



Australian Government

Aged Care Quality and Safety Commission

Sector performance report

Quarter 1 | 2023–24

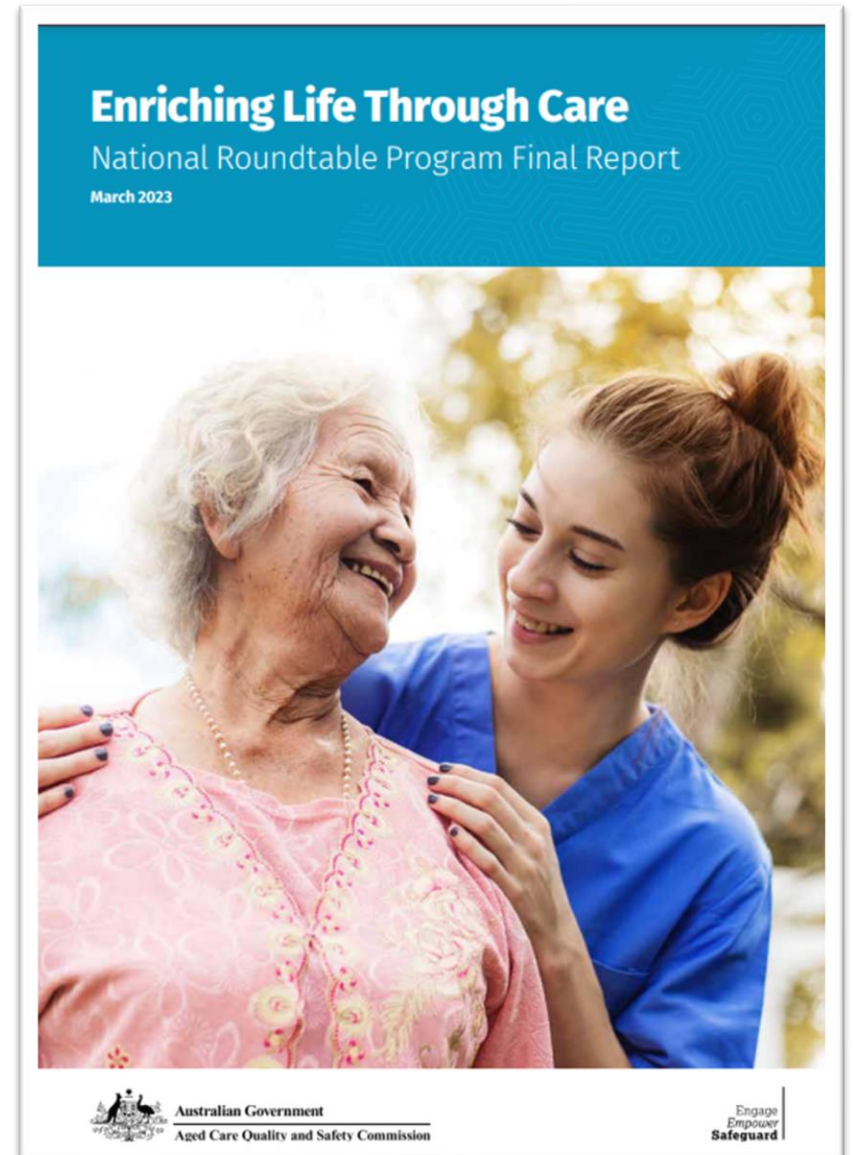
19 March 2024





Acknowledgement of country

Enriching Life Through Care



Sector performance report – redesigned



Residential care: Provider and services by size and ownership

Residential care: Providers



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



● 566	Small providers
● 132	Medium providers
● 52	Large providers



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



● 243	For-profit
● 424	Not-for-profit
● 83	Government

Residential care: Services



By size, most residential care services are run by large providers



● 665	Small providers
● 609	Medium providers
● 1,348	Large providers



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

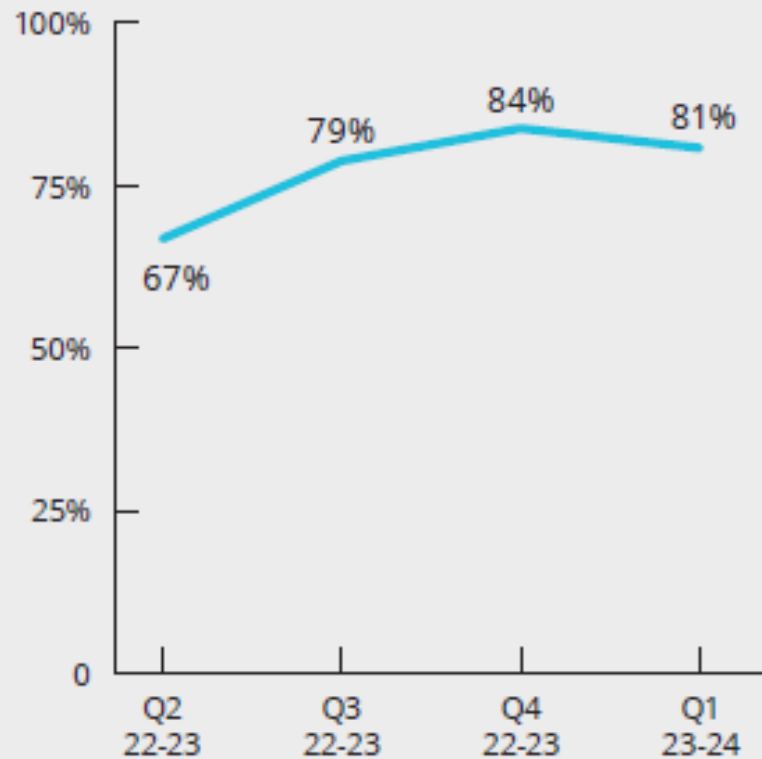


● 906	For-profit
● 1,501	Not-for-profit
● 215	Government

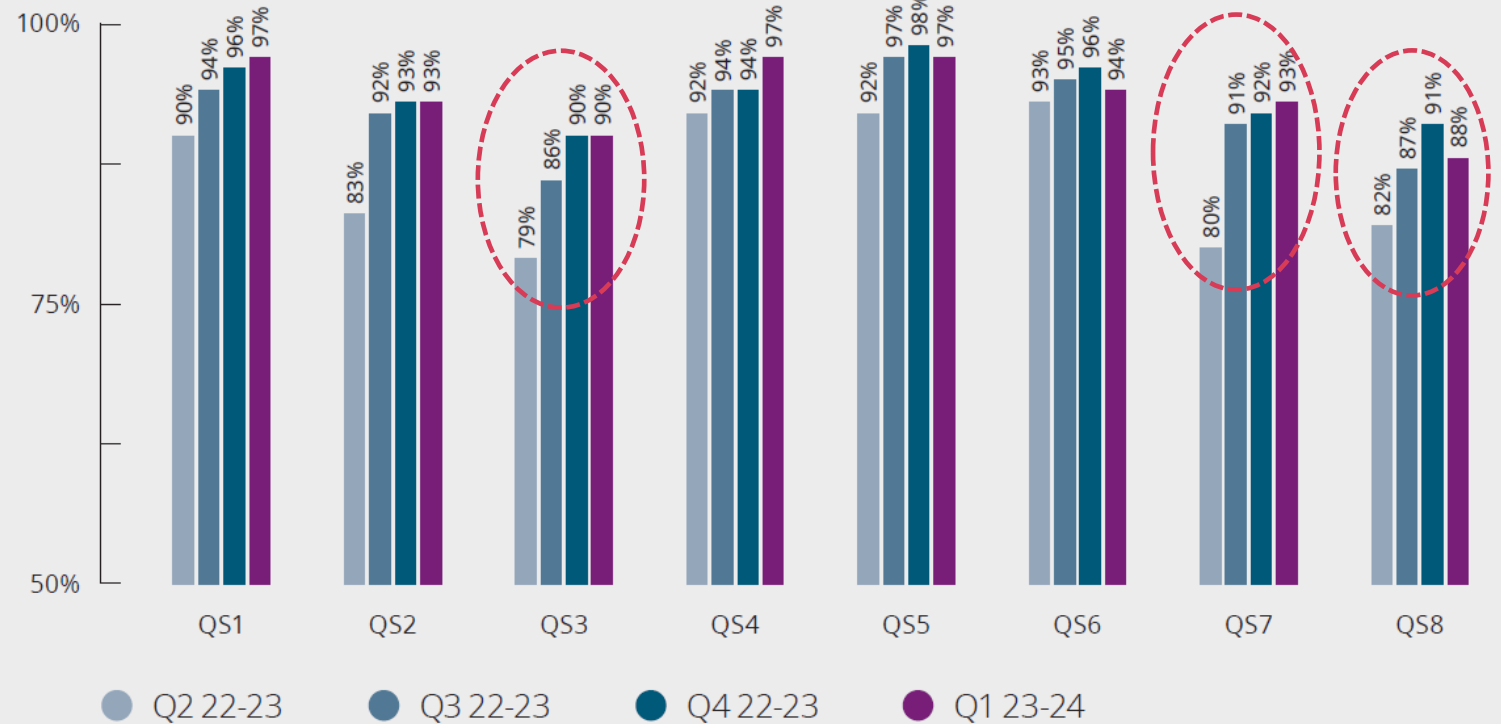


Compliance with Quality Standards – Residential care

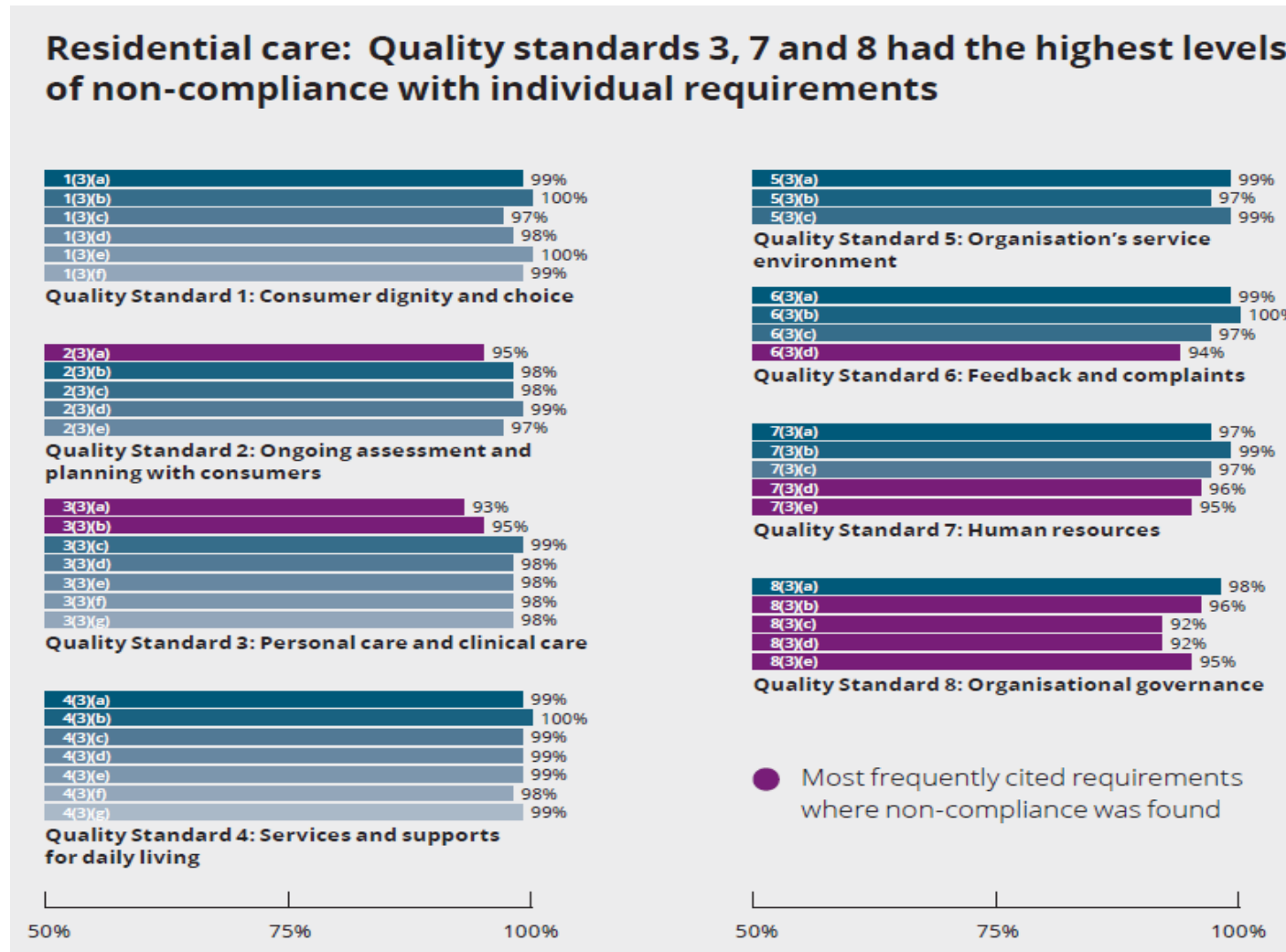
Met all 42 requirements



Residential care: Quality Standard 8 had the lowest compliance rates, with Quality Standards 3 and 7 improving the most over the year.



Example of requirements of Quality Standards – residential care

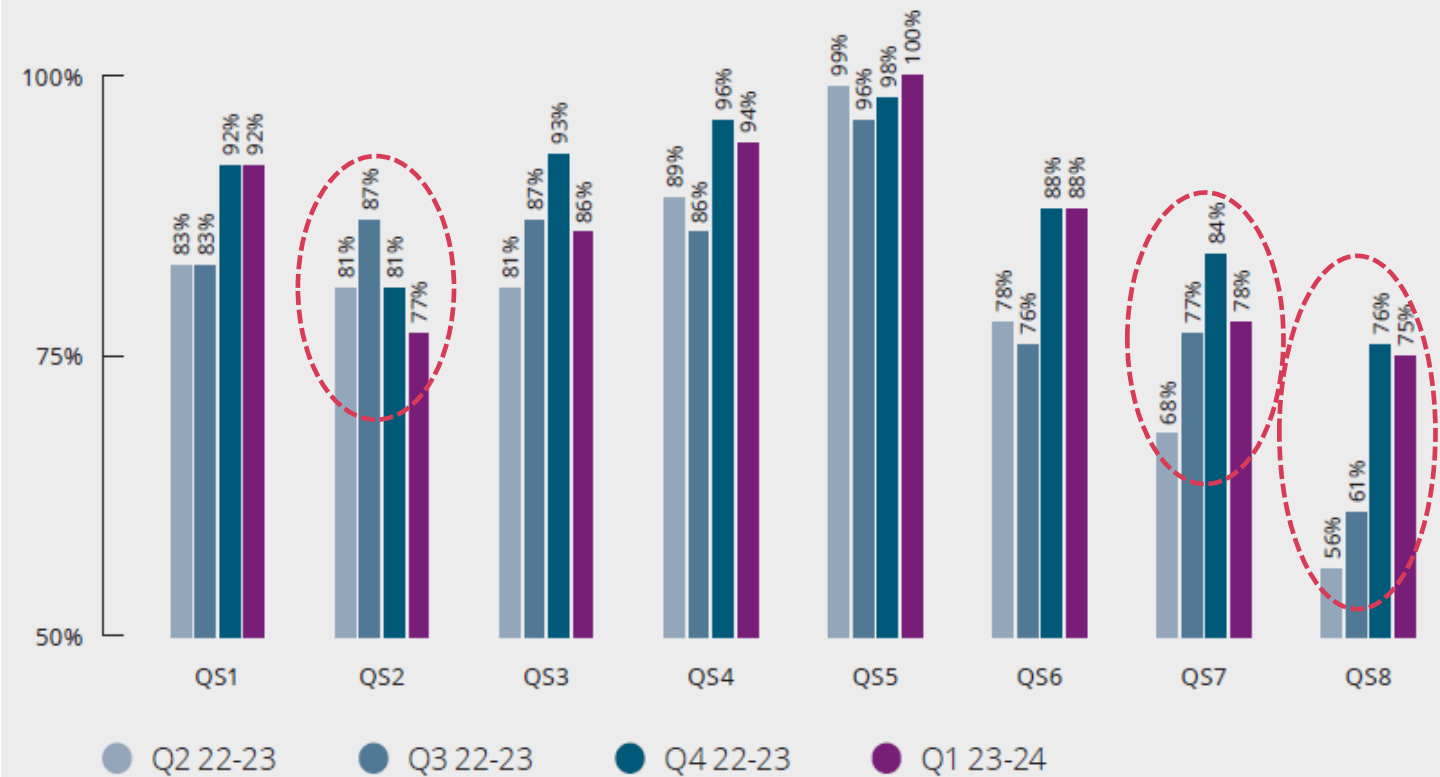


Compliance with Quality Standards – Home services

Met all relevant requirements

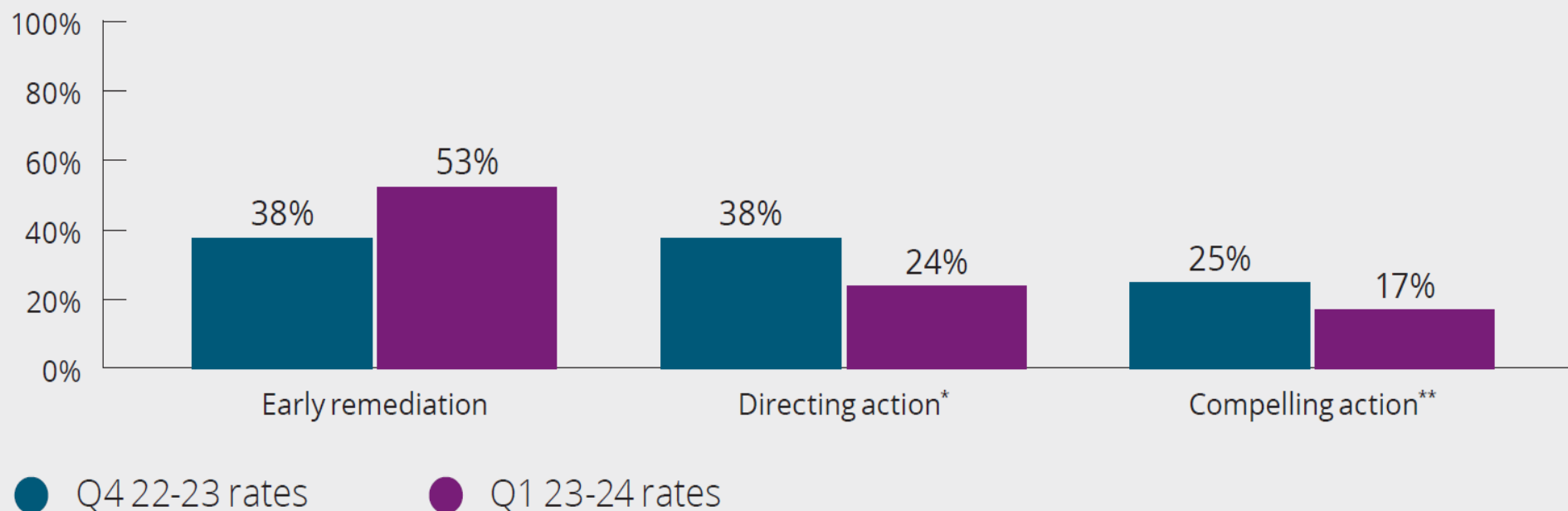


Home services: compliance rates were lowest in Quality Standard 8 and Quality Standard 2



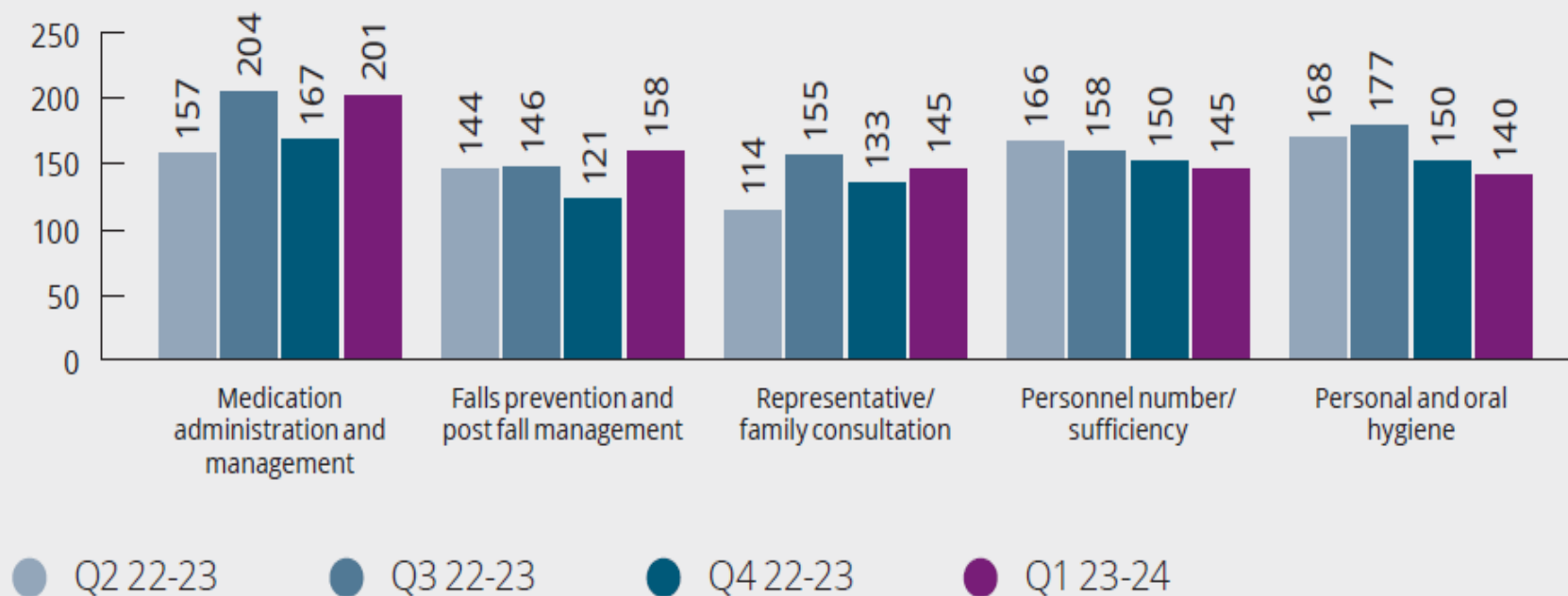
Commission and provider responses to non-compliance

There has been a steady decrease in directing and compelling actions in response to non-compliance between Q4 2022-23 and Q1



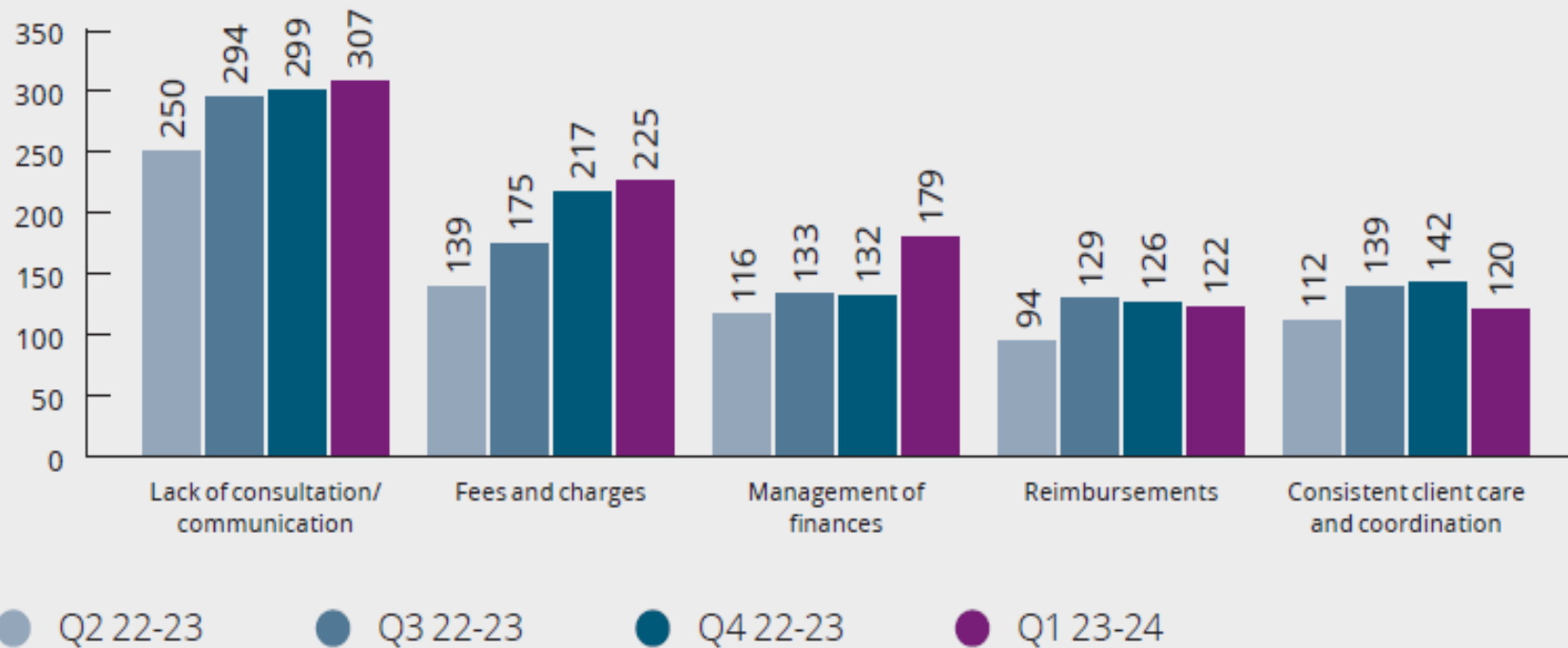
Complaints – Residential care

Complaints received about residential care.



Complaints – Home services

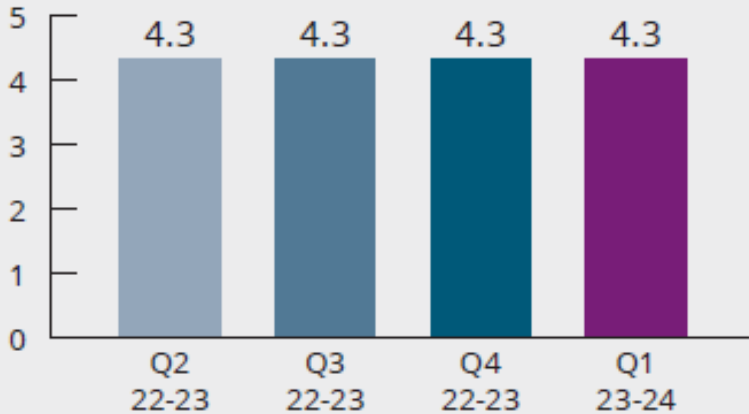
Complaints received about home services.



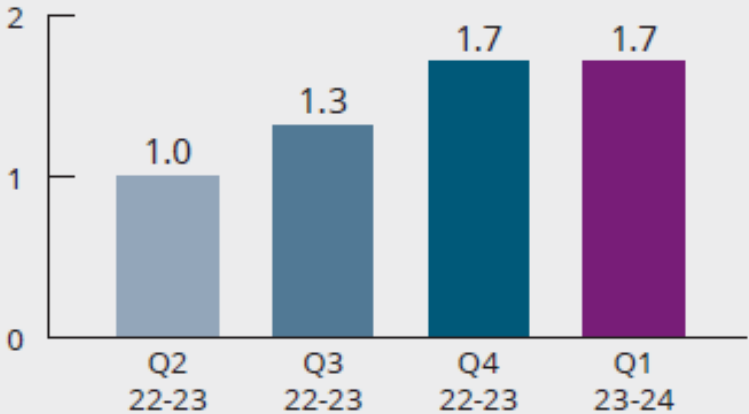
Serious Incident Response Scheme rates – Residential care

SIRS notification rate for Residential care	Q2 2022-23	Q3 2022-23	Q4 2022-23	Q1 2023-24	12-month average at end of Q1
Rate	7.1	7.4	7.4	7.7	7.4

Unreasonable use of force



Neglect



SIRS notification in home services

In home services, neglect was the most reported incident type across the last three quarters*

Reportable incident	Total Q3 2022-23	Total Q4 2022-23	Q1 Priority 1	Q1 Priority 2	Total Q1 2023-24
Neglect	382	562	287	269	556
Stealing from or financial coercion of a consumer by a staff member	250	252	147	133	280
Psychological or emotional abuse	66	72	24	45	69
Unreasonable use of force	56	52	18	36	54
Missing consumers	24	30	39	0	39
Unexpected death	13	24	26	0	26
Unlawful sexual contact, or inappropriate sexual conduct	13	21	24	0	24
Inappropriate use of restrictive practices	5	16	1	6	7
TOTAL	809	1029	566	489	1055

Figure 26: Sector wide result: Number of Priority 1 and Priority 2 reported incidents for home services

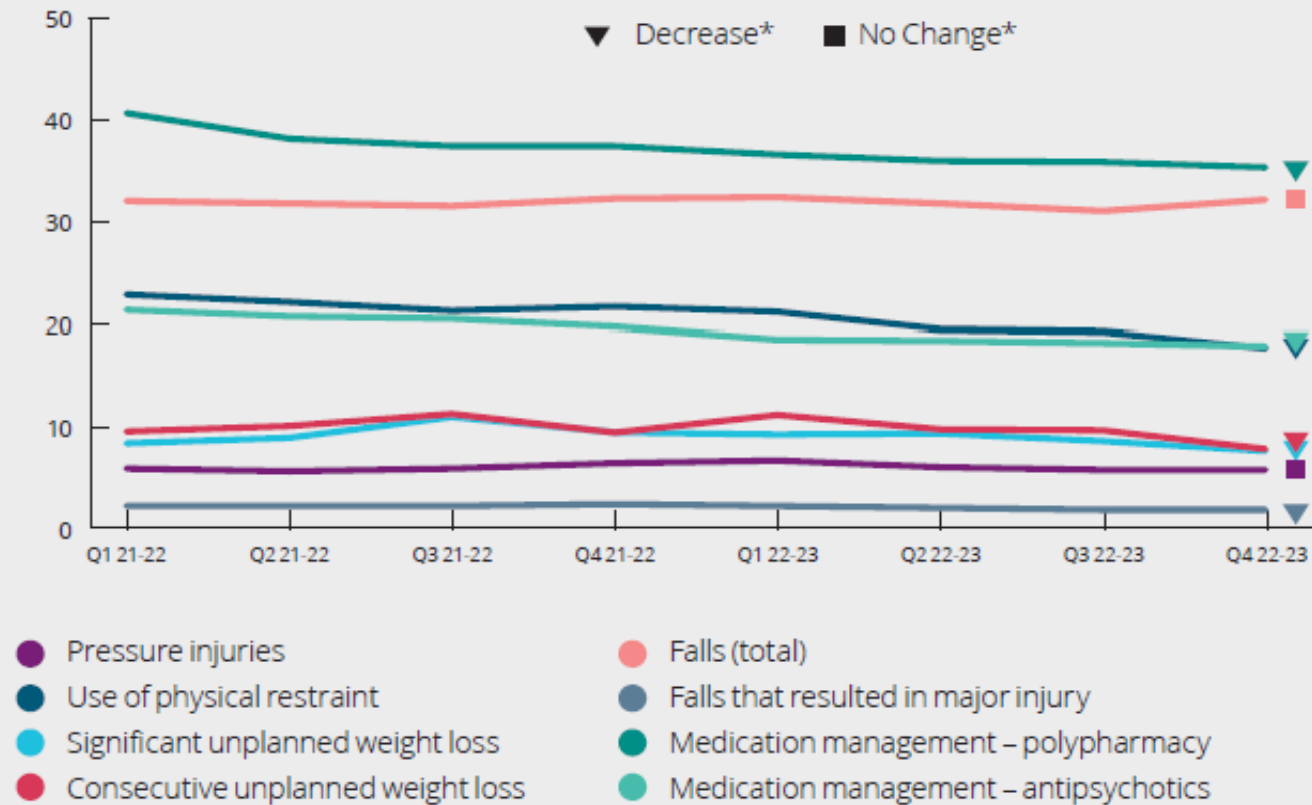
*SIRS for home services was not introduced until December 2022 so only 3 quarters of data is available.

SIRS notification rates are not available for home services because of the different way consumer data is collected.

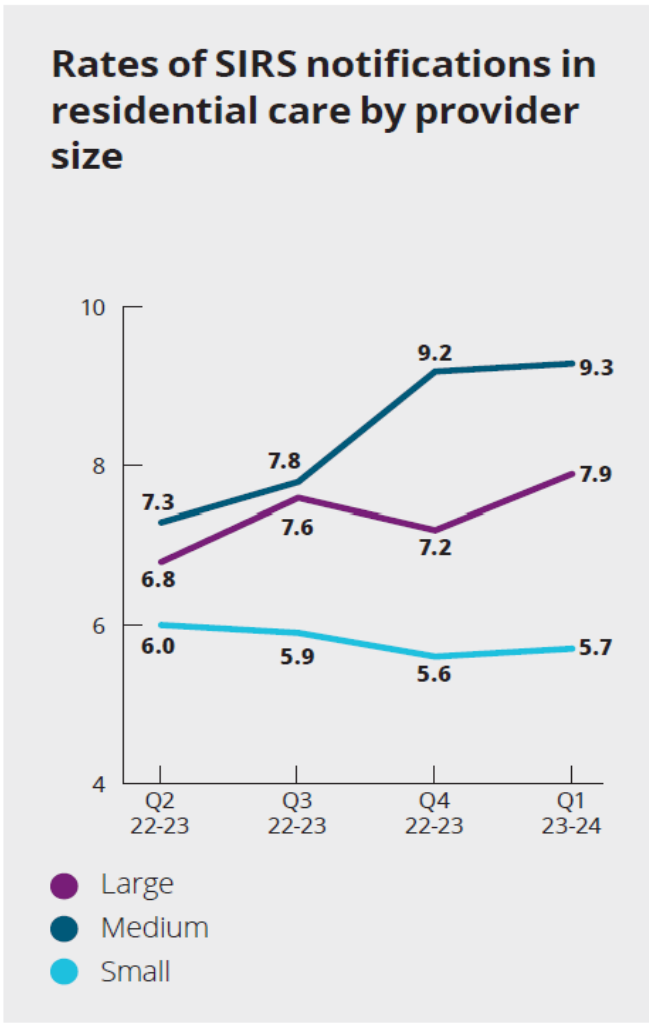


Department data – Quality indicator program

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

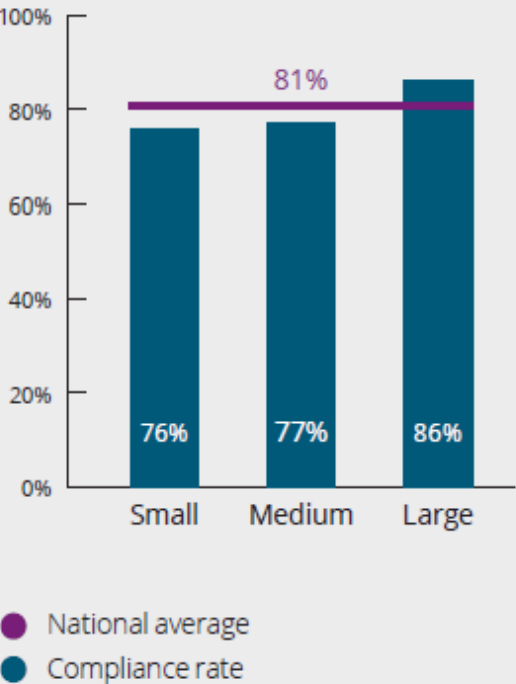


Sector segmentation by provider size

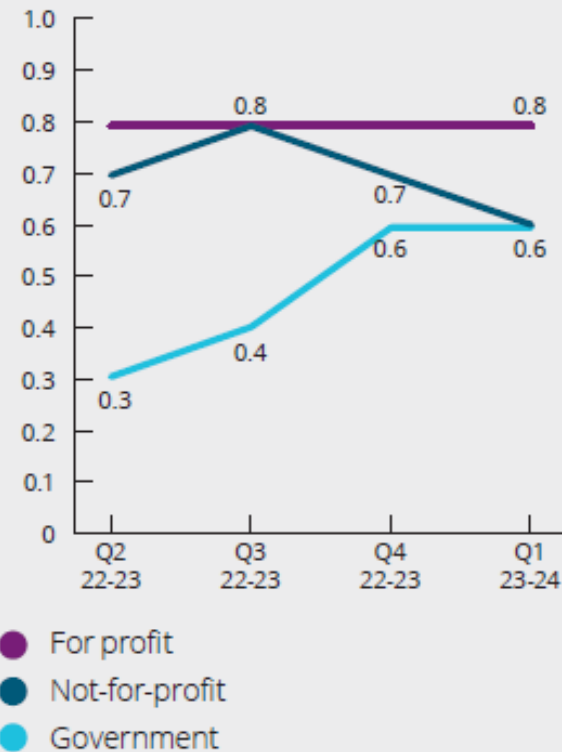


Sector segmentation by ownership type

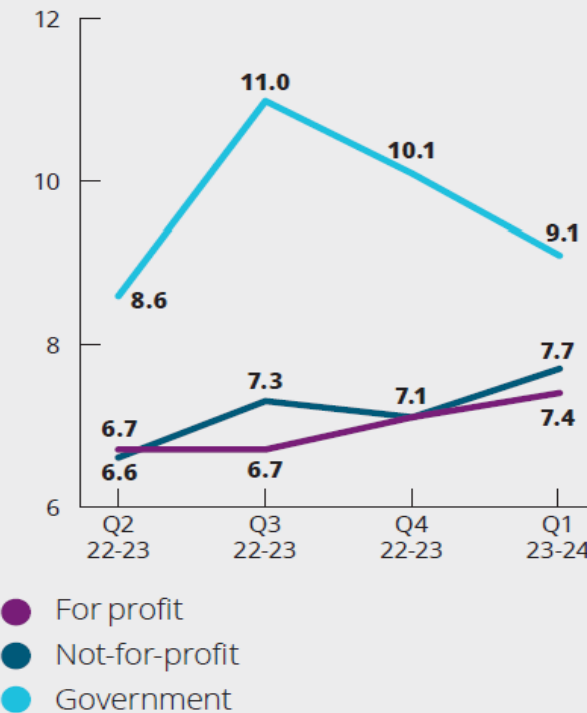
Proportion of site audits that met the Quality Standards by size of provider
Q1 2023-2024



Residential aged care complaints rate by ownership type

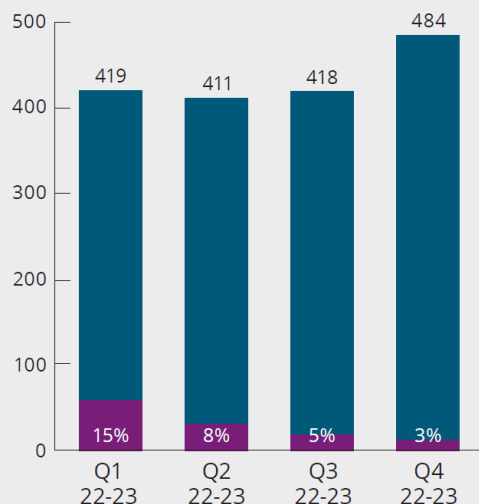


Rates of SIRS notifications in residential care by provider ownership type



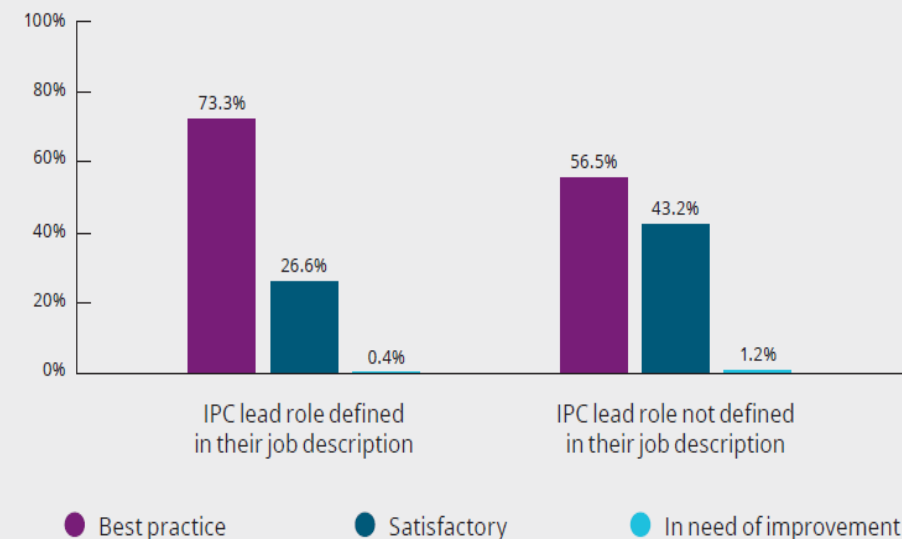
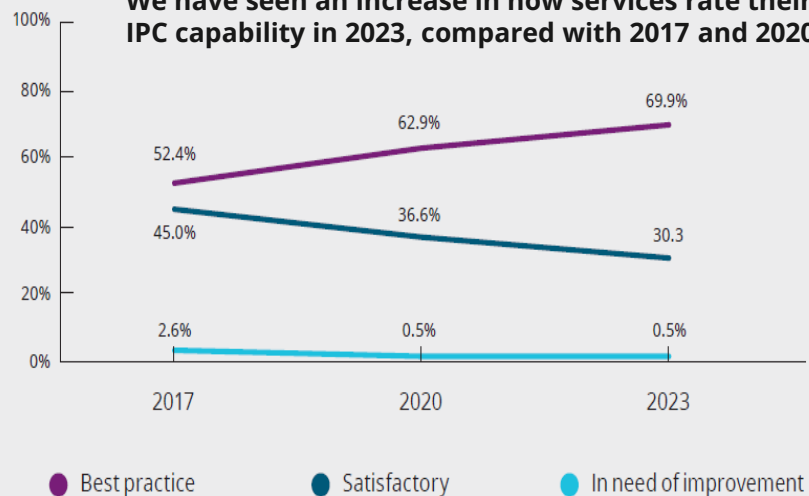
In Focus – Infection prevention and control (IPC)

Our assessments against the requirement to minimise infection-related risks

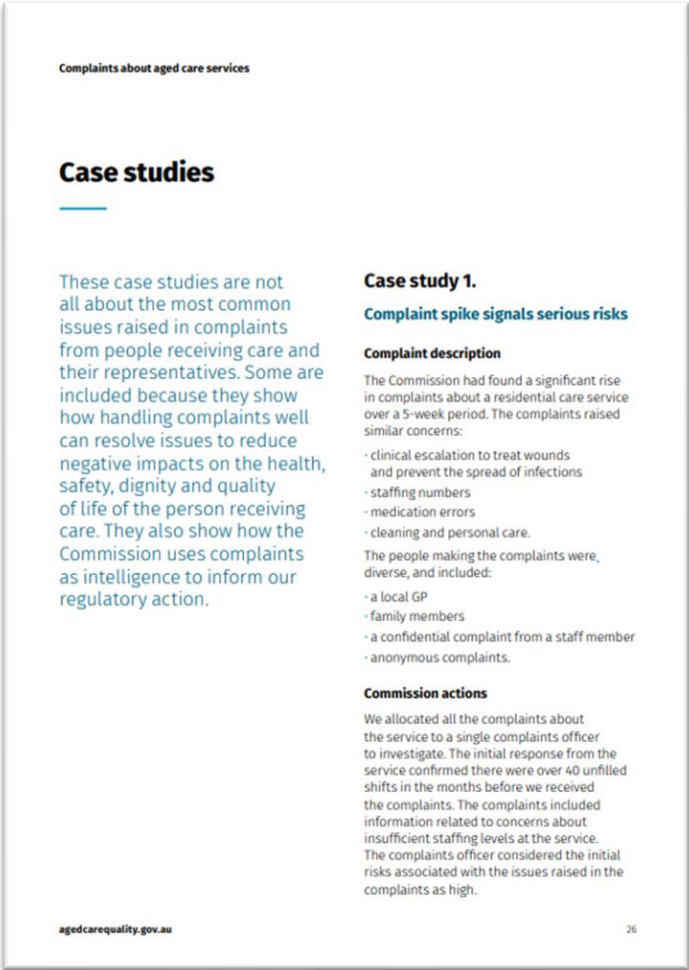


- Proportion of assessments which were found non-compliant
- Total number of assessments against 3(3)(g)

We have seen an increase in how services rate their IPC capability in 2023, compared with 2017 and 2020



Complaints handling in aged care services



Medication complaints research

Keyword	Sub-keyword (and description)	Categorisation	Issue Code (The person's complaint may be about:)	No. of issues
Health Care	Medication administration and management <i>Concern about the appropriate identification, handling, timing and management of medication</i>	Right resident	- Giving a resident someone else's medicine	25
		Right medicine	- Concerns that staff administer wrong medication	36
			- Giving a medicine that someone is known to be allergic to	10
		Right dose	- Staff give the wrong dose of a medication	53
		Right time	- Concerns that the medication is given late	113
			- Concerns medicine is completely missed or withheld	119
			- Concerns treatment is delayed or not started	80
		Right route	- Concerns medication is given incorrectly (e.g. medication not crushed or mixed with food to facilitate administration)	27
			- Concerns that medication charts are not accurate, doses recorded, or up to date.	38
		Right documentation	- Concerns that medications are given without prescription or against legislation	44
			- Concerns that residents are not being monitored for effect	22
		Monitoring for effect and/or adverse effects	- Concerns that adverse effects are overlooked or missed	30
			- Concerns about the service provider's processes and policies around medication administration and management	116
			- Concerns about storage, management and accountability for medication (e.g. overordered, goes missing, trolley unlocked and left on floor)	30
	Appropriate systems, processes and policies in place		- Concerns over use of prn medication	16
			- Tablets handled incorrectly (found on floor, untaken)	13

The right time

Accounted for over 27% of all medication-related feedback in 2019-2020

- Medications given late
- Medication start delayed
- Medications not started at all

The medical conditions that consumers were most concerned about relating to timing were:

1. Pain management/palliative care
2. Infections – especially UTIs
3. Diabetes management – especially insulin
4. Parkinson's Disease



Engage
Empower
Safeguard



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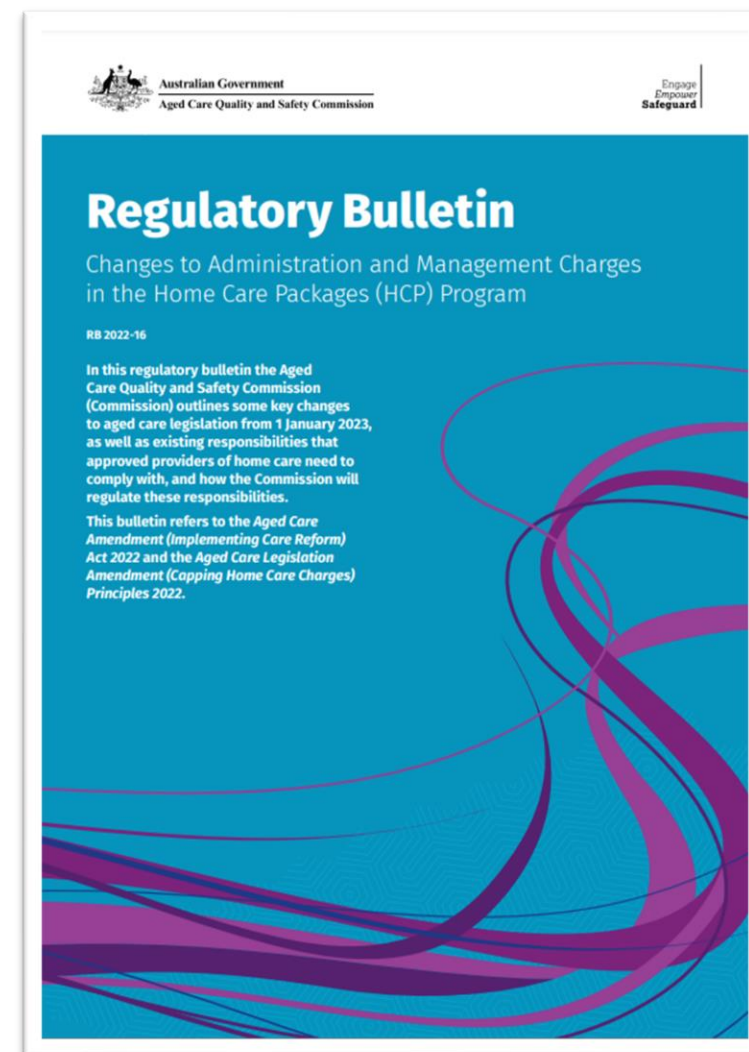
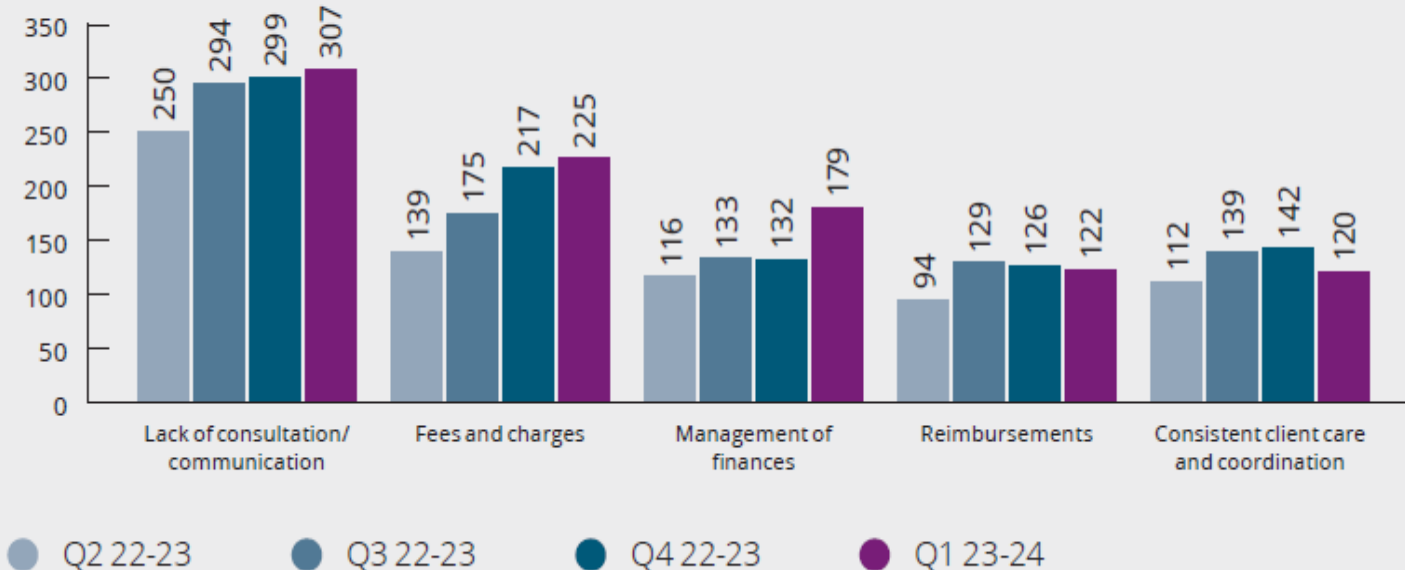


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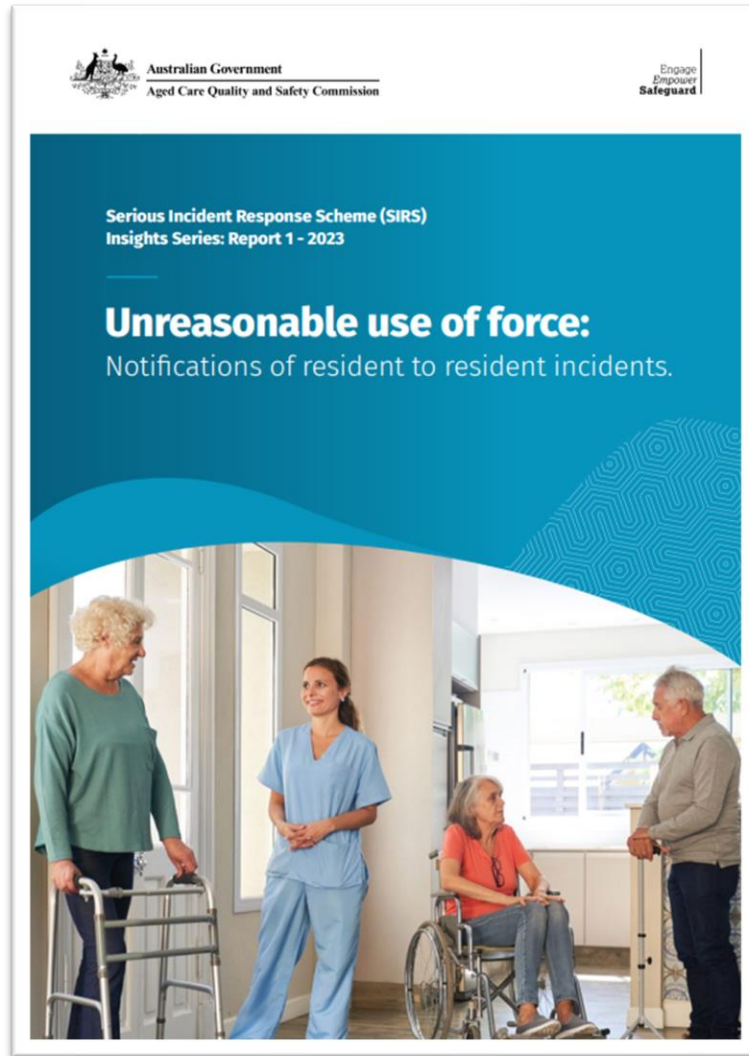
Engage
Empower
Safeguard

Home care packages: Changes to administration and management charges

Complaints received about home services.



SIRS insights



A photograph of three people, two elderly men and one woman, sitting around a table and playing chess. The man on the left is wearing a light blue shirt, the woman in the middle is wearing a blue patterned shirt, and the man on the right is wearing a yellow shirt. They are all smiling and looking at the chessboard. The chessboard is on the table, and there are some glasses and a bowl of snacks nearby.

Sector performance and improvement

March 2024

How is the Sector performance report (SPR) used to drive improvement?

CHL has used the Sector performance report (SPR) to **drive continuous improvement** through our respective **clinical governance** forums for both Residential and Home and Community Care Services.

The SPR is used to **understand trends across the sector and to compare** how CHL is travelling i.e. are we doing better, worse, or the same as everyone else? It is an opportunity to **share lessons learnt at the sector and service level** amongst teams.

Beyond a review of trends, the SPR is used to support discussion about **strengths and opportunities for action**, not just at an organisational level, but for each individual service.

Importantly, the SPR data is a useful reference point when **reporting to the Board** on clinical care to give some perspective on performance and trends.

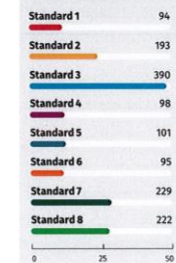
ACQSC Accreditation findings

Unmets nationally are predominantly found in standards 2,3 and 8

- 2(3)a – assessment and planning – including risks to the consumers health and wellbeing, informs the delivery of safe and effective care and services
- 2(3) e –care and services are reviewed regularly
- 3(3) a –Each consumer gets safe and effective personal care clinical care that is best practice
- 3(3)b – effective management of high impact or high prevalence care issues
- 3(3)e – info about the consumers condition is documented and communicated
- 8 (3) d –effective risk management systems are in place – governance for high impact risks, identifying abuse

LEARNINGS FROM COMMISSION VISITS

National number of residential care where non-compliance was found with each Quality Standards



National top 10 requirements found not met in residential care



Where do we share SPR?

Compliance and Risk Meeting (monthly)

- Chaired by the Quality and Standards Manager (Clinical Governance & Safe Care team).
- Attended by General Manager RAC, Regional Managers, Regional Support Managers, Regional Quality Managers, Clinical Education Manager, IFC Manager, and HR Business Partners.

Clinical Risk Incident & Safety (CRIS) Forum (monthly)

- Chaired by the Quality and Standards Manager (Clinical Governance & Safe Care team).
- Attended by Regional Managers, Regional Support Managers, Service Managers, Care Managers, Clinical Educators, IFC Manager.

Care Managers workshops (quarterly)

- Facilitated by the Clinical Governance & Safe Care team.
- Attended by Care Managers.

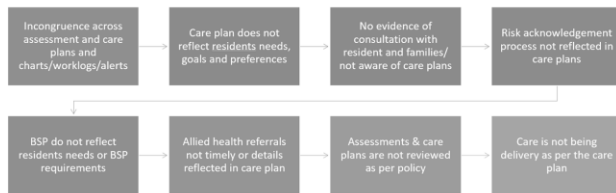
Governing body (various)

- Board and Quality and Safety Sub-Committee reports
- QCAB (coming soon)
- Attended by the Chief Quality Officer, Chief Residential Officer and Chief Communities Officer.

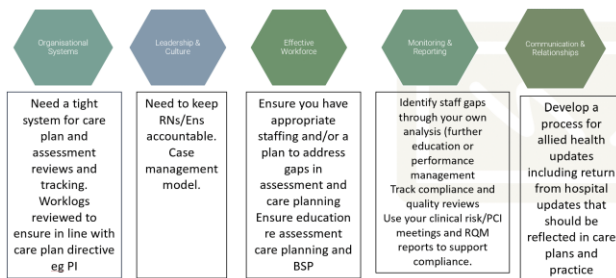
Case study: driving improved compliance

CHL has 41 Homes operating in NSW and South East QLD

Specific Commission findings standard 2



Practical wins for Standard 2



What did we do?

In 2022, the Clinical Governance and Safe Care team began **sharing SPR data on common unmet** in the governance forums to:

- Facilitate a discussion on **how CHL was performing in comparison to other providers**
- Understand what the **ACQSC was finding** during visits so that CHL could be proactive.
- CHL agreed it would focus on Standard 2, **identifying practical wins** to be implemented at the Home level, whilst the central team worked on **developing a risk matrix** to assist with monitoring the portfolio.
- At the time, CHL had ~20 unmet across Standards 2 and 3.
- 12 months later, CHL has cleared all unmet and continues to perform well in this space.

What were the benefits?

The SPR helped CHL to:

- Concentrate on high-risk high-prevalence clinical areas
- Identify services at risk and where to focus resources to drive improvement and change.

What's next?

- Mature our systems and processes to incorporate SPR data more seamlessly
- Set our own KRAs to move beyond compliance.



Q&A