Aged Care Quality and Safety Commission

Sector performance report

Quarter 3 | January – March 2024

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 (SPR) for Quarter 3 (Q3), 1 January to 31 March 2024, 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.

The SPR gives an overview of the many data points we use to assess sector-wide performance and risk to the quality of care of older people receiving aged care services. These include audit findings, complaints, serious incidents and mandatory reporting such as the Quality Indicator Program.

We join the dots between this information to decide where we should focus our attention both at a sector-wide level and by individual provider. This approach has informed the development of our Provider Supervision Model (page 19).

By assessing the provider rather than individual home services, we can focus on governance and leadership risks that impact all the services of a provider. Over time we expect to see improvements across all areas of care.

We encourage providers to also draw together the many pieces of information available to them when considering their own data. This helps them to address their own risks before it becomes an issue that requires Commission intervention.

In considering overall sector risk, we are concerned about the Aged Care Quality Standards (Quality Standards) and individual requirements where non-compliance is most common. Governance is still an area of concern in both residential care and home services.

Quality Standard 2 (Assessment and planning) is a rising area of concern. In home services this standard now has more non-compliance than any other. Over a quarter of audited providers failed at least one requirement of this standard. This included failing to manage risk when there had been a change in circumstance, and poor communication and documentation.

Overall compliance rates in home services remain lower than in residential care. This quarter only 64% of home services were fully compliant with the Quality Standards assessed in a quality audit. This is a major focus for the Commission, and we are addressing some of these risks in the way we manage home services quality audits. In a recent change, we now assess all services of a single provider in one quality audit.

Janet Anderson PSM

Compliance with the Quality Standards is only one piece of the puzzle. The Commission and providers must also consider complaints, serious incidents and information that providers report to the Department.

The most common complaints made to the Commission are still about clinical issues, in residential care. In home services, they are about communication and financial issues. These issues are clearly important to people who receive aged care, their supporters and staff.

In response to the persistence of complaints about financial issues, we have audited a sample of providers to make sure they are charging people appropriately and in line with recent legislative changes. Early results of these audits can be found on page 16.

It is also important for providers to understand that there is not always a direct correlation between complaints issues and areas of non-compliance. Food, nutrition and dining, the subject of our 'In focus' section this quarter, is an important example. Overall, providers are complying with Quality Standard requirement 4(3)(f) which assesses the variety, quantity and suitability of food. Yet, in Q3 the quality and variety of food is the fourth most complained about issue and food appears in 26% of complaints we receive about residential aged care.

It is not just about good food. When you get the food right many clinical risks are reduced, and a person's quality of life is improved. This is why we rarely focus on a single piece of information when assessing risk to people in our care.

This report is an important first step in continuous improvement. It is most useful when providers consider the data we present, compare it with their own and act on it.

J. M. Anderson

Commissioner

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

At a glance

Residential care providers maintained relatively high rates of compliance with the Quality Standards. In Q3 we found that 84% of the residential services we audited for reaccreditation fully complied with all 8 Standards.

Home services providers still have lower compliance levels than residential care. In Q3, only 64% of the home services providers we audited met all the requirements of the Quality Standards. Compliance has declined by 7 percentage points since Q4 22–23.

Compliance with **Quality Standard 8** is a major focus area for the Commission. Not complying with this standard is linked with a decrease in the quality of a person's care and their safety. We are supporting providers to improve through our Governing for Reform Program. As well, since 1 December 2023, all providers must comply with strengthened provider governance responsibilities aimed at improving leadership and culture and increasing transparency and accountability.

While providers have improved their compliance with **Quality Standard 3**, clinical issues are the most common topic of complaints. The quality and variety of food and catering was the fourth most complained about issue in Q3. Our 'In focus' section of this report looks at how we are supporting providers to deliver good food, nutrition and dining – and holding them accountable if they do not.

Quality Standard 2 and **Quality Standard 8** now have the lowest rates of compliance in both residential care and home services. In home services, compliance with Quality Standard 2 has fallen by 4 percentage points. Over a quarter (26%) of all providers audited were found non-compliant with this Quality Standard. The issues we are concerned about include providers not reviewing their services; not managing risk when there has been a change in circumstance and communicating poorly.

Complaints about **fees and charges**, and management of finances still account for 3 out of the top 5 most complained about issues in home services. We audited 54 providers to make sure that they are charging people correctly. While we found a high level of compliance, we also found outdated home care agreements, pricing schedules that were not correct and issues with monthly statements.

We have improved how we do quality audits in home services. We now make sure we include all of a provider's services in a quality audit. This helps us better understand and address the risks caused by poor management systems and governance. This change has meant we have been able to do more quality audits of services this quarter – 391 compared with 118 in Q2.

Results for compliance with **workforce responsibilities** and related Quality Standards are mixed. In March 2024 more than 91% of residential care services met the responsibility to have at least one Registered Nurse (RN) on-site and on duty 24/7. Recruitment, training and support is an area of concern in the individual requirements of both residential care and home services. Complaints about the number and sufficiency of staff are the third most complained about issue in residential care.

Sector overview

Older people using aged care

1,285,504

More than 1.28 million older people use aged care services

- **197,425*** **Residential care**
- **271,947**** **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

* Number of people receiving residential care, distinct count of people receiving care, extracted from the Department of Health and Aged Care data warehouse, as of 31 March 2024 on 12 April 2024.

** HCP Consumer Data extracted from Department of Health and Aged Care data warehouse on 12 April 2024. CHSP Consumer Data extracted on 2 April 2024 (numbers derived from 2022-23 financial year).

Residential care: Providers

742

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

- **563** Small providers
- **128** Medium providers
- **51** Large providers

Figure 2: Number and percentage of residential care providers by provider size

742

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

- **244** For-profit providers
- **416** Not-for-profit providers
- **82** Government providers

Figure 3: Number and percentage of residential care providers by ownership type

Residential care: Services

2,616

By size, large providers run most residential care services

- **660** small provider services
- **608** medium provider services
- **1,348** large provider services

Figure 4: Number and percentage of residential care services owned by different sized providers

2,616

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

- **915** For-profit services
- **1,490** Not-for-profit services
- **211** Government services

Figure 5: Number and percentage of residential care services owned by different types of providers

Home services

People receiving care

- **271,947** HCP*
- **816,132** CHSP**

Providers

- **899** HCP*
- **1,200** CHSP**

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

The distribution of services is roughly proportional to population distribution

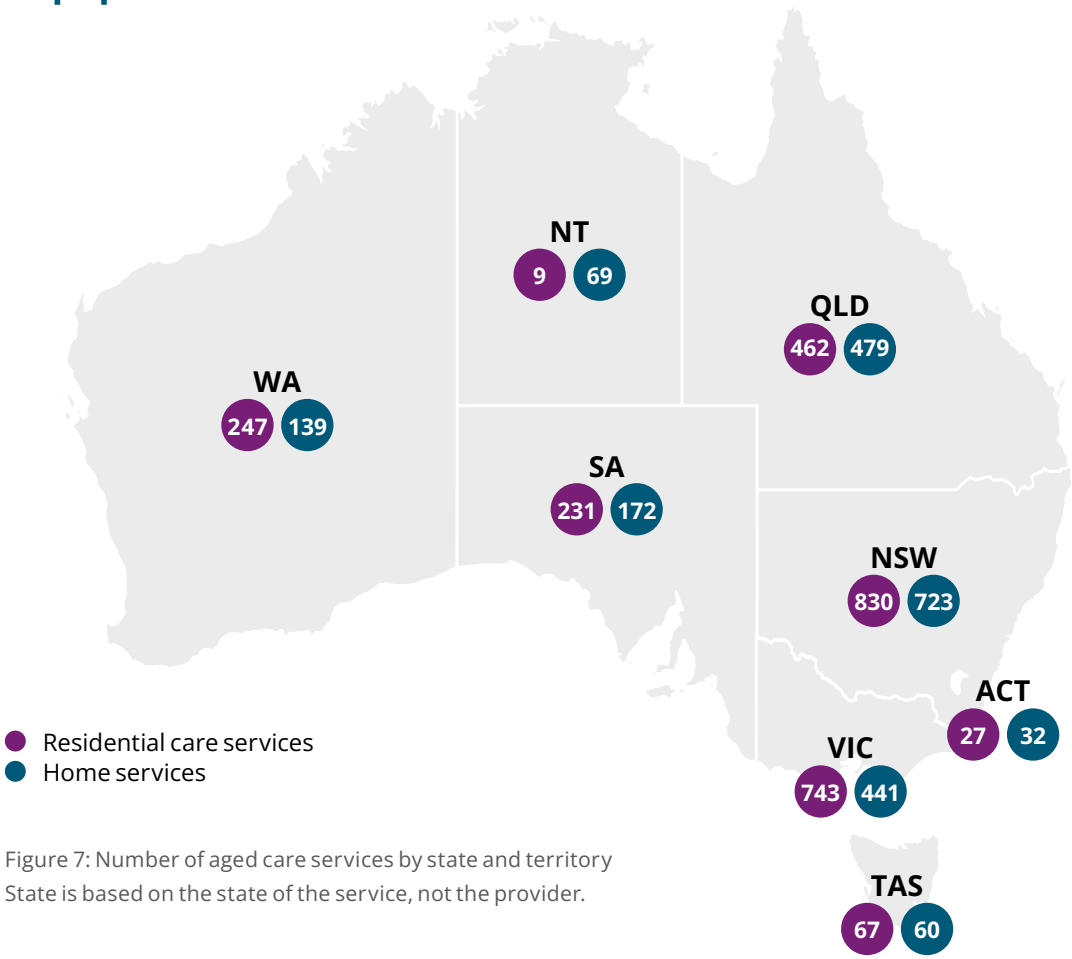


Figure 7: Number of aged care services by state and territory
State is based on the state of the service, not the provider.

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

As part of our monitoring of risk in the sector, we are looking at changes over time to see if we can identify any trends.

For example, is there an increased risk of complaints, serious incidents, non-compliance with the Quality Standards, the Code of Conduct for Aged Care (the Code) or workforce responsibilities?

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

There can also be differences between quarters. That may not mean that there has been a change in performance, but rather, that there have been minor changes in data collected at different times. This can particularly be seen in measures with small numbers.

How we calculate rates and what it means for a typical service

For compliance rates in residential care, we provide the rates as a proportion of the audit decisions we made in that quarter.

For the Serious Incident Response Scheme (SIRS) and complaints, we number that providers use for claiming subsidies with Services Australia. We then multiplied it by 10,000 to get a meaningful rate.

What that means is that if you are a provider with a 110-bed service and your rate of notifications is 8.7, the same as the sector average for a medium-sized provider, you would expect about 9 incidents a quarter or 36 a year. If you are significantly below that, or above, you should investigate your own data to find out why.

Using sector averages as an indicator, providers should expect approximately 70% of their serious incidents notifications to be Priority 2 and 30% to be Priority 1. If you meet the sector average but the proportion of Priority 1 and Priority 2 incidents were reversed (70% Priority 1), you should be investigating your data to find out why.

For complaints, if the rate of complaints for a 110-bed service is the same as the sector average of 0.8, the service would expect between 3 and 4 complaints in a year.

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 care and home services providers' compliance with the Standards periodically through site audits and quality audits. For most providers we audit every 3 years. We interview at least 10% of the people using the service during a residential site audit.

However, these are not the only assessments we do. Importantly, we also monitor the quality of care and services through a program of risk-based monitoring and assessments including site visits. We do these assessments if we identify risks to people receiving aged care.

We may also focus on areas of risk such as food, dining and nutrition, and workforce responsibilities. In this report, the compliance rates are based on our reaccreditation site audits for residential aged care, and quality audits for home services. This gives us the clearest picture of overall sector performance.

84%

All 42 requirements met

Residential care

64%

All relevant requirements met

Home services

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

Site audits in residential care

To calculate compliance rates, we divided the number of audits that met all 42 Quality Standard requirements by the total number of site audits where we made a decision. We do not always make a decision about a provider's compliance in the same quarter that we do their audit. This is why we base the compliance rates on when we made the decision rather than when we did the audit.

Site audits, decisions and compliance rates in residential care

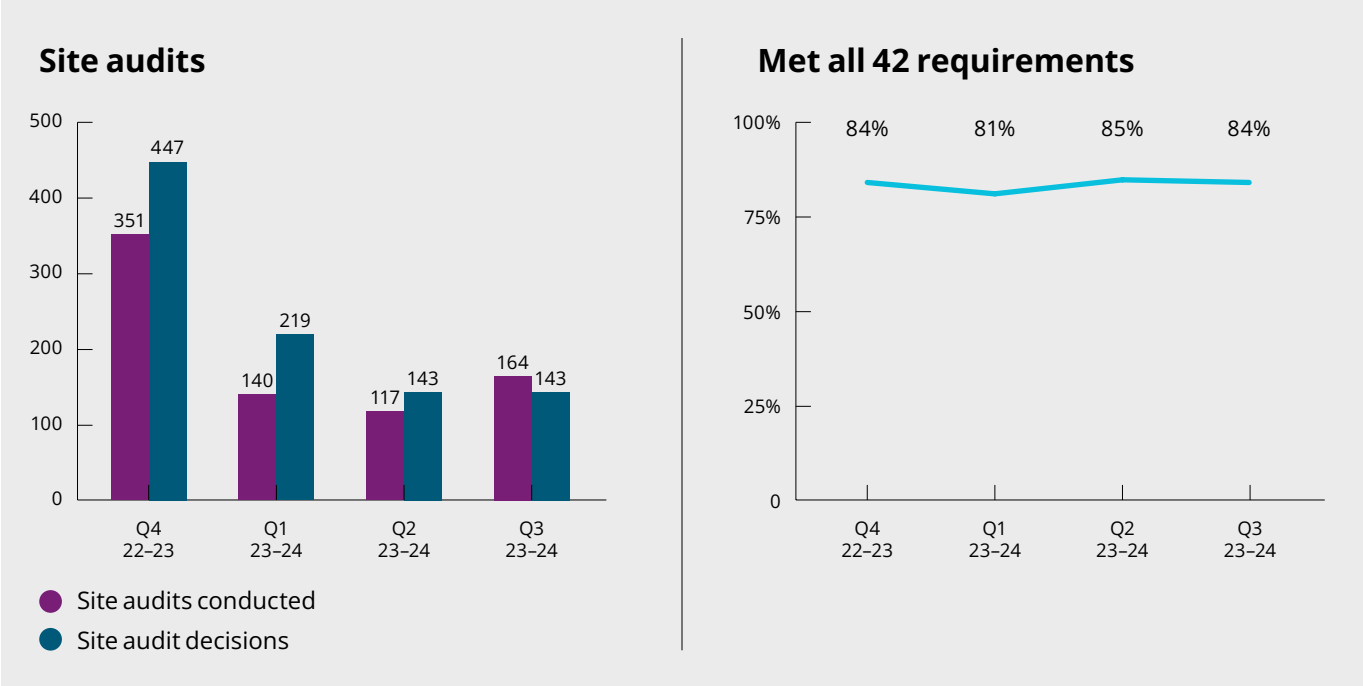


Figure 9: Number of site audits and proportion of services that met all Quality Standards in residential care
Site audits done in one quarter may have had their decision made in the next quarter.

- Q3 audit decisions continue the trend of residential care's relatively high compliance with the Quality Standards seen in the past 4 quarters. In Q3, 84% of the services we audited fully complied with all 42 requirements of the Quality Standards. Nearly one in 7 residential care services are below minimum standard in at least one area of the care they provide.
- There was an increase in the number of audits we did in Q4 2022–2023, as we caught up with the backlog of audits created by the pandemic. We are now back to a normal volume of audits and audit decisions compared with past quarters.

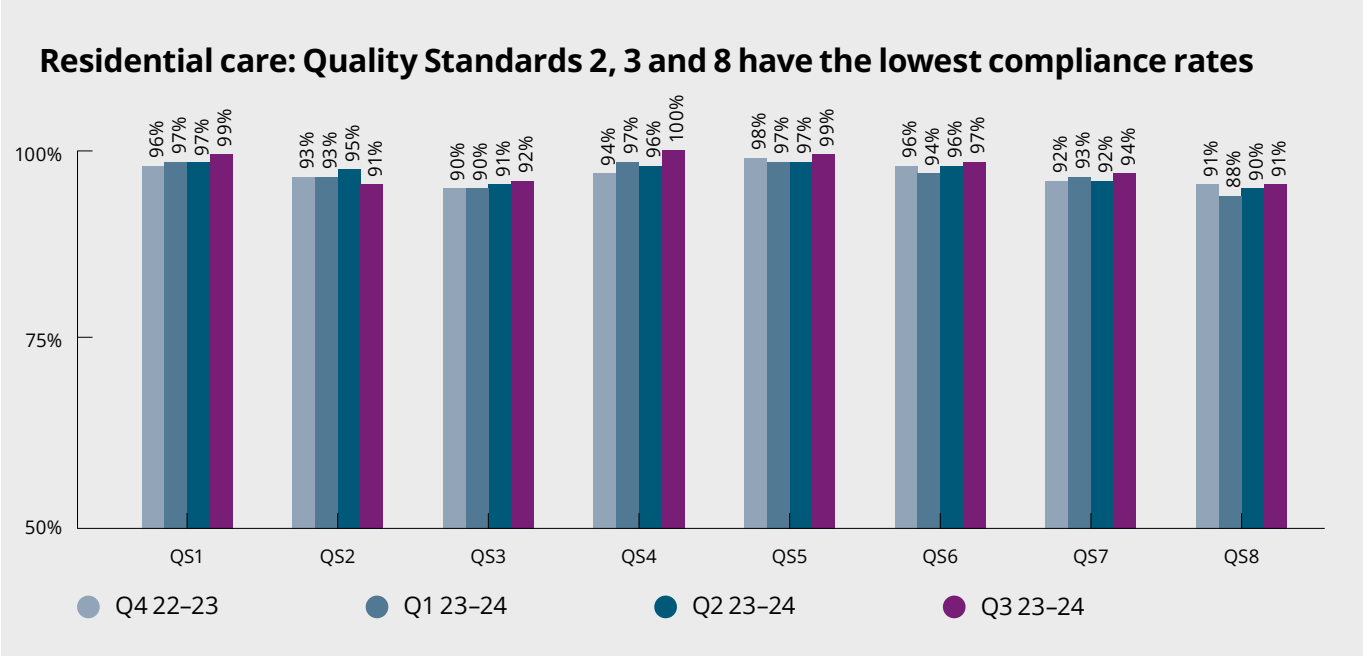


Figure 10: Compliance with the Quality Standards in residential care over the past 4 quarters

* The compliance rate for all the 42 Quality Standard requirements per quarter are in our online data tables

- Compliance with Quality Standard 2 (Ongoing assessment and planning with consumers) has fallen by 4 percentage points in Q3. It now has the lowest compliance rate in residential care along with Quality Standard 8 (Organisational governance).
- Providers are found to be non-compliant with a Quality Standard if they fail one or more requirements of that Standard, so compliance with individual requirements is higher than the overall compliance rate of 84%. We are particularly concerned with standards that have higher rates of non-compliance with individual requirements.
- Two of the requirements of Standard 2 are in the top 10 (of 42) requirements where we found most non-compliance. This includes not complying with requirements to:
  - consider risks to the safety and wellbeing of the person receiving care when planning safe and effective services (2(3)(a))
  - regularly review services and manage risk when there has been a change of circumstance or an incident (2(3)(e)).
- Our concerns about organisational governance compliance continue. Of the Quality Standard requirements with lowest compliance, 3 of them relate to Quality Standard 8:
  - effective organisation-wide governance systems (8(3)(c))
  - risk management systems (8(3)(d))
  - clinical governance framework (8(3)(e)).

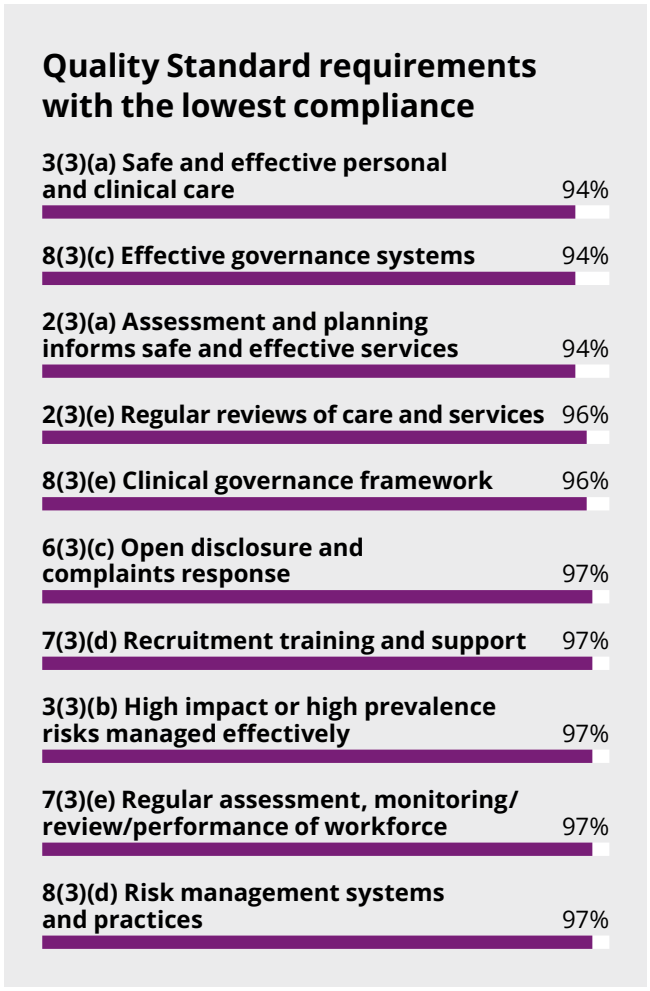


Figure 11: Requirements with the lowest compliance in Q3

- We are continuing to support providers to improve their governance through the Governing for Reform Program. The Annual Statement on Provider Operations also gives us information about how providers are complying with other governance responsibilities.
- Compliance with Quality Standard 3 (Personal care and clinical care) has been quite stable over the past 4 quarters, and it is no longer the standard with the lowest rate of compliance. However, when looking at each of the 42 requirements, 3(3)a, that measures safe and effective clinical care, has the highest rate of non-compliance. This suggests that clinical safety is still an issue for some providers. Issues around personal and clinical care also account for half of the top 10 complaint issues (page 42).
- Compliance with Quality Standard 7 (Human resources) has improved overall, but 2 of the requirements of this standard are in the 10 requirements with lowest compliance:
  - effective recruitment and training (7(3)(d))
  - ongoing monitoring of staff performance (7(3)(e)).
- You can find details on how we regulate workforce suitability under the Code of Conduct for Aged Care on page 26 and workforce responsibilities on page 29.

Quality audits in home services

We conduct quality audits of a home service at least once every 3 years to assess performance against the Quality Standards.

Since February this year, we have improved how we do those quality audits. We now make sure that all of a provider's home services are included in an audit. This is shown in an increase in quality audits in Q3.

Our quality audit looks at the provider's management processes and how they apply across their services. We also look for proof that providers have effective risk management and systems, including appropriate governance, to make sure that they deliver safe and quality care.

Quality audits, decisions and compliance rate in home services

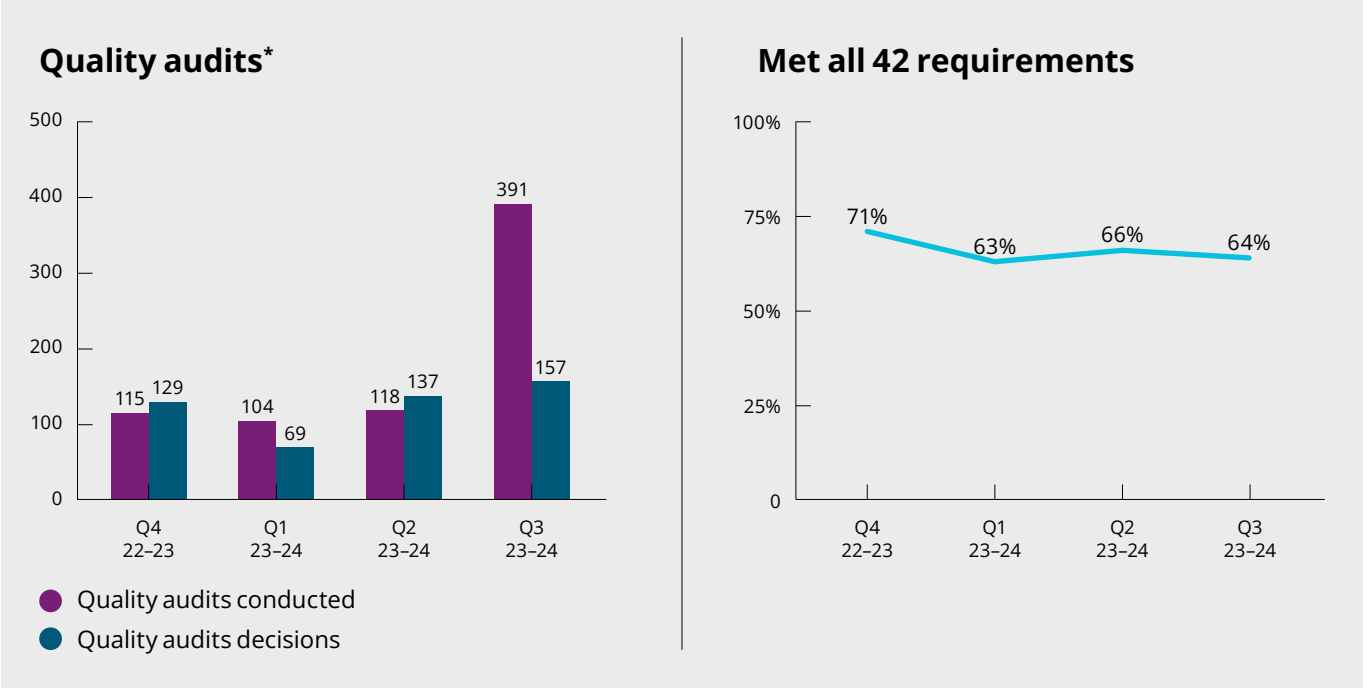


Figure 12: Number of quality audits and proportion of services that met all the relevant Quality Standards in home services

* The higher number of quality audits conducted in Q3 reflects the introduction of multi-service audits from February 2024 where we include all home services of a provider in a quality audit (multi-service quality audits)

Some quality audits done in one quarter may have had their decision made in the next quarter.

- 36% of home services providers audited provided care that was below the minimum requirements of the Standards.
- We are concerned about this and have increased the number of quality audits we do, including through multi-service audit.
- We assess all of a provider's services as part of a single quality audit. This has led to an increase in the number of services audited in Q3 — 391 compared with 118 in Q2.
- By focusing on providers rather than individual services, we are better placed to understand risks and issues facing older people receiving care.
- We want to understand if these issues are related to how the provider operates or if they are just about the individual service.

Home care pricing audits

Purpose

Audits help give the community confidence that people receiving home care are being charged correctly. The process helps and educates providers to understand their obligations. We identify risks and themes that are affecting multiple services to develop education campaigns.

What we did

The Commission chose 54 providers for a home care pricing audit to make sure they were charging people correctly and in line with the recent change to legislation.

Providers were in scope for selection if:

- they were a new home care provider who had begun accepting clients
- a person receiving care, or their representative had made a complaint about the pricing of their home care package
- they had not had a home care pricing audit before and could benefit from one
- they were at risk of non-compliance, or the Commission is concerned about how they manage home care packages or charge consumers

We excluded providers if they were currently facing other compliance or complaints issues. The program is ongoing.

What we have found so far

From the sample of providers, we found a good level of compliance, but we also found issues with:

- outdated home care agreements being used
- pricing schedules that were incorrectly published on provider websites and the My Aged Care website
- financial information in the annual budget for a care recipient not matching the charges in their monthly financial statement.

More information about the home care pricing audit is on our website.

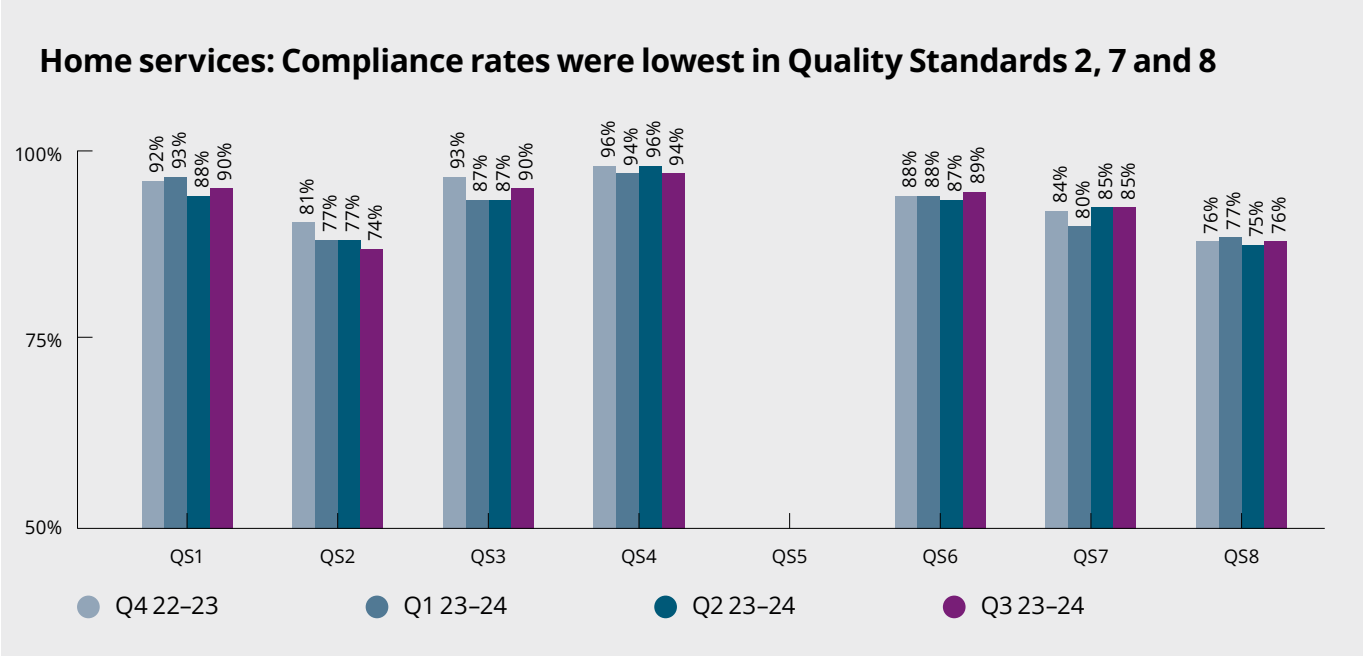


Figure 13: Quality Standard compliance in home services over the past 4 quarters

We have not included rates for Quality Standard 5. 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

The compliance rates for all the 42 Quality Standard requirements per quarter are in our online data tables

Home services: Quality Standard requirements where there was most non-compliance

- In Q3, Quality Standard 2 (Ongoing assessment and planning with consumers) has the lowest compliance rate in home services. Over a third of providers (36%) audited were found to not meet one or more requirements of this standard. Compliance has gone down steadily over the past 4 quarters, falling 7 percentage points since Q4 2022–23.
- This includes not complying with:
  - considering risks to the safety and wellbeing of the person receiving care when planning safe and effective services (2(3)(a))
  - identifying the current needs of people receiving care (2(3)(b))
  - effective documentation and communication (2(3)(d))
  - regularly reviewing services and managing risk when there has been a change of circumstance or a major incident (2(3)(e).
- Issues related to 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 in Q3 (page 43).

- We are still concerned with how providers are complying with Quality Standard 8 (Organisational governance). The compliance rate of 76% remains well below the compliance rate for residential care providers.
- Four out of 5 of the requirements of Quality Standard 8 are in the 10 requirements with the lowest compliance.
- One in 5 home services providers do not comply with the requirement to have effective governance services 8(3)(c). This is the lowest rate of compliance of all the requirements of the Quality Standards.

Figure 14: Quality Standard requirements with the lowest compliance in Q3 in home services

Our supervision of the sector

We are introducing a new approach called provider supervision. We 'watch' all providers all the time to identify where there might be risks or failures of care. We do this by constantly scanning all the information we collect through:

- mandatory reporting
- complaints
- reports of serious incidents
- our audits
- other regulatory interactions.

We also review information we receive from the aged care system like the Quality Indicator Program (QI Program), Quarterly Financial Reports and the Annual Statement of Provider Operations. We call this risk surveillance.

Where we find a risk or a failure, we act. We work with providers to make sure that they:

- fix the problem
- restore the trust of the people who have been affected
- take steps to stop the problem from happening again.

When the risk posed to older people receiving care is high or rising, we intervene. We will appoint a Commission case manager who will decide the best way to make sure that the provider is managing the risks quickly and properly to protect older people.

Through this process we can focus our efforts on specific providers and make sure we intervene in the right way at the right time. This means we can protect people receiving care while also supporting providers to get it right. The figure below represent the provider supervision approach.

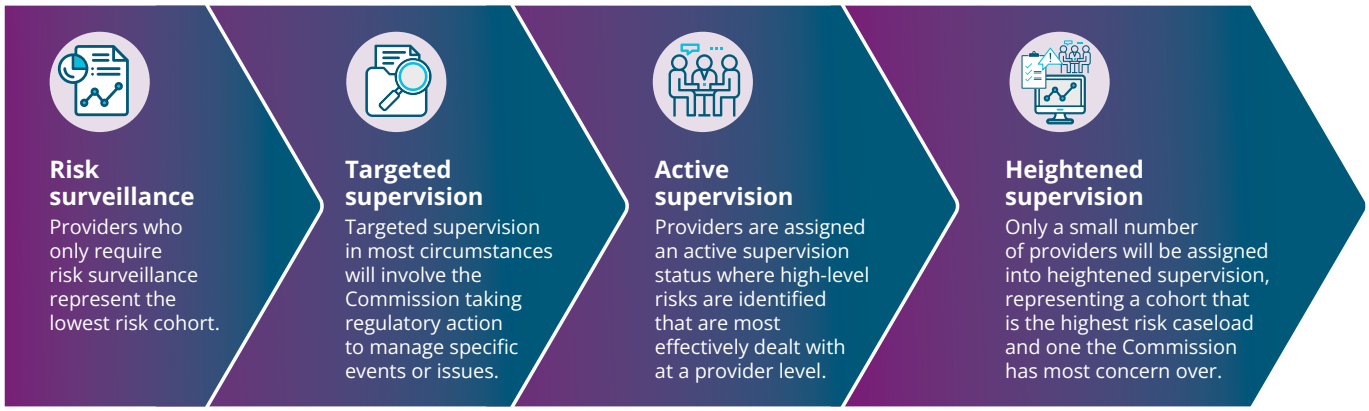


Figure 15: Provider supervision model

Risk-based assessments

The Commission monitors residential care and home services quality of care and services through a program of risk-based monitoring and assessments. We do these assessments if we identify risks to people receiving aged care. We aim our risk-based monitoring at higher risk services and providers.

The Commission undertakes risk-based monitoring in the form of visits to a provider's premises or through requesting information by correspondence or a phone call. How the Commission does its monitoring will depend on the nature of the risk that's being monitored and how information relating to that risk may be best collected and understood.

We also use assessment contacts to check how providers are doing in the areas of sector wide risks. These are areas where many providers are potentially falling short or where they may need help with improving and understanding how they might reduce harm to older people receiving care. In residential care we are currently focusing on key areas of risk including:

- infection prevention and control
- food, nutrition and dining
- workforce responsibilities
- inappropriate use of restrictive practices
- response to high-risk weather events.

For some of these sector-wide risks, such as infection prevention and control, we have visited all providers over the past 2 years. For most other sector-wide risks, such as food, nutrition and dining, and workforce responsibilities, we are prioritising those providers where our information indicates a heightened risk of harm for people receiving care.

We prioritise site visits for those services where we are most concerned about the risks of non-compliance for specific obligations or where we have identified a capability issue around particular aspects of care. If, during our visits, we identify an issue with the risk we are focussing on, we will work with the provider to identify the underlying cause so that the provider addresses the issue as quickly as possible and takes steps to prevent it re-occurring.

If we find that the provider is neither willing nor able to address the issue, we will take regulatory action, including issuing a direction for continuous improvement, or take an enforceable compliance action.

See page 22 for how the Commission responds to non-compliance.

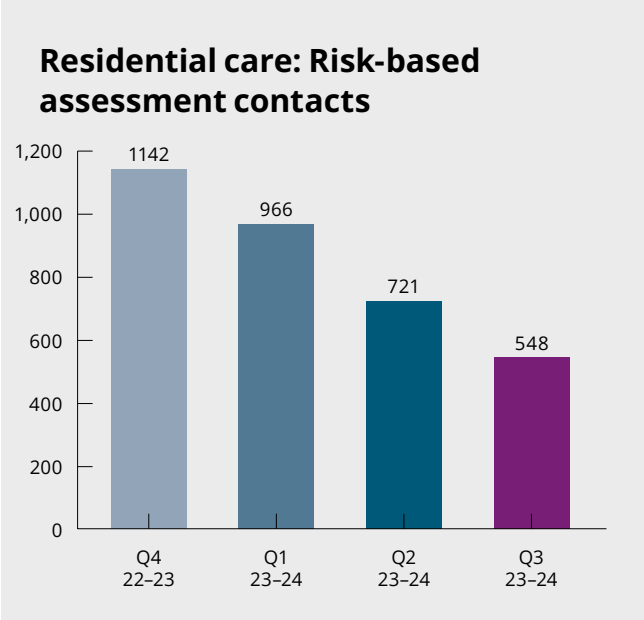


Figure 16: Assessment contacts over the past 4 quarters in residential care

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

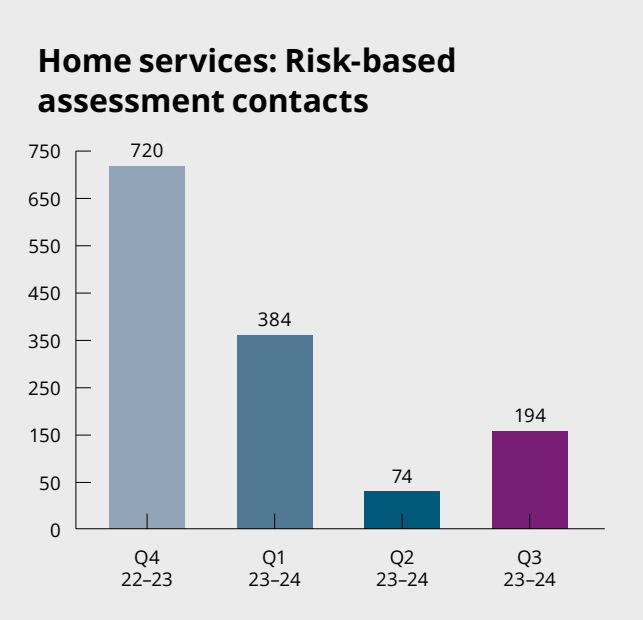


Figure 17: Assessment contacts in home services over the past 4 quarters

- Over the past 4 quarters, more than half of our onsite assessment visits in residential care have been focused on sector-wide risks.
- In Q3, to assess risk and support providers to improve, the Commission carried out:
  - 116 visits related to food, nutrition and dining. See 'In Focus: Food, nutrition and dining' on page 54.
  - 96 visits related to infection prevention and control. While the Commission continues to see a very low rates of issues presenting from infection prevention and control assessment contacts, we are now focusing on resident COVID-19 vaccination rates as a key aspect of good IPC practice.
  - 75 onsite visits and offsite calls to check how providers are complying with their workforce responsibilities to have a nurse onsite 24/7 and meet minimum mandatory care minutes. Most providers are complying with their workforce responsibilities to have a nurse onsite 24/7. See page 29 on workforce responsibilities for more information.
- In Q4 2022–23 and Q1 2023–24 we conducted a focused offsite assessment contact program. The program helped us to build a profile of the service types and specific risks for individual providers. You can see this reflected in the higher numbers of contacts in those quarters.
- In Q3 our risk-based assessments have focused on monitoring and assessing previously identified non-compliance with the quality standards to ensure that providers are addressing identified deficiencies.

Commission responses to risk and non-compliance

Where we find a provider has not complied with their responsibilities, including the Quality Standards, the action we take depends on 2 things:

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

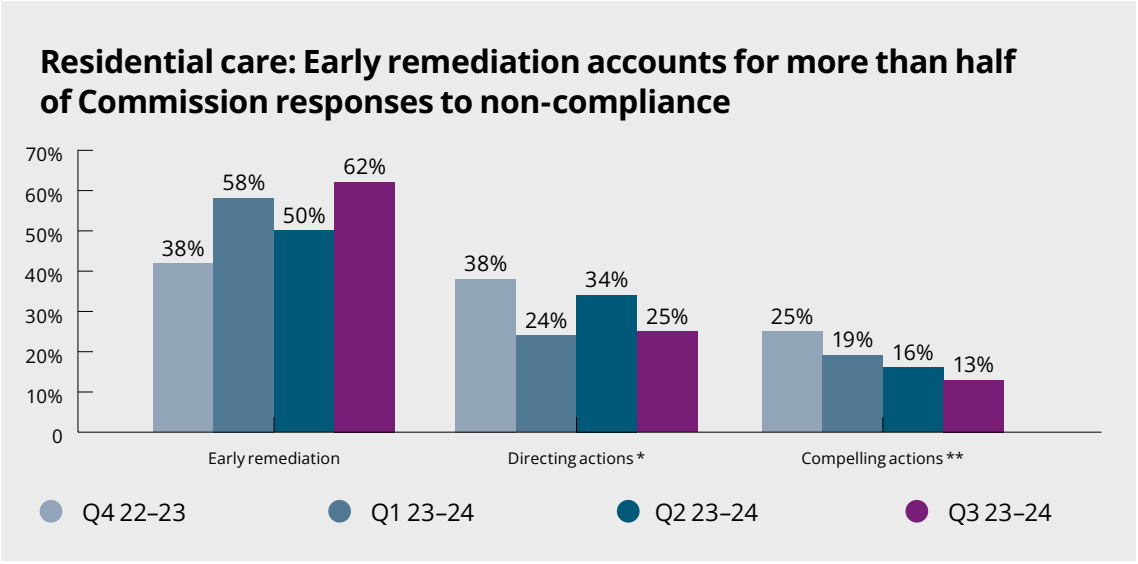


Figure 18: Commission response to findings of non-compliance in residential care

* Where we have used our powers and issued the provider with a regulatory notice.

** Compelling actions are actions we have taken to respond to site audit decisions, performance assessments and other obligations.

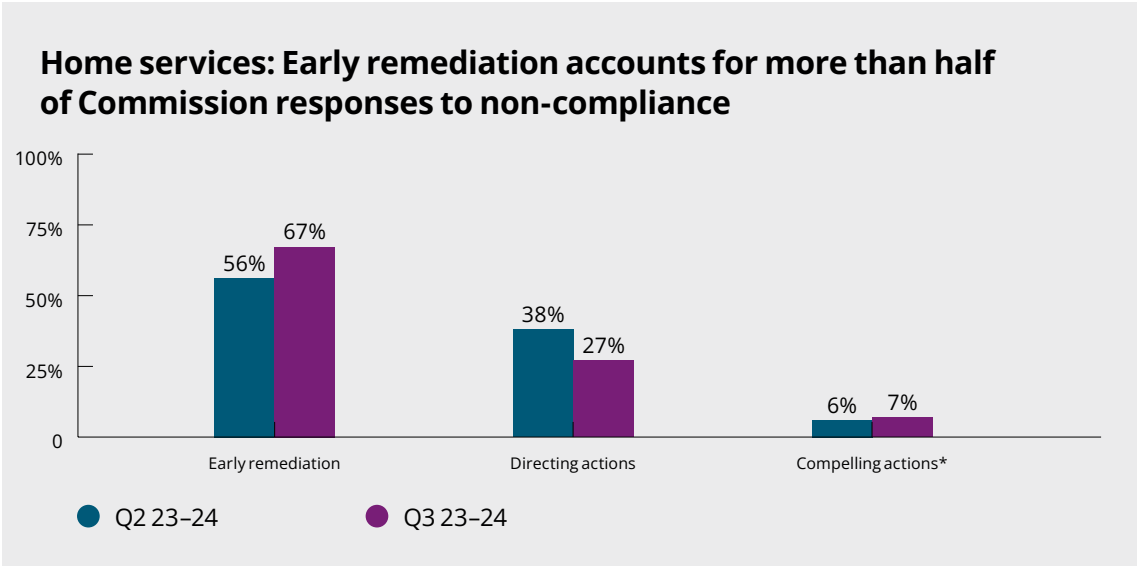


Figure 19: Commission response to findings of non-compliance in home services

* Compelling actions are actions we have taken to respond to quality audit decisions, performance assessments and other obligations

We started using early remediation in home services in Q2

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 are willing and able to fix issues quickly. These providers are part of our early remediation program.

Where we see a problem, we raise it with the provider. They must show us that they can fix the issue quickly and then convince us that it is fixed. Where this happens, we do not issue a formal notice as these providers are doing the right thing by fixing their non-compliance quickly. 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 quickly. 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 can 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.

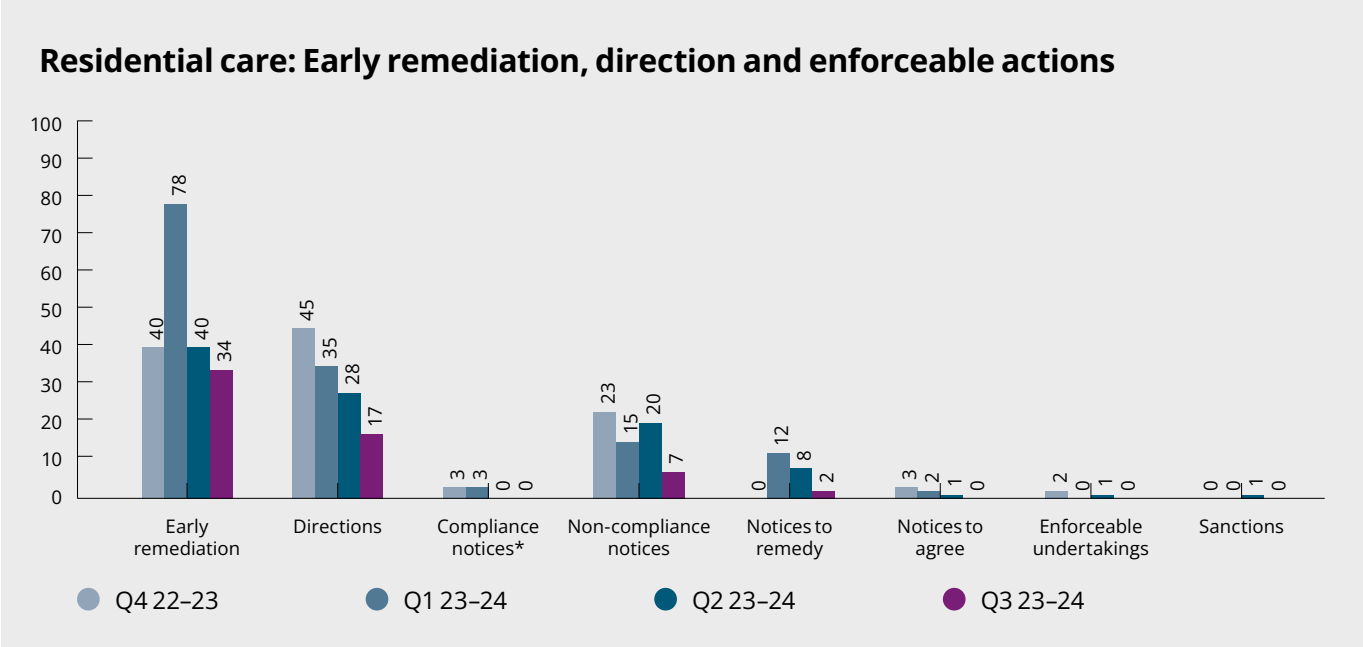


Figure 20: Directions and enforceable actions have fallen in residential care because of improved compliance and the Commission's use of early remediation to fix issues quickly

* Incident management compliance notices and Incident management restrictive practices compliance notice

- The fall 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. We engage with the provider through case management.
- The lower number of non-compliance notices compared with Q4 2022–23 is mainly because more providers are submitting their quarterly financial reports on time.
- Providers can be in active or heightened supervision without us taking a directing or compelling action. We work actively with providers in this situation to get them back to compliance. This change in how we regulate is reflected in the lower numbers of enforceable actions.

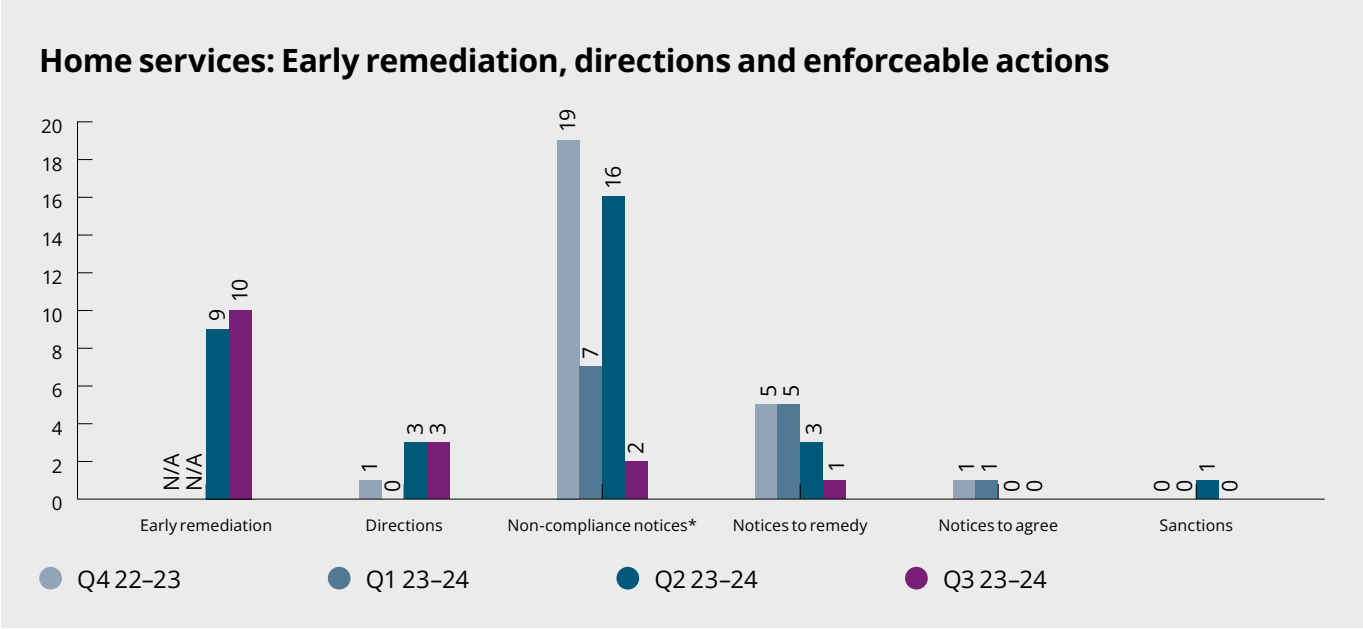


Figure 21: Directions and enforceable actions in response to non-compliance in home services
* Includes 2 financial and prudential non-compliance notices.
We started using early remediation in home services in Q2.

- In Q3 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 23).
- Non-compliance notices increased in Q2 but dropped again in Q3. The higher numbers in Q2 were due to providers submitting their Quarterly Financial Reports late.
- We are engaging with providers where we have identified high to severe risk through active and heightened supervision. Depending on the willingness and ability of the provider to fix the issue, we may not need to take enforcement action.

Find out more by clicking the links below:

- Aged Care Quality Standards
- Home services quality audits
- Residential care review audits
- Compliance and enforcement policy – Aged care services performance and enforceable actions

Worker regulation

The Commission monitors risks to people receiving aged care that are caused by:

- worker actions, inactions or behaviours
- a person's suitability to be involved in providing aged care.

We act when we are concerned about the behaviours of a governing person or worker, or if a person is not suitable to be involved in providing aged care.

The Code of Conduct for Aged Care (the Code) describes how approved providers, their governing persons (such as board members) and workers (including volunteers) must behave and treat people receiving aged care.

The Code helps older people to have confidence and trust in the quality and safety of the care they receive, no matter who provides that care.

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

Providers and workers are each responsible for complying with the Code. However, providers have an added obligation to ensure that their workforce complies with the Code including people they employ and their volunteers.

32

Total investigations

Source of investigation*

18 Internal intelligence

14 External intelligence

Figure 22: Source of worker regulation investigations

* For an explanation of internal and external intelligence see page 27

Data extracted from Commission systems on 8 April 2024. Reported figures may change as cases in the database are updated.

11

Caution letters to individuals

9

Reminder of obligations letters

How we respond when a worker breaches the Code or when they are not suitable to provide aged care depends on:

- the type of risk
- the harm caused, or the possible harm that could be caused, to people receiving care
- how likely it is that the worker's provider (if any) can manage the risk.

We identify worker risks through our regulatory activities, including Serious Incident Response Scheme (SIRS) incident notifications and complaints.

We also identify worker risks through information from the National Disability Insurance Scheme (NDIS) Quality and Safeguards Commission, other regulatory agencies and the media.

If we believe there is a risk to the person receiving care we may issue the worker with a reminder of obligations letter, a caution letter or conduct an investigation.

A reminder of obligations letter encourages compliance through education and awareness and is designed to help and support a worker to understand and improve their compliance with the Code.

We will issue a caution letter to tell a worker about our concerns and remind them of their responsibilities under the Code. It also lets them know about potential consequences of any reoccurrence, and the Commission's ongoing role in detection of these risks.

We have issued 9 reminder of obligations letters and 11 caution letters to individuals.

If we believe the risk is higher, we will start an investigation.

- In Q3, we investigated 32 cases of which 18 came through information from our own processes, including:
  - 13 from the SIRS
  - 4 from other internal sources
  - 1 from our complaints process.
- 14 investigated cases came through information from external sources including:
  - 10 from external agencies including the Queensland Office of the Health Ombudsman and the NDIS Quality and Safeguards Commission
  - 3 from the media
  - 1 from law enforcement.

Banning orders

Compliance and enforcement actions	Total Q3 2023–24
Specified term banning order	10
Permanent banning order	17
Total banning orders	**27**

Figure 23: Banning orders in Q3

Source: Data from Commission systems as of 8 April 2024. Reported figures may change as cases in the database are updated.

126

Total banning orders
1 Dec 2022 – 31 Mar 2024

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.

In Q3 we issued 27 banning orders:

- 10 banning orders were for a specific time
- 17 banning orders were permanent.

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.

Find out more by clicking the links below:

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

Workforce responsibilities

There are a range of workforce responsibilities that all providers must meet. In 2023, the Australian Government introduced new workforce responsibilities. Residential aged care providers must now make sure that people receiving care have access to a registered nurse 24 hours a day, 7 days a week. They must also meet mandatory targets for the care time residents receive. These new responsibilities help build greater trust and confidence that residents are getting the level of care they need.

The Commission expects every approved provider to meet all their workforce-related responsibilities.

24/7 registered nurse responsibilities

Since 1 July 2023, residential aged care services are required to have at least one Registered Nurse (RN) onsite and on duty 24 hours a day, 7 days a week (24/7). They also need to report to the Department of Health and Aged Care each month on:

- whether or not an RN was onsite and on duty at all times
- every period of 30 minutes or more that a RN was not onsite and on duty at a residential facility and why
- alternative clinical care arrangements they had in place when an RN was not available, such as on-call clinical supports.

91%

Over **91% of all services delivered 24/7 RN care** in March 2024

Registered nurse coverage in residential care during March 2024

- There are high compliance rates with the 24/7 RN responsibility. Over 91% of all services delivered 24/7 RN care in March 2024. This has increased from 86% since the responsibility started in July 2023.
- The Commission has used a risk-based monitoring program to review all services that have not complied with the 24/7 RN responsibility. We look for evidence that those providers who have missed the target have clear plans to meet their obligations and that they are providing safe and effective quality care.
- Early evaluation shows that the bigger the gap in RN cover, the more likely these providers were to have issues related to governance, particularly clinical governance.
- Our response to provider non-compliance depends on the:
  - risks that we see
  - reasons for non-compliance
  - actions the provider is taking to be compliant.

Mandatory care minutes

Since 1 October 2023, all providers of residential aged care services must meet mandatory targets for care time they deliver to each of their residents every day. Providers must report this to the department quarterly.

At time of publishing this report, the Commission has processed care minutes data for the first mandatory reporting period (Q2 2023–24). As more care minute data becomes available, we will include information about provider performance and how we have responded to non-compliance in future sector performance reports.

Registered nurse coverage: March 2024

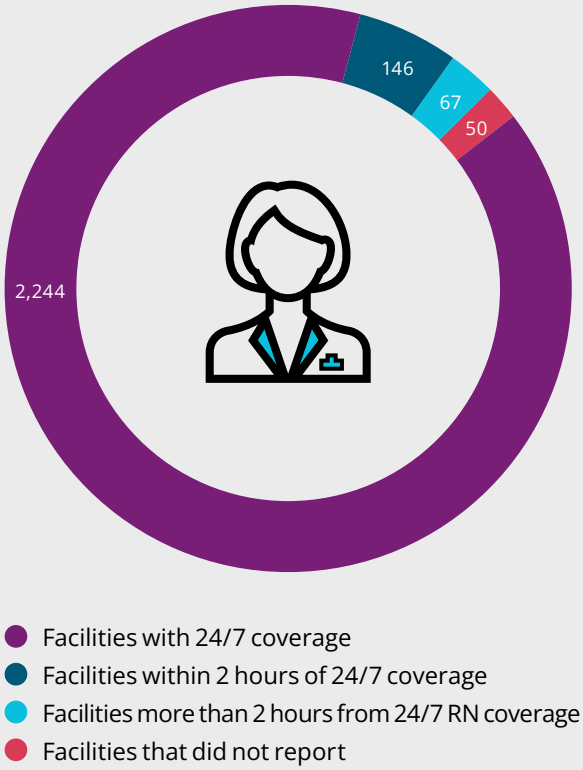


Figure 24: Registered nurse coverage in residential aged care
Published by Department of Health and Aged Care 19 March 2024. Updated 24 April 2024

Find out more by clicking the links below:

- Regulatory Bulletin: Workforce-related responsibilities – including 24/7 registered nurse and care minutes

Serious Incident Response Scheme

Residential aged care providers and providers that deliver care services in a home or community setting must notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS).

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).

In this report we present both the volume (raw numbers) and rates of SIRS notifications (see page 34 and 35). Knowing the rate of SIRS notifications for the sector can help providers to understand how their rate of notifications compares with the sector average. We use these rates, combined with other information on provider performance, with the focus on services that have concerning rates of SIRS notifications. This can include rates that seem too high or rates that seem too low.

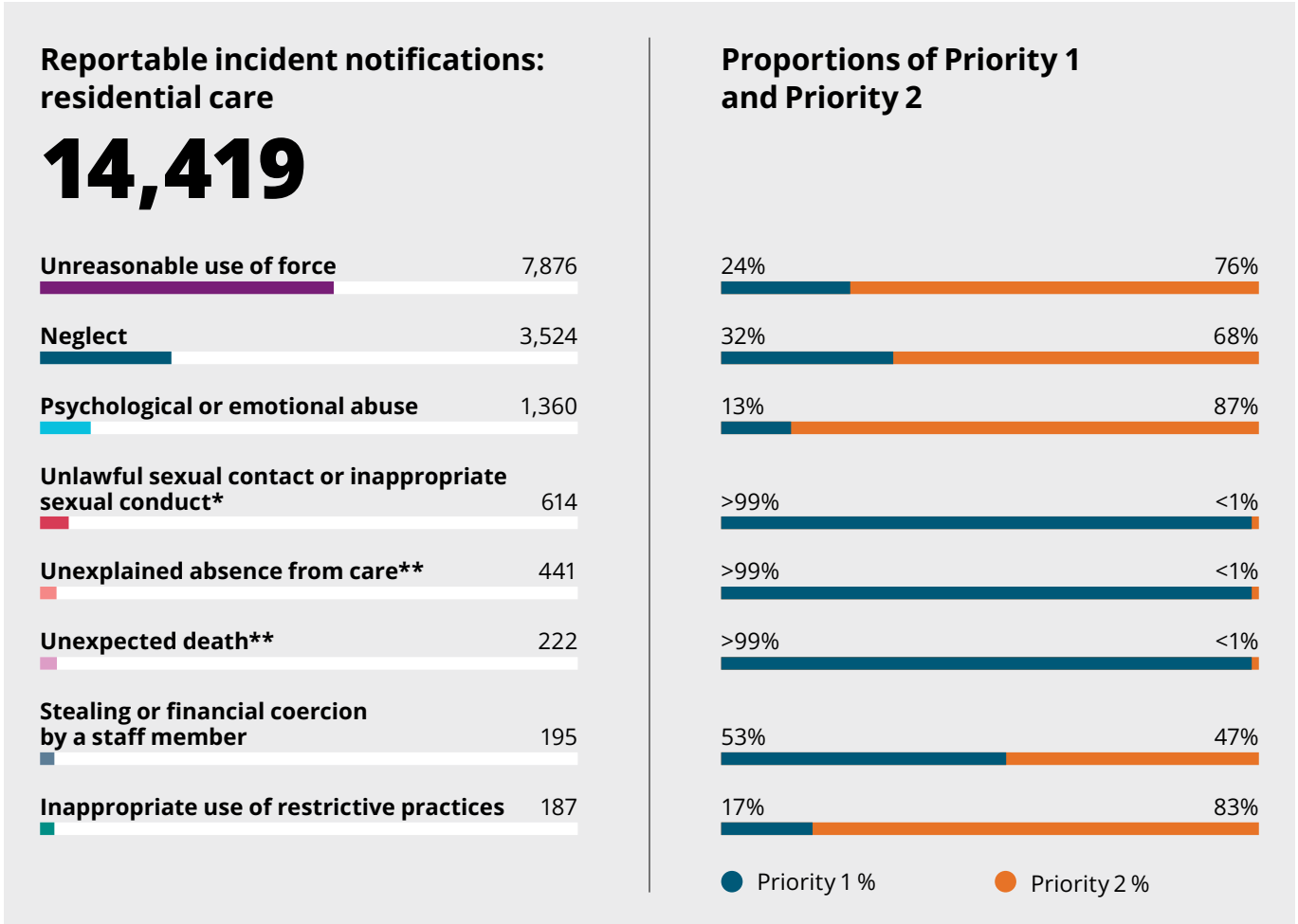


Figure 25: All reported incidents in residential care and percentage of Priority 1 and Priority 2

* 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.

- The overall numbers and rates of SIRS notifications in residential care have increased slightly since Q1.
- Notifications of Priority 2 incidents account for just over two thirds (68%) of notifications. They need to be reported to the Commission within 30 days of happening. This timeframe gives providers an opportunity to investigate the incident, address the risk and reduce the chance of more serious incidents happening.
- Notifications of neglect have been increasing over time and increased again this quarter by approximately 5%. It is the second most common notification type after unreasonable use of force (figure 26).
- Notifications of psychological or emotional abuse increased by 14%. After a fall last quarter, we received 1,360 notifications this quarter.
- Notifications of unreasonable use of force in residential care still account for more notifications than the other residential incident types combined.

SIRS total Priority 1 and Priority 2 notifications in residential care

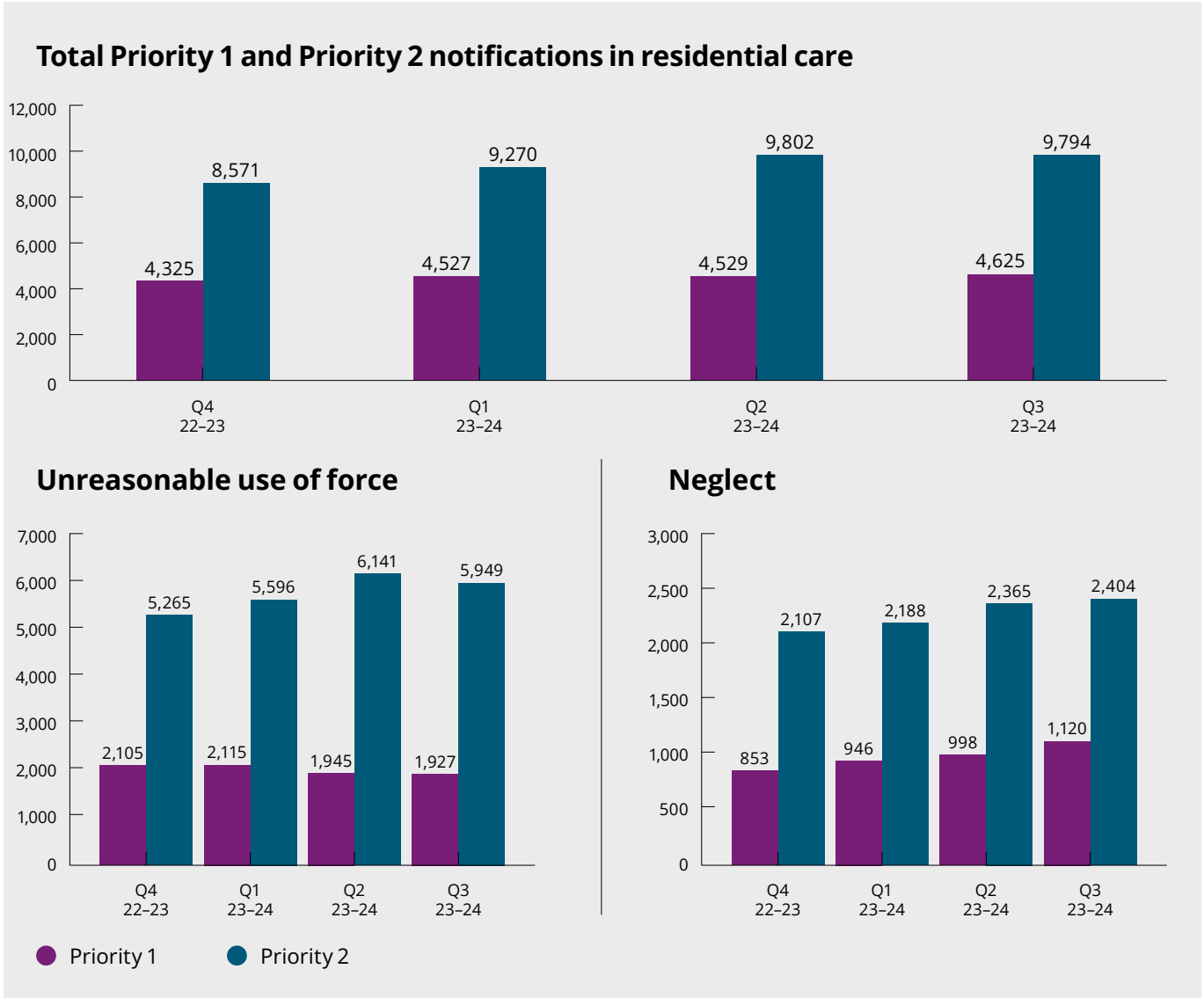


Figure 26: SIRS Priority 1 and Priority 2 notifications in residential care across the past 4 quarters
Unreasonable use of force and neglect highlight focus issues.

Getting it right – assessing the impact of serious incidents

Providers regularly underassess the impact of serious incidents on people receiving care. Our review of notifications in the SIRS Insights Report: Unreasonable use of force found that 9 out of 10 providers are reporting that this incident type has minor or no impact. We find that providers are under assessing impact across all incident types.

Providers may not be considering less obvious impacts that can be harder to identify. Examples include where a resident is not able to reliably describe what happened, or the impacts are delayed where a physical injury is noticed later.

The benefits to accurately assessing impact include:

- improved quality of care, as treatment fits the individual
- providers meeting their continuous improvement responsibilities, through changes to processes
- providers using effective processes under their incident management system to prevent incidents from happening again because they better understand the negative impact on the person receiving care
- improved quality and accuracy of incident notifications and reported responses.

To improve how providers assess impact, the Commission has worked with providers to design an impact assessment tool. We workshopped this with providers, using real case studies, during the Commission's National Provider Conference in April.

Providers were encouraged to 'walk in the shoes' of people receiving care to better understand the physical, emotional and cultural impacts of an incident.

The impact assessment tool is available on our website.

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. We have also included reporting rates by sector segment (size and ownership type) so providers can also check their performance compared with similar types of providers.

In Q3, the overall rate of SIRS reporting in residential care is 8.0 per 10,000 occupied bed days (OBDs), which is slightly higher than Q2. OBDs are the number that providers use for claiming subsidies with Services Australia. For a residential service fully occupied by 110 residents, this would equal 8 incidents across the quarter.

Providers should also be reviewing their incident management system to look for ways they can improve how they stop incidents from happening and how they respond to incidents when they do happen.

Many reported incidents are 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, listening to people affected by the incident, and introducing changes to stop it from happening again.

- Over the past 4 quarters, rates of notifications of neglect in residential care have increased from 1.7 to 2.0 per 10,000 Occupied Bed Days (OBDs).
- 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 and review their clinical governance arrangements. This includes the data they collect and submit under the Quality Indicator Program (QI Program).

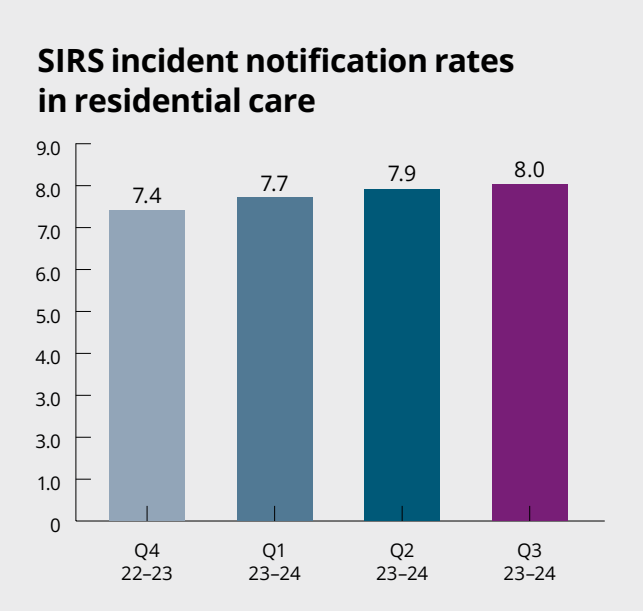
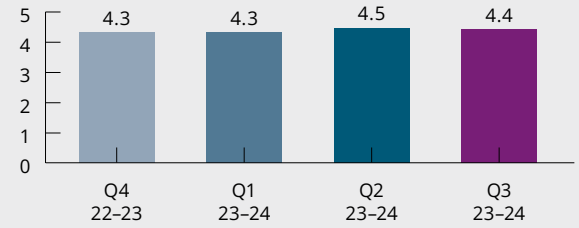


Figure 27: SIRS notification rate for residential care
SIRS notification rate is number of notifications per 10,000 OBDs.

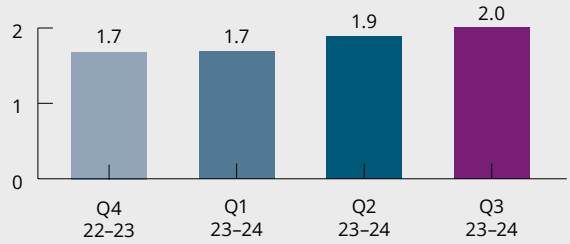
- Rates of notifications of psychological or emotional abuse, the third most reported incident type, have also increased in Q3.
- Inappropriate use of restrictive practices notifications, along with unexpected death and stealing or financial coercion, have the lowest number and rates of notifications of any of the 8 incident types.
- It is noted that in the data reported in the QI program, the use of physical restraint has been going down. In the QI program, physical restraint covers all types of restrictive practices, both appropriate and inappropriate, except for chemical restraint.

Residential care reporting rates per quarter for each incident type

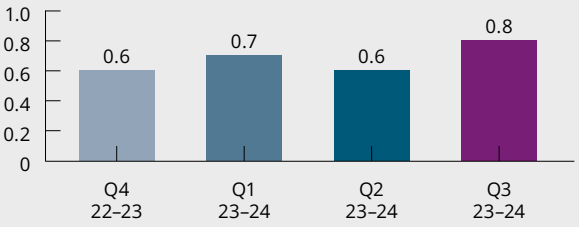
Unreasonable use of force



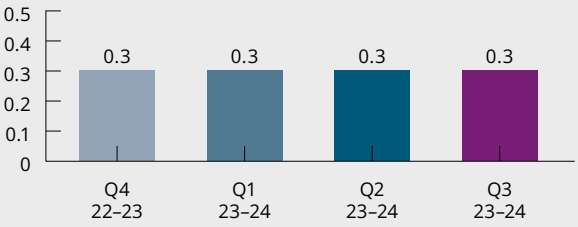
Neglect



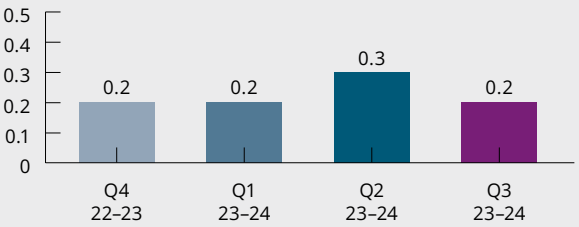
Psychological or emotional abuse



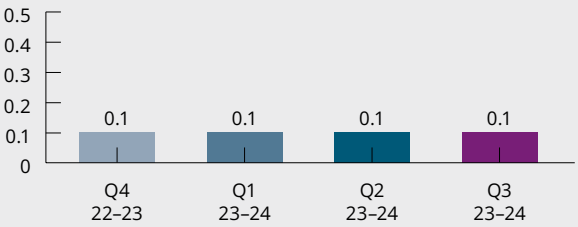
Unlawful sexual contact or inappropriate sexual conduct



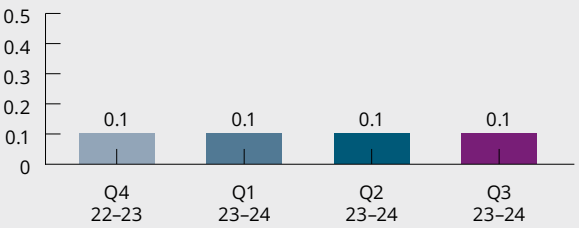
Unexplained absence from care



Unexpected death



Stealing or financial coercion by a staff member



Inappropriate use of restrictive practices

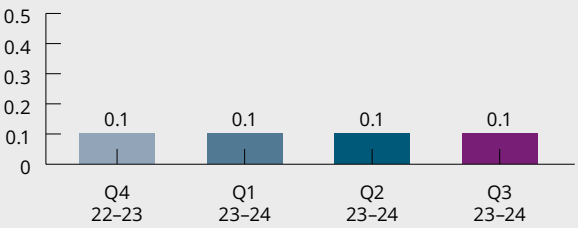


Figure 28: SIRS reporting rates and Priority 1 and Priority 2 numbers for each notification type in residential care
All rates are notifications per 10,000 OBDs.

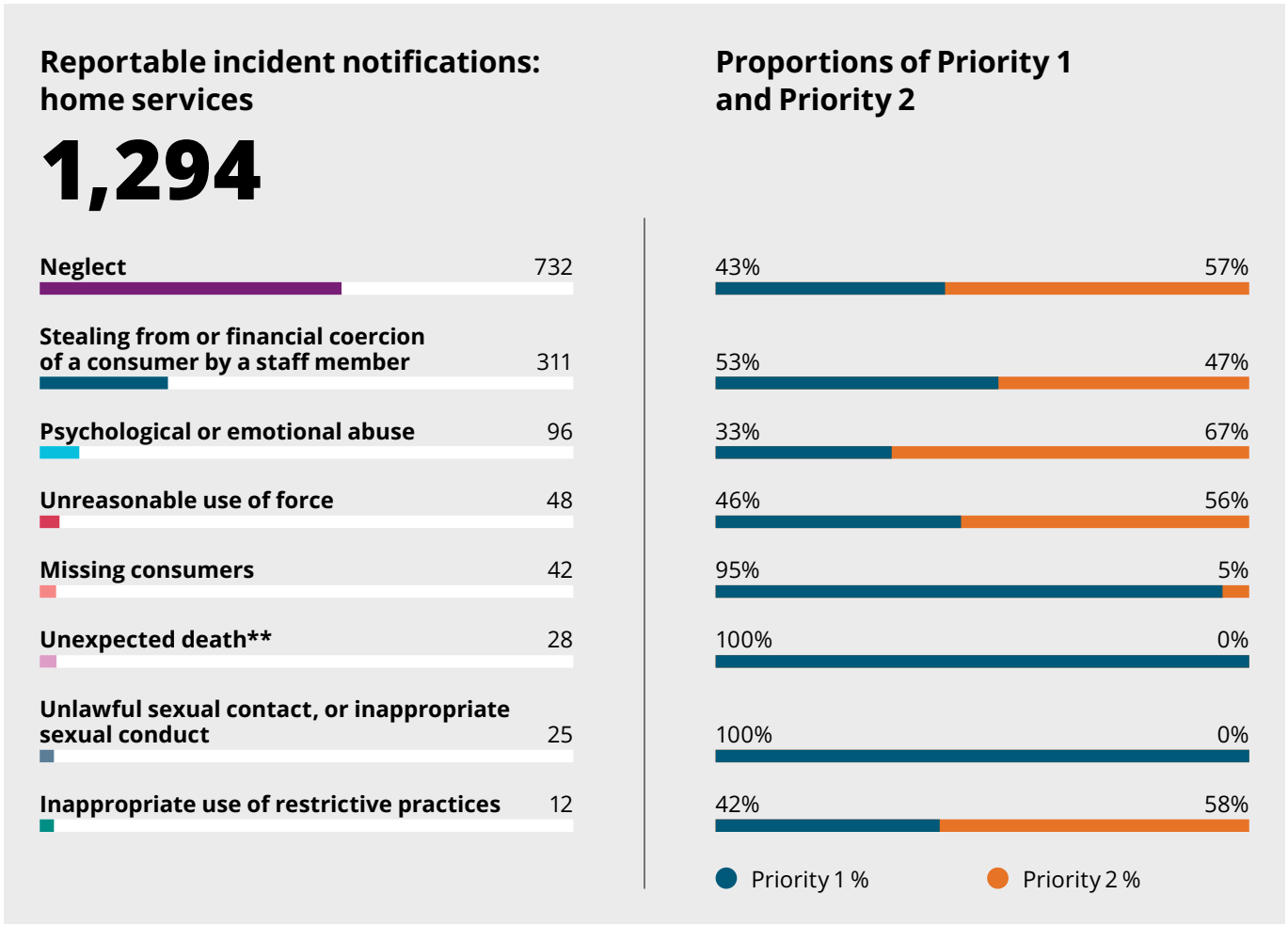


Figure 29: All reported incidents in home services and the percentage of Priority 1 and Priority 2 incidents

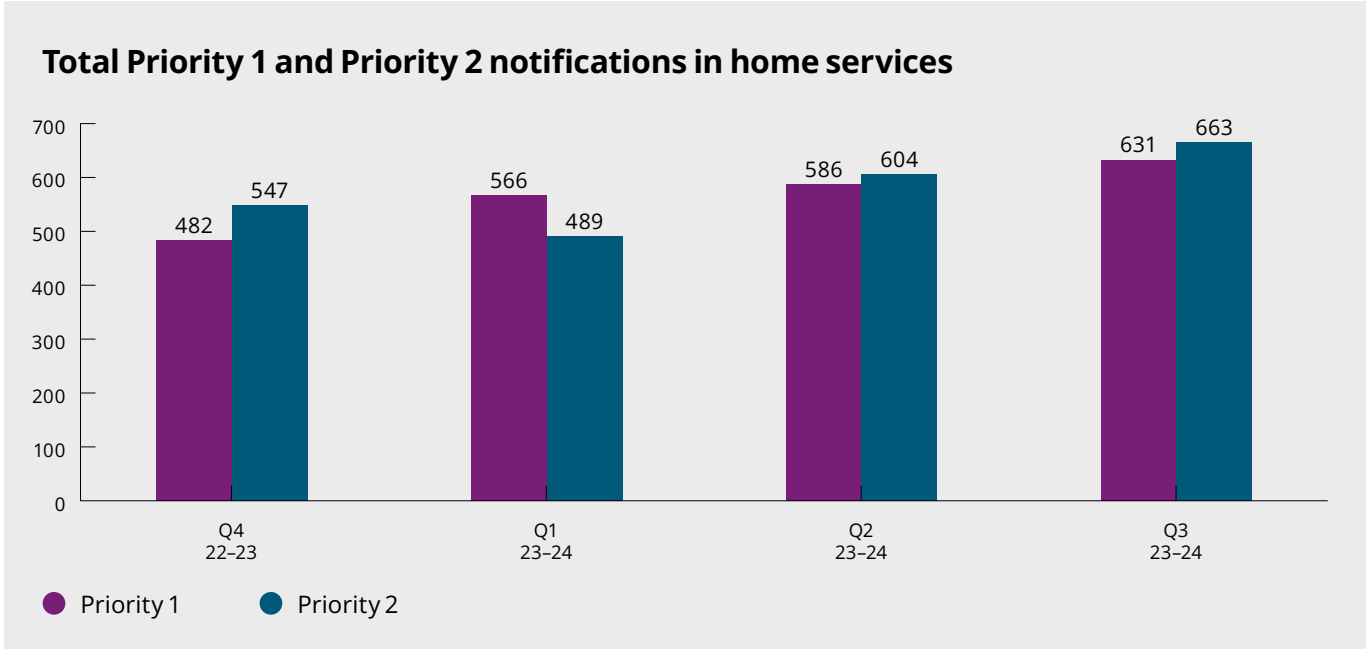


Figure 30: SIRS Priority 1 and Priority 2 notifications in home services across the past 4 quarters

- The significantly lower numbers of SIRS notifications for home services may be due to the:
  - under reporting of incidents
  - 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 9% increase in SIRS notifications for home services. Priority 1 notification increased by 8% and Priority 2 notifications increased by 10%. In home services these account for 49% (P1) and 51% (P2) of all notifications respectively. In contrast to residential care the proportions of P1 and P2 notifications are fairly evenly split.
- There still seems to be under-reporting of SIRS incidents in home services. We are working with providers to remind them of their reporting responsibilities.
- Neglect has the highest proportion (57%) of notifications. In home services, neglect includes a care worker missing a shift.
- The relatively high levels of notifications for stealing or financial coercion by a staff member is another area of concern. It highlights how important it is for providers to have processes to identify and stop this conduct from happening.
- Good incident and complaints management systems help providers to identify stealing and financial coercion. These systems help people receiving care and their representatives to have their concerns heard and dealt with.
- We use monitoring, education and engagement with providers to address these concerns. As part of this, we will be publishing an Insights report on stealing or financial coercion in home services.
- Rates of notifications are currently under development for SIRS in home services to publish in future editions of this report.

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
- Clinical governance resources

Complaints

Complaints give providers and the Commission valuable information about the issues that are concerning people receiving care and their families or representatives. Aged care workers also contact us with their concerns about the quality of care that people are receiving. In this section, we list the most common issues that are raised with us.

The rates below are for complaints that were lodged with us. Providers have their own internal complaints data that they can use to improve their service.

We expect providers to support people receiving care to raise any concerns directly with staff when there is an issue with their care. We also expect providers to encourage and support their staff to resolve complaints. Good complaint handling builds better relationships with the people in your care.

Residential care

1,413
Complaints received

0.8
Complaints rate per 10,000 occupied bed days (OBD)

Home services

929
Complaints received
(HCP = 826 + CHSP = 103)

30.4 (HCP) | **1.26** (CHSP)
Complaints rate
per 10,000 consumers

Figure 31: Number of complaints and complaints rate in residential care and home services in Q3
* 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
- 10,000 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.

Occupied bed days (OBDs) are not used in home services, so we have used a different rate. The rates for residential and home services are therefore not comparable with each other.

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.

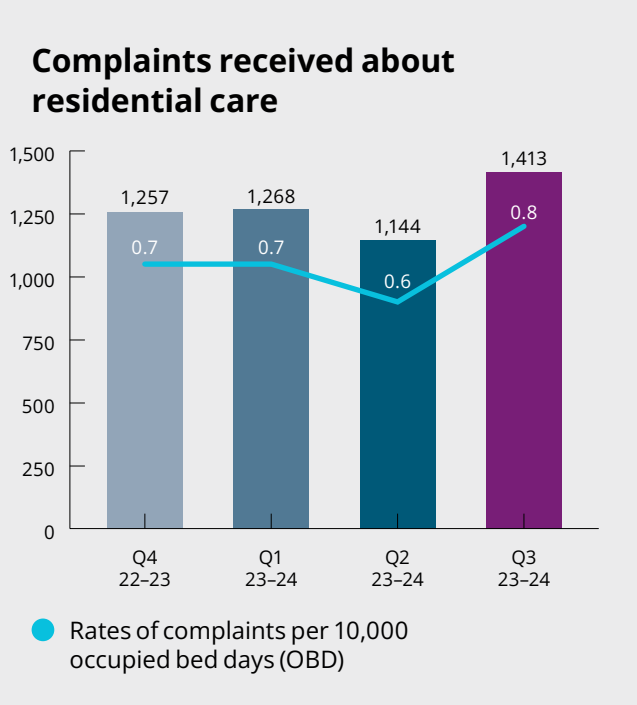


Figure 32: Number of complaints and complaints rate for residential care over the past 4 quarters

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 and staff can resolve an issue quickly or do they feel the need to involve the Commission?
- Are people receiving care confident to come forward and complain, and do they know how to make a complaint?
- Are you practising open disclosure at every opportunity and maintaining good relationships with the people in your care?

- In Q3 complaint numbers increased in residential care by 23%.
- The rate of complaints in residential care was 0.8 per complaints per 10,000 occupied bed days (OBDs). For a typical 110 bed service that is less than 1 complaint per quarter and less than 4 per year.
- The number of complaints does not necessarily reflect the quality of the service. For example, a service with a positive complaints culture will encourage feedback and use it as an opportunity to improve their services.
- Complaints are one of the key information sources that we use when identifying harm or possible harm to people receiving care. We also use information from our regulatory activities and external sources.
- The Commission is working to help people receiving care and workers feel more confident about raising concerns or complaints with providers directly, with the Commission or both.
- Only 7% of complaints made to us about residential care are from people receiving care. Providers should review their complaints processes to make sure they resolve issues directly with people receiving care. Providers also need to make sure that people receiving care are aware they can approach the Commission, or have someone do that for them, if they are still concerned about their care and services.

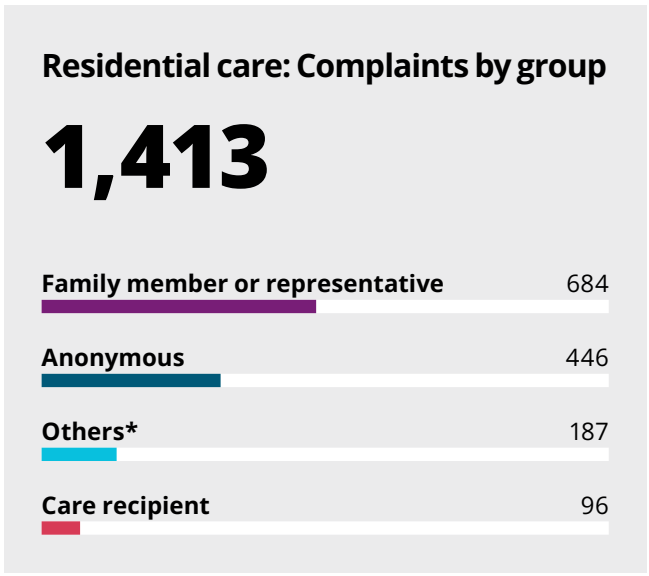


Figure 33: Complaints by the group that made the complaint in residential care

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

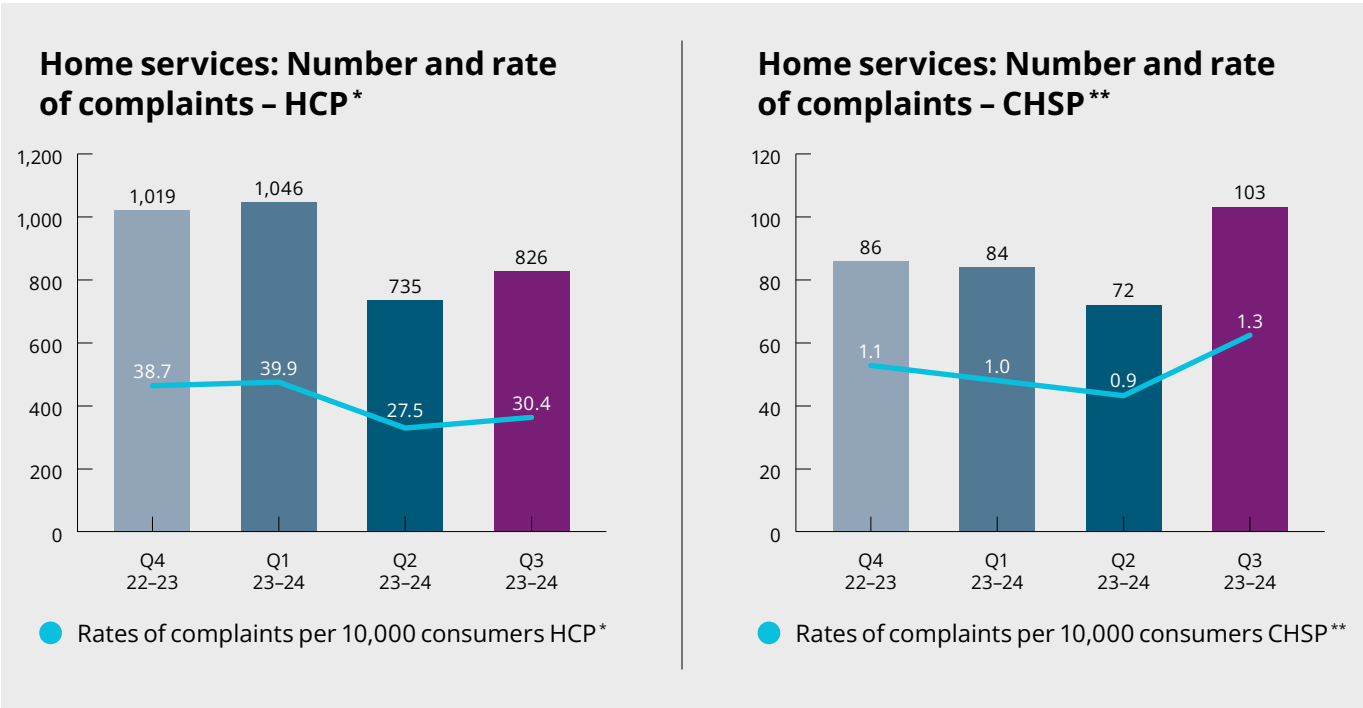


Figure 34: Number of complaints and the complaints rate per 10,000 people receiving care in home services for the past 4 quarters

* Home care packages (HCP)

** Commonwealth Home Support Programme (CHSP)

Occupied bed days (OBDs) are not used in home services, so we have used a different rate. The rates for residential and home services are therefore not comparable with each other.

For this report, we have used 10,000 consumers to create the complaints rate for HCP and CHSP. Previously, we used 100 consumers. Therefore the rates for home services cannot be compared with the rates published in previous reports.

- The number of complaints received and the complaints rates for Home Care Packages (HCP) went up in Q3, after dropping over the last 3 quarters.
- 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.
- In contrast to residential aged care, nearly half of complaints about home services raised with the Commission are made by people receiving care.

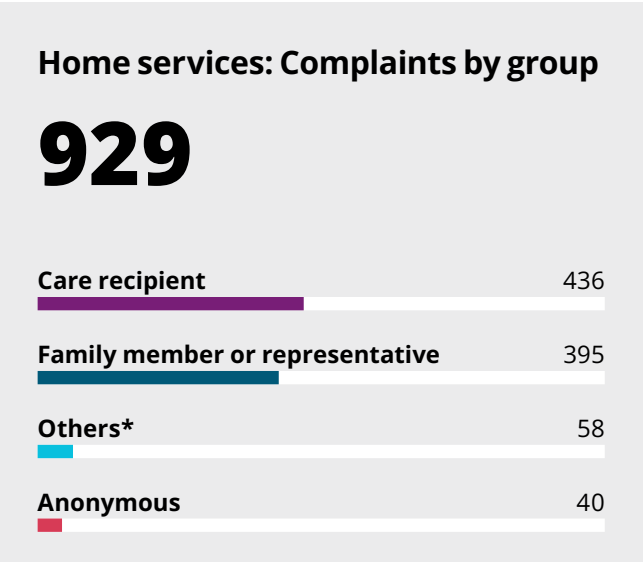


Figure 35: Complaints by the group that made the complaint in home services

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

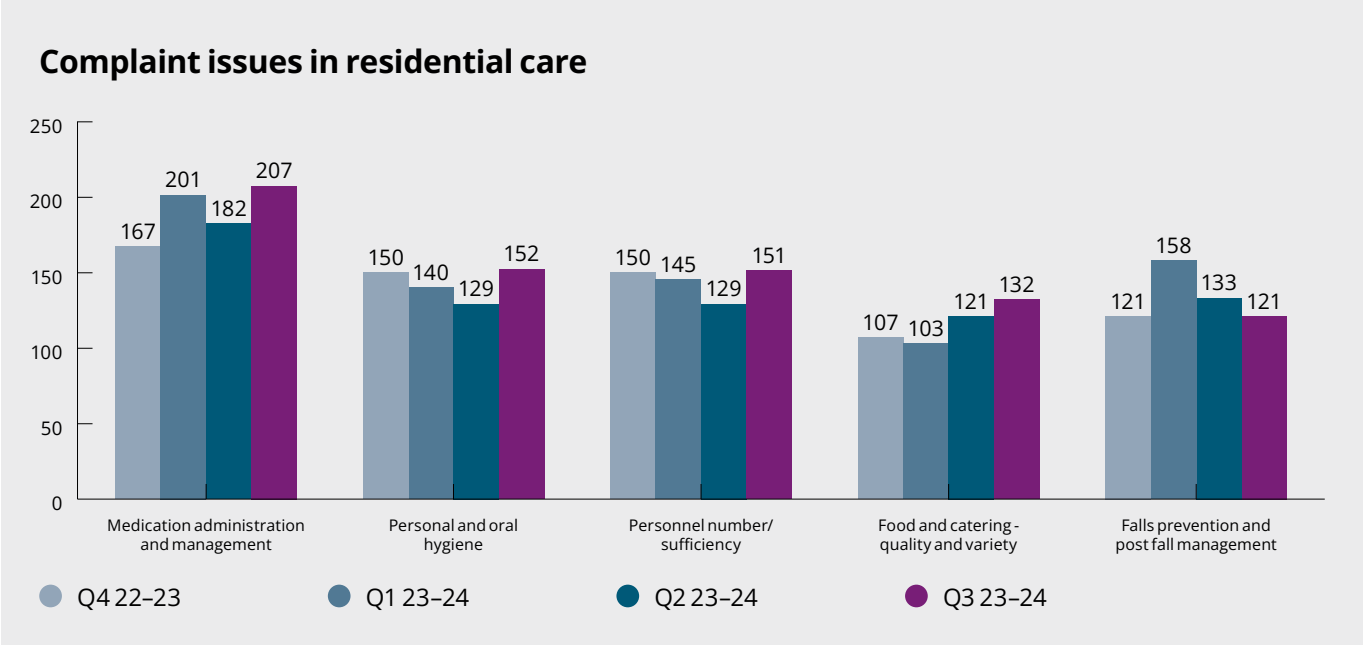


Figure 36: Top 5 Q3 complaint issues in residential care across the past 4 quarters

* The top 20 complaint issues and rankings per quarter are in our online data tables published with the report

- Commission quality assessors consider complaints data during their monitoring and assessment site visits.
- Clinical issues are the most common complaints topics for residential care. It is clear from the complaints data that higher quality clinical care is still very important to people receiving care and their families.
- Of these clinical issues, medication management and administration is the most complained about issue in residential care.
- The quality and variety of food and catering was the fourth most complained about issue in Q3 – the first time this has been in the top 5 complaints. You can find out more about this topic, which affects the safety, health and wellbeing of people receiving care, in this quarter's 'In focus' on page 54.
- Common examples we see in complaints about medication include:
  - medications being given to the wrong person, or a near miss
  - administering the wrong dose of medication, or a near miss
  - late and missed medication.
- There are some signs of improvement in clinical issues. Compliance with Quality Standard 3 (Personal care and clinical care) has increased (Figure 10 on page 13). Also, the Quality Indicator Program data shows steady improvement across the sector in several clinical areas.
- The number and sufficiency of staff is also consistently in the top 5 most complained about issues, with common complaints being about:
  - reduced numbers of staff on weekends
  - older people not receiving timely care or assistance to leave their beds and rooms.
- These types of workforce issues are related to providers' ability to meet mandatory targets for care time delivered every day to each person receiving care (page 29).

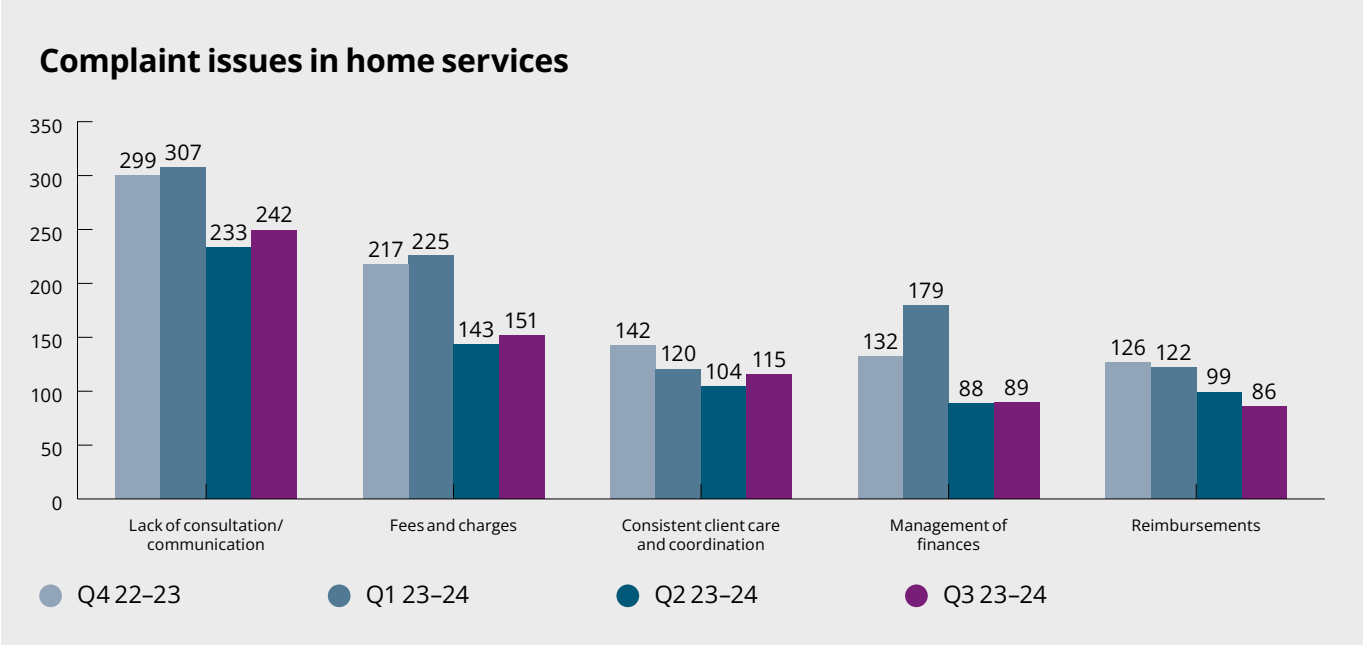
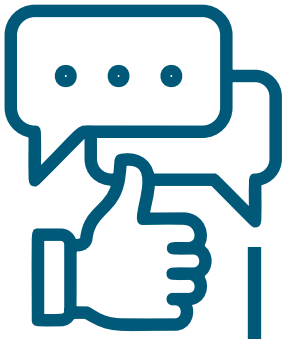


Figure 37: Top 5 Q3 complaint issues in home services across the past 4 quarters

* The top 20 complaint issues and rankings per quarter are in our online data tables published with the report

- The top 5 complaint issues for home services have stayed consistent over the past 4 quarters.
- The top complaint issue about home services is a lack of consultation and communication, with common complaints about issues like:
  - not answering or returning calls or emails
  - not responding to requests for goods and services.
- In Q3, complaints about consistent client care and coordination are still the third most complained about issue. 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 13).
- Complaints about fees and charges, and management of finances, regularly account for 3 out of the top 5 most complained about issues in home services in Q3. Complaints we receive include:
  - charges for services that are no longer provided
  - service fees being added to purchases, such as a motorised scooter, without explaining why.
- Providers must:
  - have reasonable and transparent pricing and statements
  - 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 through changes to cap some fees and stop unfair charging.
- The Commission chose 54 providers for a Home Care Pricing Audit to make sure providers were charging people correctly and in line with recent changes to the legislation (page 16). Complaints were one of the issues we considered when deciding who to audit.



How we resolve complaints

We want complaints to be resolved as quickly as possible. We support people making the complaint and providers 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 come to us and why complaints needed our involvement.

We are looking for evidence that providers have resolved the complaint, have restored the trust and confidence of the person receiving care or their representative, and that they have taken steps to prevent further harm. By doing this, providers will build better relationships with the people in their care and the local community.

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
- Home services pricing and agreements
- Complaints about aged care services – Insights for providers report – 2023.

Residential care by provider size and ownership type

Throughout this report we have provided data for residential care against specific performance measures and categories. There can be different outcomes for providers depending on their size and ownership type.

This segmented data is useful for the purposes of benchmarking performance to compare with similar types of providers. However, performance outcomes against a particular measure cannot be used to determine that one type of aged care provider is better than others.

For residential care services, we have broken down the compliance, complaints and Serious Incident Response Scheme results in Q3 by the size of the provider that runs the service and the ownership type. We work out the size of the provider by the number of services they run. The 3 sizes of a provider we have used are:

- small provider — operates 1 or 2 residential care services
- medium provider — operates between 3 and 10 residential care services
- large provider — operates 11 or more residential care services.

The 3 categories of ownership type we have used are:

- for-profit
- not-for-profit
- government.

As we develop these models, we will also be including other categories including financial performance and geographical location. We will also be extending these models to home services.

Residential: Proportion of site audits decisions that met the Quality Standards by provider size over the past 4 quarters

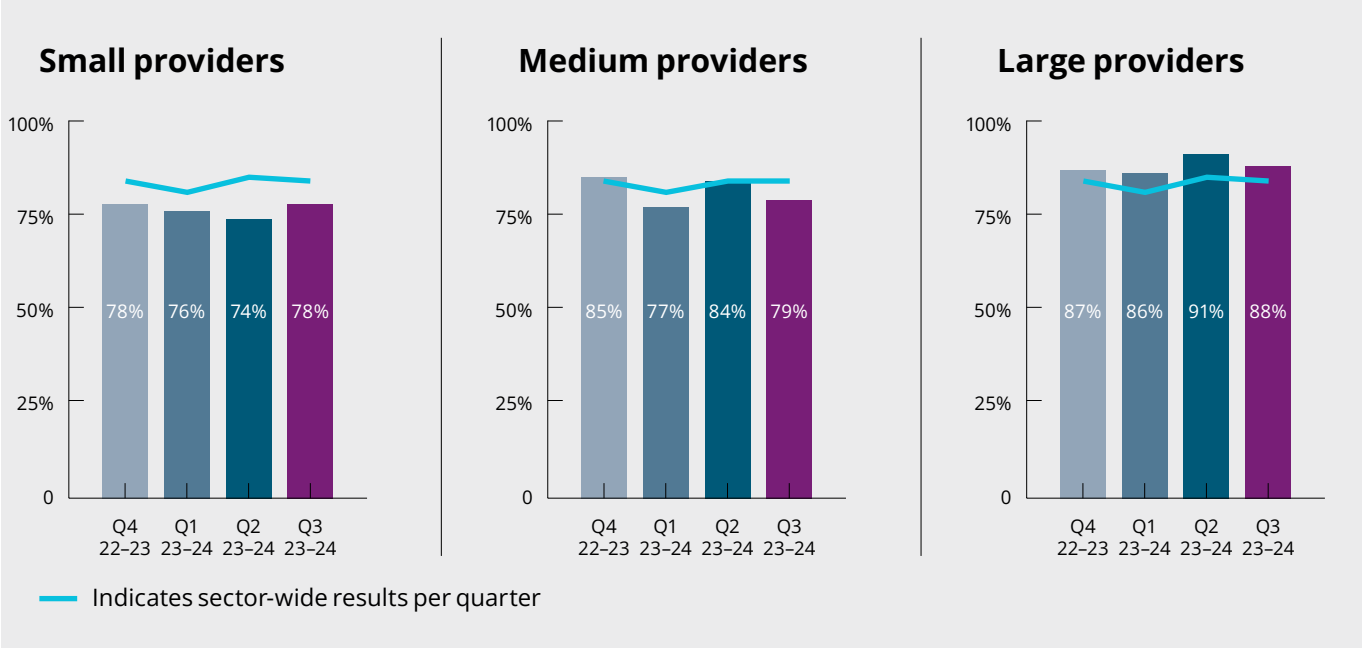


Figure 38: Proportion of compliance decisions by size of provider in residential care

- Compliance rates for medium and large providers in Q3 have remained similar to Q2.
- Large providers still have higher compliance rates than small or medium-sized providers.
- These differences could be for several reasons, including governance arrangements, staffing and mix of people receiving care. We are investigating other possible reasons for these differences.
- Small providers have a compliance rate that is consistently below the sector average of 84%.

Residential: Proportion of site audit decisions that met the Quality Standards by ownership type over the past 4 quarters

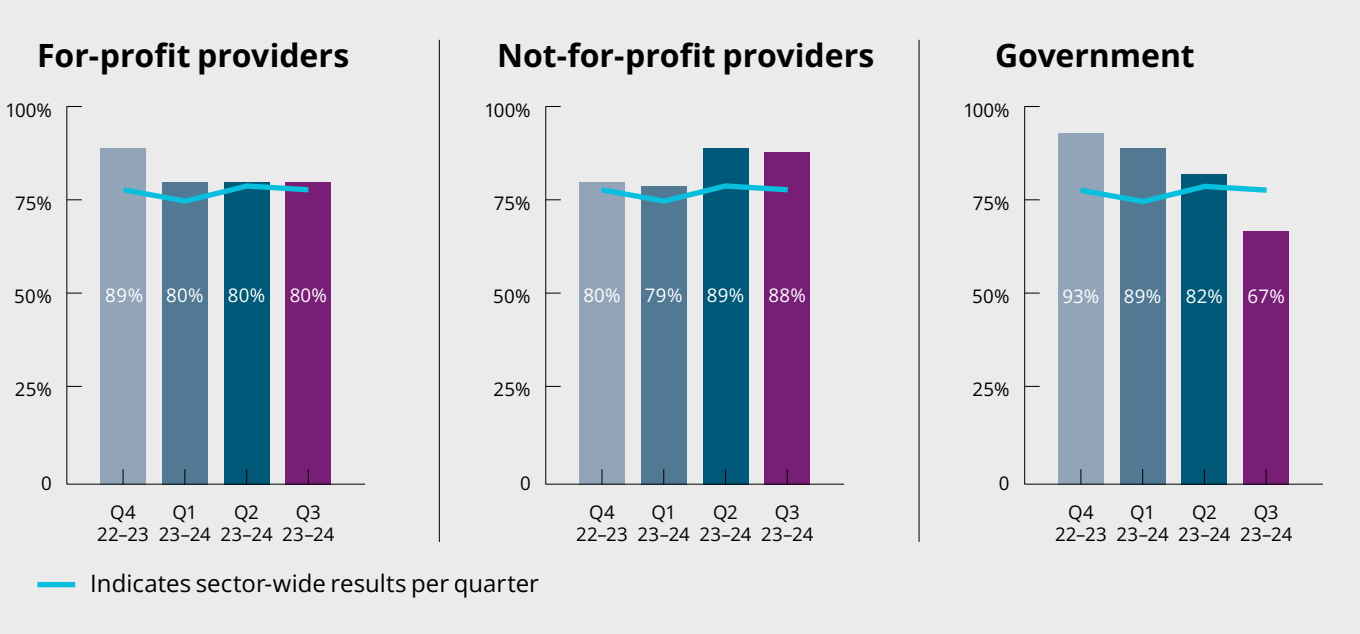


Figure 39: Proportion of compliance by ownership type in residential care

- Compliance rates for government-owned providers has dropped by 26 percentage points since Q4 2022–23. Q3 is below the sector average by 17 percentage points. We are monitoring this trend. Due to the smaller number of government providers, results from a few providers being found non-compliant during a quarter can have a bigger impact than in the for-profit or not-for-profit groups.
- The not-for-profit providers' compliance rate in Q3 is above the sector average and the trend shows improvement over the past 4 quarters.

Residential: SIRS rate by provider size

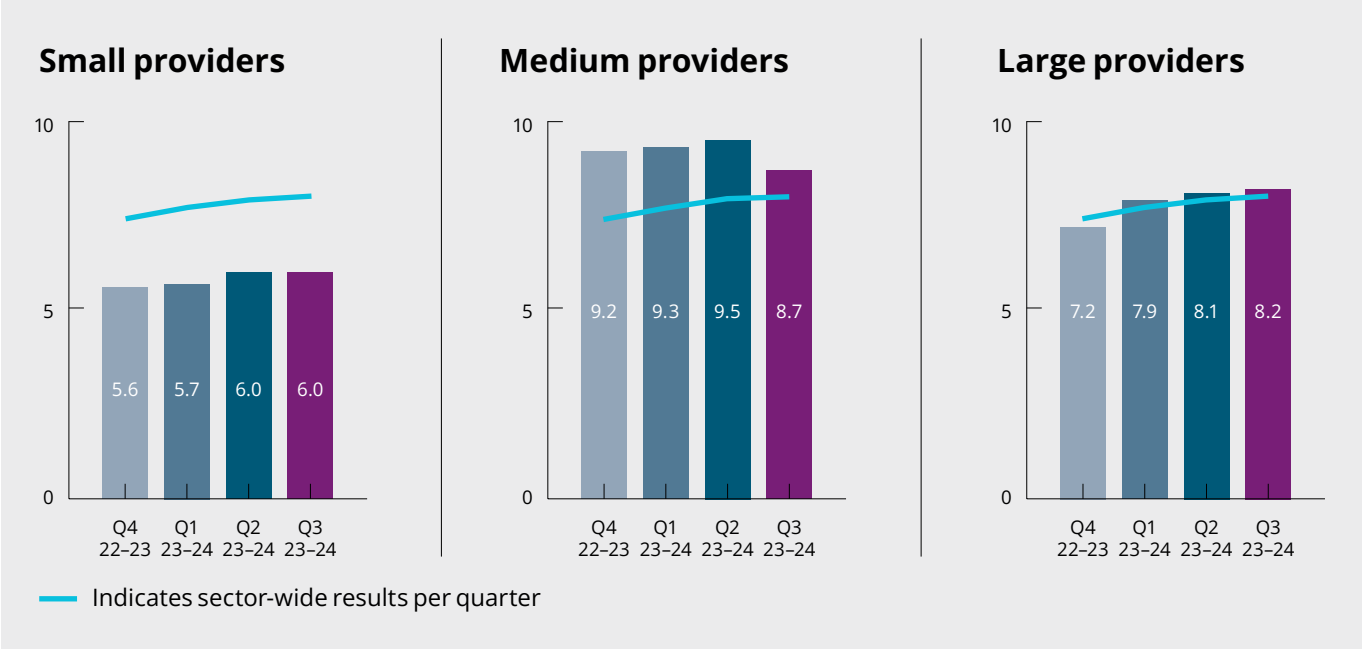


Figure 40: SIRS reporting rates per quarter by provider size in residential care over the past 4 quarters. All rates are notifications per 10,000 OBDs.

- The SIRS notification rate for small providers has remained stable for the past 4 quarters. The notification rate of 6.0 in Q3 is well below the sector average of 8.0.
- Medium-size providers' SIRS notification rate has dropped to 8.7 in Q3, although this is still higher than the sector average. For a residential care service fully occupied by 110 residents, this would be equal to 8 to 9 incidents in the quarter.
- Large providers' SIRS notification rate has increased over the past 4 quarters to 8.2 in Q3, which is slightly higher than the sector average.

Residential: SIRS rate by ownership type

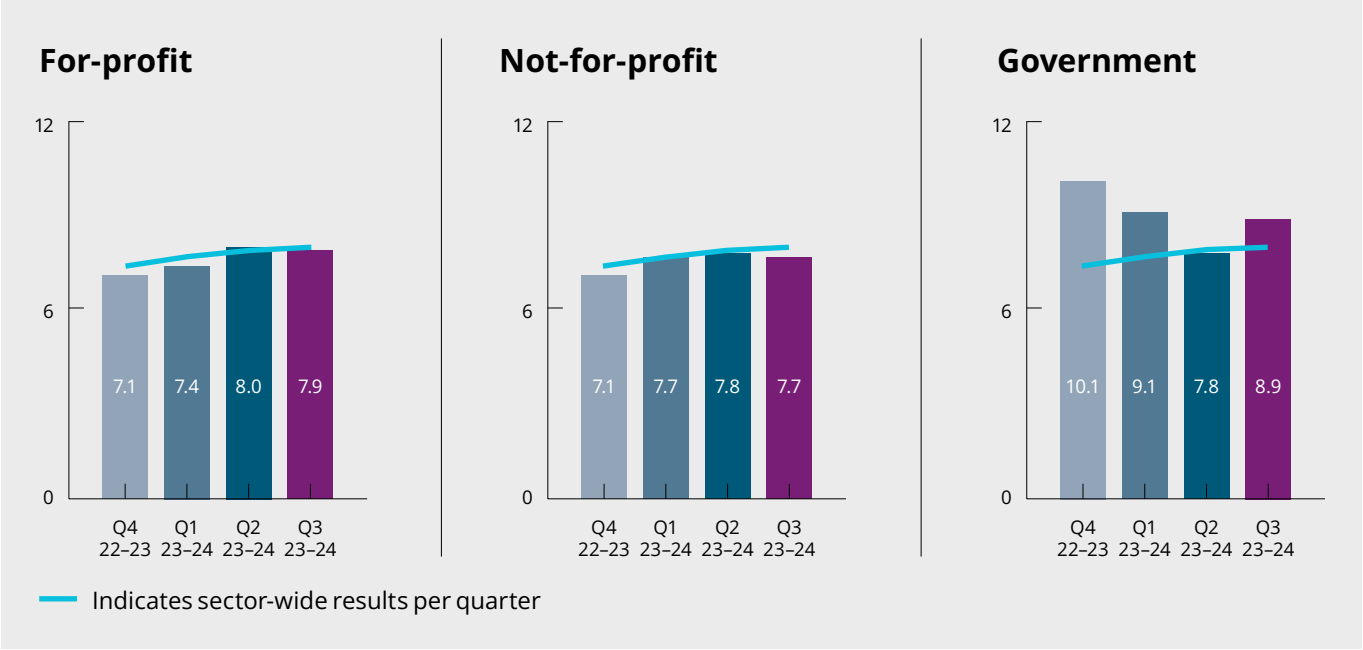


Figure 41: SIRS reporting rates per quarter by ownership type in residential care. All rates are notifications per 10,000 OBDs.

** Rates associated with provider segments exclude 410 notifications from the period that could not be connected to a provider market segment.

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, with a slight drop between Q2 and Q3. Notifications for not-for-profit providers have also dropped slightly between Q2 and Q3.
- For government providers, there was an increase in SIRS notification rates in Q3 compared with Q2, but the rate of notifications for this type of provider is still significantly lower than in Q4 2022–23.
- No general conclusions about the performance of provider types can or should be taken 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 many different factors. Providers should look at their own SIRS data and incident management system to find trends and opportunities for improvement.

Residential: Complaints rate by provider size

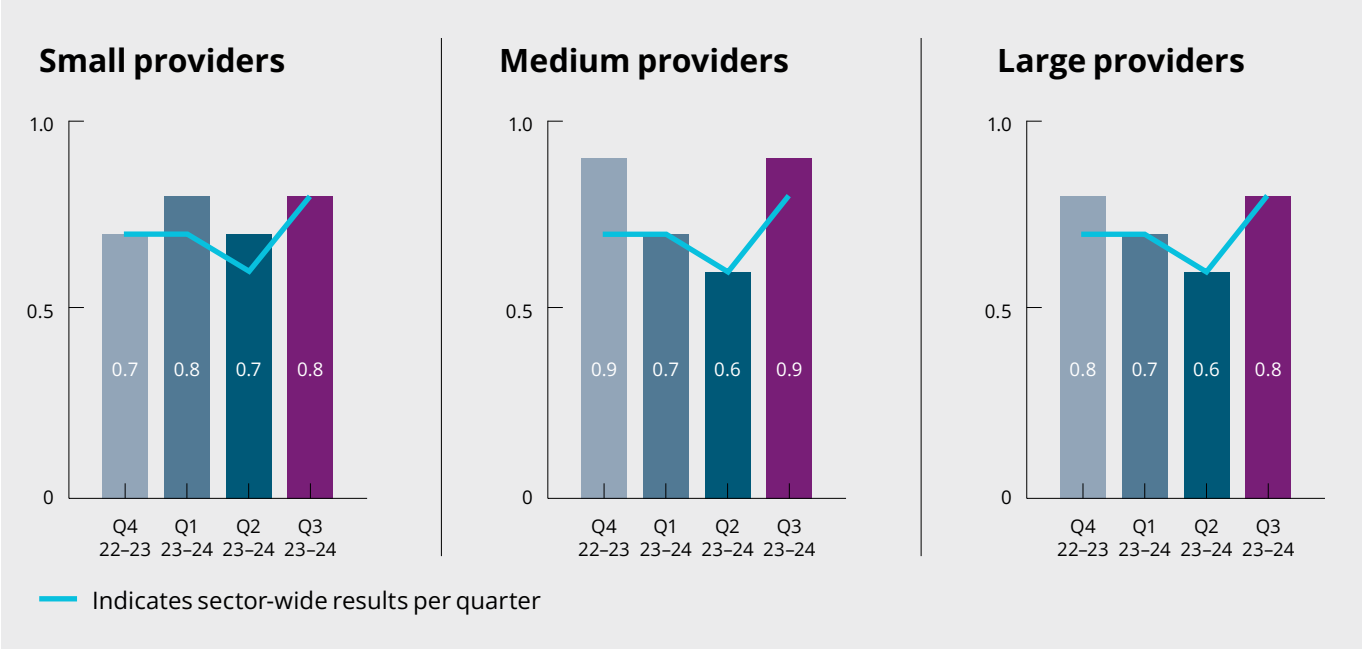


Figure 42: Residential care complaint rate per 10,000 OBDs by provider size in residential care over the past 4 quarters

- The complaints rate for small providers has increased in Q3 to 0.8 which is in line with the sector average of 0.8.
- Medium-size providers' complaints rate went down over the past 3 quarters but then increased again in Q3 to 0.9. This is higher than the sector average. For a service with 110 beds, that would mean around 1 complaint a quarter and slightly less than 4 in a year.
- Large providers' complaints rate in Q3 is still the same as the sector average. The rate has been inconsistent over the past 4 quarters. There has been an increase in Q3 after a large fall in Q2.
- Published complaints rates are for complaints made to the Commission. Providers should look at their own data to find trends in complaints, including those that they resolve themselves without the person making the complaint needing to raise it with the Commission.

Residential: Complaints rate by ownership type

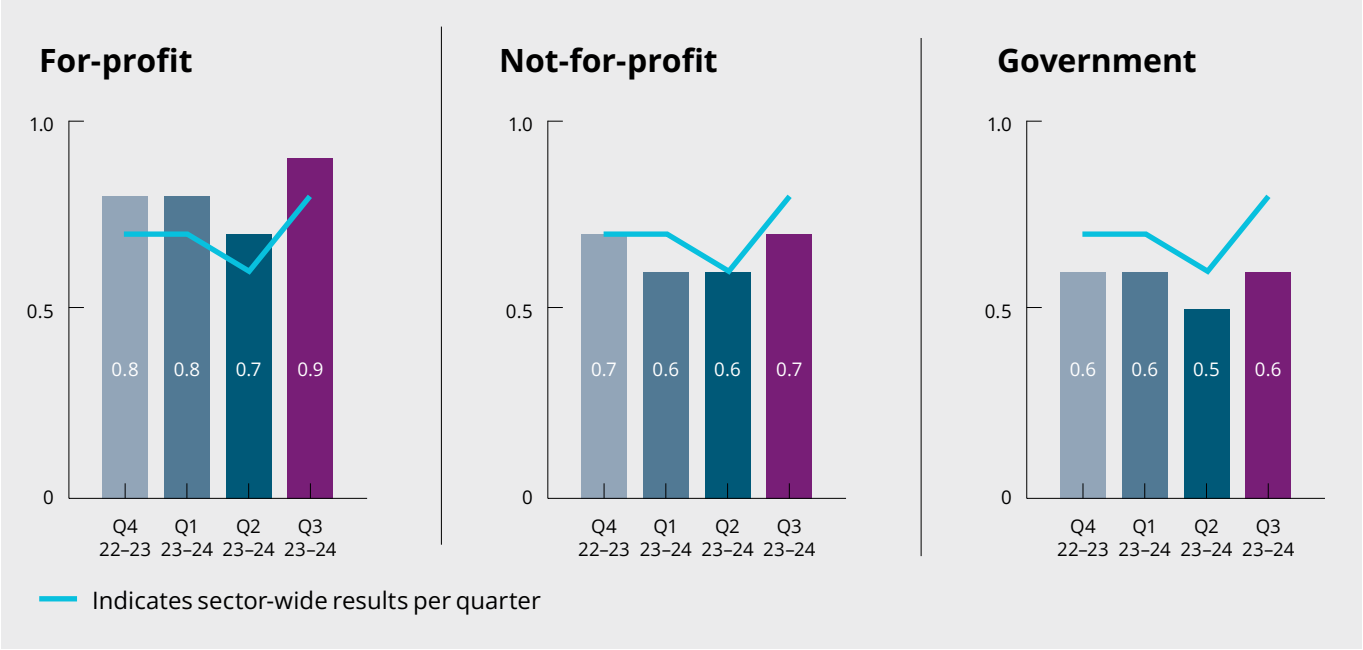
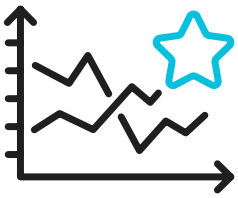


Figure 43: Residential care complaint rate per 10,000 OBDs by ownership type in residential care over the past 4 quarters

- The complaints rate of for-profit providers has increased over the past 4 quarters. After a fall in the complaints rate in Q2 there has been a significant jump in the rate in Q3 to 0.9. This is more than the sector average. This increase is consistent with a large rise in complaint numbers in Q3.
- The not-for-profit providers' complaints rate is fairly stable. The Q3 rate of 0.7 is below the sector average.
- Government providers' complaints rate in Q3 is 0.6, which is below the sector average of 0.8. This rate has remained stable over the past 4 quarters.
- As with complaints by provider size, providers should look at their own data to find trends in complaints, including those that they resolved directly without the person making the complaint needing to raise it with the Commission.

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 care. 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 and October to December 2023 reports. These are:

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

The new indicators will be included in the trend diagram when there is enough data to indicate a trend.

Providers collect and submit their own QI data and can access their QI rates from the Government Provider Management System.

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

Some 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.

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

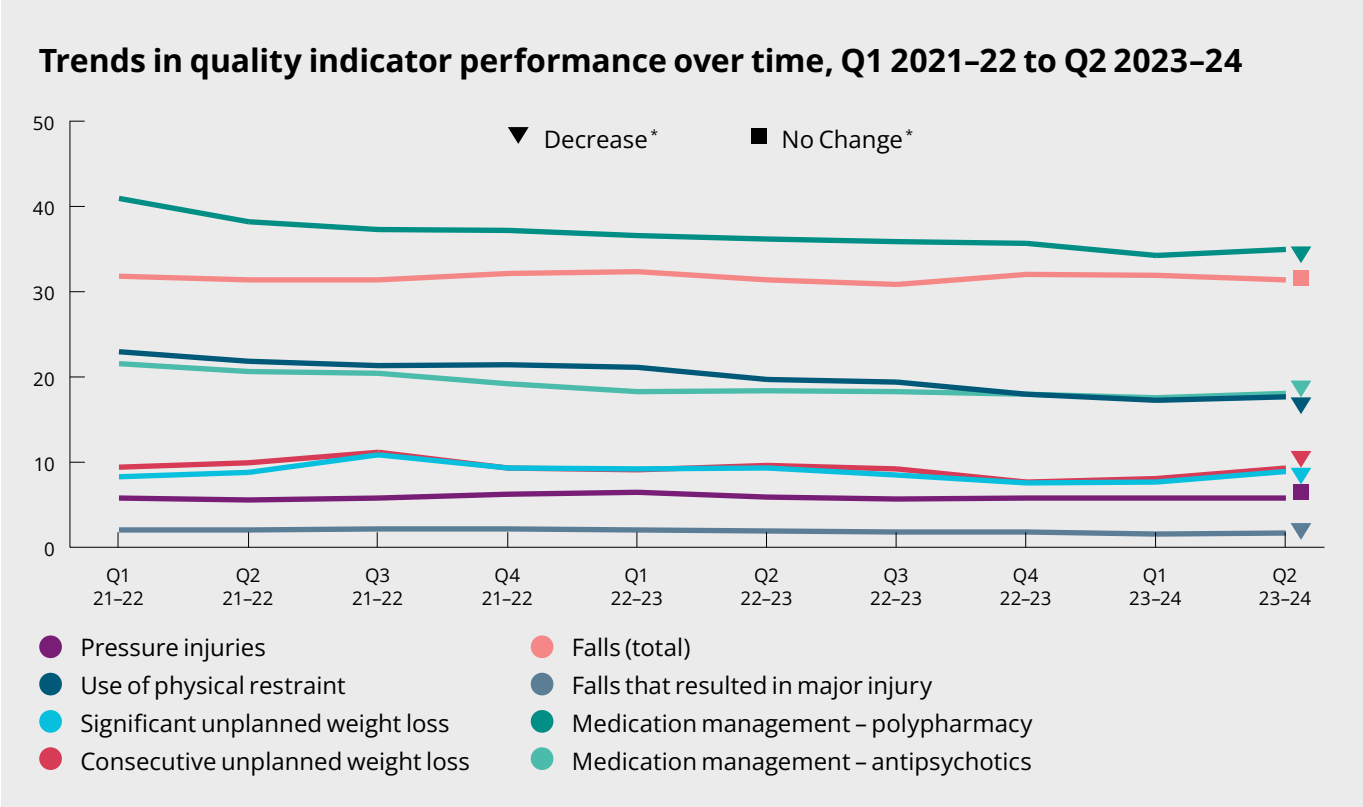


Figure 44: Trends in QI performance across the past 10 quarters

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

Trends in QI performance over time

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

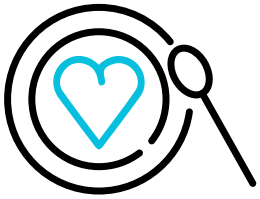
- polypharmacy
- antipsychotic medication use
- falls that resulted in major injury
- use of physical restraint, specifically physical restraint through the use of a secure area
- significant unplanned weight loss and consecutive unplanned weight loss, although there has been an increase in both indicators in recent quarters.

These improvements can also be seen in higher compliance rates for Quality Standard 3 (Personal care and clinical care) in residential care (Figure 10 on page 13).

Find out more by clicking the links below:

- Residential Aged Care Quality Indicators October–December 2024
- 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: Food, nutrition and dining



An enjoyable food and dining experience is important for the health, wellbeing and quality of life of people in residential aged care. People who enjoy their mealtimes are more likely to eat and drink well. This reduces their risks of malnutrition, dehydration and weight loss.

Striving for best practice and achieving high quality care

In the 2023–24 Federal Budget the Australian Government invested $12.9 million to improve nutrition in aged care. Some of this funding supports our work to help aged care providers to deliver good food, nutrition and dining. It also means we can hold them accountable if they do not.

The funding enabled us to set up a dedicated Food, Nutrition and Dining Unit in the Commission. This team of dietitians and speech pathologists provides expert advice for people receiving aged care, their representatives, and approved providers. They also support the Food, Nutrition and Dining Hotline and regulatory activities.

These regulatory activities include reaccreditation site audits (page 12) and targeted assessment visits.

As part of targeted assessments, we make unannounced visits to residential services to monitor and assess the quality of care and services provided. We also offer education and support for the aged care sector as a whole. Providers should be striving for the best way to support the wellbeing, quality of life and dignity of people receiving care. Good food, nutrition and dining has benefits for older people, staff, and the reputation of the provider.

We see many examples of excellence and innovation. These can and should be celebrated. Unfortunately, we also see examples of poor practice and hear from people who are not happy about their food, nutrition and dining through:

- the complaints people make to us
- our reaccreditation audit program
- targeted assessment visits.

"It's more than people just liking nice food. Poor quality food can lead to more falls, lower quality of life, more pressure injuries, more frailty and less independence. It also affects the provider's reputation. When they fix the nutrition – and it is fixable – there's a whole lot of other benefits that happen."

Dr Melanie Wroth, Chief Clinical Advisor

Four priority areas for improvement

The Commission's food, nutrition and dining campaign focuses on 4 key areas:

- the dining experience
- choice
- swallowing
- oral health.

These areas affect older people's wellbeing, nutritional health, sense of control, and dignity. When eating, drinking and swallowing difficulties are not well managed, people can:

- lose weight
- have more falls
- experience delayed wound healing
- in the worst case suffer premature death.

Australian research has found that choking is one leading cause of premature death in residential care (Ibrahim et al. 2017).

Cultural considerations

Food is a key part of people's identities. It can reflect a person's family background and make a link between the past and present. Meeting the needs and preferences of people from culturally diverse backgrounds and with different religious beliefs improves quality of life for all residents.

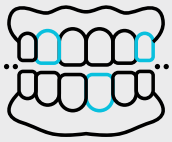
The Quality Standards specifically cover a provider's responsibilities to deliver culturally safe care and services.

Food, nutrition and dining webinar:

- Supporting people with dementia to eat and drink well

Some factors that can affect a person's food, nutrition and dining experience

Number, knowledge and skills of staff



Poor oral health

Poor food quality

Poor appetite

Lack of choice

Dining environment

Individual issues

Difficulty swallowing

Supporting people living with dementia to eat and drink well

The prevalence of dementia increases with age, and 2 in 5 people 90 and over are living with dementia. (AIHW, 2024).

This means that a significant proportion (well over half) of aged care residents have some degree of dementia (AIHW, 2024).

People working in aged care need to understand how to support their nutritional needs.

People living with dementia have a higher risk of swallowing difficulties and poor oral health. This can affect their ability to eat and drink. It is common for a person living with dementia to lose their appetite and in some cases forget how and when to eat and drink. They also may not eat and drink enough, putting them at risk of dehydration and malnutrition.

Providers and aged care staff can access more information or help from:

Dementia Training Australia

Dementia Support Australia

The Commission's Food, Nutrition and Dining Hotline **1800 844 044**

Food for thought: positive stories

- Supporting people living with dementia to eat and drink well
- Celebrating successes in engaging people to improve food, nutrition and dining
- Cultural considerations in Food, Nutrition and Dining

The Quality Indicator Program

The National Aged Care Mandatory Quality Indicator Program (QI Program) has several indicators that can be a sign of poor food, nutrition and dining including:

- pressure injuries
- unplanned weight loss
- falls
- hospitalisations

The Australian Institute of Health and Welfare (AIHW) has conducted a trend analysis of the QI Program data for 10 quarters, from July–September 2021 to October–December 2023 (page 53). There has been a statistically significant decrease in the proportion of residents experiencing falls that have resulted in major injury, significant unplanned weight loss and consecutive unplanned weight loss. There has been no statistically significant change in the proportion of residents experiencing falls or with one or more pressure injuries. Although there has been a slight increase in the prevalence of significant unplanned weight loss and consecutive unplanned weight loss in recent quarters, the overall trend from 10 quarters continues to indicate a slightly decreasing trend in prevalence over time.

It is important to review your performance against the quality indicators and work out how food and nutrition may have impacted these issues.

Complaints about food, nutrition and dining

Most of the complaints we receive about food relate to residential care services. They are mostly about issues with the quality and variety of the food. In Q3 the quality and variety of food in residential care was the fourth most complained about issue we received (page 42). But as the tables below show, complaints about food come up in many different types of complaints and are about a range of different issues.

Figure 46 shows food-related issues in complaints we received between 1 April 2023 and 31 March 2024.

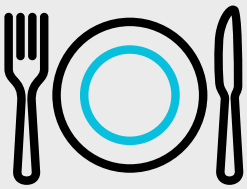
In Q3, 16% of all complaints to the Commission included issues about food. In residential care, 26% of complaints included food issues.

Complaints related to food we received from 1 April 2023 to 31 March 2024

Complaint issue	Q4 22–23	Q1 23–24	Q2 23–24	Q3 23–24
Number of food-related complaints (all care types)	302	316	306	378
Percentage of all complaints (all care types)	12.7%	13.1%	15.0%	16.2%
Number of food-related complaints (about residential care)	268	298	275	360
Percentage of all complaints (about residential care)	21.6%	23.6%	23.0%	25.8%

Figure 45: Food-related complaints by quarter from 1 April 2023 to 31 March 2024

In home services, complaints about food were not in the top 20 issues but these can be part of other complaint issues (page 47).



16%

In Q3, **16% of all complaints to the Commission included issues about food**. In residential care, 26% of complaints included food issues

Types of food complaints

From April 2023 to March 2024, the top 3 types of complaints related to food in residential care were about:

- the quality and variety of food
- nutrition and hydration
- specific diet.

We received very few complaints about home care packages and Commonwealth Home Support Programme (CHSP). We have not included these numbers in the following figures.

"I just like eating in my room because I have to take my top plate out [dentures] and I get embarrassed. I like eating in my room."

Resident, from Analysis of a survey of food and dining experiences in residential aged care.

Complaint issues related to food in residential care – 1 April 2023 to 31 March 2024

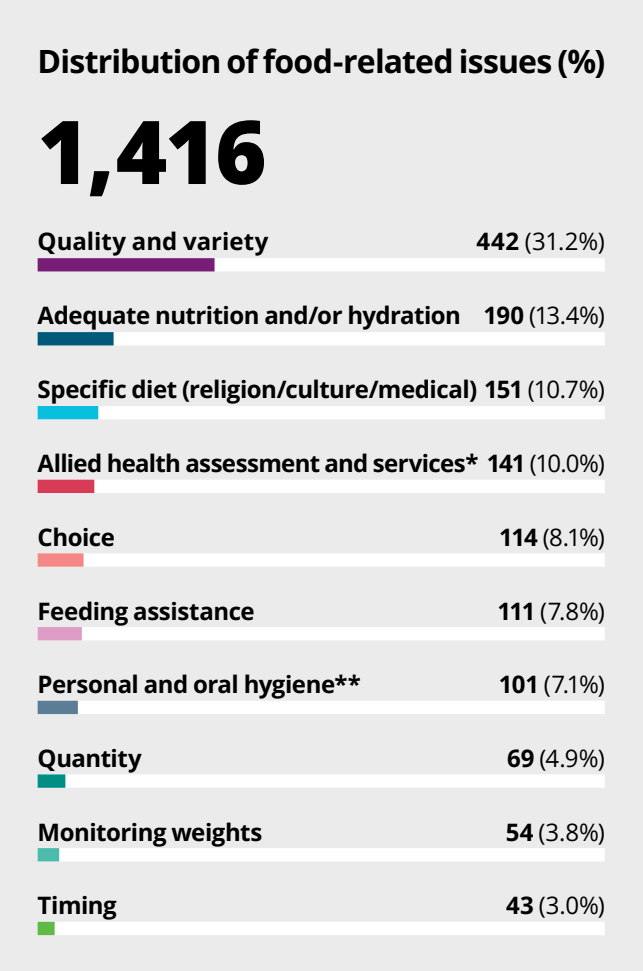


Figure 46: Types of food-related issues as a percentage of all food-related complaints from 1 April 2023 to 31 March 2024

One complaint can cover more than one issue. The 1,416 issues in this table are from 1,201 individual complaints.

* This issue covers a range of topics including issues about:

- allied health service availability
- an unsuitable service being used
- incorrect treatment provided.

The services include dietetics, occupational therapy, physiotherapy, speech pathology, dentistry, podiatry and psychology. Not all complaints will be related to food.

**When working out the number of food-related complaints, we made an adjustment to personal and oral hygiene issues. We based this on recent qualitative analysis that showed that not all personal and oral hygiene issues are about food or oral health. As a complaint can have more than one issue, we made sure that each complaint is only reported once.

Ways to improve food and dining

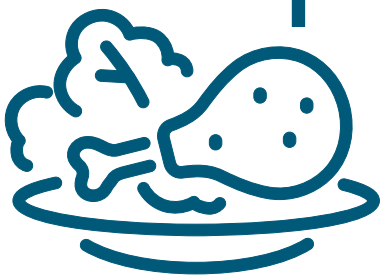
Our report Analysis of a survey of food and dining experiences in residential aged care services, suggests key areas that providers can work on to improve the dining experience for the people in their care:

- Familiar or favourite foods
- Food delivery and processes that make sure food is delivered quickly and at a good temperature
- Regular events and occasions
- Homelike and social dining environments
- Staff quantity and quality
- Co-design with people receiving care.

We encourage providers to use all the information they have to improve the food, nutrition and dining experience for people receiving care. This includes asking people receiving care about their experiences and preferences and using information from:

- complaints
- Serious Incident Response Scheme notifications
- QI Program data.

Consumer advisory bodies are a way for people receiving care to provide valuable feedback about their care. Providers who encourage people to give feedback and raise concerns help improve the care they provide.



"There is a menu but what it says and what you get are not the same thing."

Resident, from Analysis of a survey of food and dining experiences in residential aged care.

How we are supporting sector improvement

The Commission launched the Food, Nutrition and Dining Hotline in July 2023. Callers can speak to dietitians and speech pathologists in the Food, Nutrition and Dining Unit when they need expert advice.

The unit has supported people receiving care and their representatives with key topics and concerns such as:

- advice for medical, religious and cultural meals, including texture-modified meals
- what providers are required to do around choice, quality and variety of meals
- where to find information on food safety requirements
- what the minimum nutritional requirements are for the food served
- how to advocate and speak up for themselves to get meals that meet their needs and preferences.

Providers, staff and allied health professionals who have spoken to the unit were looking for information and support on topics such as:

- the minimum qualifications and training that staff serving food need to have
- understanding provider responsibilities including for:
  - the upcoming strengthened Quality Standards regarding menu reviews and malnutrition screening
  - engaging people receiving care and how to involve them in menu design and choice, including general guidance on food focus groups
  - managing allergies
  - mealtime support and assistance
  - choice, quality and variety of meals.

Food, nutrition and dining hotline
1800 844 044

Monitoring and assessment

Quality Standards

We assess providers' delivery of good food, nutrition and dining against a range of standards. Providers are complying well with Quality Standard 4(3)(f) on varied and quality food (page 13). But issues about food and providers' delivery are a part of all the standards. For example, if a provider has issues around poor food and nutrition, they will almost certainly have low compliance against Quality Standard 3 (personal and clinical care) and have more complaints about clinical issues. Providers with poor governance, Quality Standard 8, will struggle to provide good food, nutrition and dining.

Targeted assessment visits

Our food, nutrition and dining targeted assessment visits monitor the quality of care and services that residential aged care services provide. These site visits are unannounced and focus on providers we assess to be higher risk. The Food, Nutrition and Dining Unit supports these visits through its expertise to identify food, nutrition and dining risks, including any clinical issues.

We have increased the number of targeted assessment visits we do that focus on food and nutrition risks. We have a goal of 1,440 visits in the 2023–24 and 2024–25 financial years.

'The staff keep forgetting to cut my meat and I am fed up with telling them the same thing over and over.'

Person receiving care,
during a targeted assessment visit

What we see and how we help

Between 1 July 2023 and 31 March 2024, we have done 406 food, nutrition and dining targeted assessment visits (that used to be called spot checks).

We saw both good and poor practice in managing people's weight loss. This interacts with many other areas of care. It needs strong systems and processes including monitoring, recognising and managing weight loss. It is important to involve allied health professionals.

Services provide texture-modified food and thickened fluids in different ways to meet people's needs and preferences. Good practice includes understanding what people receiving care need and using both clinical and food service expertise to deliver it. Examples of poor care include not modifying the food and drinks correctly, unappetising meals, and not offering choice.

Many providers show that they understand what the people in their care need and listen and respond to their feedback.

What providers told us

Providers talked to us about:

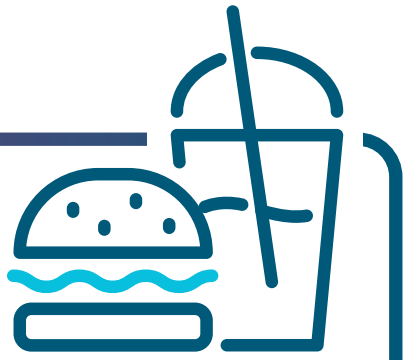
- special events, including cultural celebrations, theme days and ways people receiving care can be involved in cooking and dining
- providing variety and asking people about their preferences
- process to keep improving and learning from mistakes
- around-the-clock snack options and flexibility with eating times
- making dining environments calmer, quieter, more inviting and homelike.

Providers wanted more support and education on:

- texture-modified diets
- improving the dining environment
- supporting people with dementia to eat well
- food, nutrition and dining in the strengthened Quality Standards
- what education would be useful for them and what was available.

'I have sore teeth and can't chew my food.'

Person receiving care,
during a targeted assessment visit



Case study 1:

Meeting the challenges of eating and drinking with known risks in rural areas

A staff member, working in a rural practice, called the Food, Nutrition and Dining Hotline for advice about best practice in the case of aged care resident Annie*. Annie wanted to eat some foods that were not part of her texture modified diet.

A speech pathologist had recommended Annie for a soft and bite sized diet. Annie wanted to continue to eat some foods that were not part of the modified diet, specifically biscuits. A senior staff member filled out a dignity of risk form to document providing regular foods in support of Annie's choice. The service was concerned that the diet did not follow the speech pathologist's recommendations. As the service was rural, the speech pathologist had not been able to make a return visit before the service made the change.

An expert in the Commission's Food, Nutrition and Dining Unit discussed best practice in circumstances when a person chooses not to follow the recommended texture modified diet. Under the process known as Eating and Drinking with Acknowledged Risk (EDAR) a multidisciplinary approach should be taken that provides Annie with all her options, including associated risks and strategies to manage them. This would allow Annie to make an informed choice and give informed consent to consume foods that meet her preferences and wishes. We gave the caller information about accessing speech pathologists in rural areas, including options to use a telehealth consultation.

* Not her real name

Case study 2:

Provider updates malnutrition screening policy after a targeted assessment visit

During a food, nutrition and dining targeted assessment visit within a residential aged care service, the Commission's assessment team found that the provider's nutrition policy did not align with best practice. People were not being monitored for malnutrition or receiving further follow up when indicated, such as when weight loss occurred.

The assessment team found that staff were not following the provider's policy for weight loss, as they did not follow up with reweighing people again or referring them to a dietitian for support. The assessment team provided feedback on the importance of monitoring for malnutrition using a validated tool and following evidence-based, best-practice processes.

After the assessment, the service's dietitian called the hotline to discuss best practice guidelines for malnutrition screening. We gave the dietitian advice to identify appropriate, validated malnutrition screening tools and the use of percentage weight loss to help identify malnutrition and follow up weight loss. We also provided information about the criteria for reporting significant and consecutive unplanned weight loss under the QI Program.

After this advice, the provider reviewed their nutrition policies to update the way in which they manage and follow up weight loss. This included using percentage of weight lost to support effective malnutrition screening, and identifying older people requiring further support.

Resources

Our resources have information on how to deliver high-quality food, nutrition and dining experience for people receiving aged care.

- Food, nutrition and dining: resources for older Australians
- Food, nutrition and dining: resources for providers
- Food, nutrition and dining: resources for workers

On our Food for thought page, you will find a collection of ideas we are gathering from across the industry. These ideas are examples of good practices or creative ways to improve food, nutrition and dining in aged care. If you have a positive story to share, send them to info@agedcarequality.gov.au

References

AIHW (Australian Institute of Health and Welfare) (2024) Dementia, Reports & data, Australian Institute of Health and Welfare website, accessed 15 April 2024.

Ibrahim, JE, Bugeja, L, Willoughby, M, Bevan, M, Kipsaina, C, Young, C, Pham, T and Ranson, DL (2017), 'Premature deaths of nursing home residents: an epidemiological analysis', *Medical Journal of Australia*, 206: 442–447, doi: 10.5694/mja16.00873

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 per 10,000 consumers in home care services.

Residential care by size and type

Providers are the organisations that operate aged care services. For residential care services, we have broken down the result by the size of the provider that runs the service and the ownership type (page 45). We work out the size of the provider by the number of services they run.

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 care 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 how the sector is performing 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 this data alongside Commission data to compare their performance.

How to calculate your own rates

How to calculate your own Serious Incident Response Scheme (SIRS) notification rate for a quarter.

1. Take the number of incidents in your service that you reported to the Commission over the quarter.
2. Take the number of occupied bed days (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 Q3 there are 91 days, and the service would have 27,600 OBDs. The service notified the Commission of 30 SIRS related 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 incident notification rate is 8.0 (Q3) incidents per 10,000 OBDs. Good Care ABC's incident notification rate for the quarter of 10.87 is above the sector average rate.

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. In Q3 there are 91 days, and the service would have 9,100 OBDs. The Commission received 2 complaints about the service in that quarter.

Its complaints rate per 10,000 OBDs would be:

2/9,100 = 0.00022

0.00022 x 10,000 = 2.2

The sector average complaints rate is 0.8 complaints per 10,000 OBDs. Excellent Care ABC's complaints rate for the quarter 2.2 is above the service average complaints rate.

How to calculate your own home services complaints rate per 10,000 consumers for a quarter.

1. Take the number of complaints about your service lodged with the Commission over the quarter.
2. Take the number of people receiving care for your service during the quarter.
3. Divide the first number by the second number and multiply by 10,000.

Example

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

Ratio of complaints per 10,000 people receiving care is:

= 5/600 X 10,000 = 83.33

The sector average complaints rate for HCP is 30.4 complaints per 10,000 people receiving care. Compassion Care ABC's complaint rate for the quarter 83.33 is well above the average complaints rate.

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 March 2024 was taken from the Commission systems on 2 April 2024 for residential care and 5 April 2024 for home services.

The numbers of people receiving residential care were extracted from the Department of Health and Aged Care data warehouse as of 31 March 2024, on 12 April 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 March 2024, on 12 April 2024. HCP consumer state is based on service.

Commonwealth Home Support Programme (CHSP) consumer data is from consumer state from the 2022–23 Financial Year, extracted from Commission systems as of 2 April 2024.

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

Residential Aged Care Quality Indicators data was taken from the (AIHW) Australian Institute of Health and Welfare website published on 30 April 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 CHSP Outlet/ Service state, however this was changed to the consumer state in line with other Gen-Aged Care reporting.

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).

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.

The Aged Care Quality and Safety Commission acknowledges the Traditional Owners of country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to Elders both past and present.

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