Aged Care Quality and Safety Commission
Sector performance report

Quarter 2 | October – December 2023

Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Contents

Artwork by Dreamtime Creative

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Message from the Commissioner

Welcome to the Commission's Sector Performance Report for Quarter 2 (Q2), 1 October to 31 December 2023, for the 2023–2024 financial year.

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

In Quarter 1 (Q1) July to September 2023 we changed the sector performance report to improve how we present the data. We want to focus on what we see rather than what we do.

We have listened to your feedback. We have changed how we present data by size and type of provider. This data does not suggest that one type of provider is doing better than another. Rather, we want providers to have confidence that the data is relevant to their own situation.

The report now shows a more detailed picture of compliance and areas of concern. We join the dots between different data sources including complaints, the Serious Incident Response Scheme (SIRS) and the Quality Indicator Program. We encourage providers to do the same.

There have been improvements in home services' compliance rates this quarter. However, the overall compliance rate is still concerning. Only 66% of providers we audited were fully compliant in Q2. This is one of our key focus areas. We expect providers to look closely at their data to identify areas they can improve.

Encouragingly, the trend that we reported in Q1 of a significant improvement in the proportion of residential providers fully complying with the Quality Standards has continued. In Q2, 85% of residential aged care services we audited were fully compliant. At the same time, this means that nearly 1 in 7 residential services did not meet all the requirements of the Quality Standards.

There have also been improvements in home services' compliance rates this quarter. However, the overall compliance rate is still concerning. Only 66% of providers we audited were fully compliant in Q2, meaning that 1 in 3 hom service providers did not meet all requirements of the Quality Standards. This is one of our key focus areas. We expect providers to look closely at their data to identify areas they can improve.

Janet Anderson PSM

For complaints in this quarter, we have found that the most common concerns brought to the Commission are still about clinical issues in residential care; in home services, it is communication and financial issues.

This shows that these issues remain very important to older people and their supporters, and providers are encouraged to consider these factors when reviewing their own performance.

This quarter overall numbers of Priority 1 incidents fell. Priority 2 incidents, which are lower impact incidents that need to be reported within 30 days, increased. This extra time gives providers an opportunity to reflect on causes, address risk and reduce the likelihood of serious incidents.

In contrast to this overall trend, there has been a concerning increase in the number of Priority 1 incidents of stealing or financial coercion in home services. We expect providers to have systems in place to detect, respond to and prevent these incidents.

We also continue to be concerned about provider governance. Quality Standard 8 (Organisational governance) now has the lowest rate of compliance in residential and home services.

As the Royal Commission into Aged Care Quality and Safety[1] noted, deficiencies in governance and leadership cause shortfalls in the quality and safety of care.

We expect to see an improvement in governance arrangements. We are helping providers through education and programs such as Governing for Reform.

There has been a concerning increase in the number of Priority 1 incidents of stealing or financial coercion in home services. We expect providers to have systems in place to detect, respond to and prevent these incidents.

Restrictive practices

People receiving care have a right to move about freely, whether they live in the community or in a residential aged care service. Legislation explains the rules that providers need to follow before and during the use of any restrictive practice that may affect this basic human right.

The subject of our In Focus article for this report is restrictive practices. Our data and data from the Department of Health and Aged Care, along with feedback from our Restrictive Practices and Behaviour Support Unit, suggests that some providers do not understand these rules as well as they should.

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

J. M. Anderson

Janet Anderson PSM
Commissioner

1 Final Report of the Royal Commission into Aged Care Quality and Safety, 2021. Vol 2, p206.

How to use this report

Calculating rates

The calculations we have used can help you to compare services and providers. For example, we have used the following calculations to make it easier to compare these rates:

- Fully compliant audits as a percentage of the site audits we have conducted.
- Different types of responses to non-compliance as a percentage.
- Serious Incident Response Scheme (SIRS) notifications per 10,000 occupied bed days (OBDs).
- Complaints rate per 10,000 OBDs in residential care and complaints rate per 100 consumers receiving home care packages.

Residential care by size and type

Providers are the organisations that operate aged care services. For residential care services, we sometimes break down the result by the size of the provider that runs the service or the ownership type. We work out the size of the provider by the number of services they run.

The 3 sizes of a service we have used are:

- Small provider – operates 1 or 2 residential services.
- Medium provider – operates between 3 and 10 residential services.
- Large provider – operates 11 or more residential services.

The 3 categories of ownership type we have used are:

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

All residential care services fit within these sizes and types. Where we cannot break down the result into size or type, the figure will be for all residential services together.

We are currently reviewing how we break down data for providers, and will incorporate improvements in future reports, including breaking down data for home services providers.

Quality Indicator Program

This report includes rates and trends from the National Aged Care Mandatory Quality Indicator Program (QI Program) from the Australian Institute of Health and Welfare's quarterly reports. The QI Program is an important source of information about how the residential aged care sector is performing. It is particularly helpful in understanding performance in the key areas of providing quality care and outcomes for older Australians.

Providers calculate their own rates when they submit their QI Program data to the Department of Health and Aged Care every quarter. We encourage providers to keep using QI Program data to identify where they need to improve. Providers can also use it with Commission data to compare their performance with others.

We want to hear from you!

What data would you like to see included in the Sector Performance Report? And what would make this report a more useful resource for you?

Let us know by completing this short survey.

At a glance

Residential providers' compliance with the Aged Care Quality Standards has continued to increase. In Quarter 2 (Q2), 1 October to 30 December 2023, 85% of residential services we audited were found to be fully compliant with all 8 Quality Standards. This is a 4 percentage point increase compared with Q1. While this is an improving trend, it means that 1 in 7 residential services audited were less than fully compliant.

Home services' compliance rates are lower than for residential care. Only 66% of services that had a quality audit in Q2 were fully compliant with the Quality Standards. Also, while the proportion of audited residential services complying with Quality Standard 3 (Personal care and clinical care) has gone up, it has fallen in home services. These results show that home service providers need to take action in this area . In Q3 and Q4 the Commission will be focussed on following up with non-compliant services to review their progress on correcting identified issues.

Quality Standard 8 (Organisational governance) continues to have the lowest rate of compliance for both residential and home services. Poor governance affects all aspects of aged care and leads to a decrease in the quality and safety of a person's care as noted by the Royal Commission into Aged Care Quality and Safety[1].

Formal compliance actions decreased in Q2 both because of improved compliance and a change in how we respond to non-compliance. Half of the non-compliance we find is now dealt with through early remediation. Early remediation is where providers show us that they can fix an issue quickly and prove it is fixed. We can then focus on providers that are not doing the right thing.

Incident notifications from the Serious Incident Response Scheme (SIRS) have increased by 4% in residential care and 13% in home services this quarter. This is largely because there has been an increase in Priority 2 incident reports, up 6% in residential care and 24% in home services compared with Q1. It is important that providers address risk and take action to reduce the likelihood of serious incidents.

In contrast to the overall trend of providers reporting more lower impact incidents in residential and home care, we have seen a 13% increase in Priority 1 notifications for stealing or financial coercion in home services, from 147 notifications in Q1 to 166 in Q2 This is concerning and highlights the need for providers to detect, respond to and prevent these incidents.

Clinical issues and concerns about staff continue to be the top complaints made about residential care. Fees, charges, communication, planning and transparency continue to be the top complaints we receive about home services. Our quality assessors keep these issues in mind when doing audits or risk based site visits at residential services.

1 Final Report of the Royal Commission into Aged Care Quality and Safety, 2021. Vol 2, p206.

Sector overview

What does the sector look like?

1,279,252

More than 1.27 million older Australians receive aged care services

- **195,512*** **Residential care**
- **267,608**** **Home Care Packages (HCP)**
- **816,132**** **Commonwealth Home Support Programme (CHSP)**

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

* Distinct count of people receiving care, extracted from the Department of Health and Aged Care data warehouse, as of 31 December 2023 on 7 February 2024.

** Extracted from the Department of Health and Aged Care data warehouse, as of 31 December 2023 on 24 January 2024.

Residential care: Providers

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

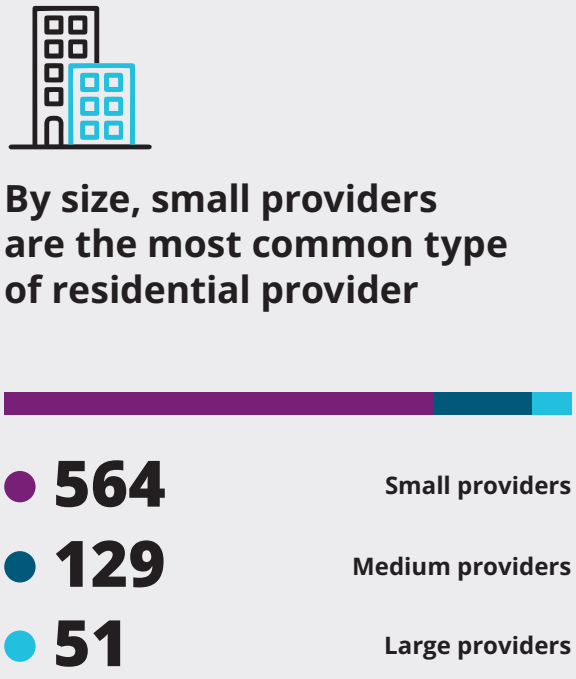


Figure 2: Number of residential care providers by provider size

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

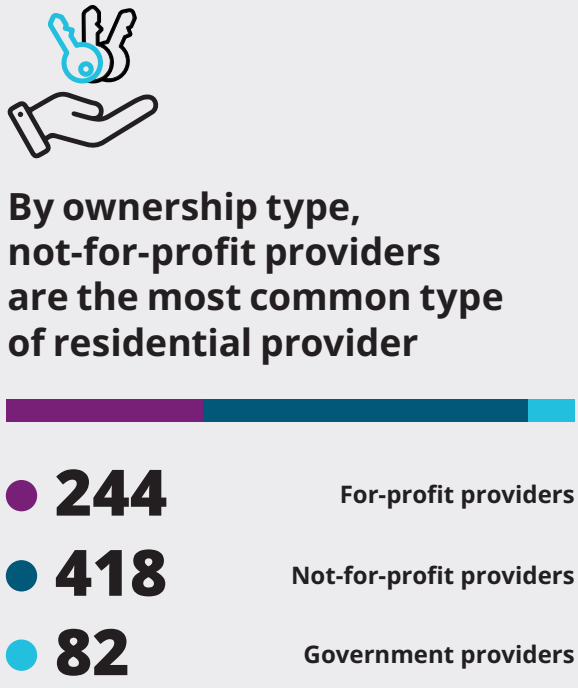


Figure 3: Number of residential care providers by ownership type

Residential care: Services

By size, large providers run most residential care services

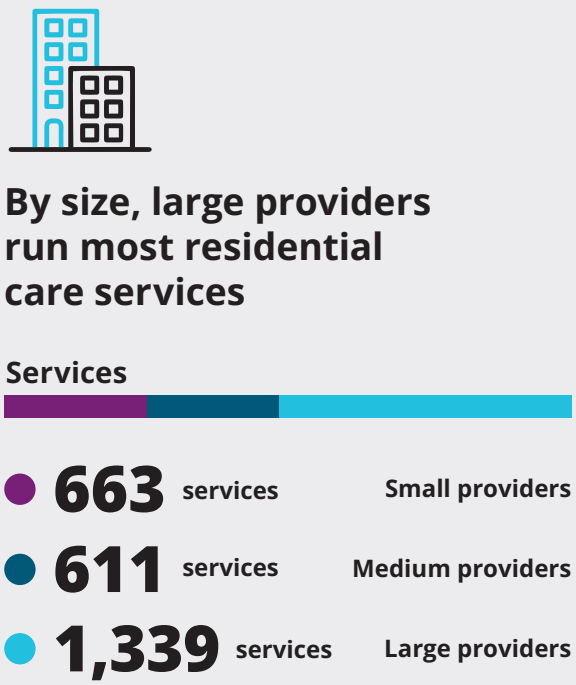


Figure 4: Number of residential services by provider size

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

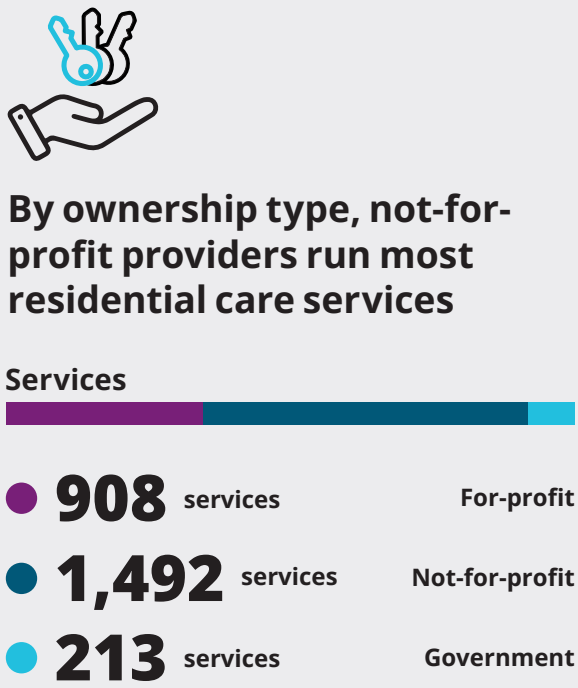


Figure 5: Number of residential services by ownership type

Home services

Consumers

- **267,608** HCP*
- **816,132** CHSP**

Providers

- **903** HCP*
- **1,209** CHSP**

Figure 6: Home services providers
* Home Care Package (HCP)
** Commonwealth Home Support Programme (CHSP)

The distribution of services is roughly proportional to population distribution

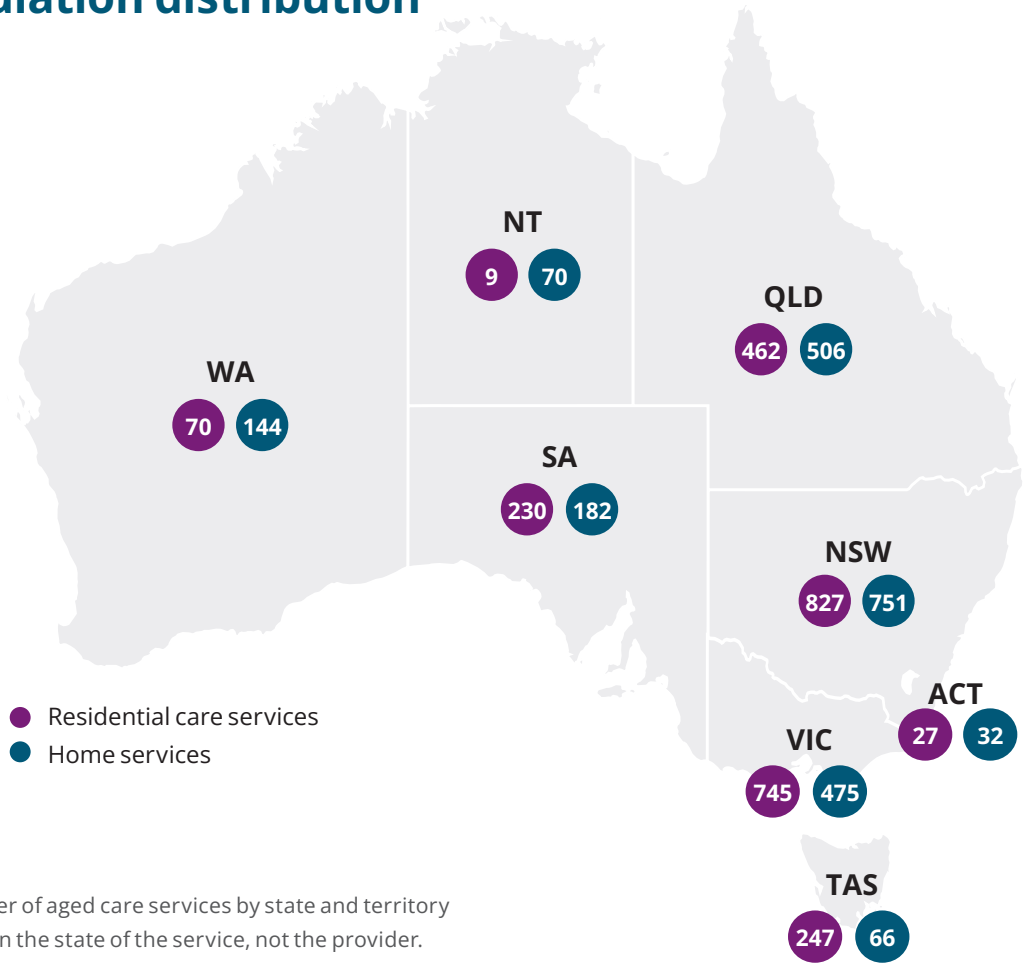


Figure 7: Number of aged care services by state and territory
State is based on the state of the service, not the provider.

Sector performance

Measuring performance in aged care is complex. There are many ways that the Commission understands and measures performance including:

- through compliance outcomes for site audits (residential services) and quality audits (home services)
- complaints about services
- notifications under the Serious Incident Response Scheme
- compliance with worker regulation and workforce-related responsibilities
- compliance with governance responsibilities
- the National Aged Care Mandatory Quality Indicator Program
- financial information, through the Quarterly Financial Report and the Annual Aged Care Financial Report.

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

Where we have provided data for residential aged care against specific performance measures and categories, you will see that there can be different outcomes for providers depending on their size and ownership type.

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

There can also be differences between quarters that may not reflect a change in performance, but rather just minor changes in data collected at different times. This can be especially true for measures with small numbers. To help with this we have added trend lines to show the overall movement across 4 quarters.

Compliance with the Aged Care Quality Standards

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

We also monitor the quality of care and services through a program of risk-based monitoring and assessments. We do this if we detect risks to people receiving aged care. Risk-based monitoring is aimed at higher risk services and providers and may focus on particular risk issues such as workforce responsibilities. In this report, the compliance rates are based on our re-accreditation site audits for residential aged care and quality audits for home services. This gives us our most representative picture of overall sector performance.

85%

All 42 requirements met
Residential care

66%

All relevant requirements met
Home services

Figure 8: Compliance with Quality Standards among audited residential care and home services providers

Site audits (residential care)

To calculate compliance rates, we divided the number of audits that met all 42 requirements by the total number of site audits where a decision was made (121 divided by 143 = 85%).

Site audits, decisions and compliance rates in residential care

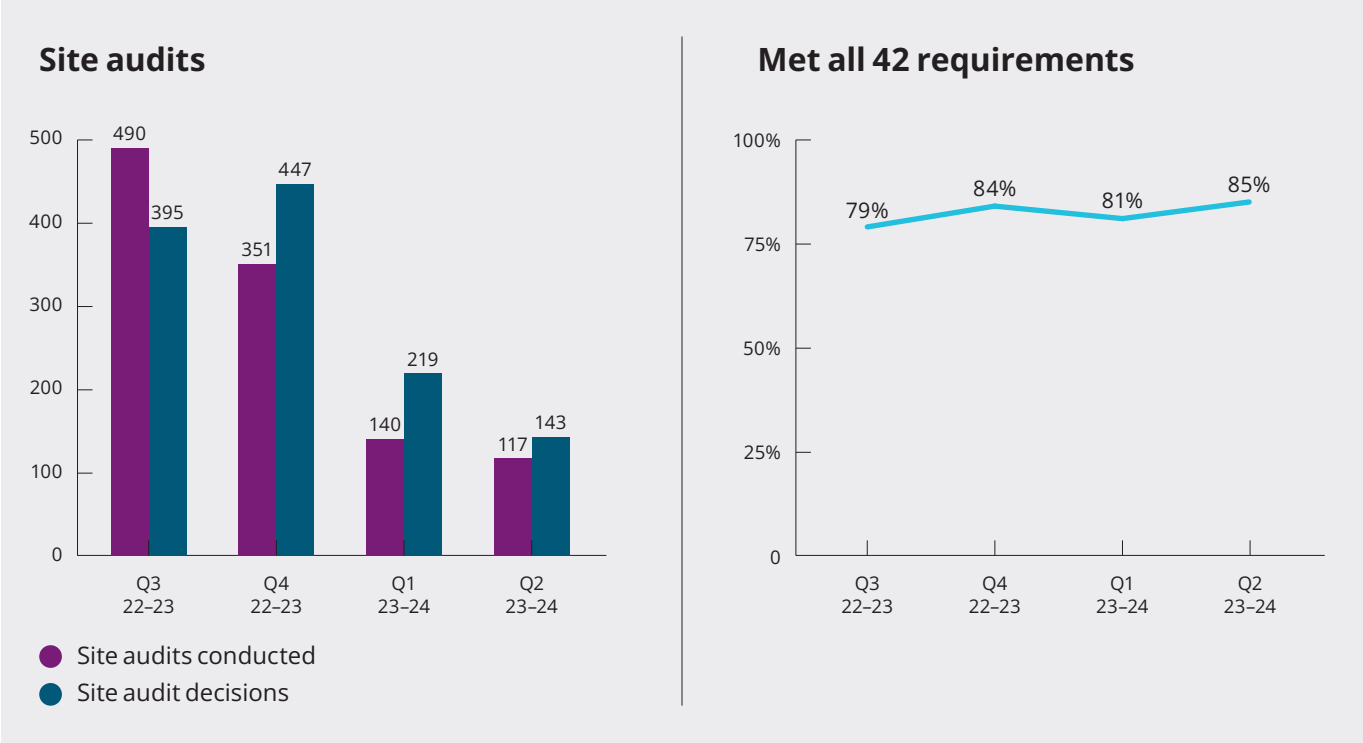


Figure 9: Number of site audits and proportion of services that met all the Quality Standards in residential care
Some site audits done in one quarter may have had their decision made in the next quarter.

- Q2 audit decisions continue the trend of residential services' high compliance with the Quality Standards noted in the past 3 quarters. In Q2 2023, 85% of the services we audited were fully compliant with all 42 requirements of the Quality Standards. This is an improvement of 4 percentage points compared with Q1. However nearly one in 7 residential services are below minimum standard in at least one aspect of care.
- Reasons for higher compliance include:
  - the Star Ratings program, as providers aim to achieve higher ratings.
  - providers becoming more familiar with the Quality Standards and what is expected of them.
- There was a surge in audit activity in Q3 and Q4 2022–23, as we caught up with the backlog of audits created by the pandemic. In Q1 and Q2 2023–24 we are back to a normal volume of audits and audit decisions compared with past quarters.

Proportion of site audit decisions that met the Quality Standards by provider size over the past 4 quarters in residential care

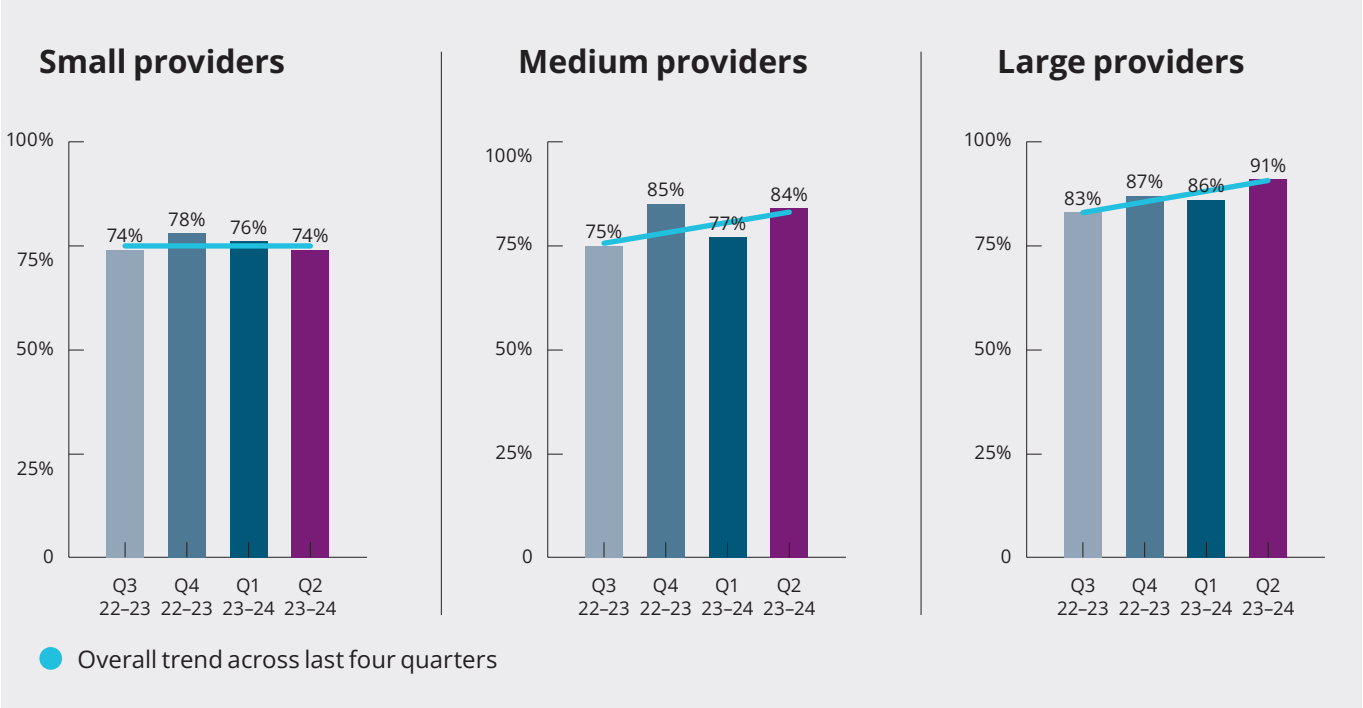


Figure 10: Proportion of compliance decisions by size of provider in residential care

- Compliance rates for medium and large providers have improved. The compliance rate for small providers in Q2, at 74%, was below the Q2 sector average of 85%.
- Variations could be for several reasons, including governance arrangements, staffing and mix of people receiving care. We are investigating other possible reasons for these differences.

Proportion of site audit decisions that met the Quality Standards by ownership type over the past 4 quarters in residential care

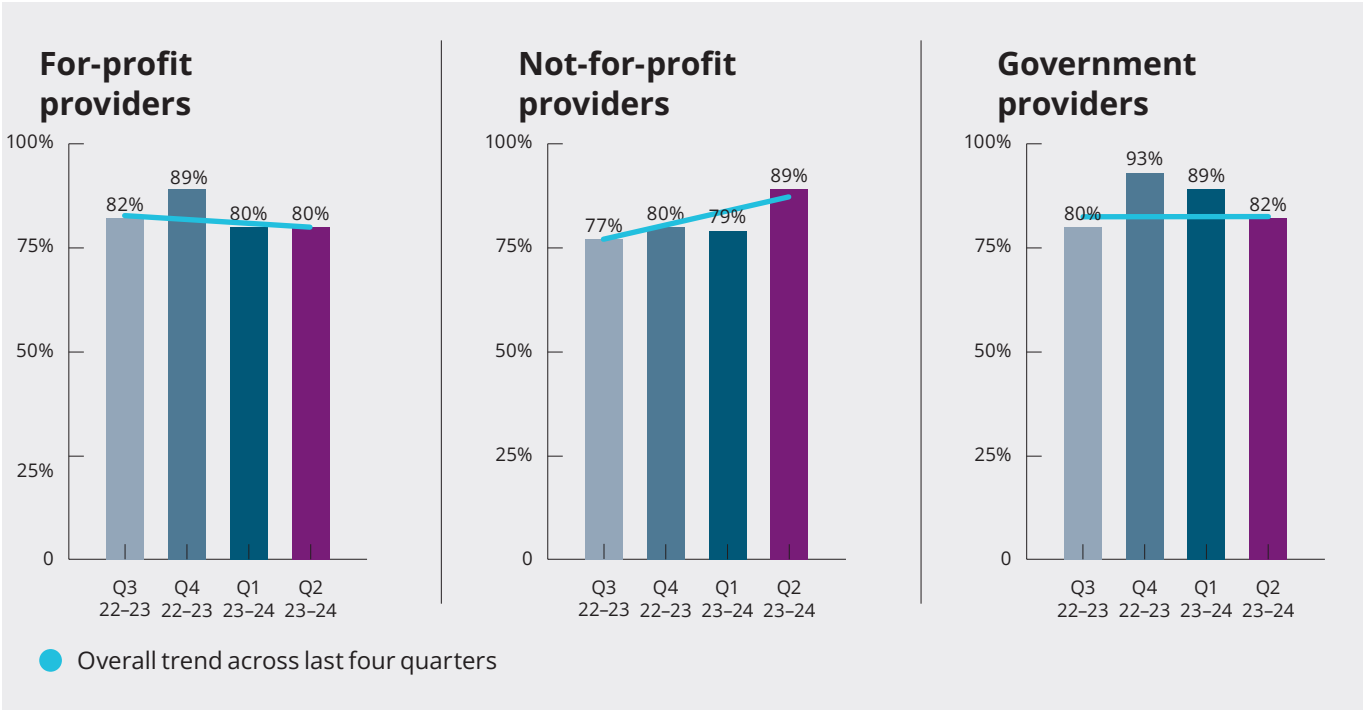


Figure 11: Proportion of compliance decisions by ownership type in residential care

- The compliance rate of for-profit and government providers is below the sector average of 85%.
- Not-for-profit providers' compliance rate for Q2 (89%) is above the sector average and has improved over the past 4 quarters.
- Variations could be for several reasons, including governance arrangements, staffing and mix of people receiving care. We will be investigating other possible reasons for these differences.

Quality audits (home services)

We conduct quality audits of home service providers at least once every 3 years to assess their performance against the Quality Standards. We also monitor the quality of care and services through a program of risk-based monitoring and assessments. We do this if we detect risks to people receiving aged care. Risk-based monitoring is aimed at higher risk services and providers. This includes monitoring providers with existing non-compliance. Emphasis is placed on ensuring providers have effective risk management systems, including appropriate governance, to help deliver safe and quality care outcomes.

Quality audits, decisions and compliance rate in home services

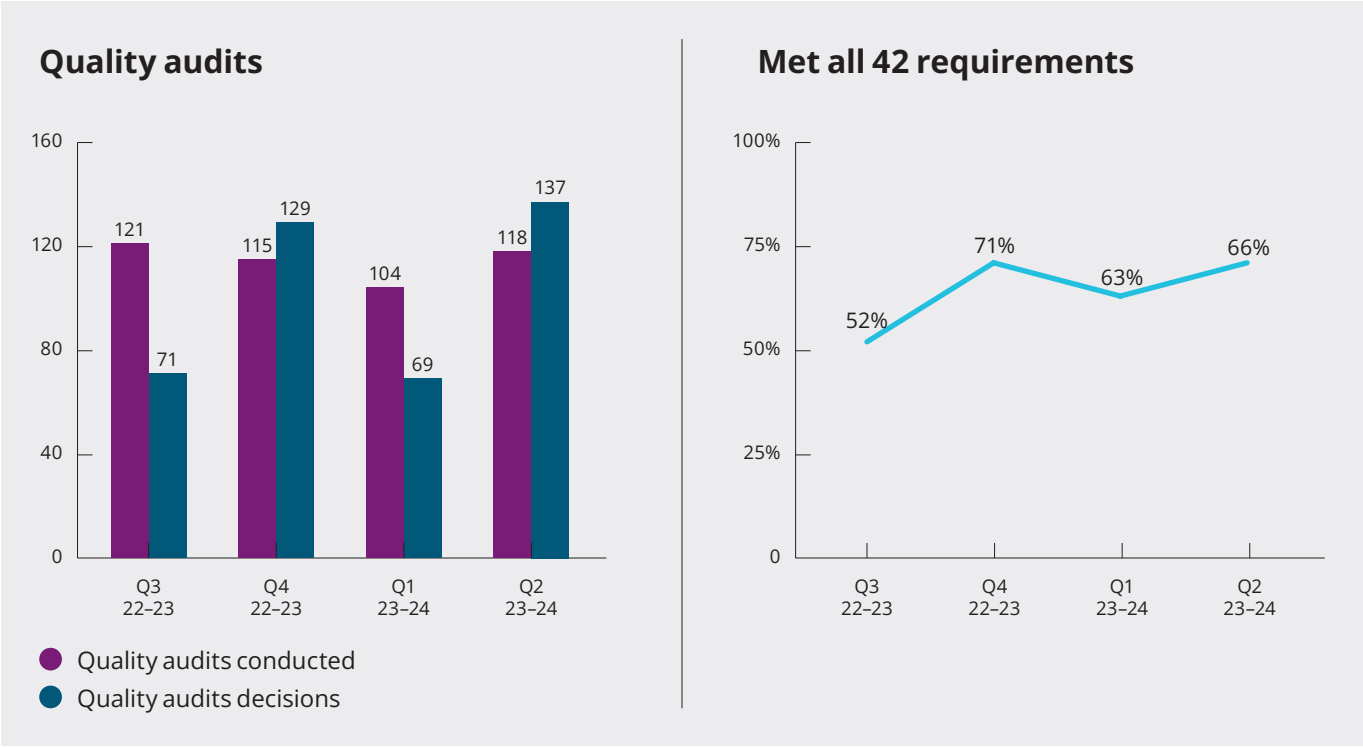


Figure 12: Number of quality audits and proportion of services that met the relevant Quality Standards in home services. Some quality audits done in one quarter may have had their decision made in the next quarter.

- While there has been improvement in home services compliance rates since Q3 2022–23, we are still concerned that compliance rates are lower for home services than for residential providers.
- In Q2, 1 in 3 home services providers were providing care that was below the minimum requirements of the Quality Standards in at least one aspect. We are concerned about this and will be increasing the number of quality audits we do in 2023–24 and in 2024–25. We will also be increasing our education to the sector, building on 5 key risks in home care and sector guidance on price capping regulation.
- In Q2 we conducted 118 home service quality audits and made 137 decisions – most of these decisions were for visits made in past quarters.

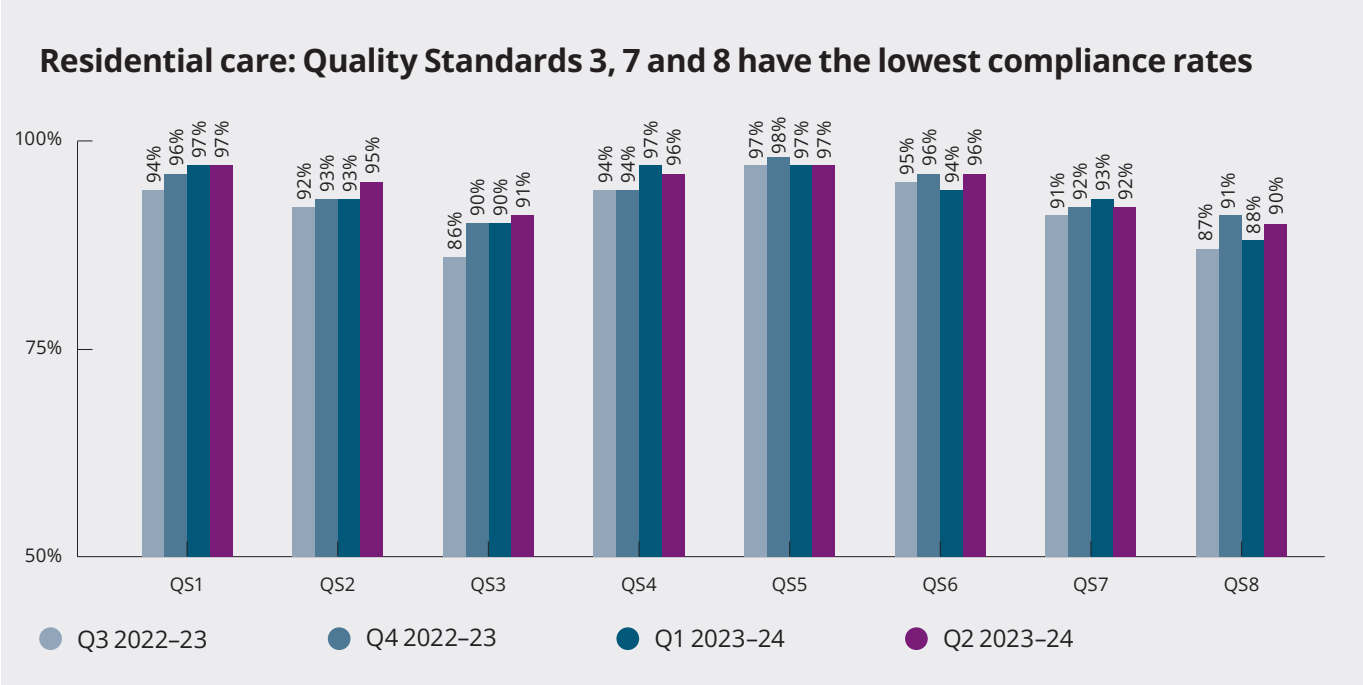


Figure 13: Compliance with the Quality Standards in residential care over the past 4 quarters

- There is variation over the 4 quarters in the compliance rates for each of the 8 Quality Standards but there are also some key trends.
- Standard 8 (Organisational governance) continues to be the standard with the lowest rate of compliance.
- After an improvement with Quality Standard 3 (Personal care and clinical care) from Q3 2022–23 to Q4 2022–23, compliance with this standard has been stable over the past 3 quarters.
- Compliance with Quality Standard 7 (Human resources) has now been fairly stable for the last 4 quarters, after a significant increase.

Residential care: Quality Standard 3, 7 and 8 had the most individual requirements with non-compliance

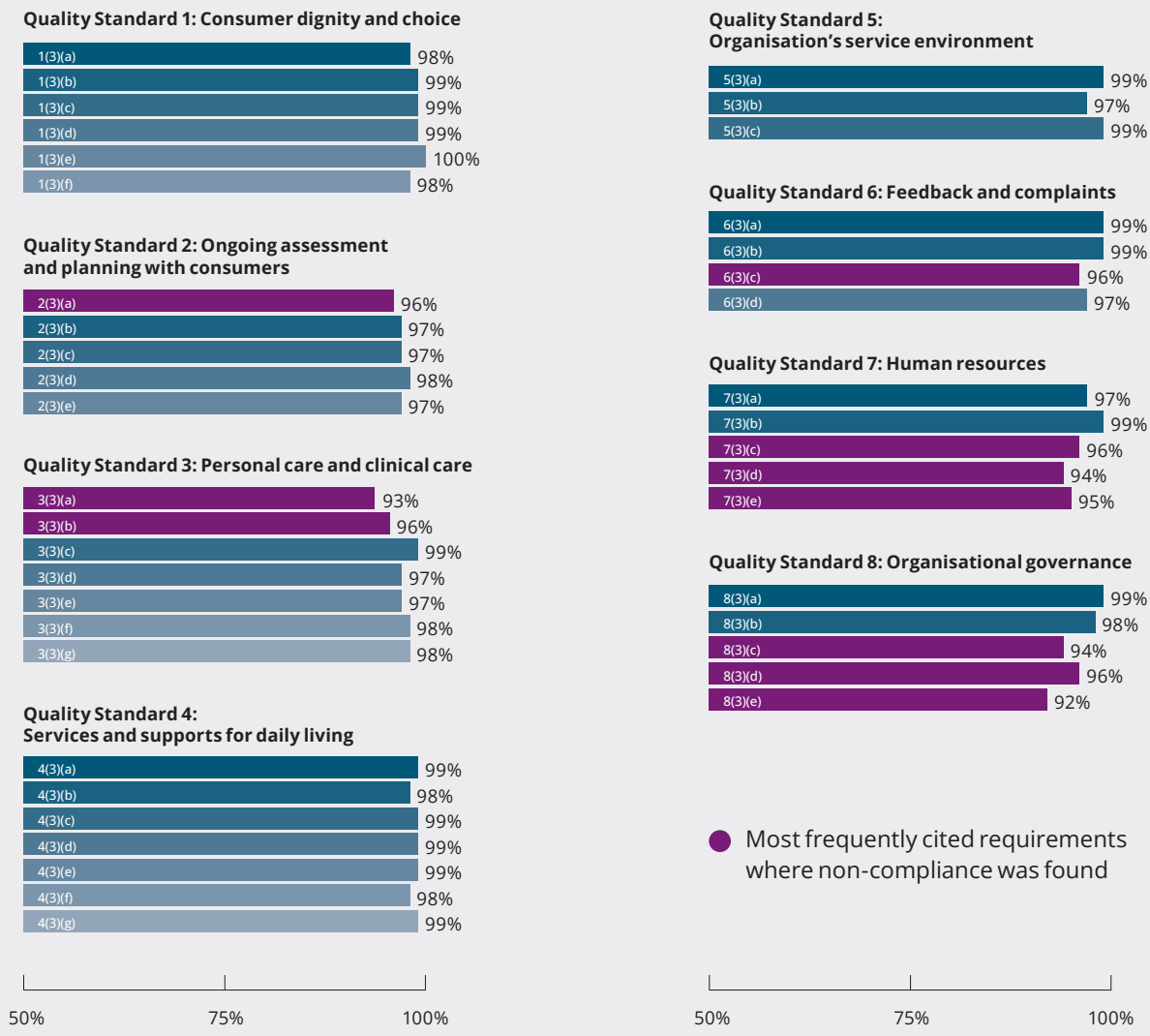


Figure 14: Compliance rate across all the 42 Quality Standard requirements in residential care

- Providers are found non-compliant with the standards if they fail one or more requirements of that standard. Therefore compliance with individual requirements is higher than the overall compliance rate of 85%. We are particularly concerned about standards where many requirements of that standard have been found to be non-compliant.
- Of the Quality Standard requirements with lowest compliance, 3 of them relate to Standard 8 (Organisational governance):
  - effective organisation wide governance systems 8(3)(c)
  - risk management systems 8(3)(d)
  - a clinical governance framework 8(3)(e).

- Compliance with Quality Standard 7 has improved overall, but 3 of the requirements of this standard are in the 10 requirements with lowest compliance:
  - staff qualifications and knowledge 7(3)(c)
  - effective recruitment and training 7(3)(d)
  - ongoing monitoring of staff performance 7(3)(e).
- The number and capability of staff is the fourth most complained about issue in residential care (page 50). We are monitoring this closely.
- We are also monitoring residential providers to make sure they are complying with:
  - mandatory care minutes responsibilities
  - their responsibility to have a registered nurse onsite 24 hours a day, 7 days week.
- Quality Standard 3 (Personal care and clinical care) has improved overall, but 2 of its requirements are in the 10 requirements with lowest compliance. These requirements are about delivering safe and effective personal and clinical care 3(3)(a) and managing high impact or high frequency risks 3(3)(b).
- We continue to see concerns about clinical and personal care in our complaints data (page 50). These issues account for half of the top 10 complaint issues.

Home services: Compliance rates were lowest in Quality Standards 2, 7 and 8

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

We have not included rates for Quality Standard 5, as we assess very few services against this standard as most services are delivered in a person's private home. Quality Standard 5 does not apply to these situations. However, it does apply to day care and respite services.

- As with residential care, home service compliance rates were lowest for Quality Standard 8 (Organisational governance). Compliance with this standard has improved over the past 4 quarters, by 14 percentage points between Q3 2022–23 and Q2 2023–24. However, home services providers need to do more to make sure that they support their safe quality care with good governance.
- There is also lower compliance with Quality Standard 2 (Ongoing assessment and planning with consumers). This has the second lowest rates of compliance after Quality Standard 8 (Organisational governance). It has fallen 4 percentage points since Q3 2022–23.
- Issues associated with Quality Standard 2 also show up in our complaints data. Complaints about case management, coordination, and care planning are 3 of the top 10 complaints we received about home services this quarter (page 52).
- Unlike residential care, we have seen a decrease in the compliance rates for Quality Standard 3 (Personal care and clinical care) in home services. Compliance has fallen 6 percentage points between Q4 2022–23 and Q1. We are closely watching this trend.

Home services: Quality Standards 2 and 8 have the most individual requirements with non-compliance

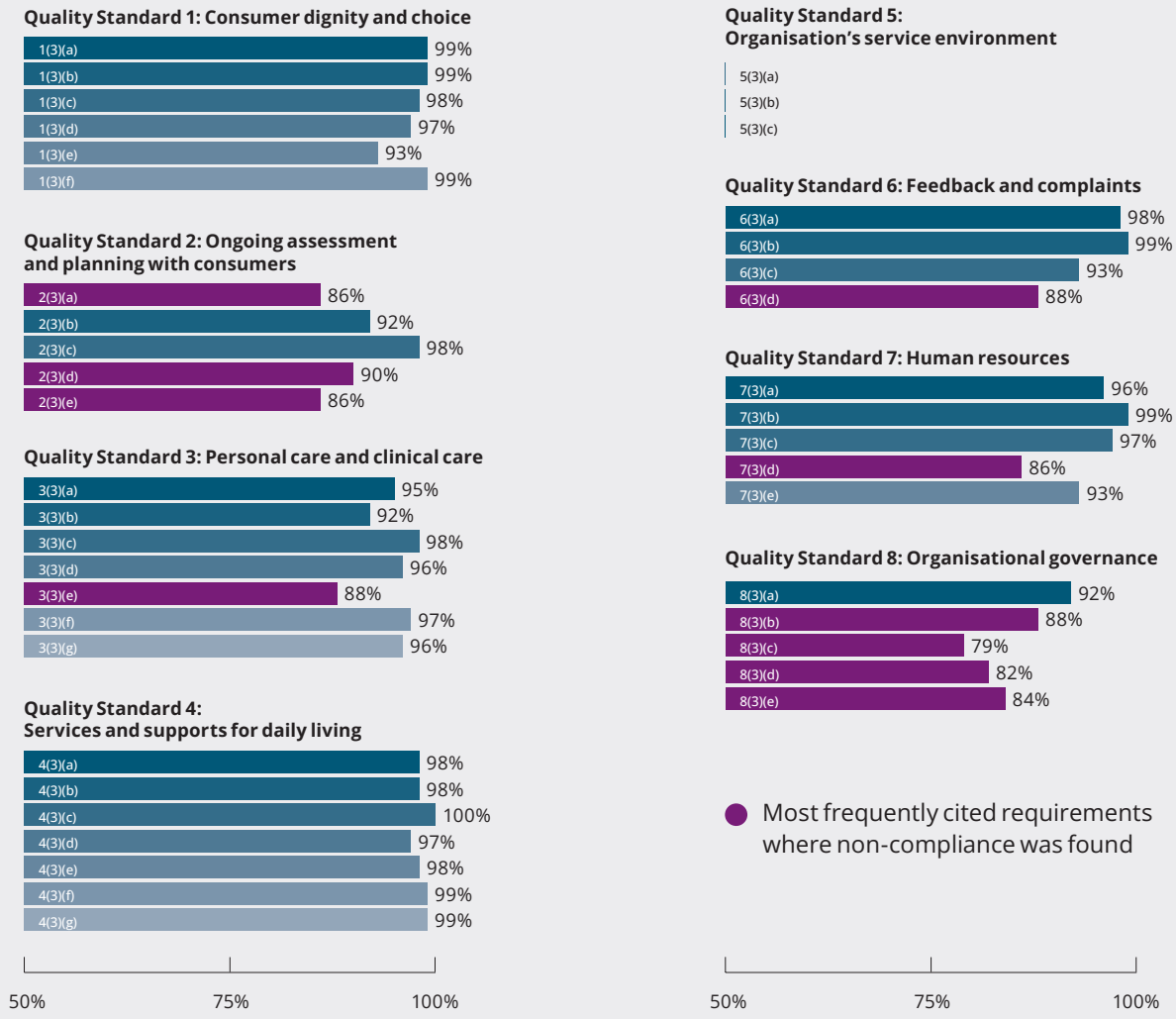


Figure 16: Compliance rates across all the 42 Quality Standard requirements in home services

- Of the 10 Quality Standard requirements with the lowest compliance, 4 relate to Quality Standard 8 (Organisational governance):
  - a responsible governing body that promotes safe and inclusive quality care 8(3)(b)
  - effective organisation wide governance systems 8(3)(c)
  - risk management systems 8(3)(d)
  - a clinical governance framework 8(3)(e).
- For home services, 3 of the 10 requirements with lowest compliance are about Quality Standard 2 (Ongoing assessment and planning with consumers):
  - assessment and planning that identifies risks to the person receiving care 2(3)(a)
  - effective communication and documentation 2(3)(d)
  - regular reviews related to changed situations or incidents 2(3)(e).
- Only one requirement related to Quality Standard 3 is in the 10 with lowest compliance and this is also about communication and documentation 3(3)(e).

Commission and provider responses to non-compliance

Where we find a provider has not complied with their responsibilities, including the Quality Standards, we base our regulatory response on our assessment of the:

- level of risk posed to people receiving care
- provider's demonstrated willingness and ability to fix the issue and make long term changes and our confidence in the sustainability of the changes.

The types of decisions we make to respond to a provider's non-compliance are shown in figure 17.

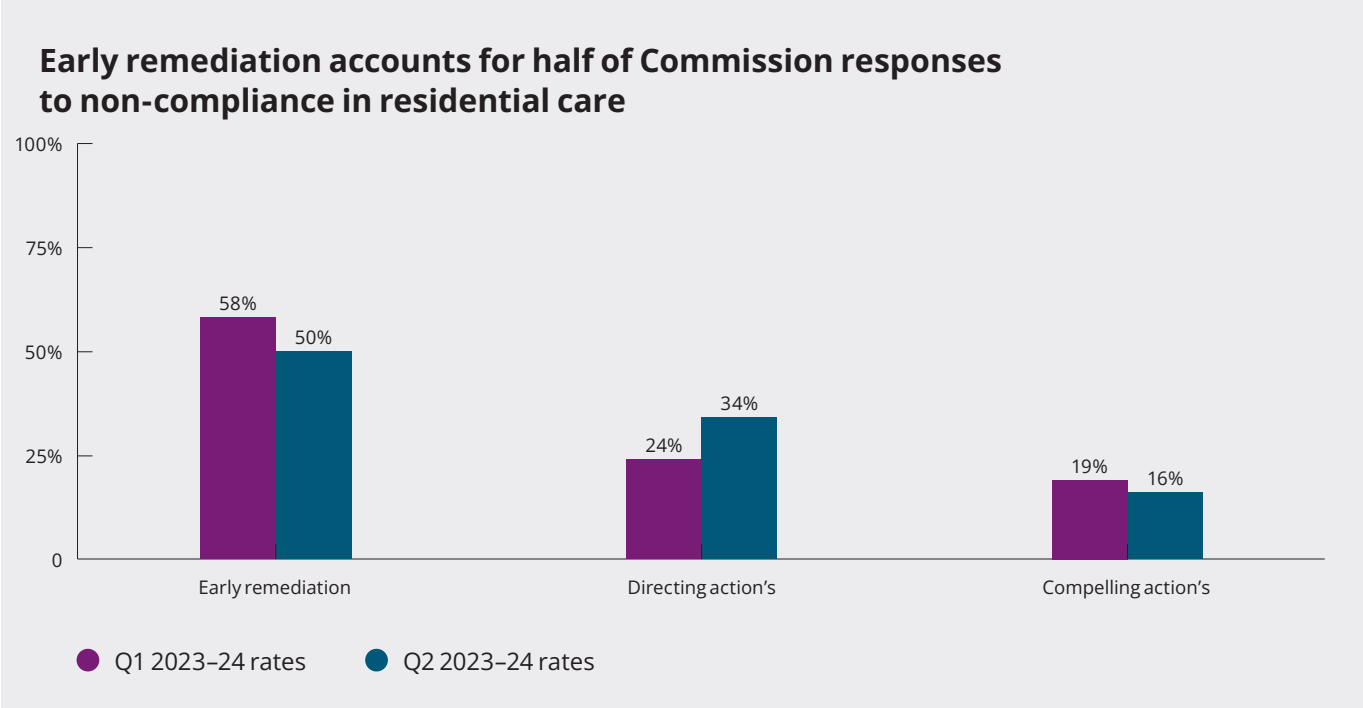


Figure 17: Commission response to findings of non-compliance in residential care

Note: Compelling actions refer to actions taken in response to site audit decisions, performance assessments and other obligations.

Early remediation

Over the past 12 months we have been changing how we support providers to improve when we find that they have not complied. We are making sure that we recognise and support providers who demonstrate that they are willing and able to fix issues quickly. These providers are included in our early remediation program.

Where we see a problem, we raise it with the provider. They must show us that they will fix the issue quickly and then convince us that it is fixed. Where this happens, we do not give them a formal notice as these providers are doing the right thing by fixing their non-compliance without delay. This gives the best results for older people and the care they receive.

Half of the non-compliance we find is now dealt with in this way. This is good news for older people receiving care because issues are resolved promptly. This also allows us to focus on providers who are not doing the right thing.

Directing actions

If providers need a further nudge to fix a problem, we issue a Direction to Revise a Plan for Continuous Improvement. We issue these if we are confident that the provider will fix an issue but may need time to develop and implement their action plan.

Compelling actions

If providers cannot, will not or do not fix the problem quickly, we use our enforceable regulatory actions. These include non-compliance notices and sanctions to compel providers to fix the issue.

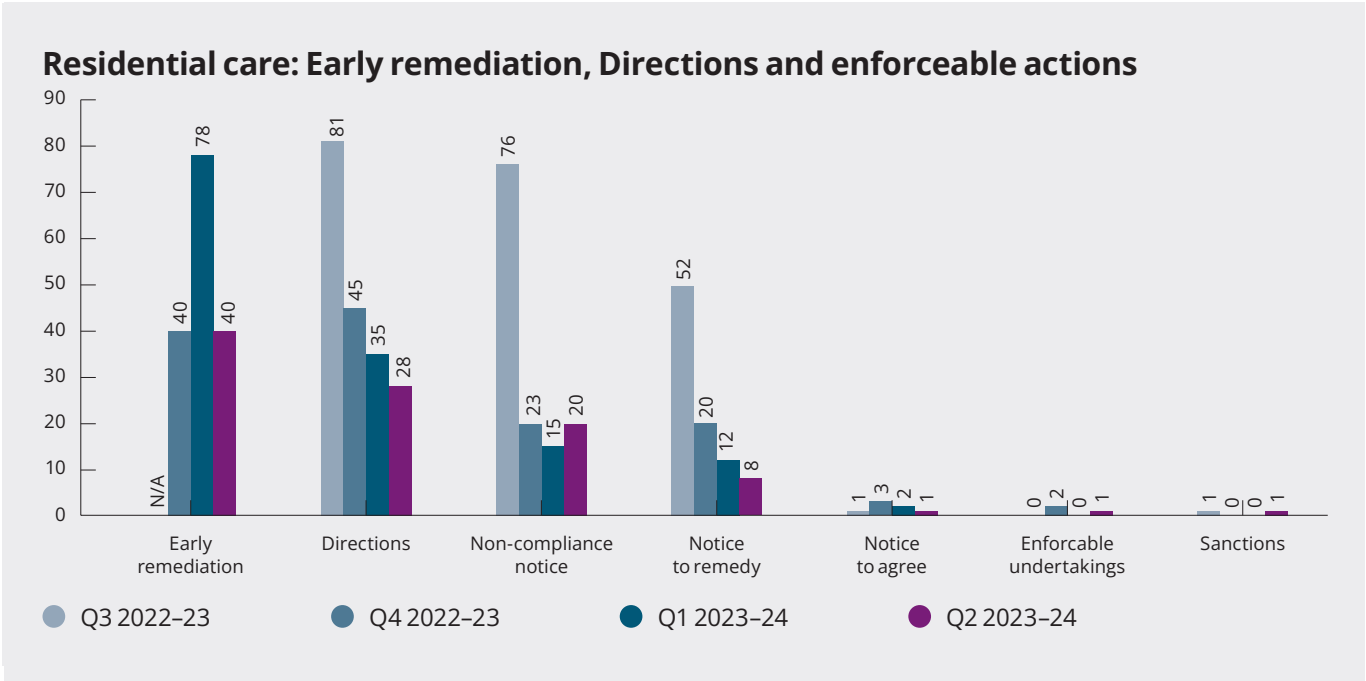


Figure 18: Directions and enforceable actions have fallen in residential care because of improved compliance and the Commission's use of early remediation to fix issues quickly.

Early remediation for residential care started in Q4 2022–23.

- The falls in the number of regulatory actions (Directions) and enforceable actions are related to our move to using early remediation to deal with non-compliance quickly, as well as improvements in provider compliance (page 26).
- The lower number of non-compliance notices compared with Q3 2022–23 is largely because more providers are submitting their quarterly financial reports on time. Of the 20 Non-Compliance Notices we issued in Q2, 15 were for late financial reports.

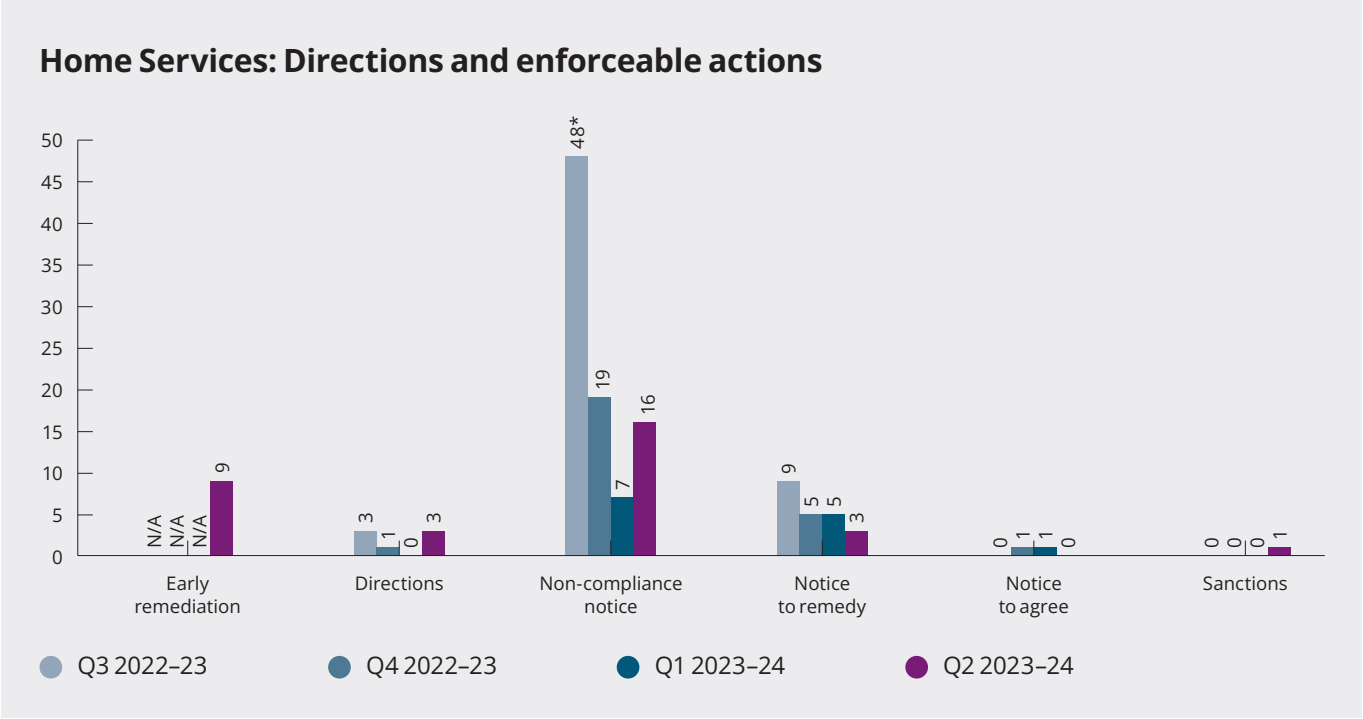


Figure 19: Directions and enforceable actions in response to non-compliance in home services

* NCNs issued in this quarter were mainly due to QFR non-lodgement

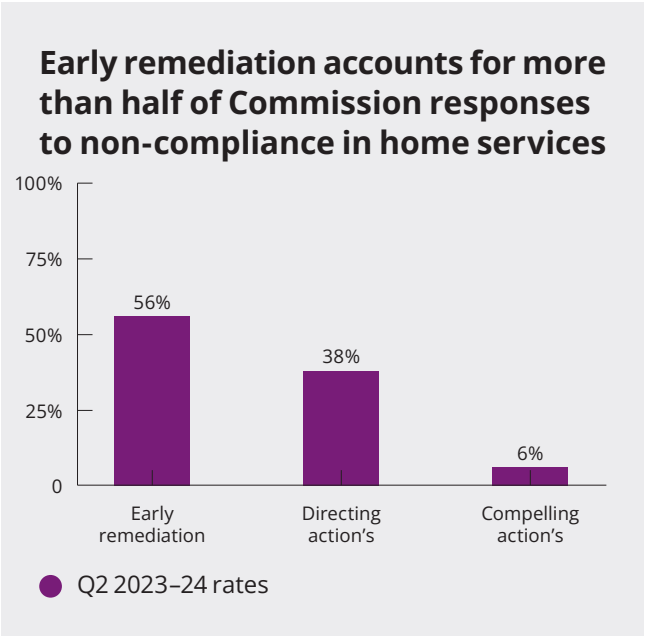


Figure 20: Commission response to findings of non-compliance in home services

The Commission started using early remediation in home services in Q2 2023–24.

Compelling actions refer to actions taken in response to quality audit decisions, performance assessments and other obligations.

- The number of directions we issued to home services to fix their non-compliance went down over the past quarters to zero in Q1. In Q2 we issued 3 directions.
- As with residential care, the falls in regulatory actions (directions) and enforceable actions reflect our move to using early remediation to deal with non-compliance quickly (page 22).
- Non-Compliance Notices (NCNs) increased in Q2 2023–24 but compared with Q3 2022–23, there is a significant decrease. We issued most of these Non-Compliance Notices (15) because providers submitted their Quarterly Financial Reports late.

Additional monitoring of the sector

As well as our site and quality audit programs, we monitor all providers and services through our data and intelligence. We actively monitor residential services and home services through assessment contacts. For residential aged care, an assessment contact usually happens through an onsite visit. For home services, our assessment contacts usually happen offsite through phone calls or writing to providers. We use assessment contacts to follow up on risks to people receiving care that we have found through:

- a complaint
- a serious incident notification; or
- other information that we have received.

We also use assessment contacts to check how the sector is doing in areas of risk we are focused on. In residential care we are currently focussing on 4 key areas of risk sector wide:

- infection prevention and control
- food, nutrition and dining
- workforce responsibilities
- response to high-risk weather events.

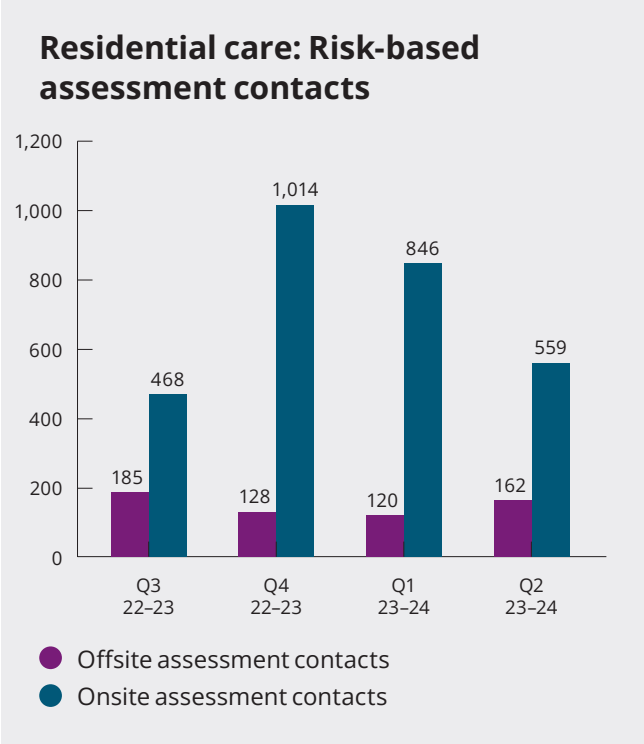


Figure 21: Assessment contacts over the past 4 quarters in residential care

(See data tables for a breakdown of performance and monitoring assessments).

- Over the past 4 quarters, most of our onsite assessment visits in residential care have been focussed on sector-wide risks. They have been particularly focussing on infection prevention and control, and food nutrition and dining.
- To check on infection prevention and control practices we have now visited all residential services at least once. This is part of our commitment to reducing the risk of all infectious diseases, including COVID-19, influenza and gastroenteritis.
- In Q1 and Q2 2023–24 we checked 519 providers for infection control management, 289 for food nutrition and dining and 125 for workforce responsibilities. We don't use these processes as the basis for a formal finding on non-compliance. However, if we have concerns we will undertake a further performance assessment of the service against some or all of the Quality Standards which may lead to a non-compliance finding.

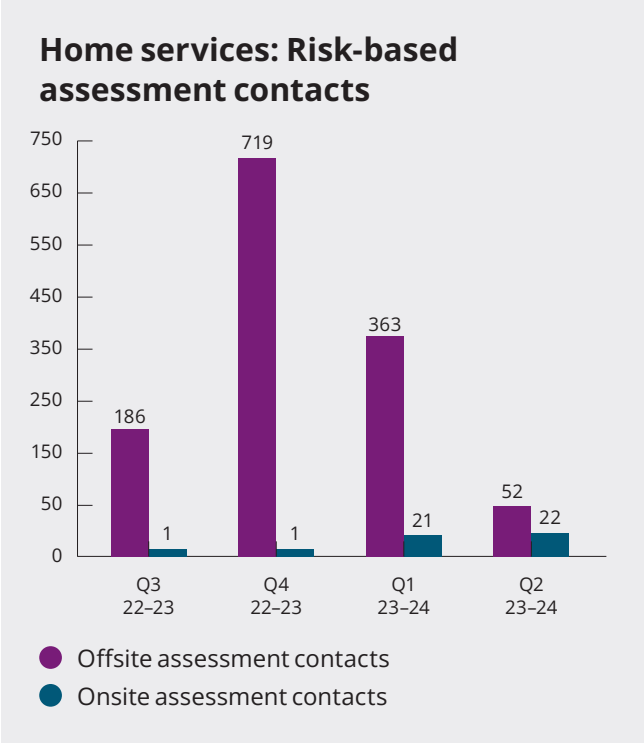


Figure 22: Assessment contacts in home services over the past 4 quarters

(See data tables for a breakdown of performance and monitoring assessments).

Performance assessment contacts are visits we make to a service because we have identified a risk through internal Commission data like complaints and SIRS notifications or other sources like the media or other agencies.

We can also make these visits because of a risk identified during a quality audit. In this case, if we find the service is not complying, the decision will be recorded as part of the quality audit report.

- The number of home services assessment contacts for Q2 is back to our usual number, after a focussed offsite assessment contact program during 2023.
- The purpose of the program was to help us to better understand the service type, services offered, and specific risks for individual providers.
- We used this information to plan our program of quality audits. We are now increasing the activity in the quality audit program including preparedness for high-risk weather across the home services sector. We are also using a new approach for assessing multiple services run by the same provider. You can learn more about this approach in the February edition of the Quality Bulletin.

Find out more by clicking the links below:

- Assessment and monitoring | Aged Care Quality and Safety Commission
- Aged Care Quality Standards
- Home services quality reviews
- Residential care review audits
- Aged care services performance and enforceable actions
- Enforceable-undertakings

Worker regulation

The Code of Conduct (the Code) describes how aged care providers, their governing persons (e.g. board members) and workers (including volunteers) must behave and treat people receiving aged care. We take action if we find that an aged care provider, a governing person or person providing care has done something that is inconsistent with the Code.

The Code helps people receiving aged care to have confidence and trust in the quality and safety of the care they receive, no matter who is providing it.

You can find information about the Code for approved providers, aged care workers and governing persons on our website.

Worker regulation investigation cases

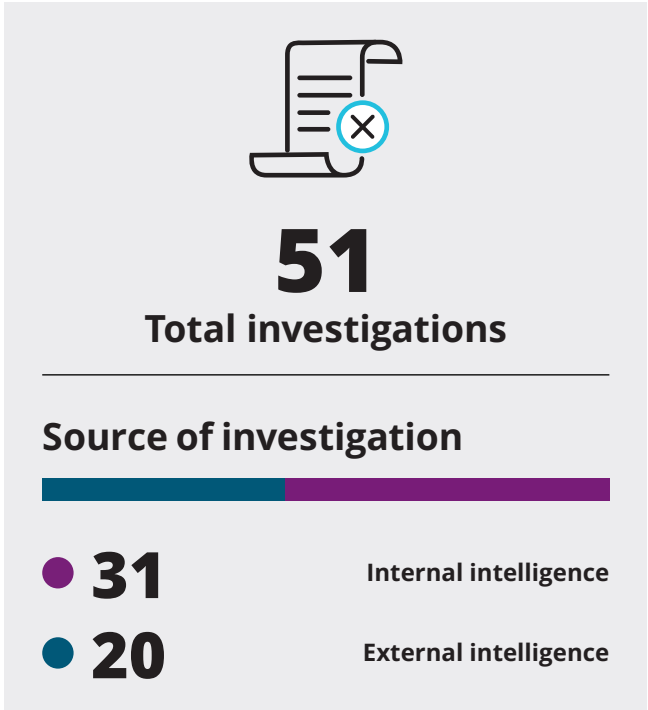


Figure 23: Source of worker regulation investigations in Q2
The figures show cases from 1 October 2023 to 31 December 2023, and were extracted on 5 January 2024.
Reported figures may change as cases in the database are updated.

We identify risks related to Code matters through all of our regulatory activities, such as SIRS notifications and complaints. We also identify risks through external sources such as the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, other regulatory agencies and the media.

We are always monitoring and analysing our intelligence and data to identify risks. This includes identifying risk in trends or patterns of behaviour that may not follow the Code.

We will investigate if there is a high risk to people receiving care because a:

- person's conduct does not comply with the Code
- provider is not complying with their responsibilities
- person may not be suitable to provide aged care.

In Q2, 51 cases were under investigation by the Commission's investigation team:

- 31 of these cases came through our own processes, including:
  - 19 from the SIRS
  - 6 from our complaints process
  - 6 from other internal sources.
- 20 investigations came through external sources including:
  - 10 from the NDIS Commission
  - 7 from other external agencies
  - 3 from the media.

Banning orders

Compliance and enforcement actions	Total Q2 2023–24
Specified term banning order	9
Permanent banning order	19
Total banning orders in Q2	**28**

Figure 24: Banning orders

Source: Data from Commission systems as of 31 December 2023, extracted 5 January 2023. Reported figures may change as cases in the database are updated.

99

Total banning orders
since 1 December 2022

We can make a banning order against:

- a current or former aged care worker of an approved provider
- a current or former governing person 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 providing specific types of aged care
- taking part in specific activities as an aged care worker or governing person.

A banning order can be:

- permanent or for a certain time
- subject to conditions.

We have a register of banning orders that lists all banning orders we have made. You can also find more information on banning orders on our website.

An investigation may result in the Commission issuing a banning order to stop a person from working in aged care or restrict their activities. A banning order is our most serious enforcement action against a person.
We may take other actions including issuing a caution letter to the worker or directing the provider and the worker to take certain actions, including further training.

In Q2, we issued 28 banning orders:

- 9 banning orders were for a specific time
- 19 banning orders were permanent (14 of these orders involved people who have been banned in the past by the NDIS Commission).

Find out more by clicking the links below:

- Regulatory Bulletin: Banning orders
- Aged Care Register of banning orders

Serious Incident Response Scheme

Residential aged care providers and providers that deliver care services in a home or community setting are required to notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS). More detailed information about the SIRS is included in links at the end of this section.

Every provider must have an effective incident management system in place. Providers should use this system to reduce the risk of incidents and to respond effectively when they happen. This is a requirement under Quality Standard 8 (Organisational governance).

Knowing the rate of SIRS notifications for the sector can help providers to understand how their rate of notifications compares to other providers. We use these rates, combined with other information on provider performance, to focus on services that have concerning rates of SIRS notifications. This can include rates that seem too high or rates that seem too low. We have included SIRS notification rates for residential care by provider ownership type and size.

Residential care:
Reportable incident notifications

14,331

Unreasonable use of force	8,086
Neglect	3,363
Psychological or emotional abuse	1,191
Unlawful sexual contact or inappropriate sexual conduct	620
Unexplained absence from care	467
Stealing or financial coercion by a staff member	212
Unexpected death	198
Inappropriate use of restrictive practices	194

Figure 25: All reported incidents in residential care

Home services:
Reportable incident notifications

1,190

Neglect	682
Stealing or financial coercion by a staff member	293
Psychological or emotional abuse	86
Unreasonable use of force	47
Missing consumers	31
Unexpected death	21
Unlawful sexual contact or inappropriate sexual conduct	18
Inappropriate use of restrictive practices	12

Figure 26: All reported incidents in home services

Residential care: Unreasonable use of force was the most reported incident type

Reportable incident	Q3 2022–23 total	Q4 2022–23 total	Q1 2023–24 total	Q2 2023–24 Priority 1	Q2 2023–24 Priority 2	Q2 2023–24 total
Unreasonable use of force	7,686	7,370	7,711	1,945	6,141	8,086
Neglect	2,236	2,960	3,134	998	2,365	3,363
Psychological or emotional abuse	1,102	1,122	1,346	168	1,023	1,191
Unlawful sexual contact or inappropriate sexual conduct ~	603	524	623	615	5	620
Unexplained absence from care ^	410	352	334	463	4	467
Stealing or financial coercion by a staff member	336	180	220	114	98	212
Unexpected death ^	211	242	225	198	0	198
Inappropriate use of restrictive practices	193	146	204	28	166	194
TOTAL	**12,777**	**12,896**	**13,797**	**4,529**	**9,802**	**14,331**

Figure 27: Number of Priority 1 and Priority 2 reported incidents in residential care over the past 4 quarters

~ 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.

Spotlight on SIRS Priority 1 and Priority 2 notifications in residential care

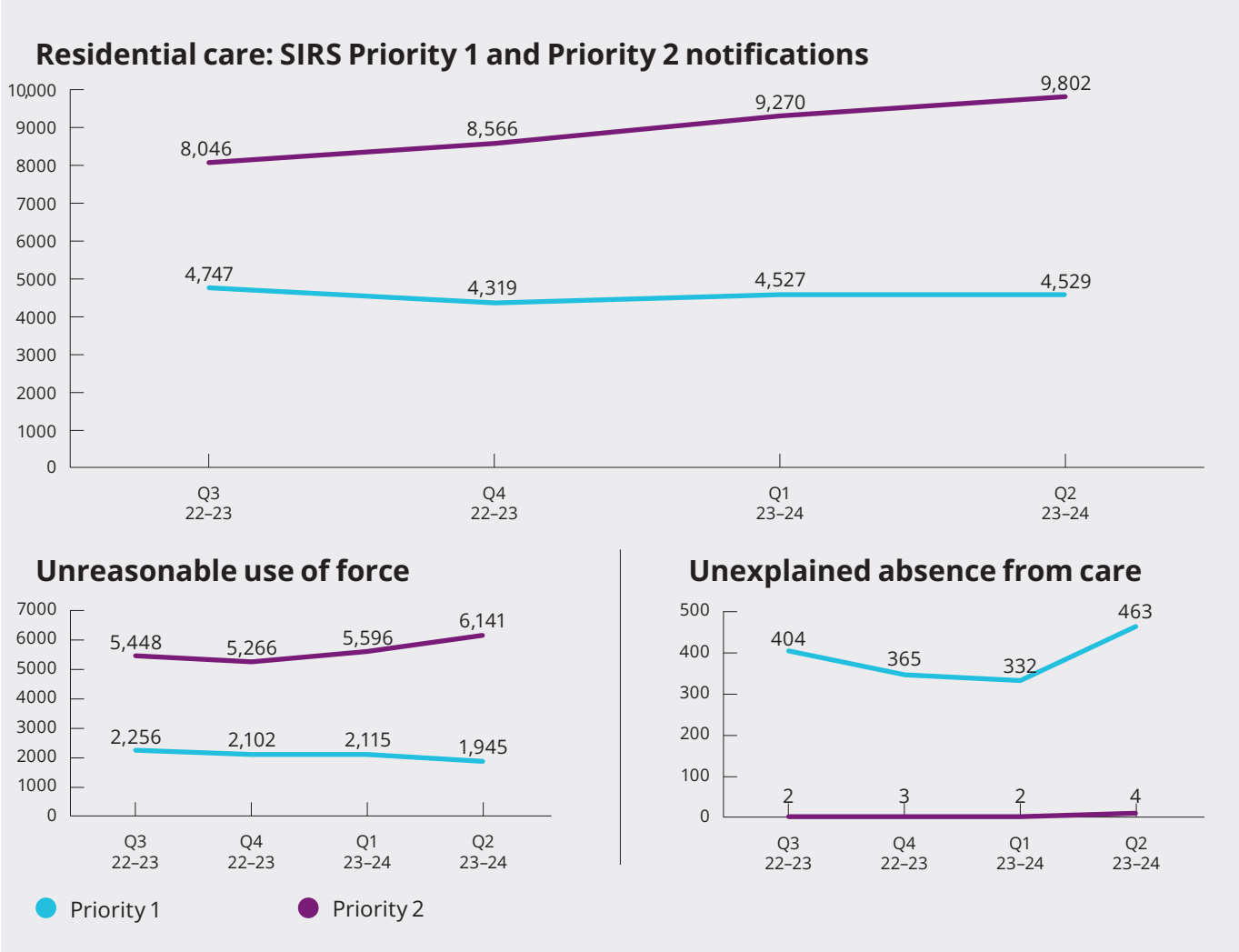


Figure 28: SIRS Priority 1 and Priority 2 notifications in residential care across the past 4 quarters
Unreasonable use of force and unexplained absence from care highlight particular issues we are focussing on.

- There has been a 4% increase in residential care SIRS notifications this quarter. This has been driven by an increase in Priority 2 notifications.
- The higher number of Priority 2 incidents may be a sign that providers' understanding of the scheme is improving. Priority 2 incidents give providers an opportunity to address risk and reduce the likelihood of more serious incidents.
- There has been a 9% increase in Priority 2 notifications of unreasonable use of force and a drop of 8% in Priority 1 notifications.
- Notifications of unreasonable use of force in residential care consistently account for more notifications than any other incident type combined.
- We are concerned that providers do not always correctly assess the impact of incidents on older people. The impact of an incident can be observable or not, severe or mild, and can change over time. The impact can be physical, psychological, social, spiritual or relate to dignity and rights. We expect providers to consider the impact of both Priority 1 and Priority 2 incidents on the older people in their care.

- In Q2, unreasonable use of force accounted for 56% of all notifications. Around 90% of these notifications were incidents between residents.
- The SIRS Insights publication Unreasonable Use of Force: resident incidents explains how we expect providers to focus on preventing and managing these types of incidents. Providers should be analysing the root causes of both Priority 1 and Priority 2 incidents.
- There were 131 more notifications of unexplained absence from care this quarter, which is a Priority 1 type incident. While it is only a small proportion of reported incidents in residential care, it is of concern because it has a high risk to the older person, including risk of death. It also goes to the heart of provider responsibilities to keep every person living in aged care safe while continuing to support a person's right to have choice and freedom of movement.
- The SIRS Insights publication Unexplained Absence from Care helps providers to update their processes across their services to reduce the likelihood of these incidents happening and if they do, understand and manage their impact effectively.

Priority 1 reportable incidents are incidents:

- that must be notified to us within 24 hours
- that have caused, or could reasonably have caused, a person receiving aged care physical or psychological injury or discomfort that needed medical or psychological treatment
- where it is reasonable to contact the police (this includes all incidents involving alleged, suspected, or witnessed sexual assault)
- where there is the unexpected death of a person in aged care or their unexplained absence from the service.

Priority 2 reportable incidents are incidents:

- that do not meet the criteria for a Priority 1 reportable incident. Providers must notify us within 30 days of becoming aware of the incident.

SIRS notification rates

SIRS notification rates can help providers to identify if their reporting rate is significantly different from the sector average. Providers should also be reviewing their incident management system to look for ways they can improve.

The slight overall rise in notification rates across the previous 12 months may in part reflect improved reporting. Many reported incidents are nonetheless preventable. We expect providers to be able to show how they keep improving to reduce the likelihood of incidents. This includes studying what happens when things go wrong and introducing changes to stop it from happening again.

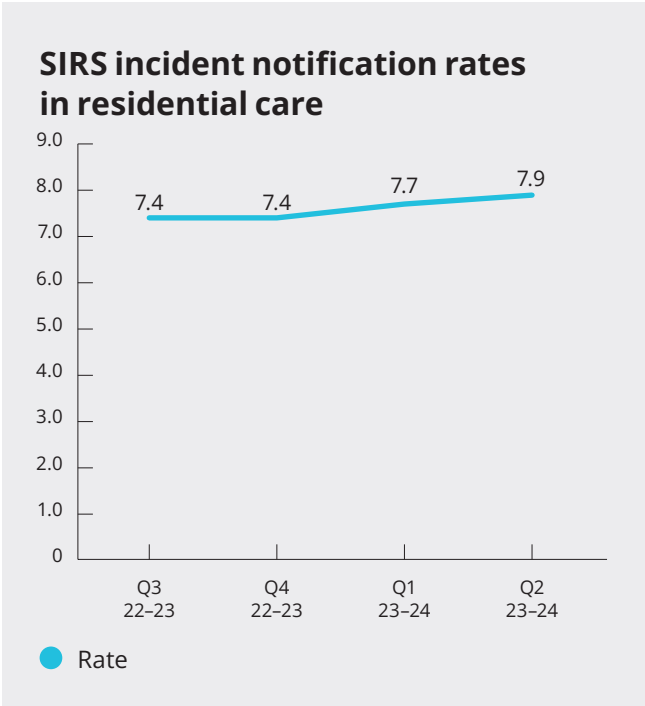
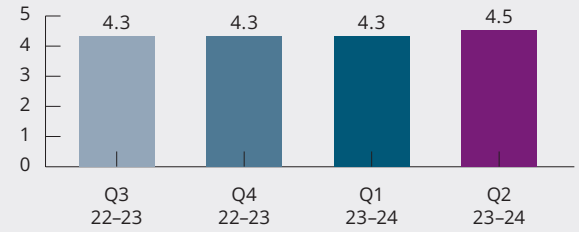


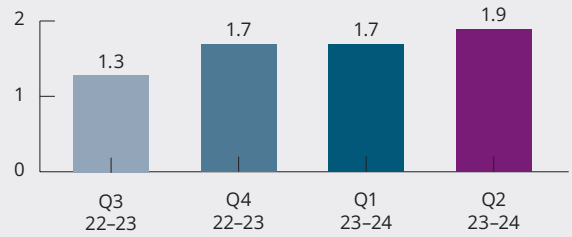
Figure 29: SIRS incident notification rate for residential care
SIRS notification rate is number of notifications per 10,000 occupied bed days (OBD).

Residential care reporting rates per quarter for each incident type

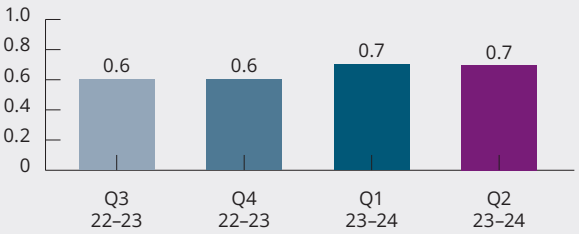
Unreasonable use of force



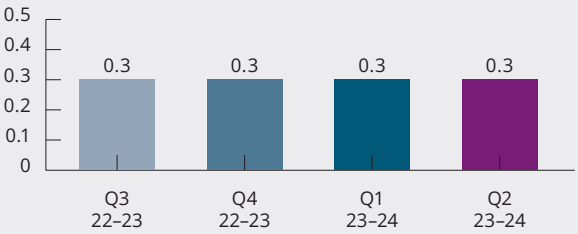
Neglect



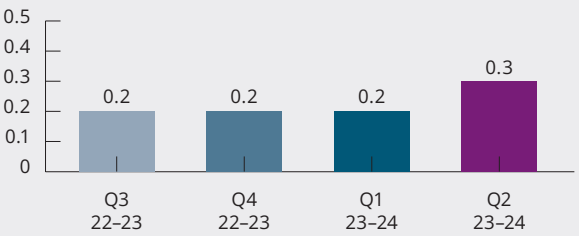
Psychological or emotional abuse



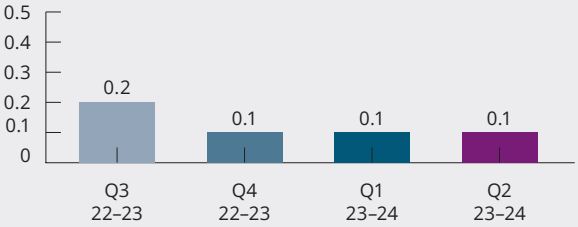
Unlawful or inappropriate sexual contact



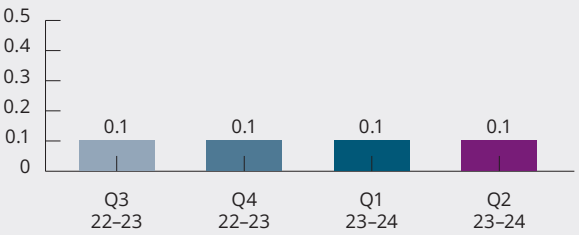
Unexplained absence from care



Stealing or financial coercion by a staff member



Inappropriate use of restrictive practices



Unexpected death

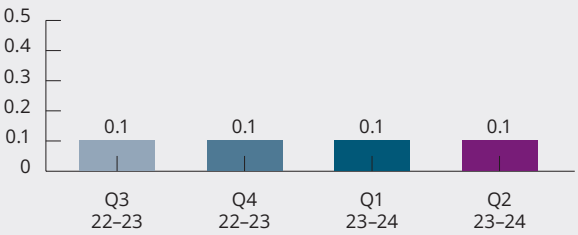


Figure 30: SIRS reporting rates and Priority 1 and Priority 2 numbers for each notification type in residential care. All rates are notifications per 10,000 OBDs. All rates are notifications per 10,000 bed days.

- In Q2, the overall rate of SIRS reporting in residential care is 7.9 per 10,000 occupied bed days (OBDs) which is slightly higher than last quarter. For a residential service fully occupied by 110 residents, this would be equivalent to 8 incidents across the quarter. Reporting rates for each incident type have remained stable, apart from neglect and unreasonable use of force.
- Over the past 4 quarters, rates of neglect have increased from 1.3 to 1.9 per 10,000 OBDs.
- Most of the recent increase in neglect notifications is in Priority 2 incidents.
- Neglect includes many kinds of clinical incidents. When providers notify us of incidents of neglect, they should also check their data to look for other clinical issues.
  This includes the data that they collect and submit under the National Aged Care Mandatory Quality Indicator Program (QIP).
- We are doing further research to better understand incidents of neglect.
- Inappropriate use of restrictive practices notifications, along with unexpected death and stealing or financial coercion, have the lowest number and rates of notifications of any of the 8 incident types.
- The steady but lower rate of inappropriate use of restrictive practices notifications may be partly because of under-reporting.
- The use of physical restraint, as reported through the QIP has been going down. This covers all types of restrictive practices, both appropriate and inappropriate, except for chemical restraint.

Our In Focus segment on Restrictive Practices, on page 55 aims to help providers better understand this important issue.

Residential aged care SIRS rate by provider size

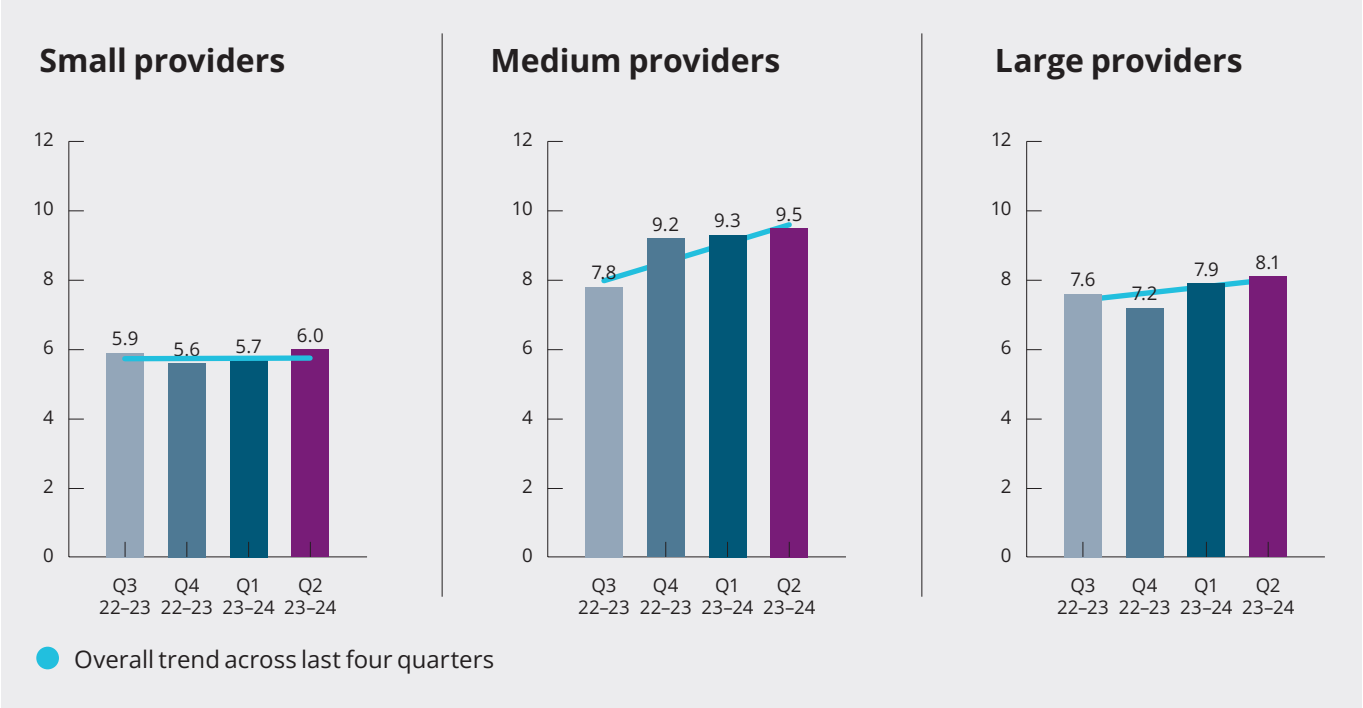


Figure 31: SIRS reporting rates per quarter by provider size in residential care over the past 4 quarters. All rates are notifications per 10,000 bed days.

- The SIRS notification rate for small providers has remained stable for the past 4 quarters. The notification rate of 6.0 in Q2 is well below the sector average of 7.9.
- Medium size providers' SIRS notification rate has increased in the past 4 quarters. The notification rate in Q2 of 9.5 is higher than the sector average. For a residential service fully occupied by 110 residents, this would be equal to 9 to 10 incidents in the quarter.
- Large providers' SIRS notification rate have increased in the past 4 quarters to 8.1 in Q2, which is slightly higher than the sector average.
- There does not appear to be a clear trend in SIRS notifications rates by provider size, with rates varying across quarters.

Residential aged care SIRS rate by ownership type

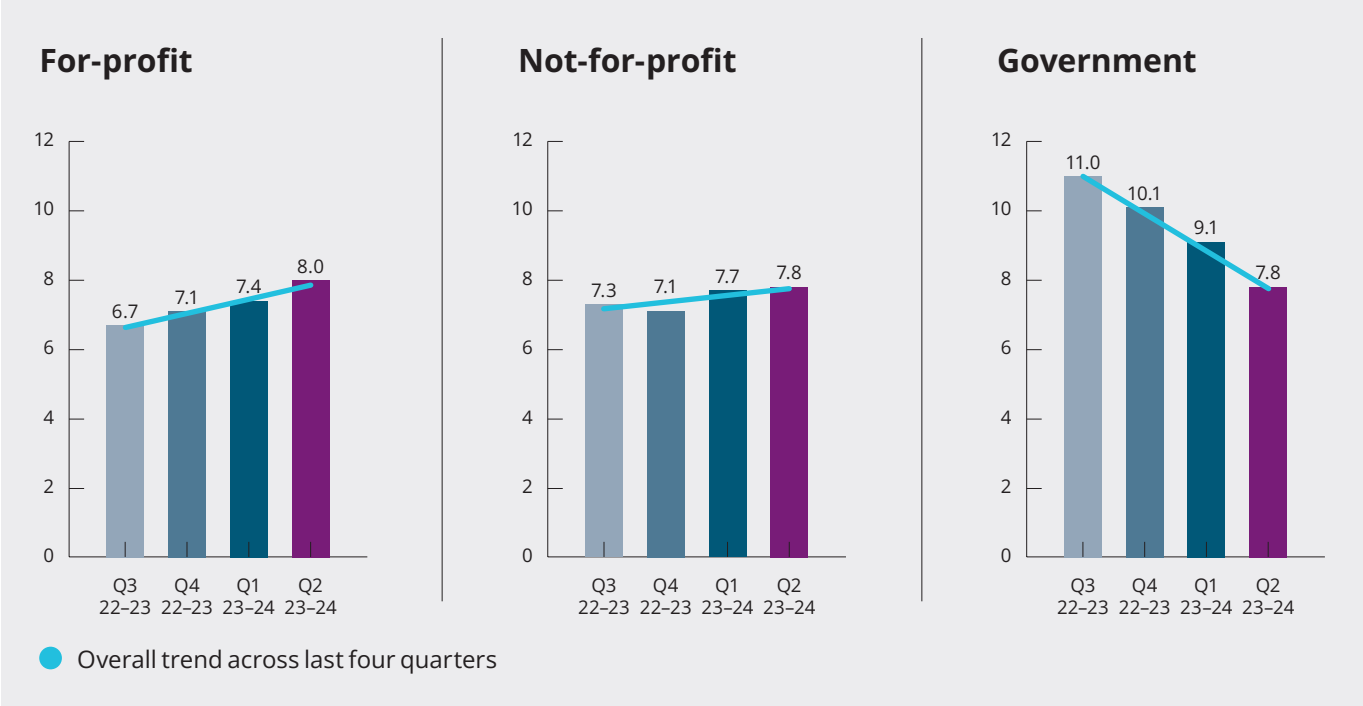


Figure 32: SIRS reporting rates per quarter by ownership type in residential care. All rates are notifications per 10,000 bed days.
Rates exclude 45 notifications for Q2 that could not be connected to a provider type, 12 providers that provide flexible care options and exclude 18,842 bed days.
These notifications are included in the total SIRS reporting rate figure.

- Rates of SIRS notifications by for-profit providers have increased in the past 4 quarters at a faster rate than the overall growth for the sector. Notifications for not-for-profit providers have increased slightly over the past 4 quarters.
- Government providers' rates of notifications have gone down significantly in Q2.
- In Q2, notification rates for all ownership types are close to the sector average of 7.9 per 10,000 OBDs.
- No general conclusions about the performance of provider types can or should be made from this data. SIRS notifications are only a single view of performance. The reasons for any differences in notification rates are not always clear, and are likely to be influenced by a number of factors.

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

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

Example

Good Care ABC is a large size government provider. One of its services has 300 residents and is fully occupied throughout the year. It has 109,500 OBDs in a calendar year. For Q2 there are 92 days, and the service would have 27,600 OBDs. The service notified the Commission of 30 serious incidents in this quarter.

Its SIRS notification rate per 10,000 OBDs would be 30/27,600 x 10,000 = 10.87

The SIRS sector average notification rate is 7.9 (for Q2) incidents per 10,000 OBDs. Good Care ABC's notification rate for the quarter of 10.87 is above the sector average rate.

Home services: Neglect was the most reported incident type across the past 4 quarters

Reportable incident	Q3 2022–23 total	Q4 2022–23 total	Q1 2023–24 total	Q2 2023–24 Priority 1	Q2 2023–24 Priority 2	Q2 2023–24 total
Neglect	382	562	556	304	378	682
Stealing from or financial coercion of a consumer by a staff member	250	252	280	166	127	293
Psychological or emotional abuse	66	72	69	23	63	86
Unreasonable use of force	56	52	54	27	20	47
Missing consumers	24	30	39	26	5	31
Unexpected death	13	24	26	21	0	21
Unlawful sexual contact, or inappropriate sexual conduct	13	21	24	18	0	18
Inappropriate use of restrictive practices	5	16	7	1	11	12
TOTAL	**809**	**1,029**	**1,055**	**586**	**604**	**1,190**

Figure 33: Number of Priority 1 and Priority 2 reported incidents for home services
SIRS notification rates are not available for home services because of the different way consumer data is collected.

Find out more by clicking the links below:

- Serious Incident Response Scheme Insight Reports
- SIRS information for providers
- SIRS information for consumers
- SIRS information for home services providers
- Information on Quality Standard 8 – Organisational governance

Spotlight on Priority 1 and Priority 2 notifications in home services

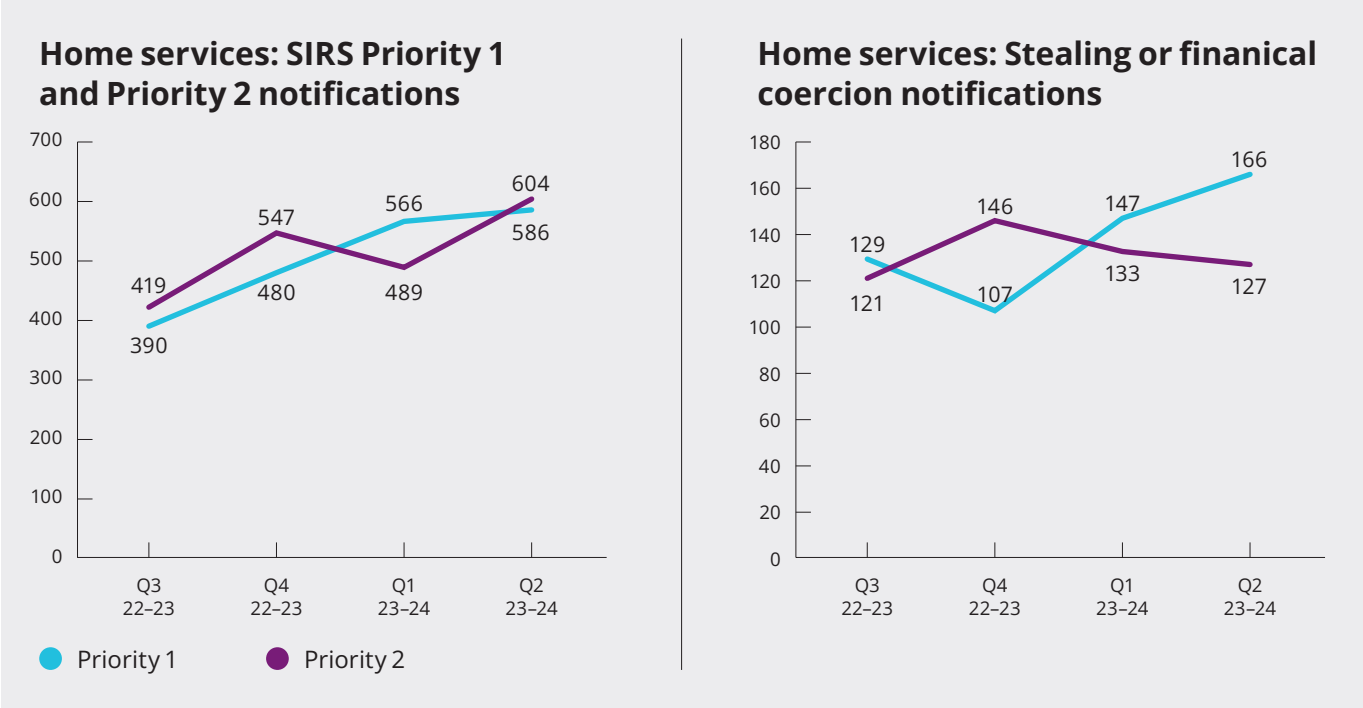


Figure 34: SIRS Priority 1 and Priority 2 notifications in residential care across the past 4 quarters
We chose stealing and financial coercion to highlight a particular issue we are focussing on.

- The significantly lower numbers of SIRS notifications for home services may be due to the:
  - different settings in which the services are provided
  - lower contact hours per person
  - lower risks for delivering many home services.
- Overall, there has been a 13% increase in SIRS notifications for home services. Priority 2 notifications increased by 24% and Priority 1 notifications increased by 4%.
- Our review of the data suggests that there is still under-reporting of SIRS incidents in home services. We are working with providers in 2024 to remind them of their reporting responsibilities.
- Neglect accounts for the highest proportion (57%) of notifications. In home services, neglect includes a care worker missing a shift.
- As seen in the figure above there has been a 13% increase in Priority 1 notifications for stealing or financial coercion in Q2 and a 4.5% decrease in Priority 2 notifications. This contrasts with the overall trend for SIRS home services notifications, where Priority 2 notifications have increased much faster than Priority 1 notifications.
- The relatively high levels of stealing or financial coercion notifications by a staff member flag this as another area of concern.
- It highlights how important it is for providers to have processes to identify this type of conduct.
- Our response includes monitoring, education and engagement within the sector to address these concerns. As part of this response, we will publish an Insights report on stealing or financial coercion in home services.
- A good complaints management system helps providers to detect stealing and financial coercion. It allows people receiving care and their representatives to have their concerns heard and dealt with.
- Rates of notifications are currently under development for SIRS in home services to publish in future editions of this report.

Complaints

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

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

We expect providers to encourage and support people receiving care to make complaints when there is an issue with their care. We also expect them to encourage and support their staff to resolve complaints.

The volume and rate of complaints we receive each quarter can vary. This can be affected by factors such as time of year, public holidays and media interest in specific topics. In Q2, the number and rate of complaints in both residential care and home services dropped, after having remained steady for 2 quarters.

Residential care

1,144

Complaints received

0.6

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

Home services

807

Complaints received
(HCP = 735 + CHSP = 72)

0.3

Complaints rate
per 100 consumers in HCP

Figure 35: Number of complaints and complaints rate in home services for Q2

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

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

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

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

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

There are sector rates and rates by provider size and ownership type for residential care. Where possible, we have also broken-down home services by program type. The 2 programs are the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP). This allows providers to compare their results with similar types of providers.

We encourage you to calculate your own complaints rates to compare with the sector wide averages and averages for similar types of providers.

If your own rates are very different from the averages, it is important to know why:

- Has an unresolved issue come up at your service?
- Are there any problems with your complaints system?
- Are people receiving care confident that management can resolve an issue quickly or do they feel the need to involve the Commission?
- Does this show that people receiving care are not confident to come forward and complain, or even know how to make a complaint?

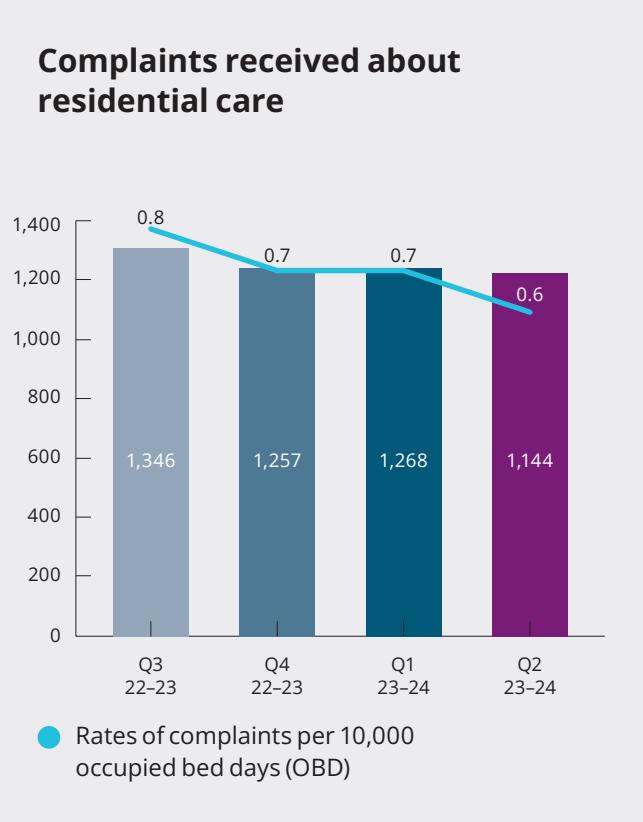


Figure 36: Number of complaints and complaints rate for residential care over the past 4 quarters

- There has been a slight declining trend in the numbers of complaints about residential care.
- It is not clear whether this is part of a longer-term trend and the Commission is monitoring it.

Residential aged care complaints rate by provider size

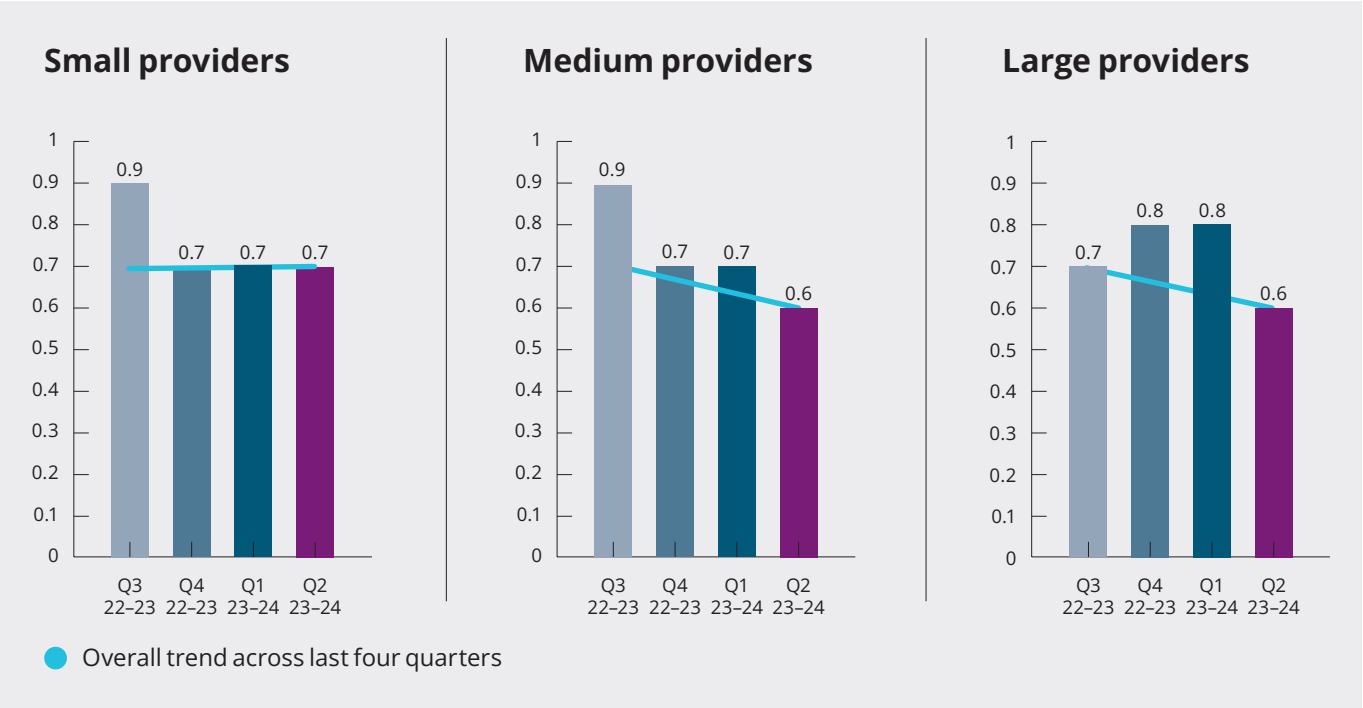


Figure 37: Residential care complaint rate per 10,000 occupied bed days (OBD) by provider size in residential care over the past 4 quarters

- The complaints rate for small providers has stayed much the same. The rate in Q2 went down to 0.7 which is still above the sector average of 0.6.
- Medium size providers' complaints rate has gone down over the past 4 quarters to 0.6 in Q2, which is the same as the sector average.
- Large providers' complaints rate for Q2 (0.6) is the same as the sector average. The rate has been inconsistent over the past 4 quarters but overall is going down.

Residential aged care complaints rate by ownership type

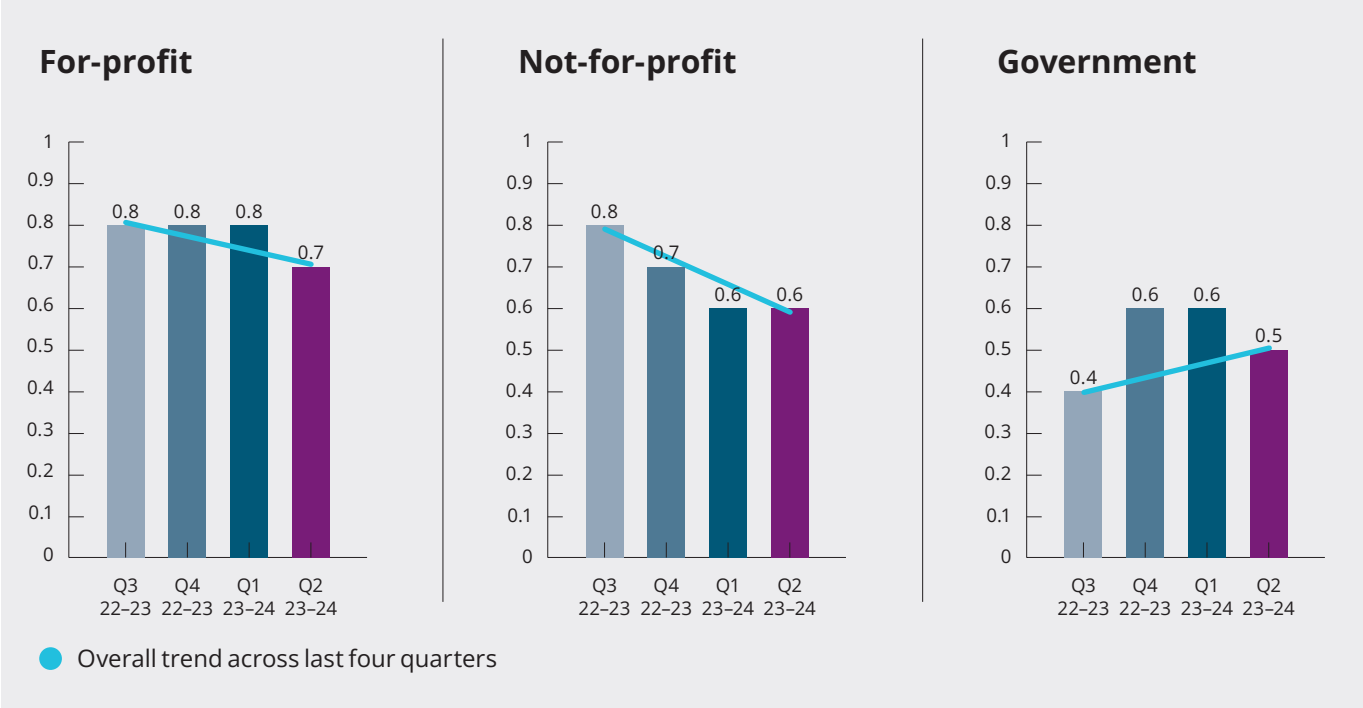


Figure 38: Residential care complaint rate per 10,000 occupied bed days (OBD) by ownership type and provider size in residential care over the past 4 quarters

- The overall complaints rate for residential care providers for Q2 is 0.6 complaints per 10,000 OBDs. For a residential service fully occupied by 110 residents, this would be less than one complaint in a quarter or about 2 to 3 complaints in a year referred to the Commission.
- The complaints rate of for-profit providers has gone down over the past 4 quarters. However, the Q2 rate of 0.7 complaints per 10,000 OBDs, is still above the sector average of 0.6.
- Not-for-profit providers' complaints rate is also doing down. The Q2 rate of 0.6 is the same as the sector average.
- Government providers' complaints rate for Q2 is 0.5 which is below the sector average of 0.6. This rate has varied over the past 4 quarters but is increasing overall.

How to calculate your own residential complaints rate (per 10,000 OBDs) for a quarter:

1. Take the number of complaints about your service lodged with the Commission over the quarter.

2. Take the number of OBDs for your service during the quarter. This number is what you used for claiming subsidies with Services Australia and should also match the figure you entered for 'Occupied Bed Days' in your Quarterly Financial Report.

3. Divide the first number by the second number and multiply by 10,000.

Example

Excellent Care ABC is a residential aged care provider that runs one residential care service of 100 residents. It is fully occupied throughout the year. It will have 36,500 OBDs in a calendar year. For Q2 there are 92 days, and the service would have 9,200 OBDs. The Commission received 2 complaints about the service in that quarter.

Its complaints rate per 10,000 OBDs would be:

1. 2/9,200 = 0.00022

2. 0.00022 x 10,000 = 2.2.

The sector average complaints rate is 0.6 complaints per 10,000 OBDs. Excellent Care ABC's complaints rate for the quarter is above the service average complaints rate.

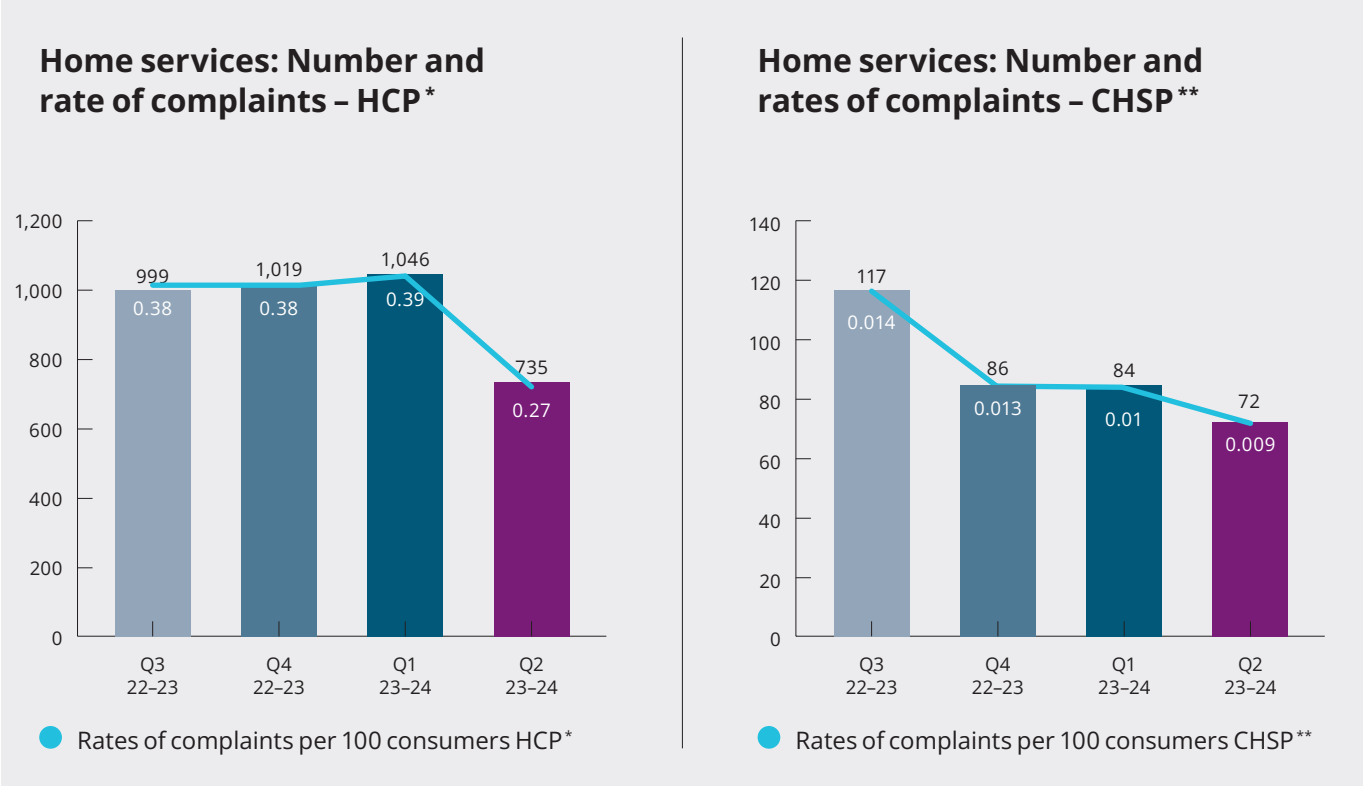


Figure 39: Number of complaints and the complaints rate per 100 people receiving care in home services for the past 4 quarters

Complaint rates for home services are calculated based on the number of people receiving care because home services do not have occupied bed days.

* Home care package (HCP)

** Commonwealth Home Support Programme (CHSP)

- The number of complaints received and the complaints rates for Home Care Packages (HCP) went down in Q2, after having been stable for 3 quarters. We saw a large increase in complaints about HCP in the past, before price capping rules started in January 2023.
- Through our quality audit program, we encourage people receiving care to give feedback and make complaints directly to their provider and/or to the Commission. This helps providers to keep improving and to manage risks.

Example

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

Ratio of complaints per 100 people receiving care is:

= 5/600 X 100 = 0.83

The average HCP rate is 0.27 complaints per 100 people receiving care (Q2), so Compassion Care ABC's rate for the quarter is well above the average complaint rate.

Most complaints are resolved quickly

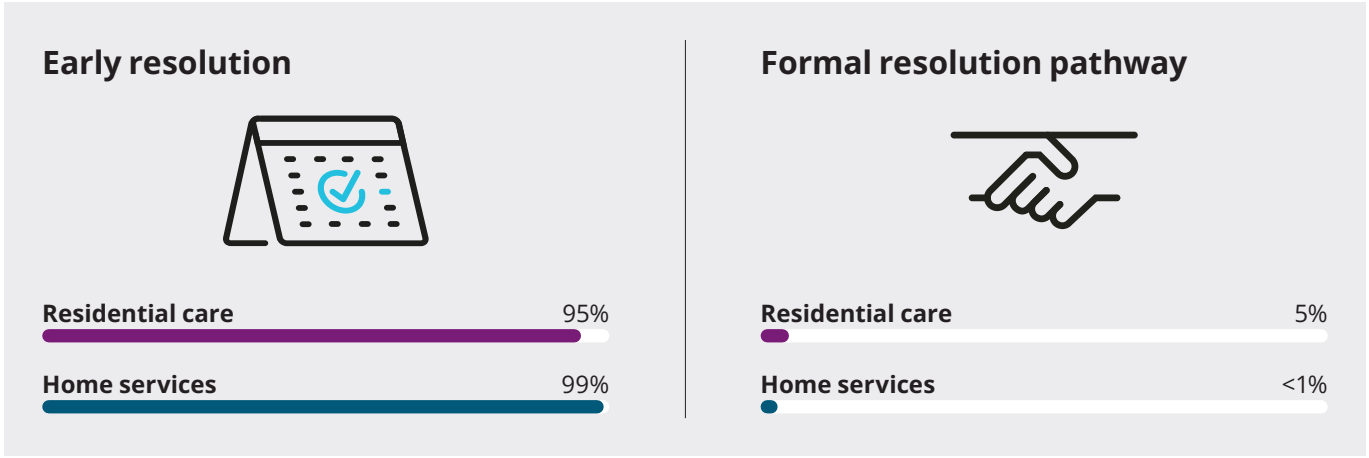


Figure 40: Proportion complaints resolved in residential care and home services

- We want complaints to be resolved as quickly as possible. We support those involved to resolve the issues themselves (early resolution). The proportion of complaints resolved this way has stayed steady over the past 4 quarters.
- A small number of the complaints we receive need to go through a formal resolution process. This can include using an external mediator or conducting a Commission or provider investigation into the issue.
- Providers should review their complaints management system. This can help them to understand why people receiving care feel the need to go to us and why complaints required the Commission's involvement.

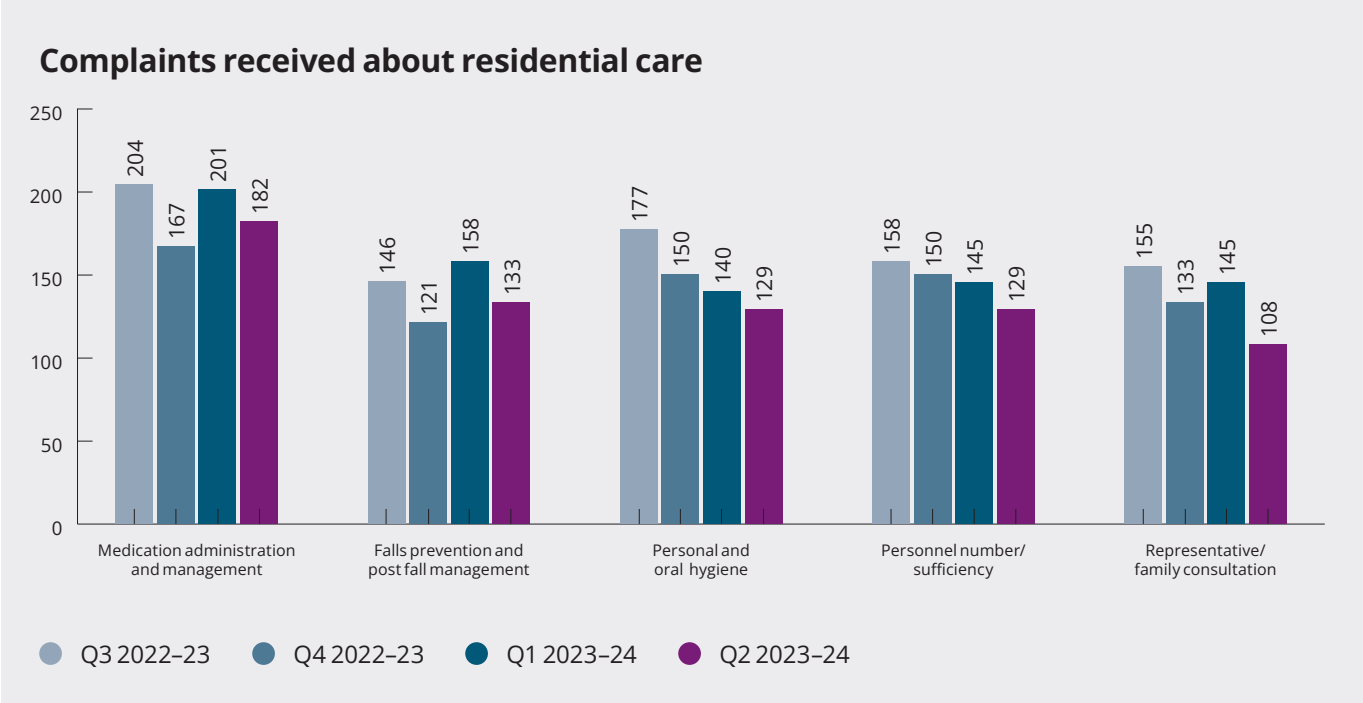


Figure 41: Top 5 Q2 complaint issues in residential care across the past 4 quarters

- While the top 5 complaint issues are stable across the past 4 quarters, their rankings have changed.
- Medication management and administration are consistently the most complained about issue in residential care. These issues are between 6% and 7% of all the complaint issues raised with us.
- People receiving care also regularly raise concerns about falls, communication and the workforce. Each of these issues is about 5% of all the complaint issues raised with us.
- Overall, clinical issues are consistently in the most common complaints topics. It is clear from the complaints data that higher quality clinical care remains very important to people receiving care and their families.
- There are some signs of improvement in this area. In residential care, compliance with Quality Standard 3 (Personal care and clinical care) has increased. (Figure 13). Also, the Quality Indicator Program data (page 55) shows steady improvement across the sector in several clinical areas.
- We encourage providers to continue their efforts to deliver safe and high-quality clinical care.

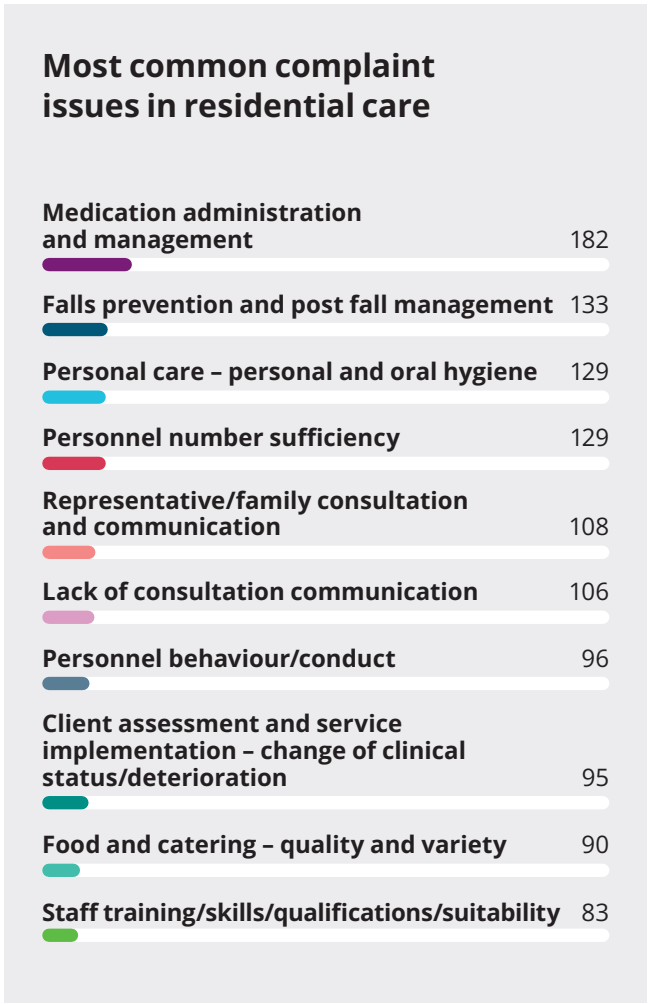


Figure 42: Top 10 complaint issues in residential care for Q2

- Complaints about medication management and falls were the top 2 complaint issues in Q2, with personal and oral hygiene and complaints about staff sufficiency ranking equal 3rd.
- Q2 data also shows issues that come in and out of the top 10:
  - complaint issues related to staff numbers, staff conduct and behaviour, and training and qualifications were in the top 10 in Q2
  - constipation and continence management, were in the top 10 in Q1, but did not feature in the top 10 issues in Q2.
- Commission quality assessors consider complaints data when undertaking monitoring or assessment site visits at residential services.

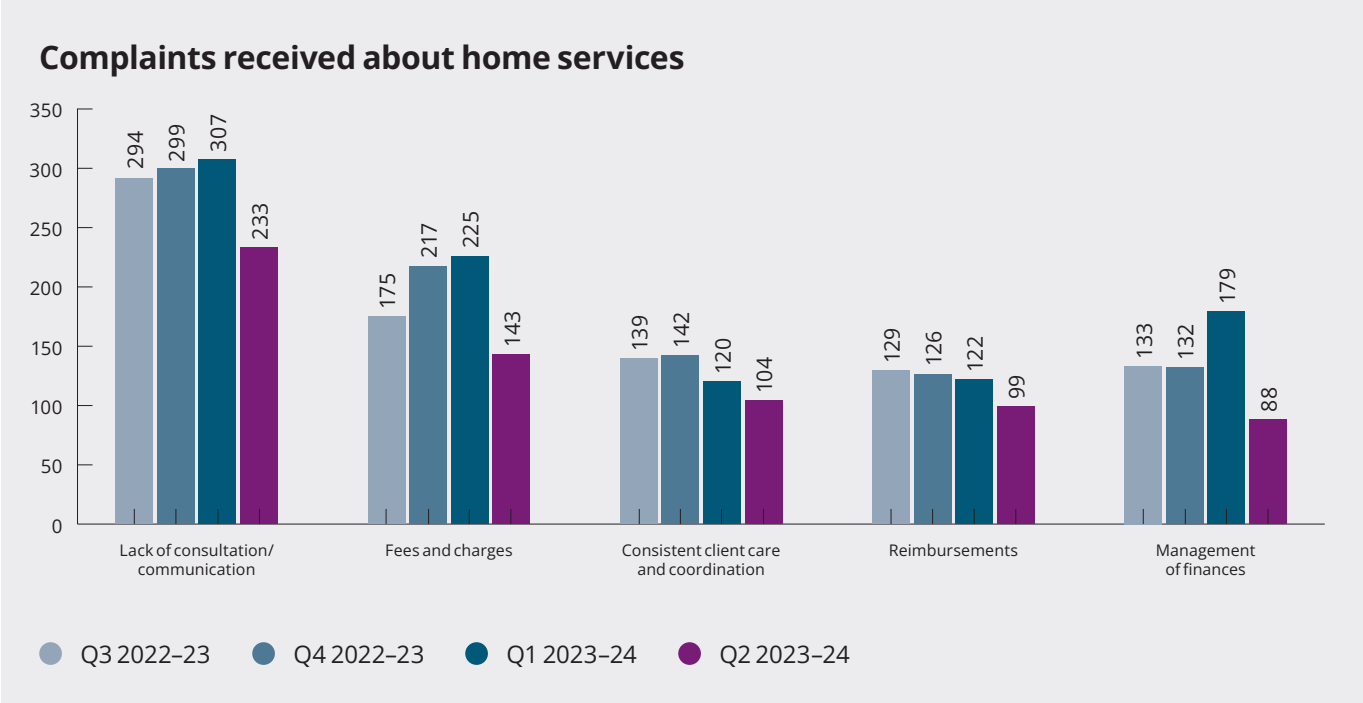


Figure 43: Top 5 complaint issues in home services across the past 4 quarters
For the top 20 complaint issues and rankings per quarter see our data tables.

- The top complaint issue about home services is lack of consultation and communication.
- The top 5 complaint issues have remained consistent over the last 4 quarters.
- In Q2, complaint issues about consistent client care and coordination have moved up 2 positions to be the third most complained about issue.
- Complaints about fees and charges, and management of finances consistently accounts for 3 out of the top 5 most complained about issues in home services, and this is reflected in Q2.
- Providers are expected to:
  - have reasonable and transparent pricing
  - consult and get consent from people receiving care for any changes to home care packages
  - deliver care that is consistent with the needs and preferences of people receiving care.
- Last year the Australian Government responded to these concerns by introducing reforms to cap some fees and stop unfair charging.

Most common complaint issues in home services

Figure 44: Top 10 complaint issues in home services in Q2

- Issues raised in complaints are also often identified by our assessors when they carry out assessments against the Quality Standards.
- Lack of consultation and communication is the top complaint issue in home services.
- As well, consistent client care and co-ordination, case management and care management are rising complaint issues in home services. We are giving this greater attention in our quality audit program in 2024.
- These issues are reflected in non-compliance with Quality Standard 2 (Ongoing assessment and planning with consumers) which now has the lowest rate of compliance in home services, along with Quality Standard 8 (Organisational governance) (Figure 15).

Find out more by clicking the links below:

- How to make a complaint
- Complaints and the complaints process
- Complaint rights review
- Quality Standard 6 – Feedback and complaints
- Quality and Safety in Home Services – 5 Key Areas of Risk
- Complaints about aged care services – Insights for providers report – 2023.

National Aged Care Mandatory Quality Indicator Program for residential care

Quality Indicators (QI) measure the parts of an aged care service that support the quality of care that people receive in residential services. The QIs we have included here are about harm or risk of harm, so the lower the rate the better.

Six new QIs were introduced on 1 April 2023 and have been reported on in the Australian Institute of Health and Welfare's (AIHW) July to September 2023 report. We will publish information about these as trend data becomes available. These are:

- activities of daily living
- incontinence care
- hospitalisations
- workforce turnover
- consumer experience
- quality of life.

Providers collect and submit their own QI data and can access their QI rates from the Government Provider Management System. The Commission uses the information below from the AIHW.

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

QIs can be considered 'lag indicators'. This means that the issues may show up in other data before they show up in QIs. For example, while we are pleased that QIs show that issues of unplanned and consecutive weight loss are going down, providers should also look at other data. This data could include feedback and complaints from residents about their food satisfaction and feedback from staff involved in planning and serving meals. This will help give a sense of whether improvements are already happening – rather than waiting for weight loss data.

Trends in QI performance over time

Over the past 2 years, there has been an improvement in the QIs for:

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

These improvements can also be seen in higher compliance rates for Quality Standard 3 (Personal care and clinical care) in residential care (Figure 14).

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

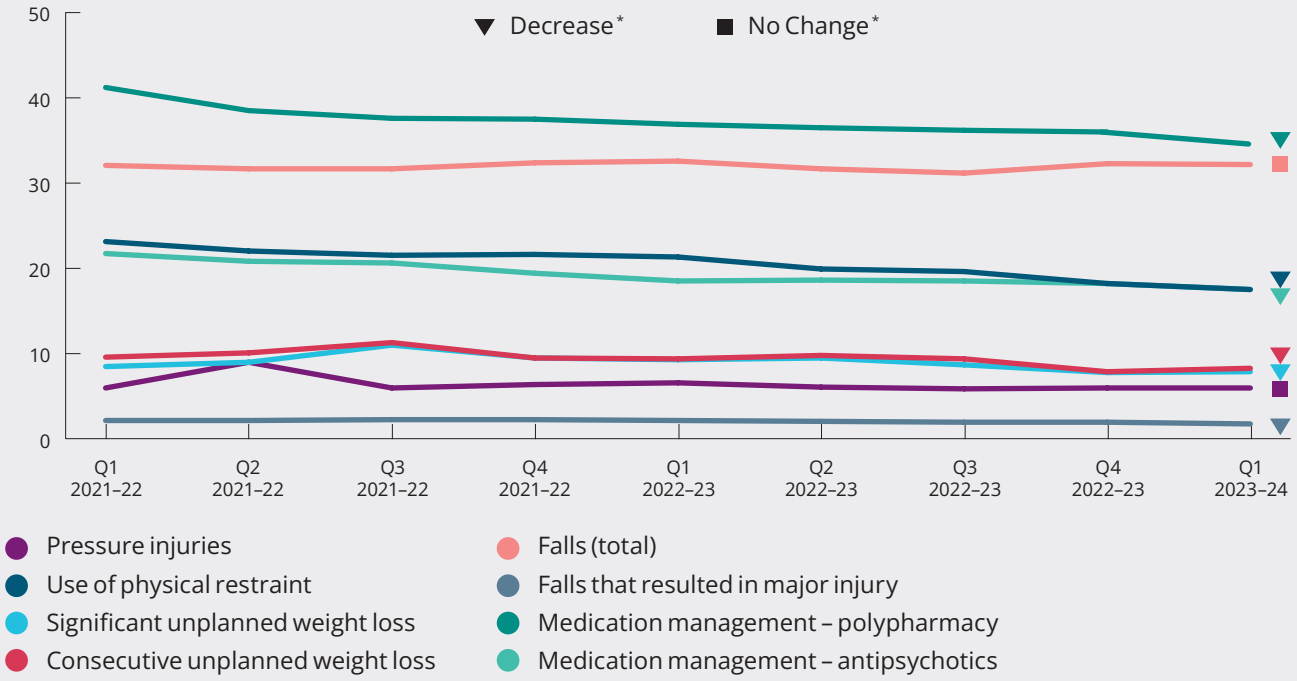


Figure 45: Trends in QI performance across the last 8 quarters

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

Taken from: Australian Institute of Health and Welfare (2023) Residential Aged Care Quality Indicators July – September 2023.

Find out more:

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

In focus: Restrictive practices

People receiving care have a right to move about freely, whether they live in the community or in residential aged care.

Restrictive practices are when providers change or restrict the behaviour or movement of the person receiving care. Legislation explains the rules that providers need to follow before and during the use of any restrictive practice in aged care. This helps to make sure that providers are using restrictive practices appropriately.

The Commission holds providers accountable for these important responsibilities. We want to support you to improve how you provide person-centred care and reduce the use of restrictive practices.

Under the legislation, there are 5 types of restrictive practices:

- chemical restraint
- environmental restraint
- mechanical restraint
- physical restraint
- seclusion.

You can find more information explaining the types on our website.

The Commission has held two webinars to unpack some of the myths surrounding restrictive practices to make sure that providers and clinical caregivers have a clearer understanding and approach to their use.

Webinar 1: Restrictive Practices: myth busting

Webinar 2: Chemical restraint

Key features of providers' restrictive practices responsibilities

- Strategies for non-restrictive behaviour support need to be assessed, used and reviewed before any restrictive practice is used.
- A restrictive practice must only be used as a last resort and needs to take into account the harm the practice prevents and the harm the practice itself causes.
- A registered nurse, nurse practitioner or medical practitioner with day-to-day knowledge of the person receiving care must assess and document the risk to the person and others. They must also assess and document the need for the restrictive practice.
- The restrictive practice must only be used in proportion to the risk of harm to the person or others. It must also be in the least restrictive form and for the shortest period possible. For chemical restraint, this also means the lowest dose for the shortest time.
- The need for, use of, and effectiveness and impact of restrictive practices must be continually monitored, reviewed and documented. This is important so you can reduce or stop the practice if it is causing harm or is no longer necessary.
- You must have informed consent for the use of a restrictive practice from the person receiving care. If the person is not able to give consent, you need to get it from their restrictive practice substitute decision-maker.

How we monitor the use of restrictive practices

We use our data and risk-based monitoring, including on-site visits, to safeguard vulnerable people receiving care. We are particularly concerned about high-risk care such as restrictive practices. Some of the ways we detect this include:

- complaints made to us
- responding to reportable incident notifications made under the Serious Incident Response Scheme
- onsite audits against the Quality Standards as well as our risk-based onsite monitoring program.

These activities may lead to findings of non-compliance and formal regulatory actions that are important to safeguard vulnerable consumers.

We gather information about when you used restrictive practices and what you did to reduce its use. This is to make sure that what you do is in line with legislative requirements and best practice. We get this information from:

- observation e.g sedated, drowsy residents
- reviewing records of assessment, restrictive practice decisions, conversations, care and monitoring
- interviews with people receiving care and their representatives
- enquiries of management, staff, health professionals and others at the service.

The National Mandatory Quality Indicator (QI) Program also measures and reports the use of physical restraint and antipsychotics in residential care. We also use this data to inform our risk assessments.

Complaints about restrictive practices

Total complaints about restrictive practices FY 2022–23

203

FY 2022–23

Total complaints about restrictive practices Q1 and Q2 2023–24

101

Q1 and Q2 2023–24

Figure 46: Total complaints about restrictive practices

- **Around 1.5% of complaints that the Commission receives are about restrictive practices.**
- This may not be a complete picture of restrictive practice use because the person making the complaint may not describe it as a restrictive practice or it may be connected to another issue. For example, a person receiving care, or their representative, may complain about unexpected medication fees because they did not consent or agree to the medication.
- People who are subject to restrictive practices may also be unable to make a complaint.
- In Q2, restrictive practices were raised as a complaint 37 times in residential services. Over the last 18 months the number of complaints to us about restrictive practices has been going down. Its share of all complaints has also been going down.

Complaint issues relating to use of restrictive practices in residential services over the last 6 quarters.

Complaint issue	Total Q1 2022–23	Total Q2 2022–23	Total Q3 2022–23	Total Q4 2022–23	Total Q1 2023–24	Total Q2 2023–24
Total restrictive practices issues	56	66	44	37	64	37
Total residential complaint issues (not only relating to restrictive practices)	3,188	3,055	3,373	3,051	3,416	2,684
Restrictive practices issues as % of total complaint issues received	2%	2%	1%	1%	2%	1%

Figure 47: Complaint issues relating to use of restrictive practices in residential services over the last 6 quarters

Source: Revised published and unpublished data as at 31 December 2023, extracted from Commission systems on 5 January 2024

Serious incident response scheme (SIRS) notifications of inappropriate restrictive practices

Under the SIRS, providers must notify the Commission of reportable incidents. One of the types of incidents that must be reported is the inappropriate use of restrictive practices[1].

Around 1% of SIRS notifications (home services and residential) we received were about the inappropriate use of restrictive practices in Q2. You can find more information about these incidents in our SIRS fact sheet.

We are aware that some uses of restrictive practices are not recognised as restrictive practice by the provider and its inappropriate use will therefore be unreported.

It is also clear that some other reportable incident types have restrictive practice issues within them. Sometimes an appropriate use of a restrictive practice has not been considered to manage severe risks of harm.

See SIRS insights – Unreasonable use of force resident to resident.

There were 194 notifications of inappropriate use of restrictive practices in residential care in Quarter 2, 2023–24 and 12 in home services.

Notifications of restrictive practices in home services may include the provider raising concerns about family members using a restrictive practice on the older person receiving care.

Restrictive practices notifications are a small part of SIRS notifications

1%

Restrictive practices notifications as % of total notifications received

Figure 48: Restrictive practices notifications in residential care and home services

Behaviour Support Plans

A Behaviour Support Plan (BSP) is an important tool to reduce the use of restrictive practices and improve the person's quality of life.

Providers are required by law to have a BSP in place for each person who needs, or may need, use of a restrictive practice as part of their care.

A BSP:

- can proactively support a person receiving care and can also reduce risk of harm to the person receiving care and others around them
- can often prevent the need for any restrictive practice use
- is a tool that can be used to support staff to provide care and services to an individual
- can be used to communicate information of practical use to staff which can reduce stress or anxiety if they are unsure how to support a person who is distressed or showing changed behaviours
- can be used to plan care, detect and respond early to changed care needs, and respond to changed behaviour in a meaningful and controlled way. This can help staff understand what the person might be experiencing.

Good behaviour support planning can be a powerful tool. The positive results can make a significant difference for a person receiving care and can also be felt by the people that care for, care about and support them. For more information see our BSP fact sheet.

Residential care and home services: Inappropriate use of restrictive practice by proportion of incident type from 1 July 2022 to 31 December 2023

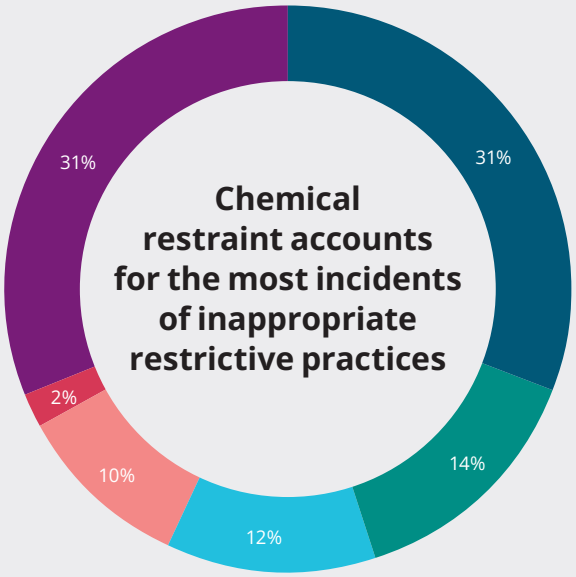


Figure 49: Inappropriate use of restrictive practices as proportion of incident type in residential care and home services 1 July 2022 to 31 December 2023

Source: Unpublished data as at 31 January 2024, extracted on 2 February 2024 from Commission systems. Notifications data is reported from a live database and extracted at a point in time. Reported figures can become out of date as cases in the database are updated.

- Almost a third (31%) of SIRS restrictive practice notifications cover chemical restraint incidents. Others include environmental (14%), mechanical (12%), physical (10%) or seclusion (2%).
- Chemical restraint may be the highest proportion of notifications as it involves medications. Medication administration requires good documentation. Their use (including inappropriate use) may be more easily detected by you when conducting your own quality and compliance reviews. In contrast, physical restraint, where a care worker may hold down a person, may be less likely to be documented or perceived as a restrictive practice.
- Additionally, you may not readily recognise the impact on people receiving care when the physical environment is used in a way that prevents free movement. This kind of environmental restraint may include the locking of doors 'for security' (see case study two), or the use of furniture, signage, and colours. It can even include threats, which have the effect of confusing or frightening people receiving care from moving freely within the service. It is not appropriate to use a restrictive practice as punishment.
- 31% of initial reports did not supply details of the incident type. This is a requirement and enables us to assess the incident and the provider's response and actions. Where details are not supplied we contact the provider.

What SIRS notifications tell us

We reviewed a random selection of 100 SIRS notifications for inappropriate use of restrictive practice reported in the 2022–23 financial year. These were drawn from both residential care and home services notifications.

The most common type notified by providers was chemical restraint, followed by environmental restraint. Physical restraint was the most common type reported as a Priority 1 incident. This is an incident that meets the criteria for reporting to us within 24 hours of it happening.

Many of these incident notifications showed:

- a poor understanding about restrictive practice and behaviour support
- misunderstanding about basic concepts such as the different types of restrictive practice
- not enough governance and processes in place to guide, monitor and oversee decisions and documentation for the appropriate use of restrictive practices.

For example, providers report an incident as environmental restraint while describing an incident involving physical restraint.

SIRS notifications also showed that providers are not analysing incidents and taking steps to prevent recurrence by understanding the root cause and other contributing causes. Often a provider would take staff disciplinary action before critical analysis of the incident and understanding their contribution to staff education, support and oversight.

For example, a staff member may hold down a resident inappropriately. This may not reflect deliberate wrongdoing by the staff member, but instead the absence of a behaviour support plan and/or inadequate staff training.

Providers commonly reported unauthorised use of restrictive practices soon after an individual had started living at the residential service. They reported that there was not appropriate documentation or discussion or a clear restrictive practice decision maker available. Providers and their governing bodies need to consider their systems and processes. This includes seeking information and planning before and on admission to make sure that these legislative requirements are met early and the risk of unauthorised use is lessened.

The solution needs to include a strategy to prevent any further inappropriate use of a restrictive practice. This could involve reviewing the behaviour support planning policy and procedures, and upgrading staff training and support.

Commonly, we see that unauthorised use of restrictive practices happens when devices or the environment are changed or used in a different way by staff, particularly outside of business hours. For example, fire doors may be closed to restrict movement through the service at night (environmental restraint) or staff may use bed sheets to tie a resident to a chair (mechanical restraint). Providers must ensure adequate supervision and support of staff outside business hours to manage risk to people receiving care and to staff.

Case study 1:

Confusion about informed consent leads to multiple notifications

A provider had made multiple SIRS notifications to the Commission about the inappropriate use of restrictive practices, including notifications of chemical restraint without consent.
The provider had stated that verbal consent had been gained by the GP and documented. However, the provider submitted a notification of unauthorised use of a restrictive practice because the authorisation form had not been signed by a family member.

There were also 6 additional unreasonable use of force notifications about the same person receiving care. The provider's response included the same generic behaviour support strategies for each notification.

The Commission's Restrictive Practices Unit (RPU) visited the service to gain further information and provide support.

After reviewing the documentation, the RPU was able to advise that the provider had in fact met the legislative requirements because the prescriber had documented valid informed consent. There is no requirement under the legislation to have a signature or authorisation form. What we are looking for is evidence of the documentation. In these cases the provider did not need to submit SIRS notifications. See frequently asked questions about consent.

The team also reviewed the circumstances of the residents involved in the resident-to-resident unreasonable use of force notifications and found:

- incidents were not well assessed to understand what led to the incident and how the person can be better supported to prevent future incidents
- Behaviour Support Plans were not current and did not reflect how staff supported the person receiving care. Some staff did not know where to find the BSP and were not using it to guide care
- little documented evidence of genuinely person-centred alternative strategies that could reduce these incidents for both people involved
- no consideration of the impact on either resident
- a lack of planning to reduce the risk of this happening again.

As an outcome, the provider reviewed their continuous improvement plan to include specific strategies to address gaps in care. These included involving Dementia Support Australia (DSA) to provide education, advice and support for staff and for people receiving care.

Case study 2:

Environmental restraint needs individual assessment and review

During a site visit to a residential care service, the Commission identified potential issues with a provider's understanding of the use of environmental restraint.

Due to a locked internal door, a group of 20 people receiving care from the provider could not move between the secure unit they lived in and the rest of the service. The remaining residents lived in the other areas of the service. Also, after 8 pm, the front door to the service was locked and people could only leave or enter through the door with a keycode.

To gain a better understanding, the Commission's Restrictive Practices Unit (RPU) made a follow up onsite visit with quality assessors to support the service and their understanding of provider responsibilities.

The RPU learnt that the provider understood that all 20 residents in the secure unit were environmentally restrained. However, the provider did not consider the need for an individualised assessment of each resident in the secure unit. After discussions with their staff and management, the service individually assessed each resident and their unique needs and risks. They concluded that not all residents in the secure unit needed environmental restraint. They also learnt that some residents who were not actively trying to leave were unhappy about their restrictions including one who was very distressed about not being allowed to 'go home'. Therefore, a hidden impact was identified and was able to be addressed for each individual.

The provider reviewed the use of the locked front door and although this was required for security of the facility as it is in our own homes, some residents were unable to freely access the community when they wanted to. Therefore, this could be considered environmental restraint for some residents in the open non-secure part of the home. The risks of going out at night are often different, and where residents wish to go out these risks of harm need to be assessed and managed as far as possible for individuals. If environmental restraint is seen as warranted to mitigate risks overnight for every resident, then this must be the subject of individual consent.

The RPU helped the provider to complete individualised assessments of residents in the secure unit and use this to inform their understanding of restrictive practice. This meant that the provider met the legislative requirements and had strategies in place in BSPs to support individual residents as required. The service included restrictive practice in their Quality Improvement Plan resulting in further improvement in care and ser

Provider monitoring through the Quality Indicator Program

Providers need to make sure that they critically reflect on the data they collect and what it means in their particular service. You should use internal indicators to monitor and track the effectiveness of your quality improvement plans. Internal indicators may include psychotropic medication register data (including purpose, usage, monitoring for adverse effects, review and length these have been prescribed) and auditing the quality of BSPs.

You have a responsibility each quarter to collect and submit certain mandatory quality indicators to the Department of Health and Aged Care. One of these indicators is the physical restraint quality indicator. This indicator measures and reports data on all restrictive practice, excluding chemical restraint. Results for individual residential aged care services are published on My Aged Care. Sector level results are published by the Australian Institute of Health and Welfare, an extract of which is below. Your own QI data can be used to identify potential areas to target for investigation and improvement and to track that improvement over time.

Quality Indicator Program: reported use of physical restraint

	Total Q1 2022–23	Total Q2 2022–23	Total Q3 2022–23	Total Q4 2022–23	Total Q1 2023–24
Proportion of care recipients physically restrained	21%	20%	20%	18%	17%
Proportion of care recipients physically restrained exclusively through use of a secure area	17%	16%	16%	14%	14%

Figure 50: Use of physical restraint in residential care since 1 July 2022

Source: Australian Institute of Health and Welfare (AIHW) analysis of data from the Department of Health and Aged Care extracted 30 November 2023.

- The physical restraint indicator has been trending down since 1 July 2021. Improved provider awareness of how their care practices may impact on people receiving care (case study 2) may influence future indicator rates.
- Remember that use of a secure area or memory support unit is environmental restraint if the resident is unable to leave. Where this is deemed necessary 'for safety', the risks of the person accessing the community must still be identified and all of the process in place and documented. This is the case whether or not the person is 'exit seeking'.
- Many people are unhappily restrained in a secure unit but are not actively seeking to leave, demonstrating a psychosocial impact of environmental restraint.
- A person who is 'exit seeking' is also demonstrating the impact of the environmental restraint on them and this requires behaviour support assessment planning and implementation.

Note on data

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

Reported figures may be superseded as database records are updated.

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

The information about the number of services as of 31 December 2023 was taken from the Commission systems on 9 January 2024 for residential care and 5 January 2024 for home services. Home services indicate number of active services as at 31 December 2023.

The numbers of people receiving residential care were extracted from the Department of Health and Aged Care data warehouse as of 31 December 2023, on 7 February 2024. State is based on the service state.

Home Care Packages (HCP) data on people receiving care was extracted from the Department of Health and Aged Care data warehouse as of 31 December 2023, on 24 January 2024. HCP consumer state is based on service.

CHSP consumer data is from consumer state from the 2022–23 Financial Year, extracted from Commission systems as of 24 January 2024.

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

Reportable incident data was extracted from Commission systems on 2 January 2024.

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.

Phone
1800 951 822

Web
agedcarequality.gov.au

Write
Aged Care Quality and Safety Commission
GPO Box 9819, in your capital city