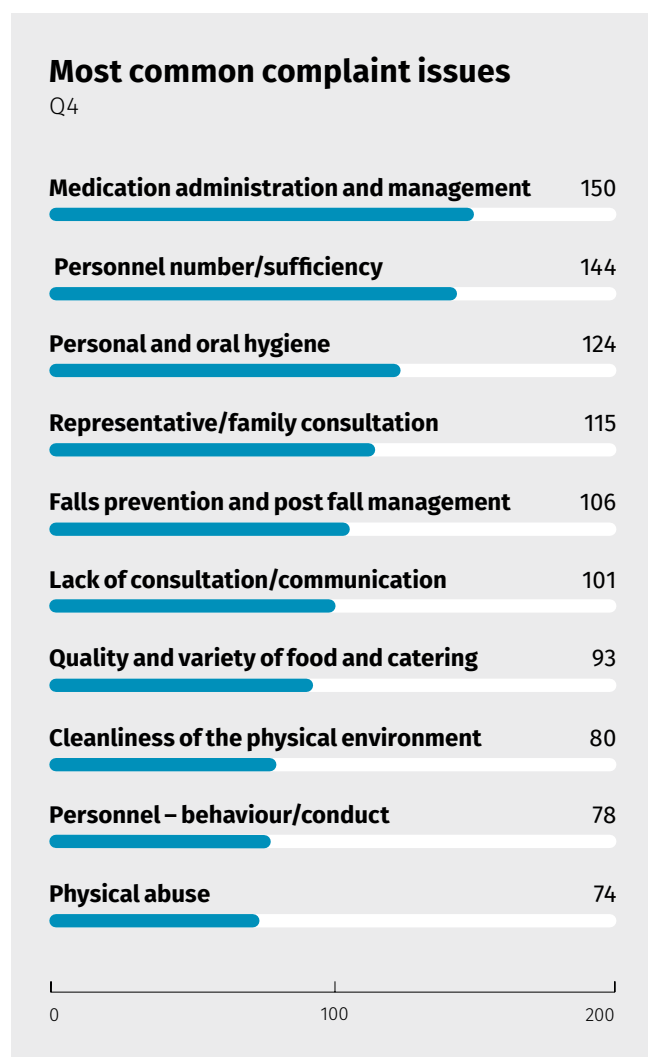


Figure 18. Most common complaint issues

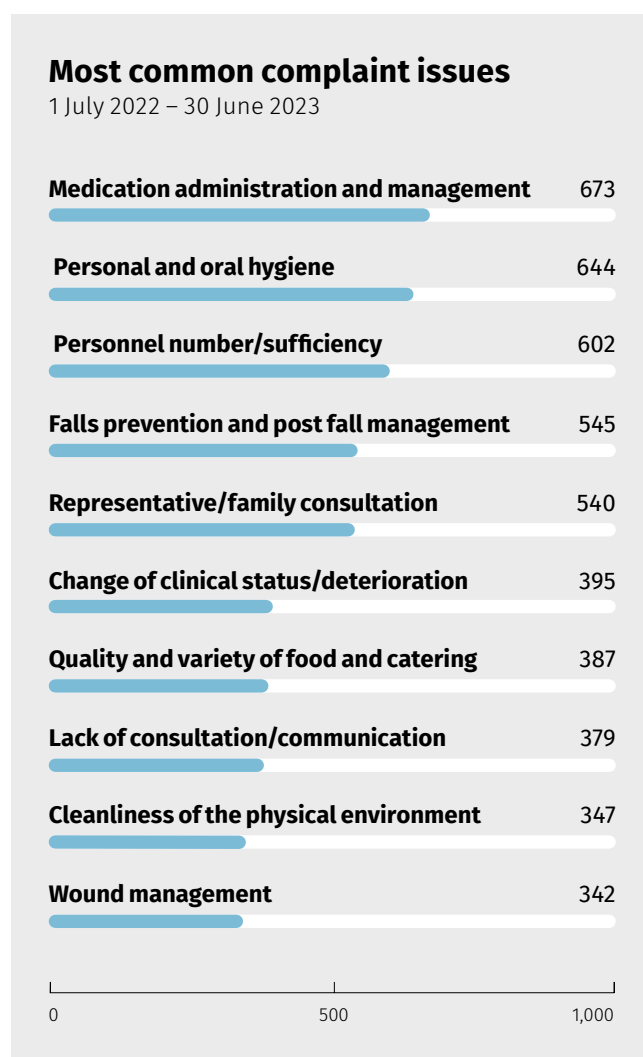


Figure 19. Most common complaint issues from 1 July 2022 to 30 June 2023

# Residential care sector performance

April – June 2023

## Source of complaints

Figure 20 provides a breakdown of residential aged care complaints that the Commission received including who made them.

Representatives or family members made the most complaints about residential aged care services (**54.5%**), and residents made the least (**6.7%**).

## Top 5 issues for each group

Figure 21 shows the top 5 issues for each group that made complaints. Family members were most likely to complain about:

- the quality of representative and family consultation
- medication administration and management
- personal care and oral hygiene
- falls prevention and post fall management
- lack of consultation and communication.

People receiving care were more likely to complain about:

- the quality and variety of food
- medication administration and management.

Complaints about personnel were more likely to be made anonymously.

These figures show that residents and their representatives often make complaints about different things. This highlights the need for providers to directly engage with both residents and their representatives about how their care and services can be improved as each brings a different perspective.

## Complaints by complainant group

### Representative or family member



### Anonymous



### Others\*



### Care recipient



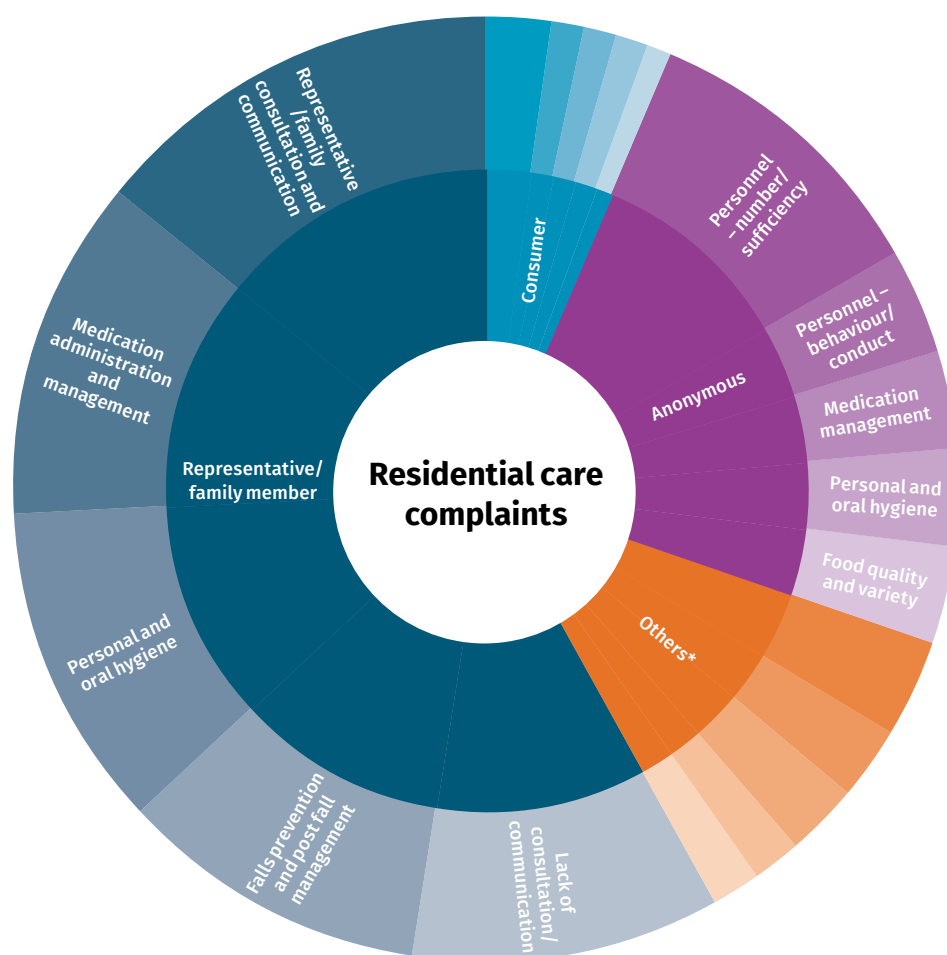
Figure 20. Number of complaints for each group that made complaints about residential care services

\* Others includes staff, external agency, media, internal referrals, provider or other interested people.

# Residential care sector performance

April – June 2023

## Top 5 complaint issues per group



### Family representative

Representative/family consultation and communication	105
Medication administration and management	89
Personal care — personal and oral hygiene	84
Falls prevention and post fall management	80
Lack of consultation/communication	78

### Consumer

Food and catering — quality and variety	18
Medication administration and management	9
Personnel — behaviour/conduct	8
Lack of consultation/communication	8
Personnel — call for assistance	7

### Others\*

Medication administration and management	26
Personnel — training/skills/qualifications/suitability	19
Personnel — number/sufficiency	18
Health Care — wound management	13
Personal care — personal and oral hygiene	13

### Anonymous

Personnel — number/sufficiency	77
Personnel — behaviour/conduct	27
Medication administration and management	26
Personal care — personal and oral hygiene	25
Food and catering — quality and variety	24

Figure 21. Top 5 complaint issues per group about residential care services

\*Others include staff, external agencies, media, providers or other interested people.

## Residential care sector performance

April – June 2023

### Finalised complaints

The Commission finalised a total of **1,319** residential aged care complaints in Q4. We did this through both the early resolution and formal resolution pathways.

Through early resolution, the Commission worked with people making the complaints, providers, and people receiving care to resolve **1,256** complaints. These complaints involved **1,348** issues about residential aged care. Through this process we help people to address issues themselves.

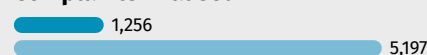
There were **63** complex complaints involving **189** issues finalised in Q4. From 1 July 2022 to 30 June 2023, the Commission finalised **277** complex complaints involving **719** issues. We addressed these through a formal resolution process that can involve:

- conciliation – where the Commission supports those involved in the complaint to work together to discuss the issues, ideally to reach an agreement
- mediation – where the person making the complaint and the provider use an independent mediator to discuss the issues and try to find a mutually acceptable resolution
- an investigation by the Commission
- the Commission asking the provider to investigate the issues and try to resolve them through its own complaints system and then report its result to the Commission.

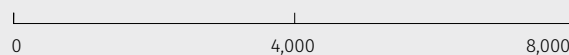
### Early resolution



#### Complaints finalised



#### Issues finalised



● Q4 ● 1 July 2022 – 30 June 2023

Figure 22. Number of residential care complaints resolved through early resolution

### Formal resolution



#### Complaints finalised



#### Issues finalised



● Q4 ● 1 July 2022 – 30 June 2023

Figure 23. Number of residential care complaints resolved through formal resolution

## Residential care sector performance

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### Resolving complaint issues

When a person contacts the Commission with a complaint, we will try to find the fastest way to resolve it by:

- understanding what outcome will resolve the issue for the person making the complaint
- speaking to the provider about their responsibilities around the issue
- supporting the person making the complaint to understand their rights
- helping the provider to agree to a plan of action they will take to resolve the issue
- checking back with the person who made the complaint to see if the issue or issues have been resolved.

Where needed, the Commission can take action to make sure providers improve the quality and standard of their service and meet their responsibilities.

Before a complaint is finalised, the Commission talks to all involved to explain why the resolution process has ended. We also provide written feedback, unless the person making the complaint asks for it in a different way. Most decisions to finalise a complaint will need to be reviewed by the person making the complaint and/or the provider.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the person making the complaint expected. Sometimes it is not possible for the Commission to determine whether a particular event occurred. In other cases, the issue is already being dealt with separately within the Commission. In a small number of cases, if the Commission decides that a provider has met its responsibilities, an issue may be finalised even if the person making the complaint is not satisfied. In these cases, the Commission will explain to the person who made the complaint why the complaint is being finalised.

# Preventing and responding to serious incidents


Since 1 April 2021, residential aged care providers have been required to notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS). This includes incidents that happen or are alleged or suspected to have happened.

The aim of the SIRS is to reduce the risk of incidents in aged care and to improve providers' responses when they do happen. To reduce incidents, providers need to:

- have processes in place to identify, manage and reduce the risks to consumers
- learn from every incident
- introduce changes to stop similar incidents happening.

The SIRS:

- works alongside other provider responsibilities to prevent and manage incidents in aged care
- sets up responsibilities for providers to notify the Commission of reportable incidents involving consumers
- uses data about incidents to drive quality improvement.



The SIRS gives the Commission information on provider performance. This, combined with data from other sources, helps us to better identify and manage risk.

At a sector-wide level, we use this data to develop our programs including providing education, information and guidance. These programs for consumers and providers help them better understand and manage common risks that affect the quality and safety of aged care delivery.

## Residential care sector performance

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### Reportable incident notifications

Providers must respond to all incidents to protect the safety, health and wellbeing of people receiving aged care.

Providers must notify the Commission of Priority 1 reportable incidents within 24 hours of being made aware of the incident.

Priority 1 reportable incidents are incidents:

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

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident. Providers must notify the Commission within 30 days of being made aware of the incident.

The Commission monitors and responds to incident notifications. The regulatory actions we take will depend on:

- the incident
- the risk of harm to consumers
- our confidence that the provider has taken or will take appropriate action relating to that reportable incident and the circumstances surrounding it.

Notifications we get through the SIRS also give us valuable regulatory information. We collect this information over time, including risk assessments of harm and whether a provider's response was suitable.

Figure 24 shows the breakdown of reportable incidents that providers notified to the Commission in Q4.

As of 3 October 2022, all 'unlawful sexual contact or inappropriate sexual conduct' incidents must be reported as Priority 1.

The total numbers of reported incidents have shown a steady increase over the past 4 quarters. In Q4 there was an increase of **0.83%** from **12,778** in Q3 to **12,885** in Q4. The incident type with the biggest increase in reported numbers between quarters is neglect, with a **32%** increase from **2,236** in Q3 to **2,954** in Q4. Most of the increase in neglect notifications is related to one provider with multiple services, who submitted **641** neglect notifications in Q4 due to medication management issues at the services.



## Residential care sector performance

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### Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1 Q4	Priority 2 Q4	Total Q4	Total Q3	Total Q2	Total Q1
Unreasonable use of force	2,102	5,266	7,368	7,687	7,804	7,203
Neglect	852	2,102	2,954	2,236	1,862	1,902
Psychological or emotional abuse	152	975	1,127	1,104	1,031	972
Unlawful sexual contact or inappropriate sexual conduct*	513	6	519	602	597	642
Unexplained absence†	346	3	349	410	438	445
Unexpected death†	241	0	241	211	246	233
Stealing or financial coercion by a staff member	93	87	180	336	189	156
Inappropriate restrictive practices	20	127	147	192	172	204
<b>Total</b>	<b>4,319</b>	<b>8,566</b>	<b>12,885</b>	<b>12,778</b>	<b>12,339</b>	<b>11,757</b>

Figure 24. Number of Priority 1 and Priority 2 reported incidents for residential care services

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

† Notifications of unexplained absence or unexpected deaths are Priority 1 reportable incidents. The notifications recorded in this table as Priority 2 are because providers incorrectly selected Priority 2 when they submitted the notification.

Source: Unpublished data as of 30 June 2023.

### Unreasonable use of force: staff on resident incidents

Unreasonable use of force is consistently the most common incident type in residential aged care reported to the Commission through SIRS. It accounts for **60%** of all residential aged care SIRS notifications. We received **7,368** unreasonable use of force notifications in Q4.

In March 2023, we published the first in a new series called SIRS Insights titled, [Unreasonable use of force: resident to resident incidents](#). We are currently producing the second part of that report, Unreasonable use of force: staff to resident incidents. Staff to resident incidents account for **10%** of all unreasonable use of force notifications. Many of these are preventable. The report will include case studies and guided learning questions. These are designed to help providers improve how they manage serious incidents and lower rates of harm and incidents reoccurring.

## Residential care sector performance

April – June 2023

### Using rates to inform best practice

Knowing the rate of incidents reported for the sector as a whole can help providers understand how their rate of reportable incidents compares to the sector's. Providers can use this information as part of their incident management system and governance. The Commission uses these rates, combined with other information on provider performance, to focus on services that have concerning rates of reportable incidents. This can include rates that seem too high when compared against sector rates, or rates that seem too low.

The number of serious incident notifications does not necessarily relate to the number of instances of harm to a person receiving aged care.

Reports can include:

- multiple notifications of the same issue
- allegations of incidents
- situations where there was an incident without injury.

As provider capability improves, we expect to see providers improve how they identify and respond to incidents. In the longer term, we want to see provider improvements in:

- delivering safe and quality care for consumers
- preventing incidents from happening
- reducing the rate of incidents.

### SIRS notified incident rate (per 10,000 occupied bed days)

Incident type	1 Jul 2022 – 30 Jun 2023	1 Apr 2022 – 31 Mar 2023
Unreasonable use of force	4.40	4.10
Neglect	1.30	1.10
Psychological or emotional abuse	0.60	0.60
Unlawful sexual contact or inappropriate sexual conduct	0.30	0.30
Unexplained absence	0.20	0.20
Unexpected death	0.10	0.10
Stealing or financial coercion	0.10	0.10
Inappropriate restrictive practices	0.10	0.10
<b>All incident types</b>	<b>7.30</b>	<b>6.70</b>

Figure 25. SIRS notified incident rate per 10,000 occupied bed days

Note: Occupied bed days for May and June have come from Department of Health and Aged Care and internal estimates of residential consumers and may be revised.

Data source: SIRS data as of 30 June 2023, extracted from Commission data on 3 July 2023.

Occupied bed days data extracted from Department of Health and Aged Care systems on 20 July 2023.

### Calculating the incident rate

Figure 25 shows the rate of notified incidents over the past 12 months (1 July 2022 to 30 June 2023). To work out the rate for each incident type we took the total number of notified incidents over the period and divided that by the total number of occupied bed days in residential aged care.

The notified incident rate is based on notifications made by providers, so should not be considered a prevalence rate for incidents happening in aged care.

### Commission responses to reportable incident notifications

The Commission looks at all available information when deciding if a provider can manage risk and determine if similar incidents can be prevented from happening again. This includes reviewing all notifications at a provider and service level.

The Commission can respond using a range of regulatory powers where the:

- provider does not take the required actions after reporting an incident to the Commission
- Commission finds that a provider is not complying, or may not be complying, with its responsibilities.

The Commission can also work with the provider to address concerns and ask for information to better understand risk and the suitability of their actions. During this monitoring process, the Commission may be satisfied that the provider has:

- identified and taken appropriate actions to address risks
- improved its response to the incident.

### Regulatory response

Figure 26 shows the number and type of regulatory actions the Commission took in Q4 in response to SIRS notifications.

The types include:

- Monitoring and engagement, which includes the use of powers under the *Aged Care Act*, Commission Act and Commission Rules to require or request the provider give the Commission information.
- Commission directed actions, which includes requiring the provider to take remedial action, or to investigate and provide a written report.
- A Commission investigation, which can include a site visit. This may lead to compliance and enforcement actions including:
  - Compliance Notices
  - Notices to Agree
  - Sanctions, where the provider is not eligible to receive funding for new residents during the sanction period.

Figure 26 shows that most of our regulatory actions for SIRS are asking providers for more information. This includes issuing a 95C notice under the Commission Rules. We will not take further action where:

- we are satisfied that the provider has handled the incident well
- the provider has done their own investigation and is taking action to stop similar incidents from happening again.

In Q4 we asked for more information about **1,116** notifications. Of these, **15** resulted in a Commission investigation and **3** resulted in compliance and enforcement action.

## Residential care sector performance

April – June 2023

### Worker regulation and incident investigation

Incidents reported through SIRS can help the Commission identify possible non-compliance with the Code of Conduct for Aged Care (the Code). This includes identifying risk in trends or patterns of behaviour that may not be consistent with the Code.

Figure 26 also shows the total number of investigations that the Commission conducted that were related to the Code (row 3 and 4). These investigations were the result of information we gathered from sources such as SIRS and complaints as well as external sources.

We started just over a quarter of our investigations as a result of SIRS notifications.

For more information on how we investigate potential breaches of the Code, see Worker Regulation (page 56).

### Commission regulatory responses to reportable incidents

	Q1	Q2	Q3	Q4
Monitoring and engagement	616	1,180	958	1,116
Directed specific actions by the provider	8	6	5	8
Incident investigation*	37	37	39	15
Worker regulation and incident investigation <sup>†</sup>	n/a	37 <sup>‡</sup>	76	180
Compliance and enforcement action	5	25	12	3
<b>Total</b>	<b>666</b>	<b>1,285</b>	<b>1,090</b>	<b>1,322</b>

Figure 26. Commission regulatory responses to SIRS notifications for residential care services

\* Counts investigations underway or concluded in the reporting period. These figures may include investigations conducted across one or more care types.

† These figures may include investigations conducted in relation to multiple care types, Code of Conduct responsibilities and/or suitability of individuals to provide aged care including individuals operating outside of the aged care sector. Includes investigations commenced in the period, including matters under assessment to commence as an investigation.

‡ These figures reflect the month of December only, as the Code of Conduct commenced on 1 December 2022.

Source: Unpublished data as of 30 June 2023. This data was compiled from multiple sources which, in some instances, cannot be further broken down as the data is not stored in the Commission's system.

# Quality assessment and monitoring

The Aged Care Quality Standards (Quality Standards) are a set of 8 standards used to determine how an aged care service is performing. The Quality Standards focus on outcomes for people receiving aged care services. They reflect the level of care and services the community can expect from organisations that provide Australian Government subsidised aged care.

Residential services must be accredited to receive Australian Government subsidies. The accreditation of services includes the:

- accreditation of new services
- reaccreditation of accredited or previously accredited services.

As part of accreditation, the Commission will conduct an unannounced site visit of a newly accredited service when it is fully operational (once it is delivering care to people). We also conduct an unannounced site audit of existing services after we receive an application for reaccreditation.

For a residential aged care service to be reaccredited, we must do a site audit of the residential aged care service's performance against the Quality Standards. Following the site audit, the provider will receive an assessment report and a final performance assessment report prepared by the Commissioner (or their delegate).

All site audits of residential aged care services that the Commission does are unannounced, unless there are exceptional circumstances.

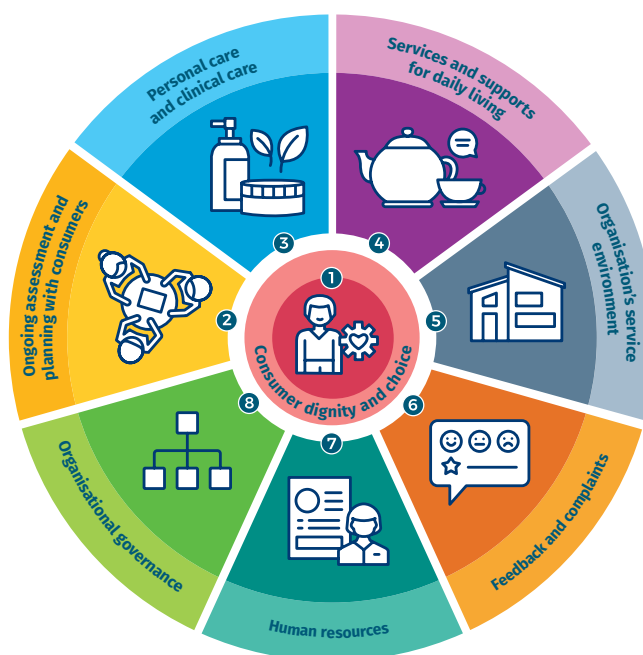


Figure 27. The Aged Care Quality Standards

Risk-based monitoring activities, such as assessment contacts and quality reviews monitor providers' ongoing compliance with their aged care responsibilities, including the Quality Standards. Some assessments are done onsite, others are done offsite and may include activities and surveys in response to risks as they arise. The information we gather through an assessment may be part of the evidence we use when making an accreditation decision.

## Residential care sector performance

April – June 2023

### Reaccreditation site audits

The Commission completed **351** reaccreditation site audits in Q4. This brings the 2022–23 financial year total to **1,583**. The total for the year is significantly higher than the combined number for both the 2020–21 (**543**) and 2021–22 (**710**) financial years.

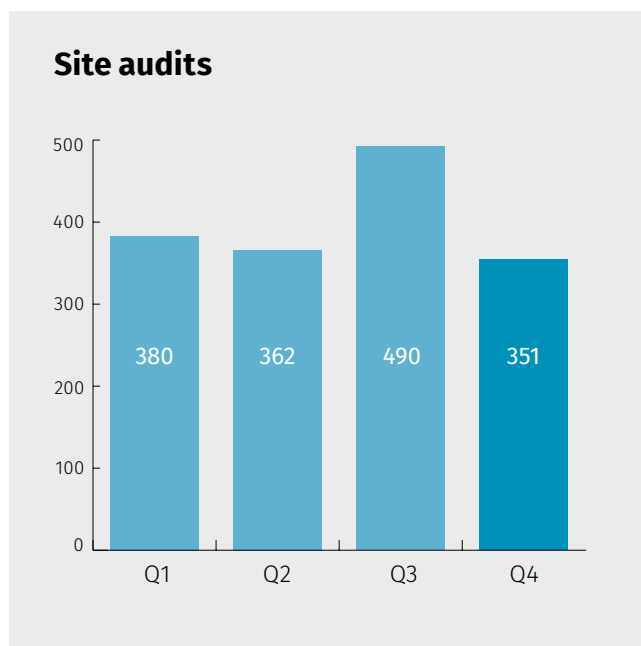


Figure 28. Number of site audits conducted in the past 4 quarters in residential care services

### Number of site audits by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site audits	138	102	32	24	42	9	2	2	351

Figure 29. Number of site audits conducted by state and territory

### Clearing the COVID-19 backlog

The reduced number of site audits in Q4 compared with Q3 (when we conducted a record **490** site audits) is mainly due to the Commission completing the backlog of audits from earlier years in Q3. The backlog was caused by the COVID-19 pandemic which limited our ability to make site visits. As a result of clearing the backlog, there have been fewer services to audit.

Combined with the **710** reaccreditation site audits completed in 2021–22, the Commission has visited over **86%** of the residential sector through the reaccreditation site audit program across the last 24 months. Of the residential services that were active from 30 June 2021, we have visited **99%** of them through onsite assessments, contacts and audits over the past 2 years.

## Residential care sector performance

April – June 2023

### Risk-based monitoring activities

The Commission conducts risk-based monitoring to prevent and respond to instances of harm, or possible instances of harm, to people receiving aged care. This includes monitoring provider actions to address their non-compliance with their responsibilities. The Commission profiles the risk of providers and their services by using data and information from a variety of sources. This determines our response to the risk. We do our risk-based monitoring mainly through assessment contacts and review audits. Assessment contacts may be done onsite or offsite. They may include an assessment against the Quality Standards.

In Q4, the Commission conducted a total of **1,119** assessment contacts. Despite COVID-19 outbreaks increasing across April and May 2023, most of the contacts were onsite (**1,015**), and **104** were offsite. The increase in onsite assessments (**402**) was due to funding from the Australian Government to increase infection control monitoring spot checks at residential aged care services. We conducted **728** spot checks in Q4 and over **1,470** in the 2022–23 financial year.

The increase in onsite assessment contacts helps the Commission to better engage and support services. It also helps us to support the health, safety and wellbeing of consumers.

In Q4 the Commission conducted **2** review audits. A review audit is an onsite assessment of a residential service provider's performance against the Quality Standards. Review audits can be conducted when the Commission considers that the service may not be complying with the Quality Standards. Where we find that a service is non-compliant with the Quality Standards after a review audit, we may vary or revoke how long the service is accredited. We may also take other compliance actions.

### Number of monitoring activities by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	228	311	259	151	136	21	7	6	<b>1,119</b>
Assessment contacts (onsite)	189	292	243	142	118	20	7	4	<b>1,015</b>
Assessment contacts (offsite)	39	19	16	9	18	1	0	2	<b>104</b>
Review audits	1	0	0	0	0	1	0	0	<b>2</b>

Figure 30. Number of assessment contacts and review audits in residential aged care services by state and territory

## Residential care sector performance

April – June 2023

### Number of monitoring activities

	Q1	Q2	Q3	Q4
Total assessment contacts	1,115	729	653	1,119
Assessment contacts (onsite)	408	337	469	1,015
Assessment contacts (offsite)	707	392	184	104
Review audits	0	1	1	2

Figure 31. Number of onsite quality assessment and monitoring activities in the past 4 quarters in residential aged care services

### Onsite performance assessment activities by state and territory

In Q4 the Commission conducted **1,368** onsite contacts with:

- **351** residential aged care site audits
- **1,015** onsite assessment contacts
- **2** review audits.

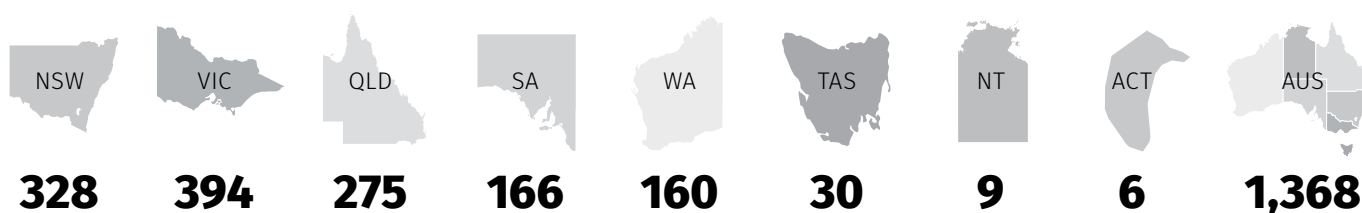


Figure 32. Number of onsite quality assessment and monitoring activities in residential aged care services by state and territory



## Residential care sector performance

April – June 2023

### Services accredited or reaccredited

Residential aged care services must be accredited to receive residential care subsidies from the Australian Government. Accreditation is for a fixed period and a residential aged care service must go through a comprehensive site audit to be reaccredited.

Accreditation is for services starting up. Reaccreditation is for accredited or previously accredited services. Reaccreditation is usually for 3 years. We reaccredit services where:

- providers show that they comply with all their responsibilities and requirements
- providers show that they have quickly addressed any non-compliance
- the Commission does not have other concerns with their capability.

In Q4, the Commission accredited **4** new services and reaccredited:

- **423** services for 3 years or more
- **25** services for less than 3 years.

Figure 33 shows the total number of residential services reaccredited for the past 4 quarters. As also shown in Figure 35, there has been a steady rise over this time in services accredited for more than 3 years. There has been a steady decrease in services reaccredited for less than 3 years from **55** in Q1 to **25** in Q4.

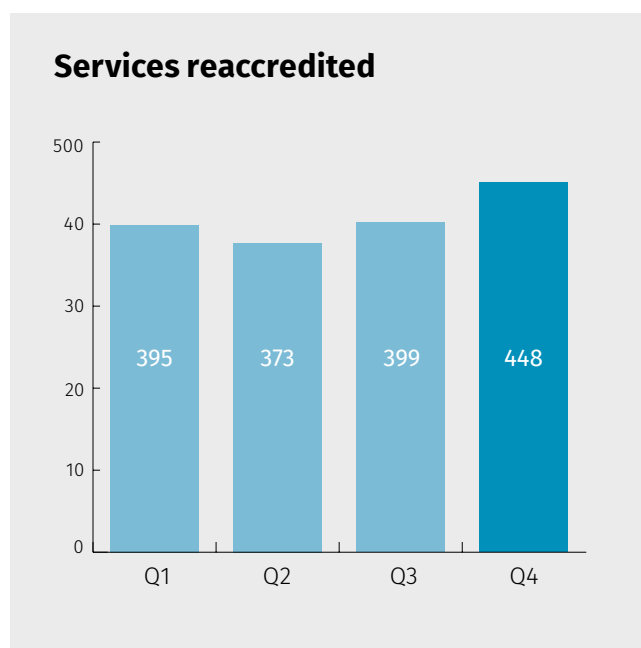


Figure 33. Number of residential care services reaccredited in the past 4 quarters

## Residential care sector performance

April – June 2023

Figure 34 provides a breakdown of the number of residential services in each state and territory that were accredited or reaccredited in Q4.

Accreditation type	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	0	3	0	0	1	0	0	0	<b>4</b>
Reaccredited	170	138	53	24	41	19	0	4	<b>448</b>
<i>Reaccredited for 3 years or more</i>	158	135	51	21	37	17	0	4	<b>423</b>
<i>Reaccredited for less than 3 years</i>	12	3	2	2	4	2	0	0	<b>25</b>
Services that were not reaccredited	0	0	0	1	0	0	0	0	<b>1</b>
Accreditation period reduced	0	0	0	0	0	0	0	0	<b>0</b>

Figure 34. Number of residential care services accredited or reaccredited by state and territory

Accreditation type	Q1	Q2	Q3	Q4
Newly accredited	10	12	7	4
Reaccredited	395	373	399	448
<i>Reaccredited for 3 years or more</i>	340	323	368	423
<i>Reaccredited for less than 3 years</i>	55	50	31	25
Services that were not reaccredited	0	0	0	1
Accreditation period reduced	0	0	0	0

Figure 35. Number of residential care services accredited or reaccredited in the past 4 quarters

## Residential care sector performance

April – June 2023

### Provider performance under the Aged Care Quality Standards

An approved provider may operate one or more services. The Commission can find a provider non-compliant with more than one Quality Standard at a single service.

The number of non-compliant services stayed quite stable at **83** in Q4 compared with **86** in Q3.

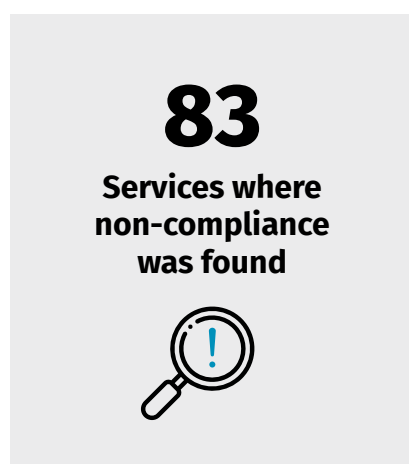


Figure 36. Non-compliance with the Aged Care Quality Standards

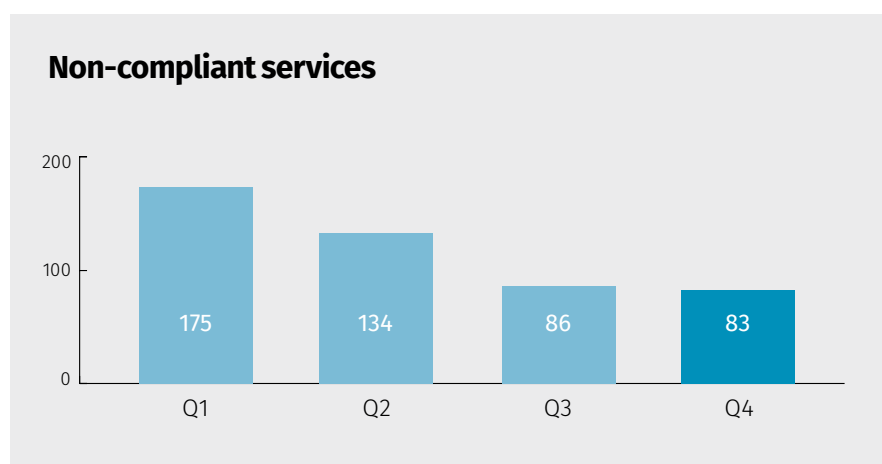


Figure 37. Non-compliance with the Aged Care Quality Standards in the past 4 quarters

### Prioritising site audits by risk

The Commission profiles providers' level of risk to schedule our performance assessments. This means that we can prioritise the highest risk services for audit and monitoring.

Most of the services due for reaccreditation and assessed as higher risk had a site audit in the past 2 financial years. As a result, in the last financial year (1 July 2022 to 30 June 2023), we have audited a higher proportion of lower risk services compared with past years.

In Q4 we are still seeing a decrease in the number of services we have found non-compliant (**83** in Q4 compared with **86** in Q3). This is consistent with the lower risk profile of the services that we audited. You can see this in the numbers for Q1 and Q2, with a decrease in numbers for Q3 and Q4 as we move away from higher risk services.

The Commission monitors risk in real time and we continue to use our monitoring powers for services that present the highest risk.

We expect that the lower rate of non-compliance, resulting in the higher rates of 3-year reaccreditation, will continue in the next quarter. This is because the higher risk services have already addressed the issues we identified.

## Residential care sector performance

April – June 2023

Figure 38 provides a breakdown of how much and how often non-compliance occurred for each Quality Standard. In Q4 non-compliance was found most often in Quality Standards:

- 3: Personal care and clinical care
- 8: Organisational governance
- 2: Ongoing assessment and planning with consumers.

Over the last 12 months non-compliance was found most often in Quality Standards:

- 3: Personal care and clinical care
- 7: Human resources
- 8: Organisational governance.

Non-compliance with one requirement means that the Quality Standard will not be met. Most instances of non-compliance were because providers did not comply with one, 2 or 3 requirements of a Standard. This is consistent with previous quarters. An approved provider can be found non-compliant with more than one Quality Standard at a single service.

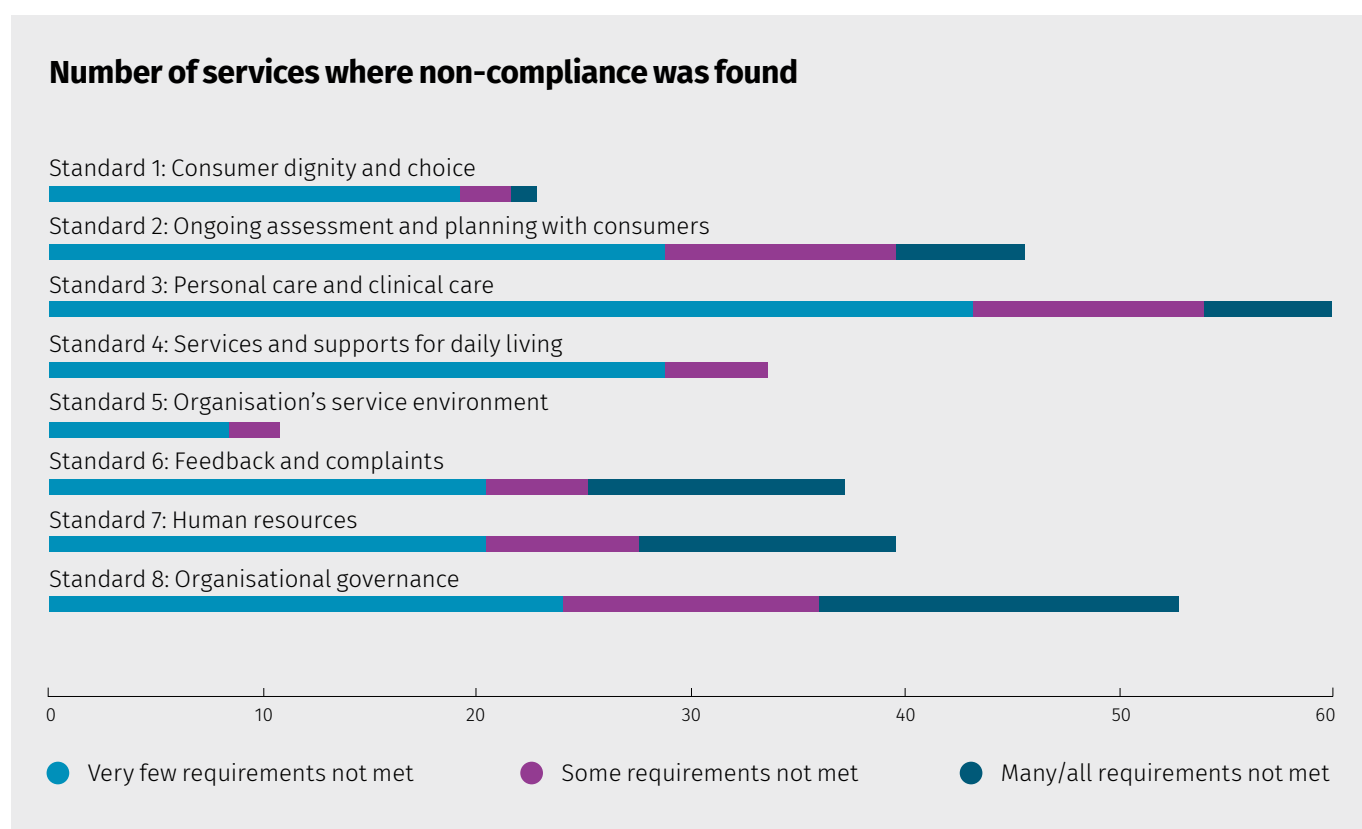


Figure 38. Total number of services non-compliant with the Quality Standards

See figure 91 on page 87 for a note on definitions and an explanation of 'very few', 'some', or 'many/all'. Non-compliance with one requirement means that Quality Standard will not be met.

## Residential care sector performance

April – June 2023

### Provider performance under the requirements of the Aged Care Quality Standards

Each of the Quality Standards includes requirements which approved providers are expected to meet at the service or services they operate.

Figure 39 shows the most common Quality Standard requirements where we found providers non-compliant. It lists the number of times we made a decision of non-compliance about the requirement of the Quality Standard in Q4 and from 1 July 2022 to 30 June 2023.

The most common non-compliance was with the requirements relating to:

- delivering safe and effective personal and clinical care
- risk management
- effective governance systems
- the effective management of high impact or high prevalence risks
- the number and mix of workforce.

The requirements where non-compliance was found in Q4 are also in the top 10 of the 12-month data.

#### Most frequently cited requirements where non-compliance was found

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



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



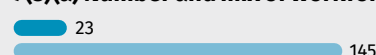
##### 8(3)(c) Effective governance systems



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



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



##### 2(3)(e) Regular reviews of care and services



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



##### 8(3)(e) Clinical governance framework



##### 6(3)(d) Feedback and complaints used to improve quality



##### 7(3)(d) Recruitment training and support for workforce



Figure 39. Most common Quality Standards requirements in which residential aged care providers were non-compliant in Q4 compared to the year from 1 July 2022 to 30 June 2023

## Residential care sector performance

April – June 2023

### Standard 3 of the Aged Care Quality Standards: Personal care and clinical care

We found non-compliance most often against Standard 3 of the Quality Standards. Figure 40 shows non-compliance with the requirements of Quality Standard 3. The data is from performance assessments. It is shown as a percentage of the total number of times that the Commission assessed the requirement.

The trend across the last 4 quarters shows a steady decrease in non-compliance across all requirements of Standard 3.

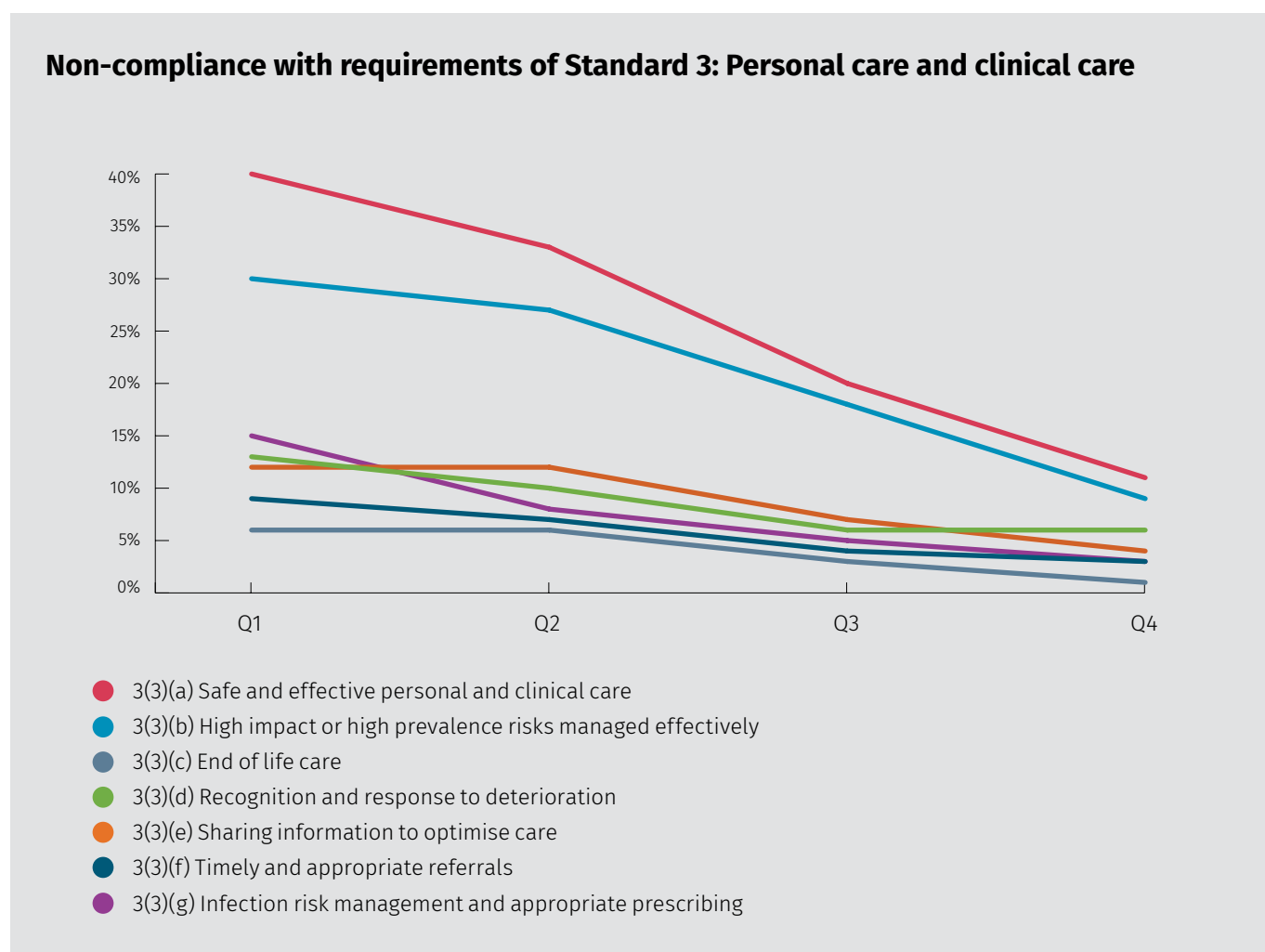


Figure 40. The most common requirements of Quality Standard 3 where we found non-compliance

# Infection prevention and control

## Building infection prevention and control capability

Best-practice aged care service providers:

- assess risk
- take steps to plan and prepare for outbreaks
- prevent the spread of infections.

The management of COVID-19, and the need to keep older Australians safe, challenged the sector to improve its infection prevention and control (IPC) practices. The Commission is committed to maintaining its focus on preventing, detecting and responding to risk of harm to consumers from all infectious diseases, including influenza and gastroenteritis.

The Commission supports the sector in the ongoing work to improve IPC practice through its IPC regulatory campaign. The campaign aims to reduce the risk of harm from transmissible diseases to people receiving aged care.

To do this, we:

- offer education and resources to improve provider knowledge on IPC best practice
- monitor IPC practice, support improvement and manage non-compliance in residential care services.

### Outbreak management team meetings

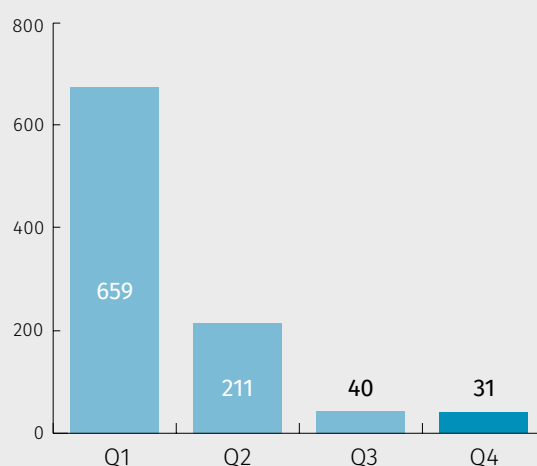


Figure 41. Number of outbreak management meetings

## Outbreak management

Approved providers use outbreak management meetings for support when managing a high risk COVID-19 outbreak. These meetings are organised by local health authorities and attended by the Commission. During these outbreaks, the Commission's role is to:

- provide advice on good practice
- connect providers with useful resources
- help providers to understand their regulatory obligations.

The number of outbreak management meetings held by area health services over the past 4 quarters has shown a steady decrease.

## Residential care sector performance

April – June 2023

In line with the reduced non-compliance against most Quality Standards requirements over the past 4 quarters, the proportion of assessments which found non-compliance against requirement 3(3)(g) has steadily decreased. See page 38 on trends in non-compliance.

### Leadership and culture

Leadership and culture are the most important factors in determining how well a service responds to an infectious disease outbreak. Services perform well where we see:

- engaged and visible leaders and governing bodies that ask the right questions and offer the right support
- a strong IPC culture underpinned by good clinical governance.

Where these things are missing, outcomes can be very different. The leadership team of every service must engage and support an onsite IPC clinical lead to provide leadership and promote good IPC practice.

### Number of assessments of requirement 3(3)(g) Minimisation of infection-related risks\*

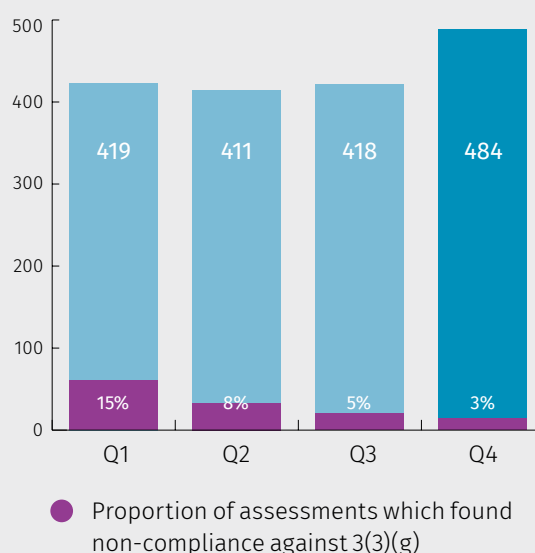


Figure 42. Number of assessments against requirement 3(3)(g)

\* Based on the date the Commission made the decision and includes any time we found a provider was non-compliant with 3(3)(g), including ongoing non-compliance.



## Residential care sector performance

April – June 2023

### Infection control monitoring

In Q4 the Commission conducted **728** infection control monitoring (ICM) assessment contacts. Of these, we escalated **13** services (**4%**) for follow-up. This was due to our concerns about their IPC performance. In all **13** cases, the follow-up action involved requesting further information.

These services needed to submit an updated outbreak management plan to the Commission to show us that they had an appropriate strategy in place in case of an infectious disease outbreak. ICM targeted assessments (spot checks) identify risks related to infection prevention and control, rather than a full assessment for compliance against the Quality Standards. We share any risks we identify during the assessment with the provider to help them keep improving their IPC capability. If needed, the Commission conducts further monitoring to track the service's management of risk and progress towards stronger IPC.

As well as escalating services for follow-up action, our assessors work with all the services they visit providing feedback and advice on best-practice IPC.

The increase in ICM assessment contacts in Q4 reflects the Commission's focus on IPC in residential aged care services. The Commission received extra funding from the Australian Government to increase targeted infection control-based regulatory activities at residential aged care services. This helped us to conduct over **1,470** spot checks in the last financial year.

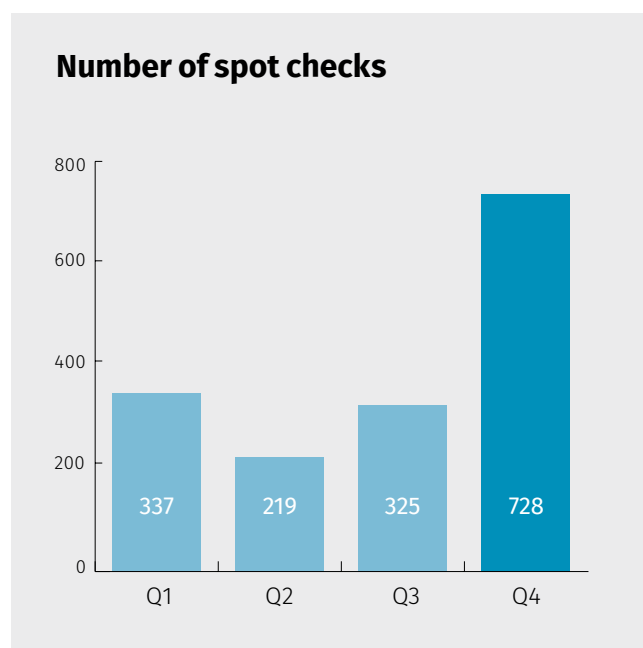


Figure 43. Total number of ICM targeted infection monitoring assessments (spot checks)

## Residential care sector performance

April – June 2023

### Quality Standard Requirement 3(3)(g) Minimisation of infection-related risks

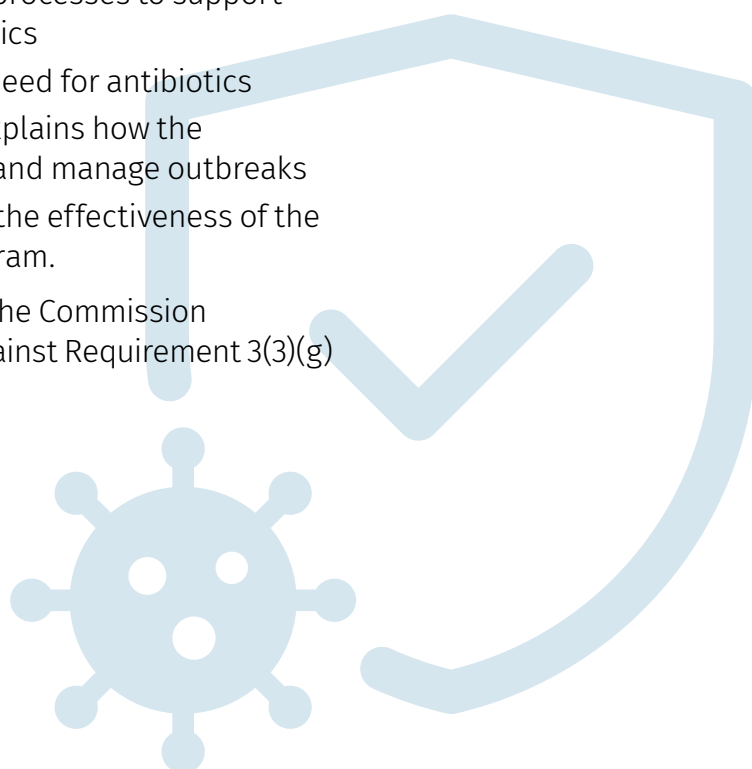
Aged care providers must minimise infection-related risks by implementing:

- a. standard and transmission-based precautions to prevent and control infection
- b. practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

During the ICM assessment contacts, we conduct interviews, observe care in practice and review documents to collect evidence such as:

- up-to-date records of staff and residents' COVID-19 and influenza vaccinations, and evidence of methods to promote the benefits of vaccination to staff and residents
- making sure that residents have timely access to relevant vaccinations including COVID-19 and influenza (with their consent)
- records of IPC training delivered to all staff when they start working at the facility and ongoing training at least once a year
- antimicrobial stewardship policy and processes to support appropriate administration of antibiotics
- care strategies used to minimise the need for antibiotics
- an outbreak management plan that explains how the organisation will prepare for, identify and manage outbreaks
- use of data to monitor infections and the effectiveness of the infection prevention and control program.

You can find more information on how the Commission conducts performance assessments against Requirement 3(3)(g) on our [website](https://agedcarequality.gov.au).



# Financial and prudential regulation

A key focus for financial and prudential regulation at the Commission is to raise awareness of providers' financial and prudential obligations. We do this through:

- awareness and educational campaigns and materials
- targeted reviews and prudential audits
- case management
- engagement
- assessment and analysis.

Where the Commission finds providers have not complied with their financial and prudential responsibilities, we work with providers to address the issues and help them to comply. Providers must declare their non-compliance in their next Annual Prudential Compliance Statement (APCS) as part of the Disclosure Standard.

Where a provider has not fixed their non-compliance or avoids their responsibilities, the Commission may use formal regulatory powers.

## Annual Prudential Compliance Statement (APCS)

The Commission reviews providers' APCS submissions. We also work with providers to get supporting information and educate them on their prudential responsibilities.

Providers who hold Refundable Accommodation Deposits must lodge an APCS as part of their Aged Care Financial Report (ACFR).

Analysis of the 2021/22 APCS submissions showed an increase in declared non-compliance across most Prudential Standards, but in particular with the:

- [Liquidity Standard](#)
- [Governance Standard](#)
- [Disclosure Standard](#).

These increases are due to our work with many of these providers through an APCS

enquiry, a targeted review, or a prudential audit. Through these activities we found them to be non-compliant and asked them to report this in their APCS.

The increase in reported disclosure of non-compliance shows that providers understand their obligations to report any instances of non-compliance and that they are following our requests to report them in the APCS.

The providers we worked with showed good practice through:

- working actively and transparently with us and affected people receiving aged care
- conducting detailed analysis to understand the non-compliance and what caused it as well as processes that needed to be improved
- showing us evidence of what they had done to comply and of governance safeguards to make sure they keep complying.

## Residential care sector performance

April – June 2023

### Quarterly financial reporting

Financial and prudential reporting responsibilities make sure providers are transparent about their financial management and how they manage the Refundable Accommodation Deposits of people receiving aged care. We use this information to profile a provider's risk and to identify emerging financial risks that may affect a provider's viability or service quality. Where providers do not meet their financial reporting obligations, the Commission may take regulatory action.

In Q4, the Commission issued a total of **22** Non-Compliance Notices (**8** to residential aged care providers and **14** to home services providers). This is a significant reduction in Non-Compliance Notices issued compared with Q3, which shows providers are improving in meeting their financial reporting obligations.

To meet their financial reporting obligations, providers should:

- make sure they have effective governance over financial reporting
- maintain complete data and records
- seek support early
- complete a new declaration by authorised personnel for each quarter
- lodge their financial report early.

You can find further information on QFR, ACFR, and the APCS, including auditor guidelines, on the [Forms Administration webpage](#). The [Aged Care Financial Reporting Calendar](#) can also assist you.

Learn more about the Prudential Standards on the Commissions [website](#) and stay up to date with financial and prudential regulation information by subscribing to [Financial and Prudential Regulatory Insights](#).

### Financial and prudential Non-Compliance Notices\*

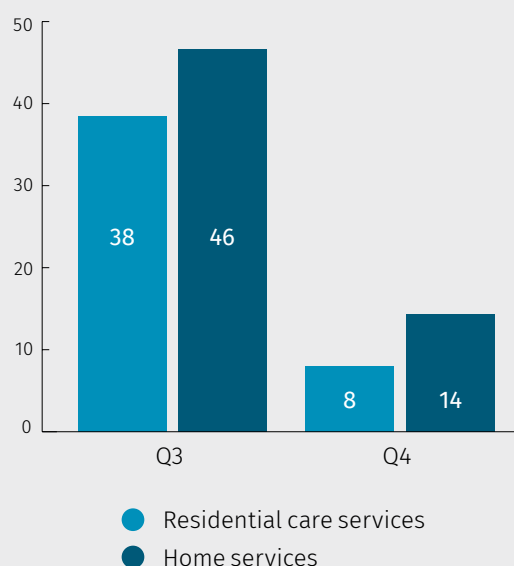


Figure 44. Number of Non-Compliance Notices issued for financial and prudential issues

\* Providers who did not lodge their Q2 Quarterly Financial Report (QFR) or did not complete their Q2 QFR by the February due date.

Where providers are non-compliant, they generally complete submissions promptly to fix the non-compliance.

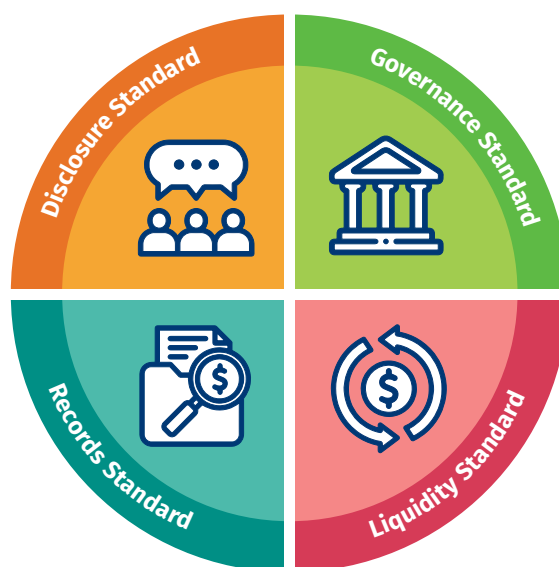


Figure 45. Prudential Standards

# Compliance and enforcement

## Managing non-compliance

The Commission has the power to take regulatory, compliance and enforcement action to address non-compliance with provider responsibilities. In deciding how to respond to a provider's non-compliance, the Commission considers:

- the risk to the safety, health, wellbeing and quality of life of people receiving aged care services
- our assessment of how capable the provider is to manage that risk.

Where risk is lower, there is less need for the Commission to use regulatory intervention. The Commission encourages providers to fix any non-compliance early. We do this by using actions that motivate the provider to quickly fix the non-compliance and sustain improvements.

This can include working informally with the provider. If the provider does not respond to informal engagement, but we still think they can fix the issue, we may issue a Direction to Revise the Plan for Continuous Improvement.

If the Commission is not satisfied that a provider is making improvements to meet the Quality Standards as outlined in the plan for continuous improvement, then we may escalate to an enforcement action.

## Compliance where risk to people receiving care is high

The Commission may take more severe compliance actions where:

- we have assessed the risk to people receiving care as high
- a provider has not fixed their non-compliance after we have given them the opportunity to fix it themselves.

We can use a range of escalating regulatory powers, including Compliance Notices where the provider must act and respond in a specified time. If the provider does not comply, a court may impose a civil penalty or we may apply Sanctions. The [Compliance and Enforcement Policy](#) provides more information about how we use our compliance and enforcement powers.

## Residential care sector performance

April – June 2023

### Provider non-compliance resulting in Commission directions

Where the Commission believes a provider is not meeting its responsibility to comply with the Quality Standards, we may issue a Direction to Revise the Plan for Continuous Improvement. These Directions describe the actions the provider needs to take and the timeframes for taking them.

If the Commission is not satisfied that a provider's response to the Direction is managing the risk, we can take further action.

The number of Directions to Revise the Plan for Continuous Improvement over the past 4 quarters has gone down from a peak of **108** in Q2 to **45** in Q4. This is partly due to an increase in audits of lower risk services, as we worked through our audit backlog from COVID-19. During the pandemic, we prioritised audits of higher risk services. We have now completed our audits of all outstanding services including lower risk services. (See page 30).

The reduction in Directions and in compliance and enforcement actions is part of the Commission's strategy. We want to work with providers to identify risk and prevent harm to people receiving aged care before a provider moves to non-compliance.

In Q3 we also saw a spike in notices issued to providers for non-compliance with their quarterly financial reporting (QFR) obligations. In Q4 we issued only **8** notices related to QFRs. This shows that most providers are now meeting their financial reporting obligations and submitting their reports on time.

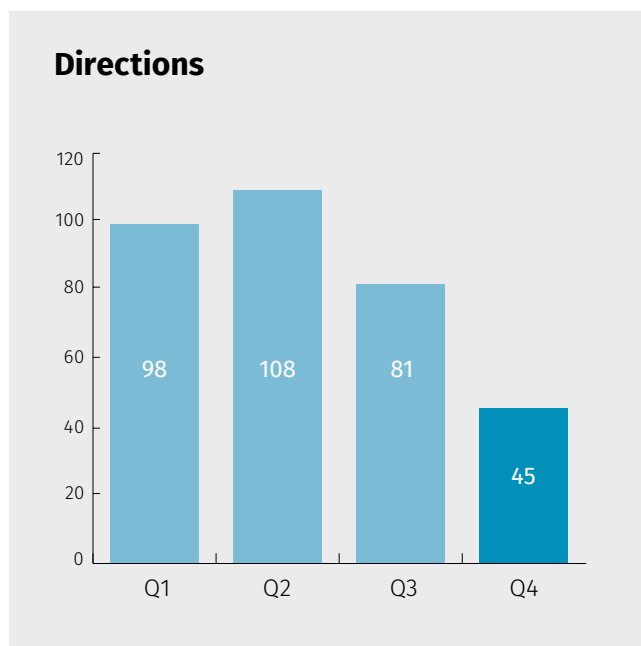


Figure 46. Number of directions issued to residential care services in the past 4 quarters

## Residential care sector performance

April – June 2023

### Identifying risk early and preventing harm

During 2022–23 we have seen a fall in the number of:

- Directions to Revise the Plan for Continuous Improvement (Figure 46)
- Non-Compliance Notices and Notices to Remedy – issued where risk to consumers is high (Figure 48).

These falls reflect the Commission's focus to work with providers to address and fix lower risk issues that could harm people receiving care. We aim to identify risks early and help providers to take preventative actions before they become non-compliant.

This approach also allows us to concentrate our efforts on providers who pose a higher risk and those that have a history of non-compliance.

This approach has led to a reduction in the number of formal notices (Figures 46 and 48).

### Requirements of the Aged Care Quality Standards most often included in a Direction

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



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



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



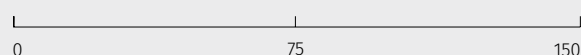
#### 8(3)(c) Effective governance systems



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



#### 2(3)(e) Regular reviews of care and services



● Q4 ● 1 July 2022 – 30 June 2023

Figure 47. Requirements of the Quality Standards most often included in a direction issued to a residential care service

Figure 47 shows the 5 most common reasons for the Commission issuing Directions. Directions were issued mostly in relation to providers' need to ensure the delivery of safe and effective personal and clinical care, and effective organisation-wide governance systems.

## Residential care sector performance

April – June 2023

### Provider performance resulting in compliance and enforcement action

Figure 48 shows compliance and enforcement actions for the past 4 quarters. The number of actions will vary between quarters. These actions relate to both quality and safety as well as financial issues.

The Commission's actions require the provider to improve its performance and protect the safety and wellbeing of the people they care for.

Where a provider consistently does not act, or does not take enough action, to address their non-compliance, the Commission can revoke a provider's approval to deliver Australian Government subsidised aged care.

In Q3, the Commission issued **38** Non-Compliance Notices (NCN) for quality and safety issues, which is a noticeable decrease from Q2 (**66**). This trend has continued for Q4, with **15** NCNs issued for quality and safety issues. Providers have also shown significant improvements in meeting their financial reporting obligations. In Q4 we issued **8** NCNs to providers for failing to submit their quarterly financial reports on time compared with **38** in Q3.

This is consistent with the Commission's strategy to work with lower risk providers to fix possible harmful issues related to the Quality Standards before they become non-compliant. (See box: 'Early identification of risk and prevention of harm'.)

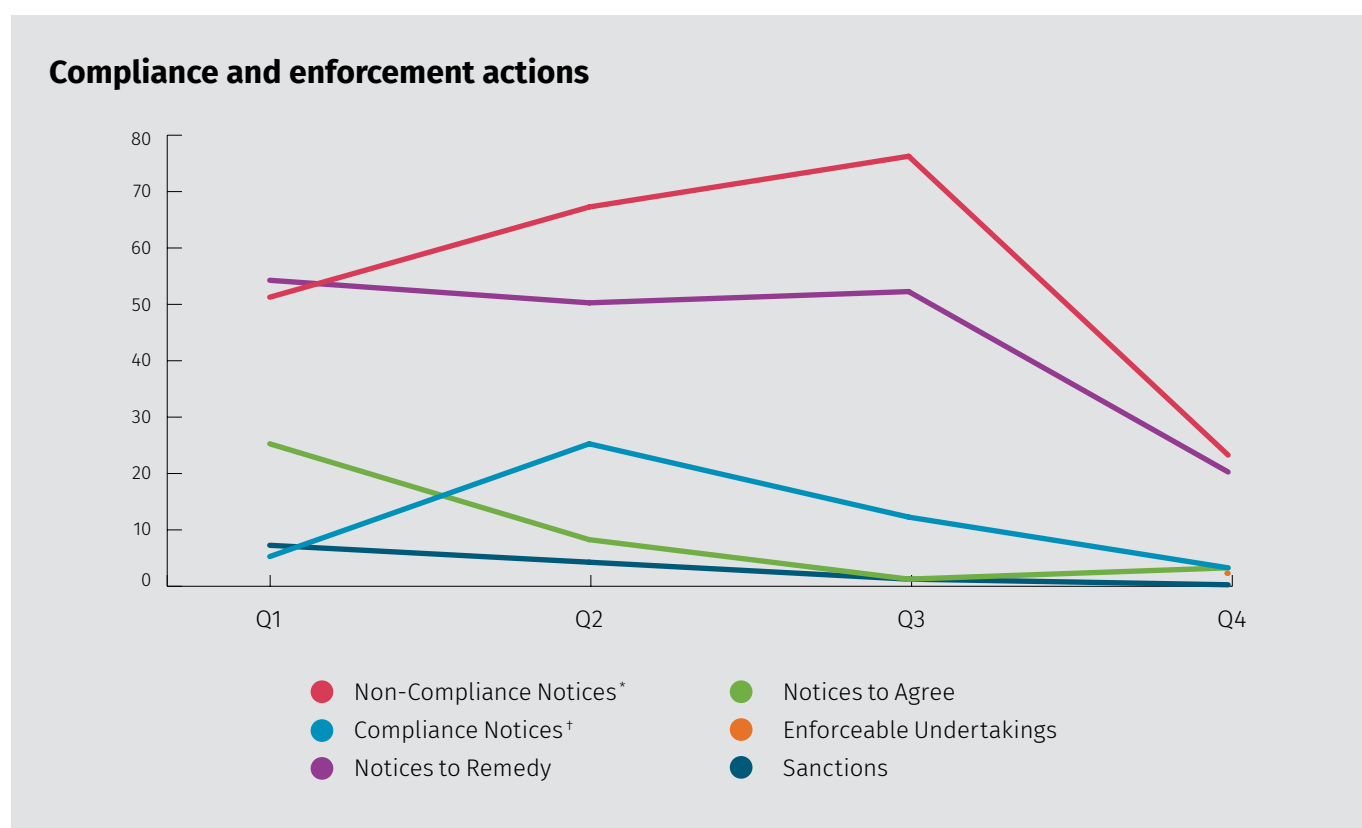


Figure 48. Compliance and enforcement actions taken by the Commission in the past 4 quarters

\* Includes NCNs issued for non-compliance with Quality Standards and financial and prudential responsibilities. (Q1 had none, Q2 had 1, Q3 had 38 and Q4 had 8 NCNs.)

† Includes Incident Management Compliance Notices and Restrictive Practices Compliance Notices.



## Residential care sector performance

April – June 2023

Figure 49 shows the actions taken by the Commission in Q4 by state and territory. The regulatory activities leading up to these actions may have happened in past quarters.

### Number of times provider performance resulted in compliance and enforcement action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Incident Management Compliance Notices	1	0	2	0	0	0	0	0	3
Restrictive Practices Compliance Notices	0	0	0	0	0	0	0	0	0
Non-Compliance Notices*	9	3	3	4	3	0	1	0	23
Notices to Remedy	12	0	2	3	3	0	0	0	20
Notices to Agree	0	0	0	1	2	0	0	0	3
Enforceable Undertakings	1	0	1	0	0	0	0	0	2
Sanctions	0	0	0	0	0	0	0	0	0

Figure 49. Number and type of compliance and enforcement actions taken by the Commission by state and territory

\* Includes 8 NCNs issued for non-compliance with financial reporting responsibilities and 15 for non-compliance with the Quality Standards.

## Residential care sector performance

April – June 2023

### Compliance notices

The Commission may give an approved provider a Compliance Notice about its incident management or restrictive practices responsibilities where:

- there is a risk of harm to people they care for
- the provider's response to our engagement has been insufficient.

The notice compels the provider to address actual or possible non-compliance in a realistic timeframe. Compliance Notices are designed to produce an immediate and proactive response outside the Non-Compliance Notice and Sanctions options.

There were **3** Incident Management Compliance Notices in Q4.

There were **no** Restrictive Practices Compliance Notices issued in Q4 in relation to SIRS. Restrictive practices issues can also be included in other regulatory and enforcement actions including Incident Management Compliance Notices, Non-Compliance Notices and Sanctions.

We can also issue Compliance Notices for non-compliance or possible non-compliance with the Aged Care Code of Conduct (see page 56), or with reporting obligations (see page 46).

### Compliance Notices

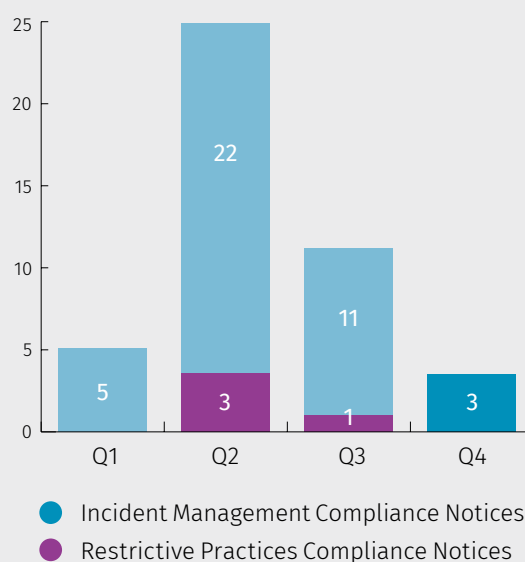


Figure 50. Number of Compliance Notices the Commission issued to residential care services

## Residential care sector performance

April – June 2023

### Non-Compliance Notices and Notices to Remedy

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

The Commission may issue a Notice to Remedy (NTR) if we are satisfied that the provider's response to the NCN:

- outlines the proposed action to fix the non-compliance
- sets out an acceptable reason for the non-compliance
- is otherwise satisfactory.

An NTR requires the provider to give the Commission an Undertaking to Remedy the non-compliance in the NCN within 14 days of receiving it.

In Q4 the Commission issued **23** NCNs and **20** NTRs. An NTR in one quarter may relate to an NCN in a previous quarter. We do not issue NTRs for financial and prudential non-compliance.

Figure 52 shows the combined total for Non-Compliance Notices for Quality Standards and financial reporting obligations. In Q3 we issued **38** NCNs for non-compliance with financial reporting and **8** in Q4.

Most providers issued with these notices resolved their non-compliance without the need for further enforcement action. However, if a provider does not comply, the Commission may impose a Sanction or issue a Notice to Agree.

### Non-Compliance Notices\*

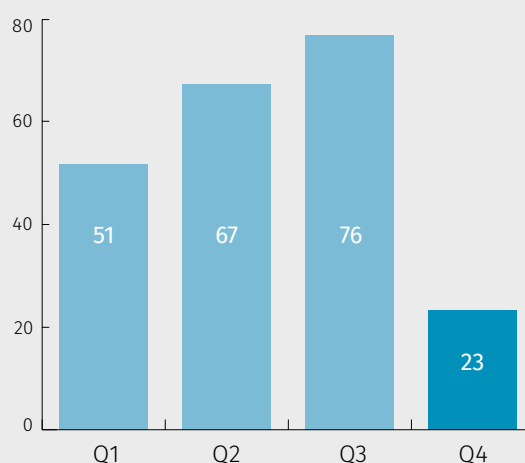


Figure 51. Number of Non-Compliance Notices the Commission issued to residential care services

\* Includes NCNs issued for non-compliance with Quality Standards and financial reporting responsibilities.

## Residential care sector performance

April – June 2023

Figure 52 shows the most common requirements of the Quality Standards included in NCNs in Q4. The requirements most often included in an NCN were:

- risk management
- delivery of safe and effective personal and clinical care
- effective management of high impact or high prevalence risks.

We will have less confidence in a provider to resolve their own non-compliance if they have do not have good governance. This is reflected in governance issues including risk management, systems and clinical governance, being more common in NCNs than for Directions.

### Most common requirements of the Aged Care Quality Standards included in a Non-Compliance Notice

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



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



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



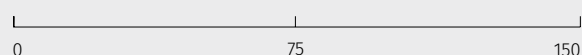
#### 8(3)(c) Effective governance systems



#### 8(3)(e) Clinical governance framework



#### 2(3)(e) Regular reviews of care and services



● Q4      ● 1 July 2022 – 30 June 2023

Figure 52. Requirements of the Aged Care Quality Standards most often included in a Non-Compliance Notice issued to a residential care service

## Residential care sector performance

April – June 2023

### Notices to Agree

The Commission may issue a Notice to Agree when:

- we assess the risk to people receiving aged care as high
- a provider's non-compliance has meant the Commission is considering revoking its accreditation to deliver aged care services
- a provider has failed to comply with the Notice to Remedy

A Notice to Agree may include one or more requirements of the Quality Standards or other provider responsibilities. A Notice to Agree tells the provider what they specifically need to do and by when.

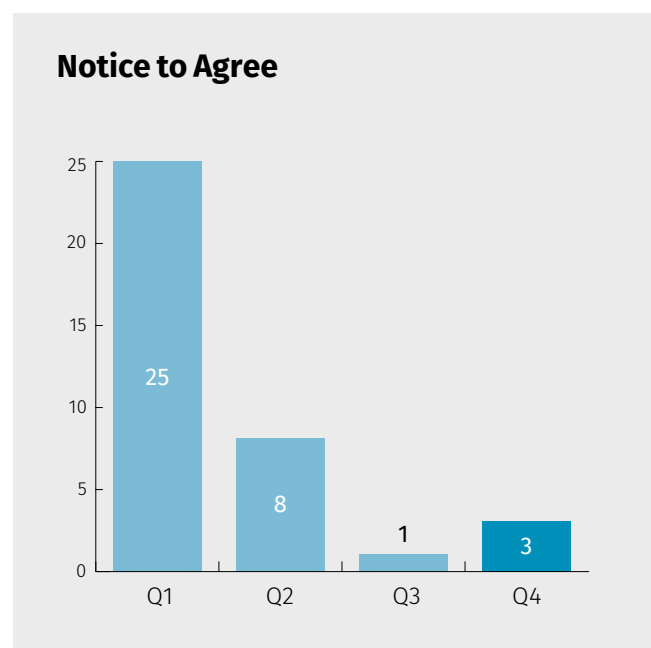


Figure 53. Number of Notices to Agree the Commission issued to a residential care service

For example, the appointment of an eligible adviser. If a provider does not agree, the Commission can revoke their accreditation to provide Australian Government subsidised aged care.

We issued **3** Notices to Agree in Q4, up from **1** in Q3.

A Notice to Agree will typically involve multiple significant issues, as seen in Figure 54.

### Most common requirements of the Aged Care Quality Standards included in a Notice to Agree

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



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



#### 7(3)(c) Competent, qualified and knowledgeable workforce



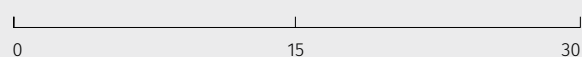
#### 7(3)(d) Recruitment training and support



#### 8(3)(d) Effective risk management systems



#### 8(3)(c) Effective governance systems



Q4 1 July 2022 – 30 June 2023

Figure 54. Requirements of the Aged Care Quality Standards most often included in a Notice to Agree issued to a residential care service. More than one requirement can be included in a single regulatory action.

## Residential care sector performance

April – June 2023

### Sanctions

We may also issue a Notice of Decision to Impose Sanctions:

- if we are not satisfied with the provider's response to a Non-Compliance Notice
- where there is immediate and severe risk to people receiving aged care.

The Commission may apply a range of Sanctions, most commonly loss of eligibility to receive funding for new consumers during the Sanction period. We may issue a Sanction in combination with a Notice to Agree.

The Commission did not issue any Sanctions in Q4.

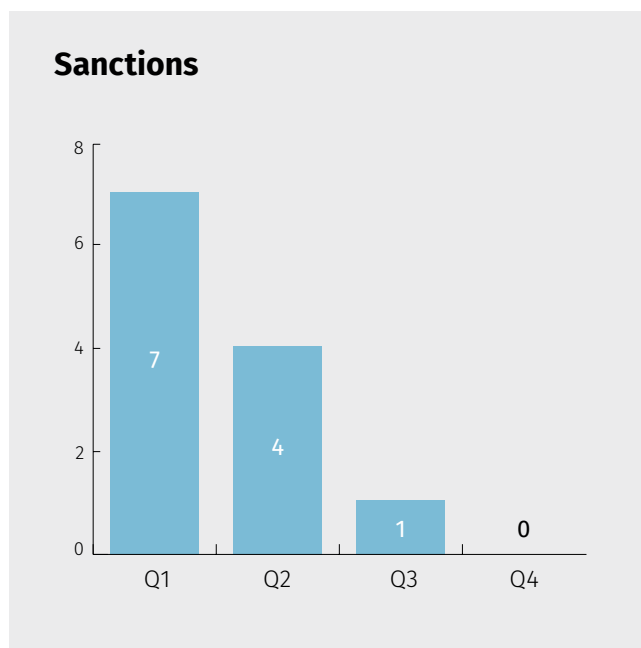


Figure 55. Number of Sanctions issued to a residential care service

## Residential care sector performance

April – June 2023

### Revocation decisions

We may revoke accreditation of a residential aged care service and/or revoke provider approval to provide aged care services, in cases of serious non-compliance, where:

- the risk to people receiving aged care is severe
- a provider has failed to remedy non-compliance
- the provider is no longer suitable to provide aged care services.

When this happens, it means we have no trust in the provider's suitability to provide aged care services.

The consequence for providers is that they can no longer receive Australian Government subsidies for providing care and services.

The Commission may fast-track a provider leaving the sector by issuing a Revocation Decision where a provider's non-compliance is particularly:

- serious
- systematic
- repeated
- willful
- criminal.

The Commission made **one** Revocation Decision in Q4 which is the only Revocation in the last 12 months.



Figure 56. Number of Revocation Decisions issued to a residential care provider

# Worker regulation

From 1 December 2022, the Commission holds approved providers and their aged care workers and governing persons to account for compliance with the Code of Conduct for Aged Care (the Code). The Code aims to ensure that people receiving aged care services can have confidence and trust in the quality and safety of the aged care they receive, no matter who provides that care. You can find information about the Code for approved providers, aged care workers and governing persons on the [Commission's website](#).

## Investigation

The Commission may investigate where there is a higher risk to people receiving aged care due to an:

- individual's conduct that is not consistent with the Code
- approved provider's non-compliance with their responsibilities
- individual who may not be suitable to be involved in providing aged care.

The Commission can identify risks through any of its regulatory activities, such as SIRS reportable incident notifications and complaints. We can also identify risks through external sources such as the NDIS Quality and Safeguards Commission, other regulatory agencies and the media. We continuously monitor and analyse our intelligence and data to identify risks. This includes identifying risk in trends or patterns of behaviour that may not be consistent with the Code.

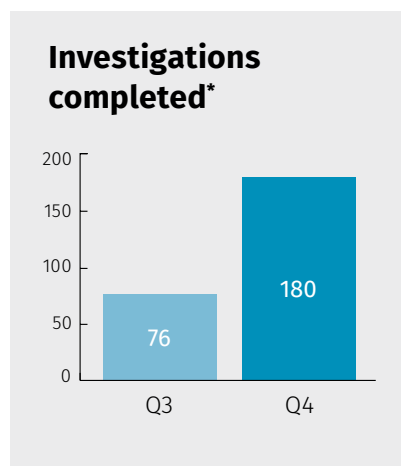


Figure 57. Worker regulation investigation cases

\* Counts investigations commenced in the period.



## Residential care sector performance

April – June 2023

The majority, **65%**, of our investigations looked into risks that were identified through information from the NDIS Commission and external agencies. The remaining **35%**, looked into risks that were identified through the Commission's regulatory intelligence and insights.

An investigation may result in the Commission issuing a Banning Order to stop or restrict an individual from working in aged care. A Banning Order is the Commission's most serious enforcement action against an individual. The Commission may take other regulatory, compliance and enforcement actions for providers or individuals based on the level of risk to consumers.

### Procedural fairness

The Commission will afford procedural fairness to providers and individuals who may be negatively affected by a Commission decision. This includes aged care workers and governing persons. Procedural fairness will usually involve giving providers or individuals affected by the decision an opportunity to respond to negative information considered as part of the decision-making process. Where there is an immediate and severe risk to people receiving aged care, we may take enforcement action against a provider or individual with no notice or chance to respond. The provider or individual can request reconsideration or seek a review of certain decisions made by the Commission.

### All investigation cases by case source

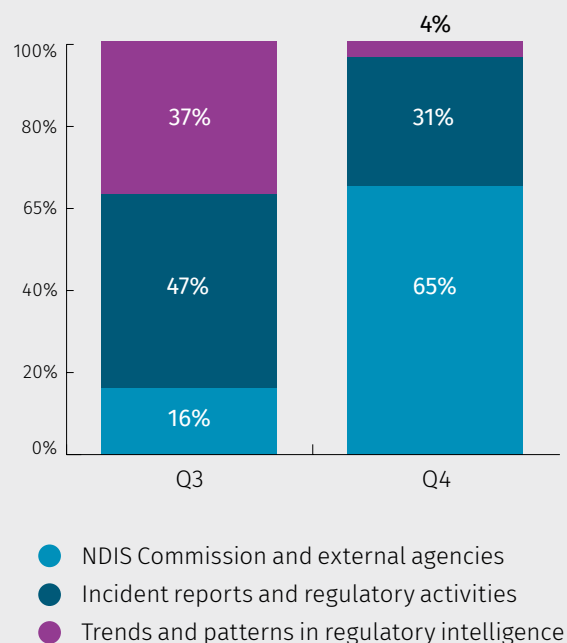


Figure 58. All investigation cases by case source

\* Percentages of all worker regulations investigations conducted

Source: Data extracted from Commission systems on 28 July 2023.

## Residential care sector performance

April – June 2023

### Banning orders

Individuals who can be subject to a Banning Order include:

- current or former aged care workers of an approved provider
- current or former governing persons of an approved provider
- people who have not worked or been engaged in aged care before.

Banning Orders can stop a person from:

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

A Banning Order may be:

- of general or specific application
- permanent or for a certain time period
- subject to conditions.

The Commission has a register of Banning Orders that includes all Banning Orders the Commission has made. You can find more information on Banning Orders on the [Commission's website](#).

In Q4 we issued **25** Banning Orders, up from **20** in Q3.

We made **14** Banning Orders in Q4 that involved people who have never been engaged in aged care. All of these people were banned permanently. Most of these orders involved people who have been previously banned by the NDIS Commission.

We made **11** Banning Orders in Q4 that involved people who are currently, or were previously, engaged in aged care. Of these, **3** people have been banned permanently and **8** have time limited Banning Orders.

### Banning Orders

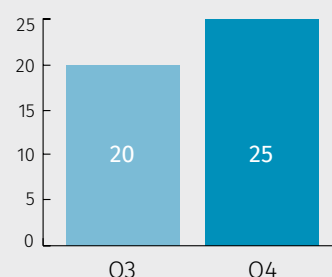


Figure 59. Number of Banning Orders issued by the Commission in the past 2 quarters

Source: Data extracted from the Code Case Management System (CCMS) on 27 July 2023.

### Permanent Banning Orders

#### People who are or were engaged in aged care



#### People who have never been engaged in aged care\*



### Time limited Banning Orders

#### People who are or were engaged in aged care



#### People who have never been engaged in aged care\*



Figure 60. Number of permanent and time limited Banning Orders issued in the past 2 quarters

\* This is likely to include people who have been banned previously by the NDIS Commission.

Source: Data compiled manually from the Commission's Banning Order Register on 25 July 2023.

# Home services

## Sector performance

April – June 2023



Australian Government

Aged Care Quality and Safety Commission

Engage  
Empower  
**Safeguard**



## Key points

- The Commission's continued focus on working with home services saw the number of quality audits increase by nearly **70%** in the last 2 quarters of the year compared with the first 2 quarters.
- The number of Non-Compliance Notices we issued has fallen from **48** in Q3 to **19** in Q4. The fall is mainly due to providers submitting their Quarterly Financial Reports (QFRs) on time. We issued **14** Non-Compliance Notices in relation to QFR reporting in Q4 compared to **46** in Q3.
- The Serious Incident Response Scheme (SIRS) was extended to home services in December 2022. We are publishing the numbers for the first time in Q4.
- We received a total of **1,027** SIRS home services incident notifications this quarter. This is significantly lower than residential care SIRS for several reasons. As SIRS home services is new compared with residential care, we expect to see numbers increase as providers become more aware of their responsibilities.
- The lower number of SIRS notifications is also explained by the lower risks associated with many home services and the significantly lower contact hours per person compared with 24/7 care in residential aged care homes.
- The most common notifications in home service are neglect and stealing or financial coercion by a staff member.
- Consistent with past quarters, the most common complaints were about consultation and communication; fees and charges; and other financial issues. Based on our work with home services providers, we have produced guidance to help them navigate the changes in [rules for home services pricing and agreements](#). Another useful resource is [5 Key Areas of Risk](#).
- Mobility aids and home modifications were new to the top 10 most complained about issues in Q4.
- The requirements of the Quality Standards most commonly included in Directions and Non-Compliance Notices to home services are:
  - effective governance systems
  - ongoing assessment and planning with consumers
  - personal care and clinical care.

# Applications to become an approved provider

A provider can apply for approval to provide home care, residential care, flexible care, or any combination of these care types.

We assess applications to determine whether the applicant is suitable to provide aged care in line with the requirements of the *Aged Care Quality and Safety Commission Act 2018* (Commission Act).

In Q4, we received **24** applications to become an approved home care provider, compared with **18** in Q3. We approved **one** application in Q4. In most cases, approved applications are for an application we received in the last quarter.

The number of applications that the Commission did not approve in Q4 was **9** and fell from **11** in Q3. This follows the trend for the past 4 quarters. See ‘Information to help providers complete their approved provider application’, on the next page, for the most common reasons for the Commission not approving an application.

In Q4, there were **11** applications that did not proceed.

We count the outcomes of applications (for example ‘did not proceed’) for each type of care included in the application. Outcomes may include applications we received in past quarters.

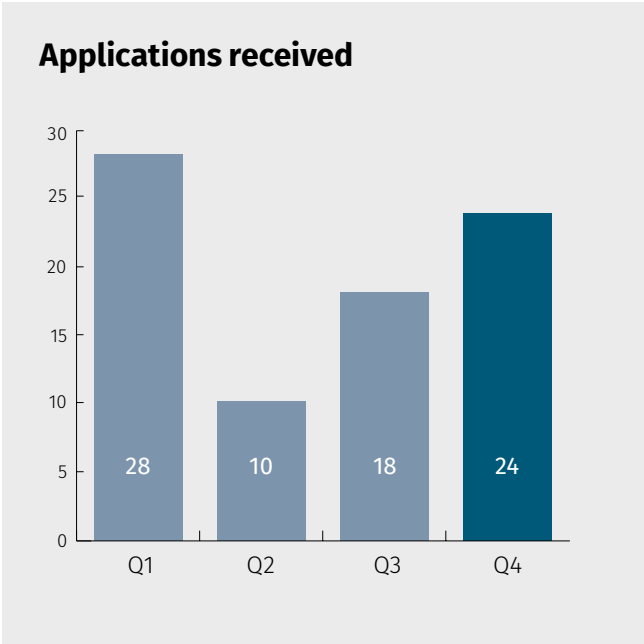


Figure 61. Number of applications received for home care services in the past 4 quarters

## Application outcomes

	Q1	Q2	Q3	Q4
Approved	11	7	1	1
Not approved	61	25	11	9
Did not proceed *	6	1	7	11

Figure 62. Number of home care service applications approved and not approved in the past 4 quarters

\* An application that ‘did not proceed’ is one that was either returned to the applicant as not complete or withdrawn.



## **Information to help providers complete their application to become an approved provider**

The Commission follows a rigorous assessment process to decide if applicants are suitable to provide aged care. We will not approve an application that does not meet one or more of the suitability criteria.

Reasons for not approving an application can include the following:

### **Experience**

No experience or not explaining how the applicant's experience in another sector (for example, as a provider of National Disability Insurance Scheme (NDIS) services) would apply to the aged care sector.

### **Understanding of responsibilities**

Not demonstrating the applicant's understanding of their responsibilities.

### **Policies and procedures**

Generic policies that are not tailored to the service/s that the applicant wants to provide.

### **Operational processes**

Business models that:

- would not support effective delivery of care
- did not explain processes for how workers would be managed
- did not explain how systems would operate.

### **Financial processes**

Not explaining the funding available to start running the service or how the applicant will stay financially viable.

No explanation of how their financial processes would make sure they met their regulatory requirements.

# Complaints

Resolving complaints is one of the Commission's core responsibilities and functions. We work closely with people making complaints and providers to manage and, where possible, address concerns about the care and services that the provider is delivering. We also make sure that providers meet their responsibilities.

We work with providers, the person making the complaint and the person receiving care to find solutions and make sure that the care is consistent with the *Aged Care Act* and the Aged Care Quality Standards (Quality Standards). We help the person making the complaint resolve their concerns directly with the provider where possible. We work to get the best outcome for the person receiving care as quickly as possible.

Under the Quality Standards, all providers must have a system in place to handle complaints. A complaint about the provider's service can be lodged directly with:

- the provider
- the Commission
- both the provider and the Commission.

The provider's process for handling complaints must be:

- accessible
- confidential
- prompt
- fair
- well known within the service.



Figure 63. Number of complaints about home services in the past 4 quarters

It must also encourage people receiving aged care to give feedback or make a complaint without fear of negative consequences when they do.

Complaints and feedback give providers information about the issues that people receiving care and their families and representatives are worried about. Complaints help us understand where providers need to improve and the risks facing people receiving care. They also inform our education and regulatory activities, such as accreditation, compliance and enforcement.

The best results are achieved when:

- all parties work together
- discussions are open
- information is provided promptly.

Complaints can include more than one issue or concern about a provider's responsibilities.

## The number of complaints does not necessarily reflect the quality of the service.

For example, a service with a positive complaints culture will encourage feedback and use it as an opportunity to improve their services. The Commission is working to help consumers feel more confident about raising concerns or complaints with providers directly, or with the Commission or a combination of both.

## Complaints received about home services

In Q4, there were over **1,081,246** people receiving aged care services in their home:

- **263,018** using Home Care Packages (HCP)
- **818,228** using Commonwealth Home Support Programme (CHSP) services.

The Commission received **1,108** complaints about home services. Of these, **1,015** were about HCPs, at a rate of **0.39** complaints per 100 HCP consumers.

The total number of complaints and rate of complaints has remained much the same compared with last quarter. Numbers have levelled out over the past 2 quarters with a steady increase over the first 3 quarters of the year.

## Complaints by state and territory

Figure 64 shows the number of complaints made about home services (HCP and CHSP services) in each state and territory. It also shows the number of complaint issues – a complaint can be about more than one issue.

### Complaints about home services by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A*	AUS
Complaints received	281	326	246	78	94	35	12	15	21	<b>1,108</b>
HCP complaints received	259	298	231	70	84	32	10	11	20	<b>1,015</b>
CHSP complaints received	22	28	15	8	10	3	2	4	1	<b>93</b>
Number of issues	599	479	397	122	143	66	17	26	32	<b>1,881</b>
HCP number of issues	565	434	376	111	128	60	15	19	31	<b>1,739</b>
CHSP number of issues	34	45	21	11	15	6	2	7	1	<b>142</b>

Figure 64. Complaints about HCP and CHSP by state and territory

\* N/A includes any complaint or issue that does not have the location assigned to it



## Most common types of complaints

Figure 65 shows the most common home services complaint issues we received in Q4. Similar to past quarters, the most common complaints were about consultation and communication, fees and charges and other financial issues. Mobility aids and home modifications were new to the top 10 most complained about issues in Q4. They did not appear in the top 10 in Q3.

Figure 66 shows the most complained about issues for 12 months to 30 June 2023. Complaints related to fees accounted for half of the top 10 complaints for the year.

Recent regulatory reforms of home care pricing and agreements, including fee capping, should address some of these common complaint issues. You can find information on how providers can navigate these changes on the Commission's [website](#).

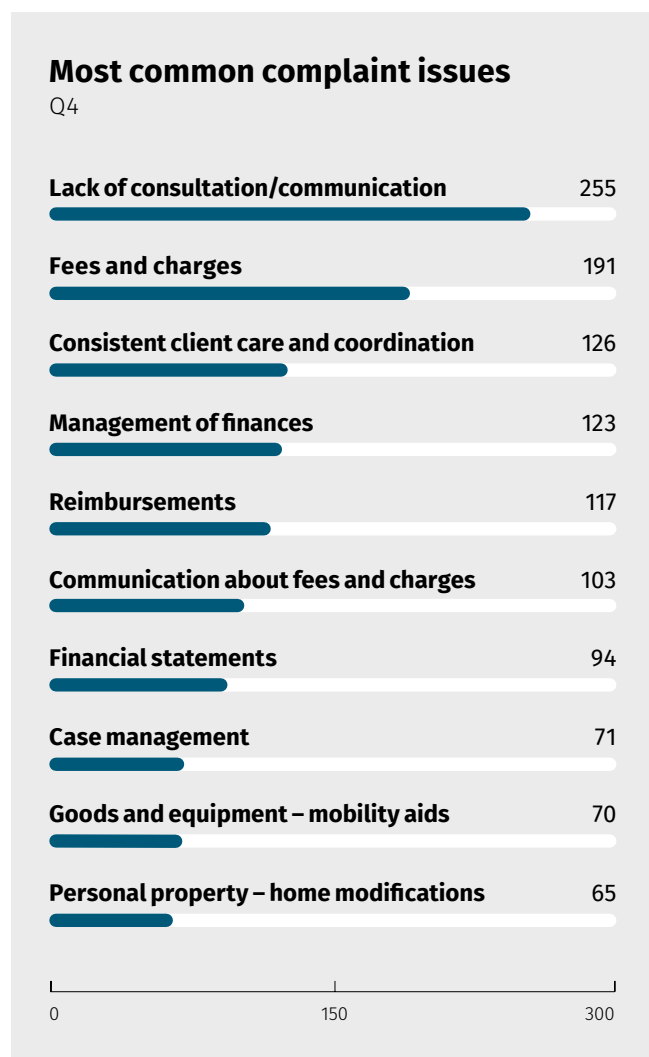


Figure 65. Top 10 complaint issues in the past quarter

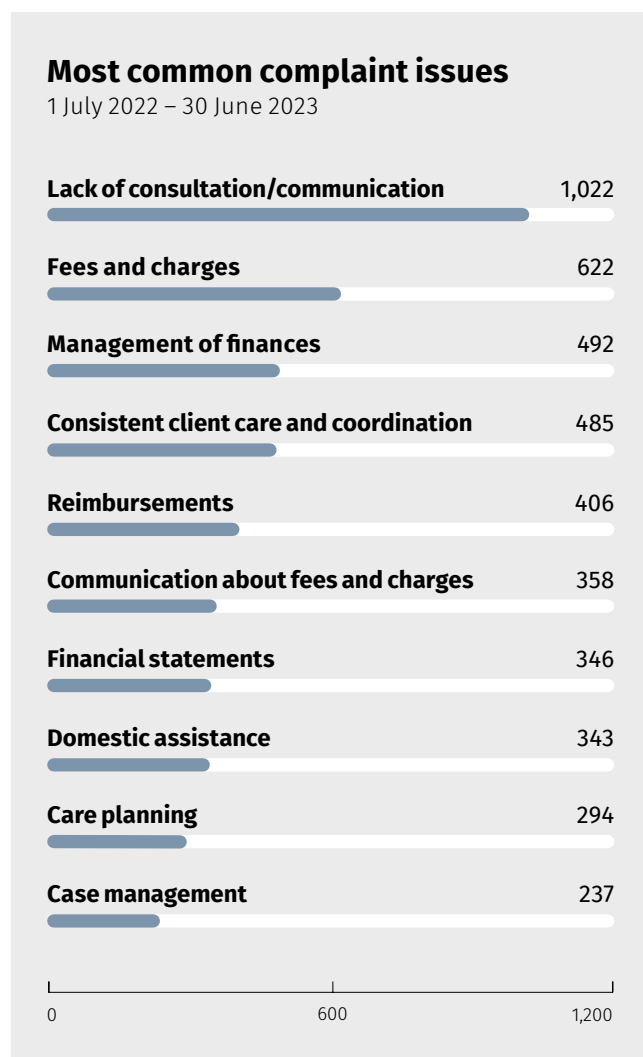


Figure 66. Most common complaint issues from 1 July 2022 to 30 June 2023

## Source of complaints

Figure 67 provides a breakdown of the home services complaints we received including who made them. In the last quarter, home care recipients made up half (**50%**) of all people who made complaints. This contrasts with residential services where only **6%** of people receiving aged care made complaints, and nearly half of complaints were made by family members or representatives.

Figure 68 shows the top 5 complaint issues for each group who made complaints. Lack of consultation and communication, and financial matters (particularly fees and charges) feature in complaints from care recipients and their representatives and family members.

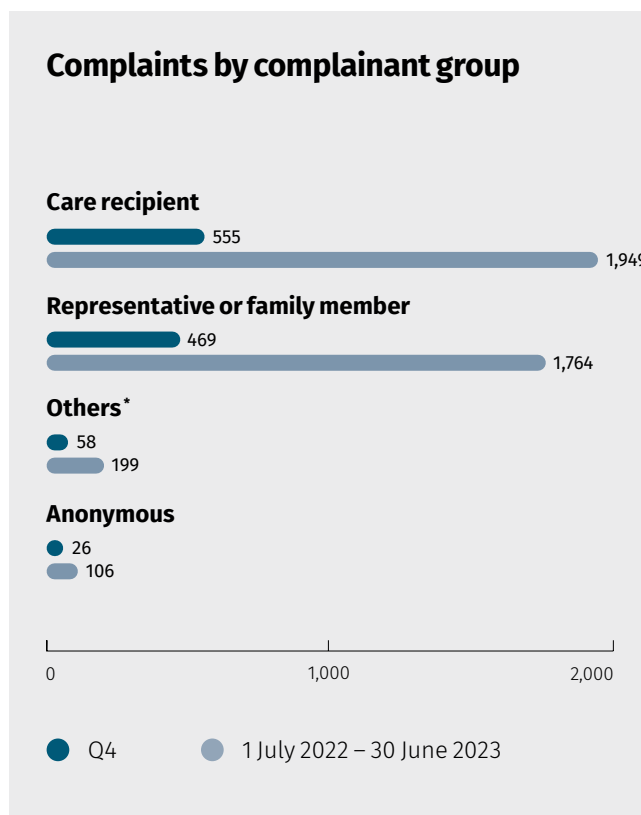
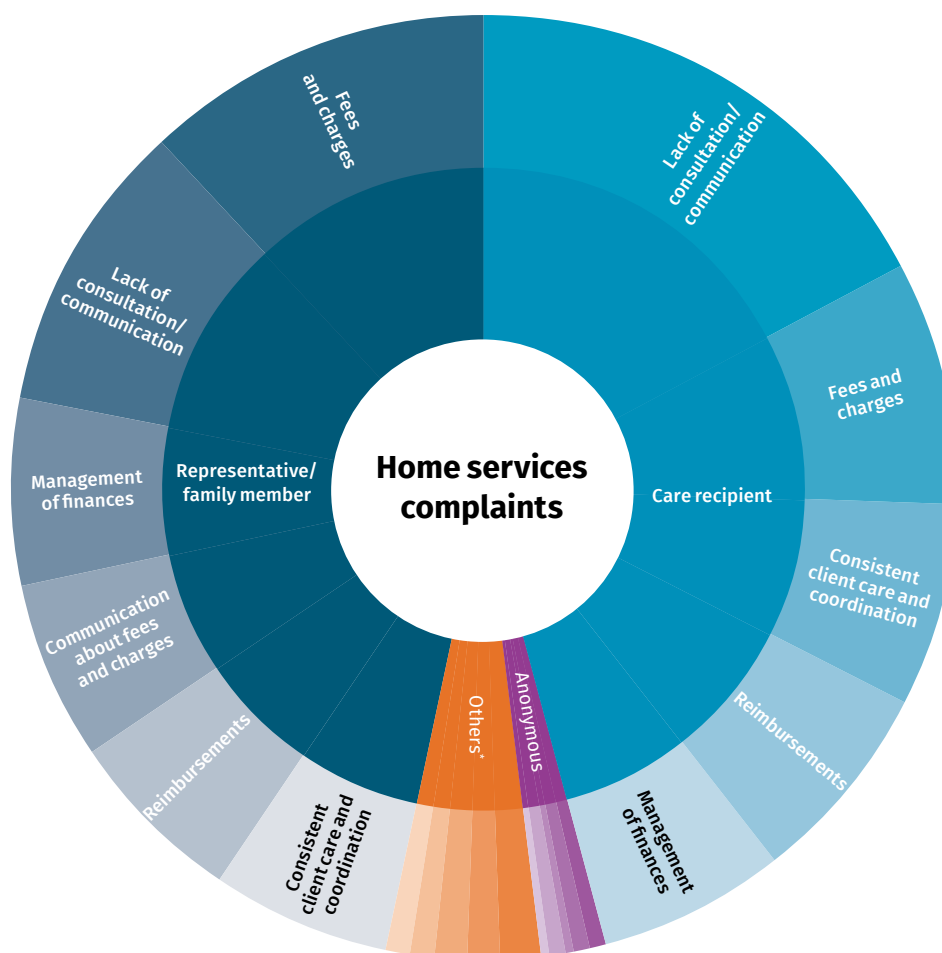


Figure 67. Number of home care services complaints by complainant group

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

## Top 5 issues for each complainant group



### Representative/family member

Fees and charges	102
Lack of consultation/communication	89
Management of finances	55
Communication about fees and charges	54
Reimbursements	53
Consistent client care and coordination	53

### Others\*

Fees and charges	13
Lack of consultation/communication	9
Management of finances	9
Training/skills/qualifications/suitability	9
Consistent client care and coordination	7

### Care recipient

Lack of consultation/communication	152
Fees and charges	72
Consistent client care and coordination	62
Reimbursements	59
Management of finances	56

### Anonymous

Training/skills/qualifications/suitability	5
Lack of consultation/communication	5
Fees and charges	4
Consistent client care and coordination	3
Management of finances	3

Figure 68. Top 5 complaints per group about home care services

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

## Finalised complaints

The Commission finalised a total of **1,061** complaints about home services in Q4. We did this through both the early resolution and formal resolution pathways.

Through early resolution, the Commission worked with the people making complaints, providers and people receiving care to resolve **1,061** complaints. These complaints involved **1,286** issues about home services. Through this process we help people to resolve the issues themselves.

A small number of complaints about home services are addressed through a formal resolution process that can involve:

- conciliation – where the Commission supports those involved in the complaint to work together to discuss the issues, ideally to reach an agreement
- mediation – where person making the complaint and the provider use an independent mediator to discuss the issues and try to find a mutually acceptable resolution
- an investigation by the Commission
- the Commission asking the provider to investigate the issues and try to resolve them through its own complaints system, and then report its result to the Commission.

There were **9** complaints about home services, involving **17** issues, finalised using the formal resolution process in the 12 months to 30 June 2023. **None** were resolved this way in Q4.

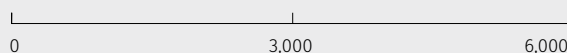
### Early resolution



#### Complaints finalised



#### Issues finalised



● Q4 ● 1 July 2022 – 30 June 2023

Figure 69. Number of home care services complaints and issues resolved through early resolution

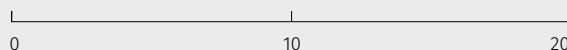
### Formal resolution



#### Complaints finalised\*



#### Issues finalised\*



● 1 July 2022 – 30 June 2023

Figure 70. Number of home care services complaints and issues resolved through the formal resolution

\* there were no complex complaints finalised through the formal resolution process in Q4

## Resolving complaint issues

When a person contacts the Commission with a complaint, we will try to find the quickest path to resolve the issue/s by:

- understanding what outcome will resolve the issue for the person making the complaint
- speaking to the provider about their responsibilities around the issue
- supporting the person making the complaint to understand their rights
- helping the provider to agree to a plan of actions they will take to resolve the issue
- checking back with the person who made the complaint to see if the issue or issues have been resolved.

Where needed, the Commission can take action to make sure providers improve the quality and standard of their service and meet their responsibilities.

Before a complaint is finalised, the Commission talks to all those involved to explain why the resolution process has ended. We also provide written feedback, unless the person making the complaint asks for it in a different way. Most decisions to finalise a complaint will need to be reviewed by the person making the complaint and/or the provider.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the person making the complaint expected. Sometimes it is not possible for the Commission to determine whether a particular event occurred. In other cases, the issue is already being dealt with separately within the Commission. In a small number of cases, if the Commission decides that a provider has met its responsibilities, an issue may be finalised even if the person making the complaint is not satisfied. In these cases, the Commission will explain to the person who made the complaint why the complaint is being finalised.

# Preventing and responding to serious incidents

On 1 December 2022, the Serious Incident Response Scheme (SIRS) was extended from residential aged care to also cover care delivered in a home or community setting.

This includes providers of Home Care Package (HCP), Short-Term Restorative Care at home, Commonwealth Home Support Programme (CHSP), Multi-Purpose Services Program and Transition Care Program services. Providers of these care services are required to notify the Commission about 8 types of reportable incidents through the SIRS. This includes incidents that happen or are alleged or suspected to have happened in their service.

The 8 types of SIRS reportable incidents for home services are:

- unreasonable use of force
- unlawful sexual contact or inappropriate sexual conduct
- psychological or emotional abuse
- unexpected death
- stealing or financial coercion by a staff member
- neglect
- inappropriate use of restrictive practices
- missing consumer.

The unexplained absence incident type in residential services is replaced by “missing consumer” in home services.

Additionally, three other incident types: unexpected death, neglect and inappropriate use of restrictive practices are defined differently in home services compared with residential care.

More information on these reportable incident types can be found in the [SIRS guidelines for providers of home services](#) and in ‘preventing and responding to serious incidents’ in the residential care section of this report on page 23. See also [frequently asked questions](#) for SIRS.

## Reportable incident notifications

Figure 71 shows the breakdown of reportable incidents that providers notified to the Commission in Q4. We did not publish the data for incidents in the first quarter of the SIRS home services (Q3) but we have now included that data in this report for comparison.

In Q4 there were **1,027** SIRS home services incident notifications, an increase from **809** in Q3. The total numbers for all SIRS home services notifications are significantly lower than those for residential care for several reasons. As SIRS home services is relatively new compared with SIRS in residential care, we expect to see numbers increase as providers' awareness of their responsibilities increases.

The Commission is directly engaging with home services providers about SIRS, and we have seen an increase in notifications in Q4 compared with Q3.

The lower number of reports is also explained by the:

- setting in which services are provided – usually consumers' homes
- lower risks associated with many home services
- significantly lower contact hours per person receiving aged care compared with 24/7 care in residential aged care homes.

### Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1 Q3	Priority 2 Q3	Total Q3	Priority 1 Q4	Priority 2 Q4	Total Q4
Unreasonable use of force	17	39	56	28	24	52
Neglect	178	204	382	251	309	560
Psychological or emotional abuse	13	53	66	15	58	73
Unlawful sexual contact or inappropriate sexual conduct*	13	0	13	21	0	21
Missing consumers†	24	0	24	29	0	29
Unexpected death†	13	0	13	24	0	24
Stealing or financial coercion by a staff member	129	121	250	107	146	253
Inappropriate restrictive practices	3	2	5	5	10	15
<b>Total</b>	<b>390</b>	<b>419</b>	<b>809*</b>	<b>480</b>	<b>547</b>	<b>1,027†</b>

Figure 71. Number of Priority 1 and Priority 2 reported incidents for home care services in the past 2 quarters

\* 91 notifications for this period are either out of scope of the scheme or do not have a reported classification and are not included.

† 29 notifications for this period are either out of scope of the scheme or do not have a reported classification and are not included.

Data for incidents in the first quarter of the SIRS home services have not been previously published but has been included for comparison.

Source: Unpublished data as of 30 June 2023.

## Regulatory response

Figure 72 shows the number and type of regulatory actions the Commission took in Q4 in response to SIRS notifications. These actions are described in the residential care section about SIRS on page 27.

### Commission regulatory responses to reportable incidents

	Q3	Q4
Monitoring and engagement <sup>*</sup>	315	451
Directed specific actions by the provider	1	6
Investigation by the Commission <sup>†</sup>	0	0
Compliance and enforcement action	0	0
<b>Total</b>	<b>316</b>	<b>457</b>

Figure 72. Commission regulatory responses to SIRS notifications for home services

<sup>\*</sup> Most issues are resolved through the monitoring and engagement function

<sup>†</sup> Investigation counts are included in the Residential SIRS section of this document and those figures may include investigations relating to home services.



## Neglect and stealing or financial coercion by a staff member

In contrast to residential aged care, where unreasonable use of force is consistently about **60%** of all incident notifications, neglect is the most frequently reported serious incident for home services (**55%** or **560** in Q4). Stealing or financial coercion by a staff member is ranked second in home services (**25%** or **253** in Q4) and seventh in residential care.

Unreasonable use of force accounted for **5% (52)** notifications in home services for Q4 compared with **57% (7,368)** in residential care. This can be explained by the different setting where care is delivered and the fact that **90%** of residential care unreasonable use of force notifications involve residents using force on another resident. Opportunities for people receiving care to use force against another person are likely to be fewer in home services.

The types of neglect most frequently reported in home services include:

- missing a shift
- medication management issues
- wound management issues that lead to a wound getting worse.

Stealing or financial coercion by a staff member covers a wide range of incidents including:

- theft of money or property
- coercing someone to change their will
- using a consumer's personal property without their permission and for uses outside the scope of care.

More information on what constitutes neglect and stealing or financial coercion, as well as information on other incident types can be found in [Serious Incident Response Scheme: Guidelines for providers of home services](#).

# Quality assessment and monitoring

The Aged Care Quality Standards (Quality Standards) are a set of 8 standards used to determine how an aged care service is performing. They focus on outcomes for people receiving care. They reflect the level of care and services that the community can expect from organisations that provide Australian Government subsidised aged care.

The Commission conducts quality reviews of home services at least once every 3 years to assess providers' performance against the Quality Standards. As well as quality reviews, the Commission also conducts risk-based monitoring of the quality of care and services through assessment contacts.

A quality review of a home service consists of:

- an onsite quality audit
- a quality audit report which we send to the provider for consideration and response
- a final performance assessment report prepared by the Commissioner (or a delegate).

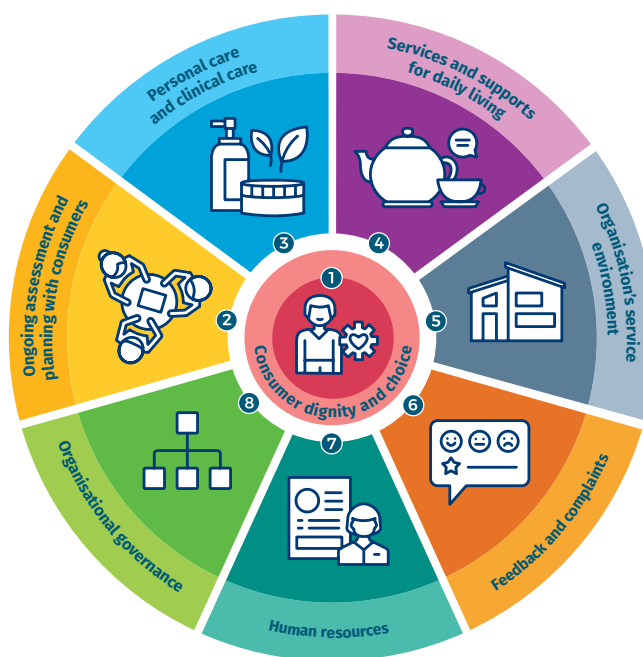


Figure 73. The Aged Care Quality Standards

The Commission will generally give the provider written notification of the date we will conduct the quality audit for the home service. This notification includes a template for letting people receiving aged care and their representatives know about the upcoming audit.

Where the Commission considers that the home service provider is not complying with the Quality Standards, we may not give notice to the provider of an upcoming quality audit.

## Onsite quality assessment and monitoring activities by state and territory

Despite COVID-19 outbreaks in April and May 2023, the Commission's continued focus on working with home services saw the number of quality audits increase by nearly **70%** in the last 2 quarters of the year compared with the first 2 quarters of the year. In Q4, the Commission conducted **115** quality audits, and **121** in Q3. We expect these numbers to increase in future quarters.

As part of our focus on working with providers to reduce risk in home services, we also conducted **1,068** assessment contacts in 2022–23, **720** of these were in Q4. This increase was mainly due to a large Commission outreach to home service providers to make sure we had correct provider details. This will help our future interactions to be more efficient and better planned.

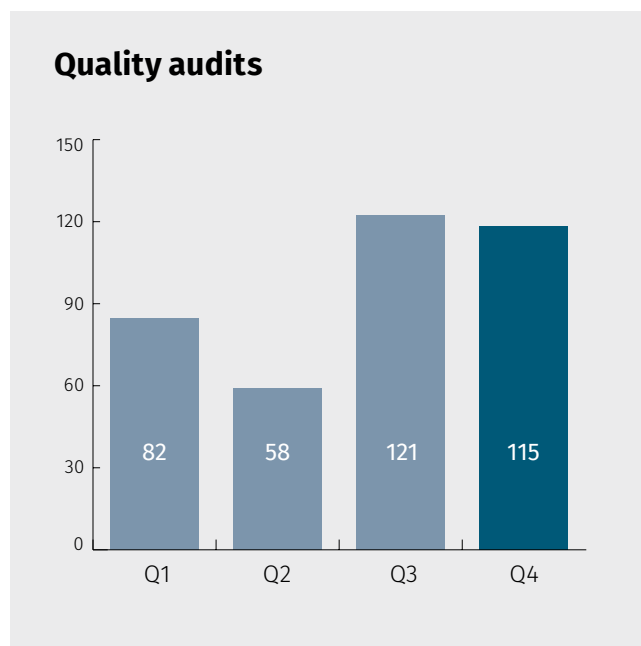


Figure 74. Number of home care services quality audits the Commission conducted in the past 4 quarters

## Onsite quality assessment and monitoring (Assessment Contacts and Quality Audits)



Figure 75. Number of home care services onsite quality assessment and monitoring activities by state and territory

## Total quality assessment and monitoring by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	278	144	134	67	39	25	24	9	720
Quality audits	30	25	24	16	14	5	0	1	115

Figure 76. Number of home care services quality assessment and monitoring activities by state and territory

## Number of assessments

	Q1	Q2	Q3	Q4
Total assessment contacts	53	107	188	720
Quality audits	82	58	121	115

Figure 77. Number of home care services quality assessment and monitoring activities for the past 4 quarters

## Home services sector performance

April – June 2023

### Provider performance under the Aged Care Quality Standards

The Commission found **37** services non-compliant in Q4, similar to the **36** non-compliant services in Q3. This follows a downward trend in the number of services being found non-compliant as the number of quality audits increases over the same period.

To help home service providers manage common risks, the Commission has released a resource [Quality and Safety in Home Services – 5 Key Areas of Risk](#).

Figure 80 provides a breakdown of how much and how often non-compliance occurred across each Quality Standard. The 3 Quality Standards that providers most commonly did not meet in Q4 were:

- Standard 8: Organisational governance
- Standard 2: Ongoing assessment and planning with consumers
- Standard 7: Human resources.

This is consistent with the data from 1 July 2022 to 30 June 2023. Non-compliance with one requirement means that the Quality Standard will not be met. Most instances of non-compliance were because providers did not comply with one, 2 or 3 requirements of a Standard. This is consistent with previous quarters. An approved provider can be found non-compliant with more than one Quality Standard at a single service.



Figure 78. Services the Commission found non-compliant with the Quality Standards in Q4  
A provider can run one or more services.

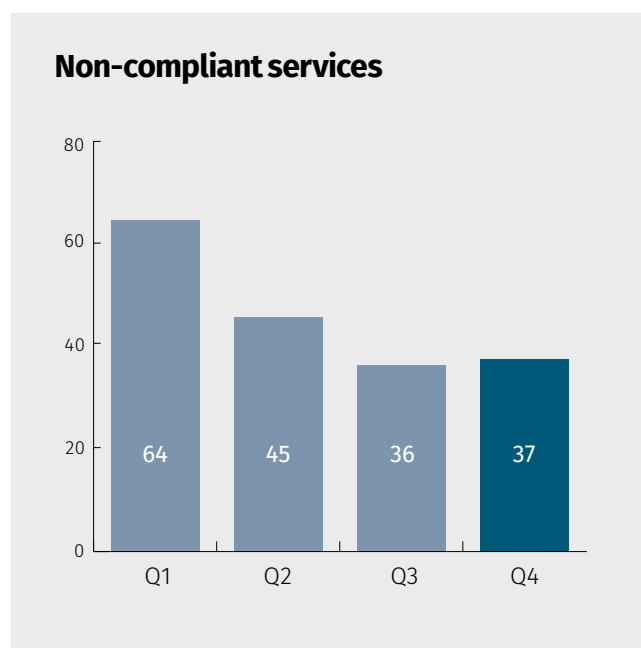


Figure 79. Number of home care services the Commission found to be non-compliant with the Quality Standards in the past 4 quarters

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

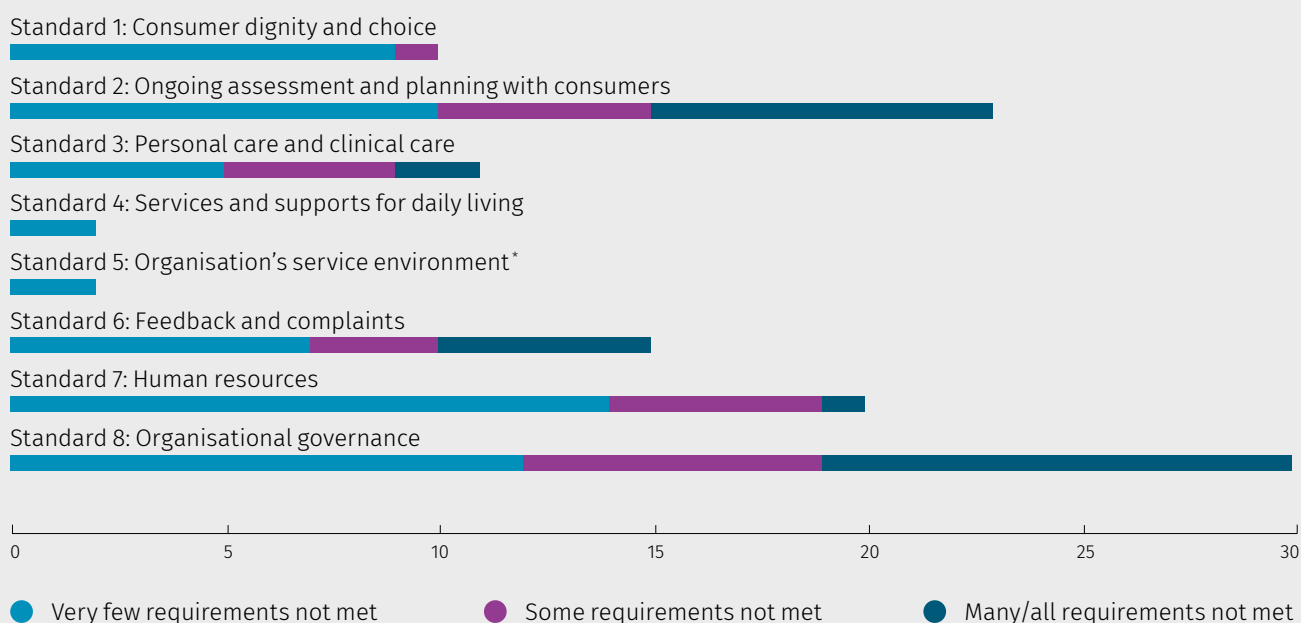


Figure 80. Most common Aged Care Quality Standard where the Commission found a home care service was non-compliant

See figure 91 on page 87 for a note of definitions and an explanation of 'very few', 'some', or 'many/all'.

\* 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 in the consumer's home. It also does not apply to other environments that consumers visit, such as sports clubs or libraries.

## Provider performance under the requirements of the Aged Care Quality Standards

Each of the Quality Standards includes requirements that approved providers are expected to meet at the service or services they operate.

Figure 81 shows the most common Quality Standard requirements where we found providers non-compliant.

It lists the number of times the Commission made a decision of non-compliance about the requirement of the Quality Standard in Q4. Similar to past quarters, effective governance systems, reviews of care and services, and assessment and planning are still the requirements most frequently not complied with.

## Most frequent requirements where we found non-compliance

Q4



Figure 81. Number of times the Commission found home care services non-compliant for a particular requirement of the Quality Standards

## Most frequent requirements where we found non-compliance

1 July 2022 – 30 June 2023

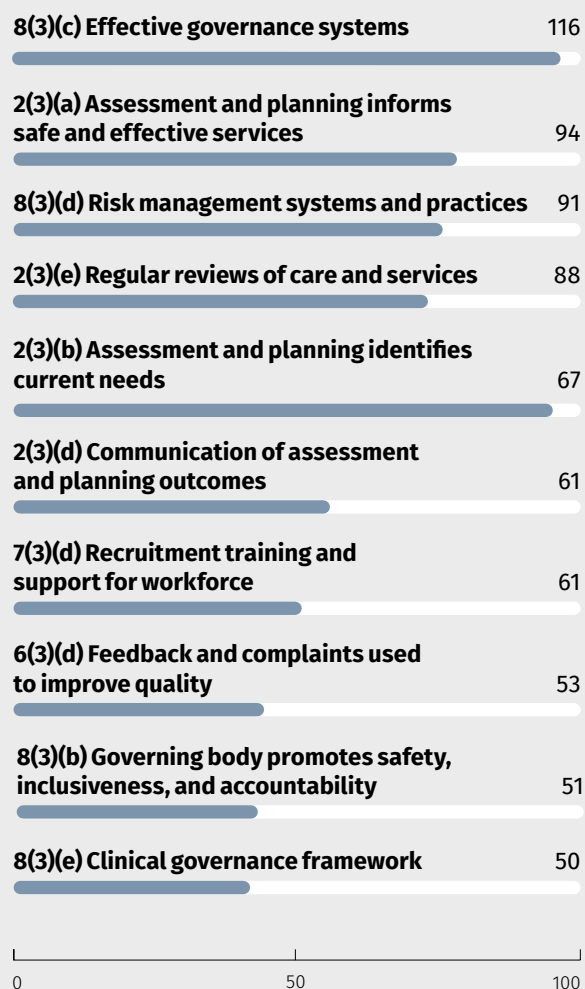


Figure 82. Number of times the Commission found home care services non-compliant for a particular requirement of the Quality Standards from 1 July 2022 to 30 June 2023

# Compliance and enforcement

The Commission has the power to take regulatory, compliance and enforcement action to address non-compliance with provider responsibilities. In deciding how to respond to a provider's non-compliance, the Commission considers the:

- risk to the safety, health, wellbeing and quality of life of people receiving care
- Commission's assessment of how capable the provider is to manage that risk.

Where risk is lower, there is less need for the Commission to use regulatory intervention. The Commission encourages providers to fix any non-compliance early. We do this by using actions that motivate the provider to quickly fix the non-compliance and sustain improvements.

This can include working informally with the provider. If the provider does not respond to informal engagement, but we still think they can fix the issue themselves, we may issue a Direction to Revise the Plan for Continuous Improvement.

If the Commission is not satisfied that a provider is making improvements to meet the Quality Standards as outlined in the plan for continuous improvement, then we may escalate to an enforcement action.

## Compliance where risk to people receiving care is high

The Commission may take more severe compliance actions where:

- we have assessed the risk to people receiving care as high
- a provider has not fixed their non-compliance after we have given them the opportunity to fix it themselves.

We can use a range of escalating regulatory powers, including Compliance Notices that the provider must act on and respond to in a specified time. If the provider does not comply, a court may impose a civil penalty or we may apply Sanctions.

The [Compliance and Enforcement Policy](#) provides more information about how we use our compliance and enforcement powers.

## Provider non-compliance resulting in issuing directions

Where the Commission believes a provider is not meeting its responsibility to comply with the Quality Standards, we may issue a Direction to Revise the Plan for Continuous Improvement. These Directions describe the actions the provider needs to take and the timeframes for taking them.

If the Commission is not satisfied that a provider's response to the Direction is managing the risk, we can take further action against them.

Figure 83 shows the number of Directions the Commission issued in each state and territory in Q4. The Commission issued **one** Direction in Q4 compared with 3 in Q3. This continues the downward trend over the past 4 quarters. The most frequently issued Directions in both Q3, Q4 and from 1 July 2022 to 30 June 2023 are to ensure that a provider has effective governance systems.

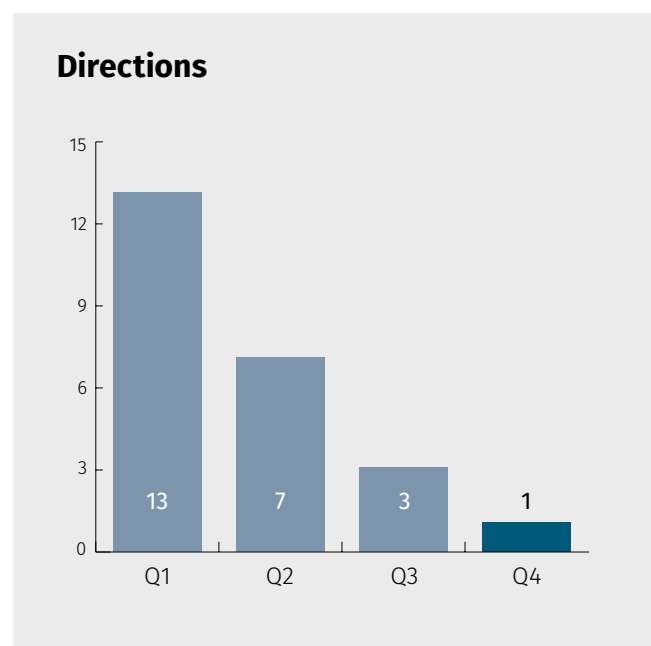


Figure 83. Number of Directions issued by the Commission in the past 4 quarters

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

### 8(3)(c) Effective governance systems



### 2(3)(e) Regular reviews of care and services



### 6(3)(b) Access to advocates and language services



### 6(3)(d) Feedback and complaints used to improve quality



### 8(3)(b) Governing body promotes safety, inclusiveness, and accountability



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



### 8(3)(e) Clinical governance framework

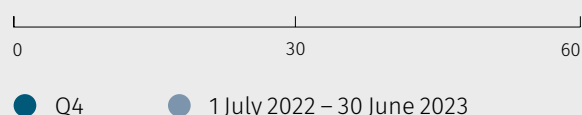


Figure 84. Aged Care Quality Standards requirements most frequently included in a Direction issued to home care services



## Provider non-compliance resulting in compliance and enforcement action

Figure 85 shows the Commission's compliance and enforcement actions over the past 4 quarters.

The Commission's actions require the provider to improve its performance and protect the safety and wellbeing of the people they care for.

Where a provider consistently does not act or does not take enough action to address their non-compliance, the Commission can revoke a provider's approval to deliver Australian Government subsidised aged care.

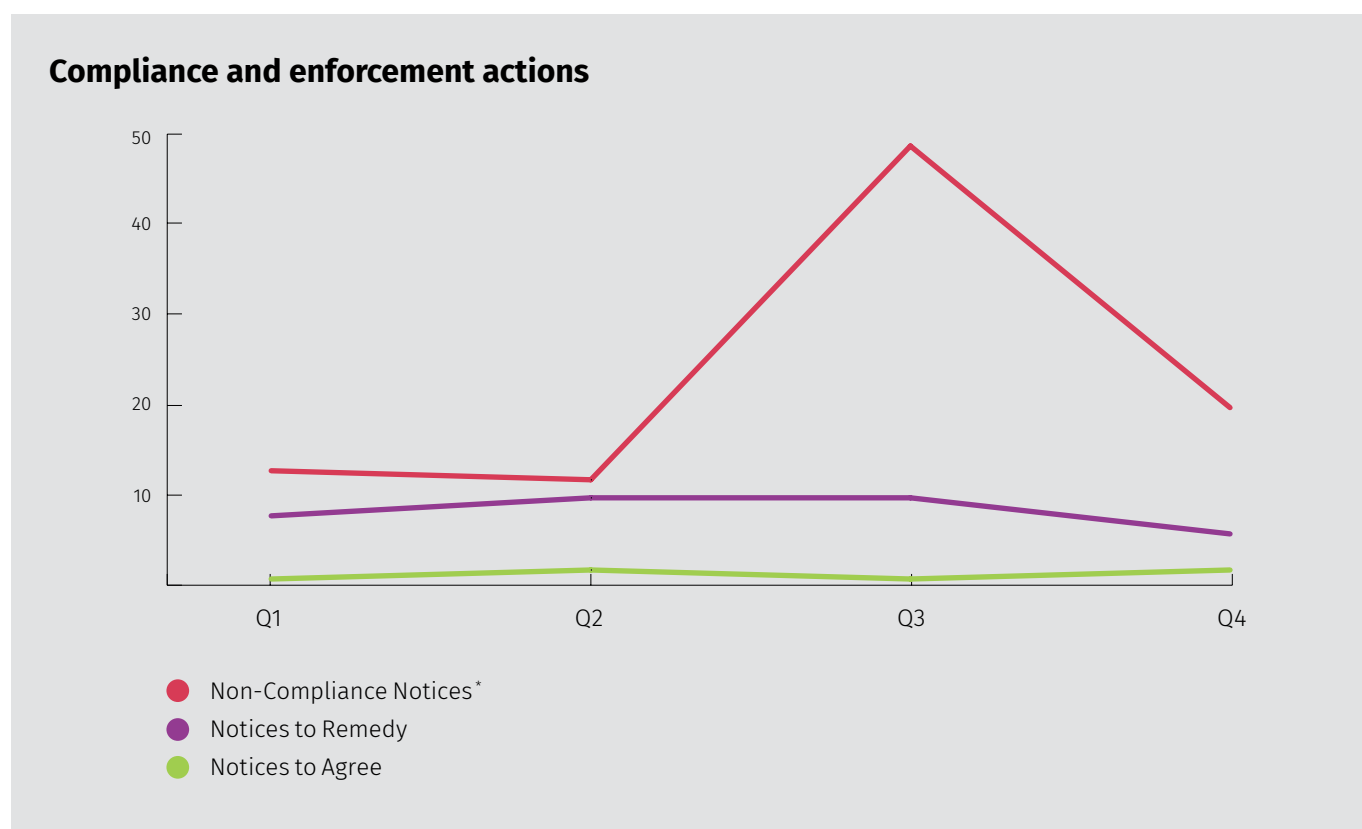


Figure 85. Number and type of home care services compliance and enforcement actions in the past 4 quarters

\* Includes Non-Compliance Notices issued for non-compliance with Quality Standards (5) and Financial reporting obligation (14). Q1 had none, Q3 had 46 and Q4 had 14 Financial NCNs.

Figure 86 shows the actions the Commission took in Q4 by state and territory.

### Compliance actions

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	Blank (if any)	AUS
Directions to revise plan for continuous improvement	0	0	1	0	0	0	0	0	0	<b>1</b>
Non-Compliance Notices *	1	8	4	1	1	2	0	1	1	<b>19*</b>
Notices to Remedy	1	2	0	0	0	0	0	2	0	<b>5</b>
Notices to Agree	0	0	1	0	0	0	0	0	0	<b>1</b>
Sanctions	0	0	0	0	0	0	0	0	0	<b>0</b>

Figure 86. Number and type of home care services compliance and enforcement actions by state and territory

\* Includes 14 Non-Compliance Notices issued for non-compliance with Quality Standards and financial and prudential issues.

## Non-Compliance Notices and Notices to Remedy

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

The Commission may issue a Notice to Remedy If we are satisfied that the provider's response to the Non-Compliance Notice:

- outlines the proposed action to fix the non-compliance
- sets out an acceptable reason for the non-compliance
- is otherwise satisfactory.

A Notice to Remedy requires the provider to give to the Commission an Undertaking to Remedy the non-compliance specified in the Non-Compliance Notice. They need to do this within 14 days of receiving the Non-Compliance Notice. If a provider does not comply with these undertakings, we may impose a Sanction or issue a Notice to Agree.

Figure 87 shows the combined number of NCNs issued in relation to both the Quality Standards and financial reporting obligations. In the last 2 quarters providers have shown significant improvements in meeting their financial reporting obligations.

NCNs issued to providers who have not submitted their Quarterly Financial Reports on time has fallen from **46** in Q3 to **14** in Q4.

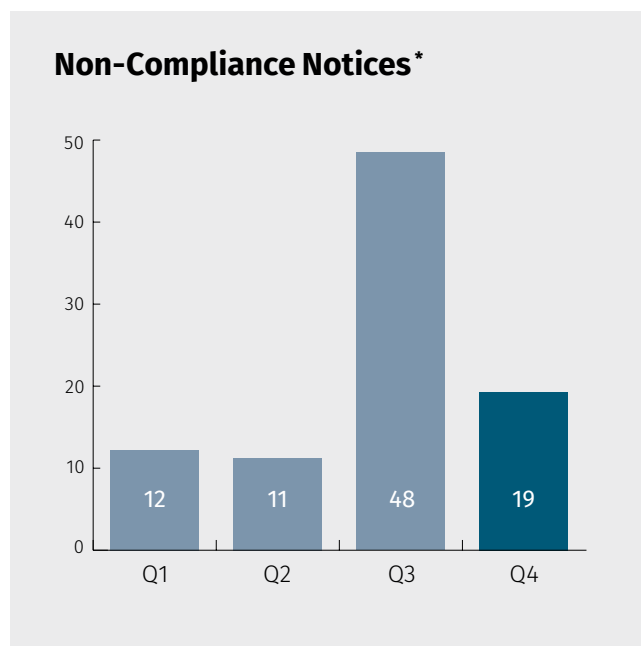


Figure 87. Number of Non-Compliance Notices the Commission issued to home care services

\* Includes NCNs issued for non-compliance with Quality Standards and financial reporting obligations.

Figure 88 shows the most common requirements of the Quality Standards included in Non-Compliance Notices in Q4. These were:

- Effective risk management systems and practices
- Delivering safe and effective personal care, clinical care, or both personal care and clinical care
- Information about the consumer is documented and communicated.

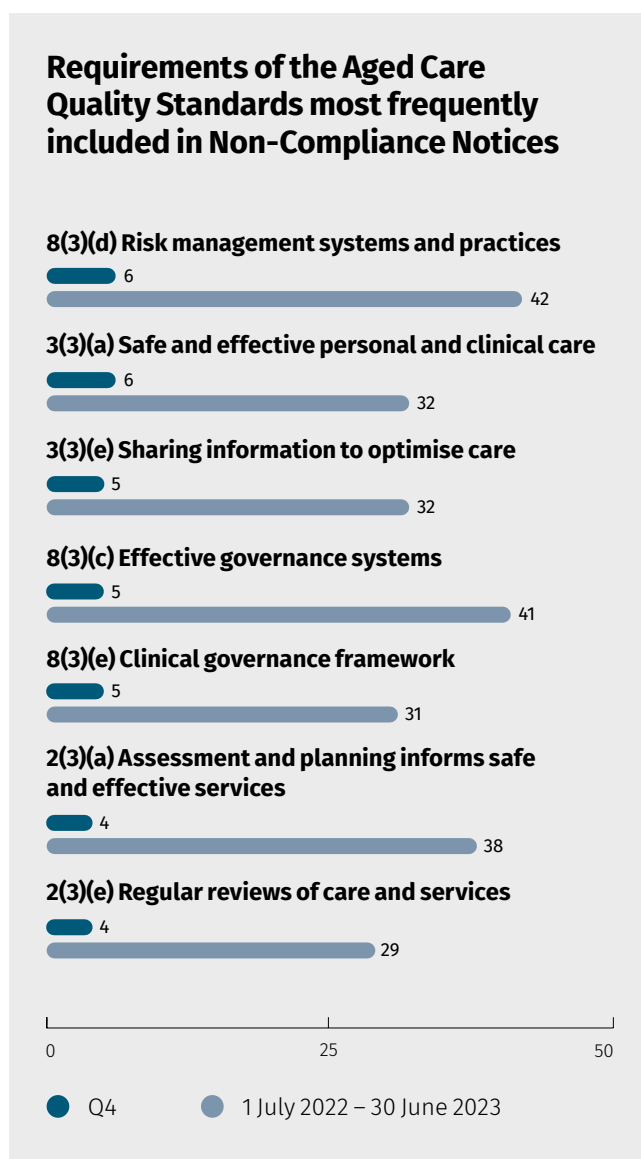


Figure 88. Requirements of the Quality Standards most frequently included in a Non-Compliance Notice issued to a home care service

## Notice to Agree

The Commission may issue a Notice to Agree when:

- we assess the risk to people receiving care as high to severe
- a provider's non-compliance has meant the Commission is considering revoking a provider's approval to deliver aged care services
- a provider has failed to comply with an Undertaking to Remedy.

A Notice to Agree may include one or more requirements of the Quality Standards, or other laws. A Notice to Agree tells the provider what they need to do and by when. If a provider does not agree, the Commission can revoke their approval to provide Australian Government subsidised aged care.

The Commission issued **one** Notice to Agree in Q4.

### Notices to Agree

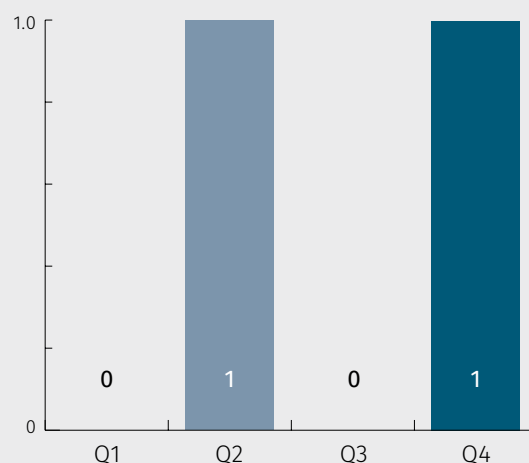


Figure 89. Number of Notices to Agree the Commission issued to home services

### Requirements of the Aged Care Quality Standards most frequently included in Notices to Agree

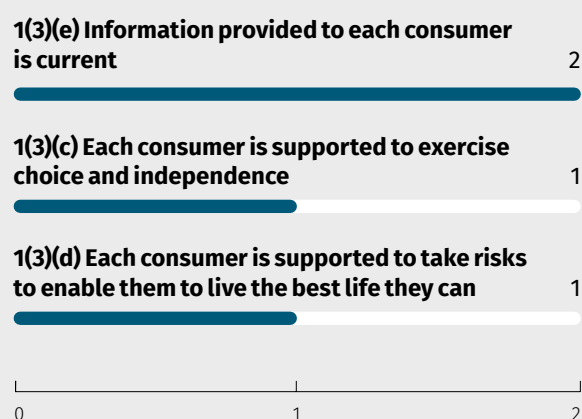


Figure 90. Requirements of the Aged Care Quality Standards most frequently included in a Notice to Agree issued to a home care service

## Sanctions

We may also issue a Notice of Decision to Impose Sanctions:

- if we are not satisfied with the provider's response to a Non-Compliance Notice
- where there is immediate and severe risk.

This tells the provider what immediate action they must take. The notice may also tell the provider that the Commission has decided to impose one or more Sanctions. The Commission may apply a range of Sanctions, most commonly loss of eligibility to receive funding for new consumers during the Sanction period.

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

The Commission did not issue any Sanctions in Q4.

## Revocation decisions

We may revoke approval for a provider to offer Australian Government subsidised aged care in cases of serious non-compliance where:

- the risk to people receiving care is severe
- a provider has failed to remedy non-compliance
- the provider is no longer suitable to provide aged care services.

When this happens, it means the Commission has no trust in the provider's suitability to provide care. The consequence for providers is that they can no longer receive Australian Government subsidies for providing care and services.

The Commission may fast-track a provider leaving the sector by issuing a Revocation Decision where a provider's non-compliance is particularly:

- serious
- systematic
- repeated
- wilful
- criminal.

The Commission made no Revocation Decisions in Q4.

Notes

Note on definitions

The terms ‘very few’, ‘some’, ‘many/all’ show how many of the requirements a provider has not met within each Quality Standard. As the number of requirements in each Standard varies, the proportions are determined according to Figure 91.

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

Figure 91. Number of requirements in each Quality Standard



## Note on data

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

Reported figures may be superseded as database records are updated.

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

The information corresponding to the count of services as of 30 June 2023 was extracted from the Commission systems on 12 July 2023 for residential care and on 14 July 2023 for home services.

The consumer numbers for residential care were extracted from the Department of Health and Aged Care data warehouse as of 30 June 2023, on 21 July 2023. State is based on the service state.

Home care packages consumer data was extracted from the Department of Health and Aged Care data warehouse as of 30 June 2023, on 21 July 2023. HCP consumer state is based on service.

CHSP consumer data is from consumer state from the 2021–22 Financial Year, extracted from Commission systems as of 21 July 2023.

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

Reportable incident data was extracted from Commission systems on 30 June 2023.

Reported figures may change as database records are updated.

Data about quality assessment and monitoring activities and outcomes in this report includes care delivered flexibly (for example, services provided through Short-Term Restorative Care).

*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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