



# Regulatory Bulletin

## Provider workforce-related responsibilities – including 24/7 registered nurse and care minutes

RB 2023–19

Approved providers must meet all their responsibilities under the *Aged Care Act 1997* and subordinate legislation. This includes engaging sufficient staff with the right skills to deliver safe and effective care and services.

Following the [Royal Commission into Aged Care Quality and Safety](#), the Australian Government introduced additional mandatory workforce-related responsibilities for residential aged care providers. These responsibilities require providers to deliver:

- 24/7 registered nurse (RN) staffing from 1 July 2023
- mandatory care minute targets from 1 October 2023. These targets increased from 1 October 2024.

Providers have other workforce-related legislated responsibilities including under the [Aged Care Quality Standards](#) (the Quality Standards) and the [Code of Conduct for Aged Care](#) (the Code of Conduct) that require them to deliver quality and safe care at all times to the people they care for.

### **This Regulatory Bulletin explains how the Aged Care Quality and Safety Commission (the Commission):**

- regulates these responsibilities
- responds to providers that do not comply with their responsibilities
- responds to risks to older people receiving care.



## Key points

- All providers of residential aged care must:
  - make sure that an RN is onsite and on duty at each of their residential aged care facilities 24 hours a day, 7 days a week
  - deliver the required amount of direct care time to each person in care at the residential aged care facilities they operate (otherwise known as their 'care minutes target'), delivered by certain aged care workers (including RNs). These care minutes targets increased on 1 October 2024 and providers can now meet up to 10% of their service-level RN target with care time provided by Enrolled Nurses (ENs).
- The Commission and the Department of Health and Aged Care (department) provide support to providers through funding, education, guidance and other programs to help providers meet their workforce-related responsibilities.
- The Commission expects all providers to meet all their provider obligations including workforce-related responsibilities and manage risks to older people in their care.
- As part of the Commission's updated Regulatory Strategy 2024-25, we introduced our provider supervision model. Under this model, we use our monitoring and compliance powers to require and compel providers to take action to meet their workforce responsibilities.
- When providers fail to meet their responsibilities, and especially if there is sustained non-compliance, we will closely monitor and supervise them to ensure that they have strategies in place to comply with their responsibilities and deliver against their all workforce-related targets and obligations.
- Where providers fail to take appropriate action to comply with their responsibilities within reasonable timeframes or where the Commission encounters resistance, we will pursue enforceable regulatory action to compel compliant behaviour.
- As always, the Commission's key focus is on making sure that the needs of people receiving aged care services are met through our effective regulation of approved providers.



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**To be reviewed:** 30 June 2025



# Provider workforce-related responsibilities – including 24/7 registered nurse and care minutes

## Role of approved providers

Older people in residential care should expect and have confidence that they will receive safe, high-quality care and services that meet their needs.

Since 2023, additional provider workforce-related responsibilities mean that all residential aged care providers must:

- have at least one RN onsite and on duty at each of their residential aged care facilities – 24 hours a day, 7 days a week.<sup>1</sup>
- submit monthly reports to the department about how they are meeting the 24/7 RN responsibility, including:
  - every time there was not an RN onsite and on duty for 30 minutes or more
  - the reason there was not an RN onsite and on duty each time
  - the alternative arrangements they had in place to keep meeting the clinical care needs of older people receiving care when there was not an RN onsite and on duty. They also need to report if there were no alternative arrangements.

- make sure a required amount of [direct care time](#) is provided to residents at a service, averaged across each quarter. The care minutes target for each service is calculated based on the care needs of the residents at that service. This means that the target might change for a particular quarter.
- submit quarterly reports to the department on the care minutes they have delivered, as part of their Quarterly Financial Report (QFR). Approved providers must report on care minutes delivered by:
  - RNs
  - ENs
  - personal care workers (PCWs)
  - assistants in nursing (AINs).

Providers are responsible for understanding their workforce-related responsibilities which are explained further on the [department's website](#).

<sup>1</sup> Providers can apply to the department for an exemption to the 24/7 RN responsibility if they meet certain eligibility criteria is met – see the department's website for [further information](#).



## Meeting the Quality Standards

Providers have other legislated workforce-related responsibilities that they need to demonstrate they are meeting including the Aged Care Quality Standards. Below are the specific Quality Standards that relate to workforce-related responsibilities.

### Standard 2 – Ongoing assessment and planning with consumers

Under requirement (3)(a) and (b) of Standard 2, providers need to show us that they understand, apply, monitor and review their processes for assessment and planning to:

- (a) consider the risks to an older person's health and wellbeing and the delivery of safe and effective care and services
- (b) identify and address the older person's needs, goals and preferences. This includes advance care planning and end of life planning if the person wants that.

### Standard 3 – Personal care and clinical care

All requirements under Standard 3 are linked to workforce-related responsibilities. This standard is about the delivery of safe and effective personal and clinical care. Under this standard, we look for evidence that providers are delivering care in line with the needs, goals and preferences of the person receiving care, to improve the person's health and wellbeing.

### Standard 4 – Services and supports for daily living

Under this Standard, we look for evidence that older people are receiving care and services they need from allied health professionals and lifestyle staff. Additionally, under requirement (3)(c) of Standard 4, providers need to show how older people receiving care are supported to participate within their community, have social and personal relationships and do things that are of interest to them.

### Standard 7 – Human resources

Under this Standard, requirements (3)(a), (c) and (d) mean that we will look for evidence that a provider's workforce is:

- (a) planned to deliver and manage safe and quality care and services, which includes planning the number and mix of workers
- (c) competent and have the qualifications and knowledge they need to do their jobs
- (d) recruited, trained, equipped, and supported to deliver the outcomes these standards require.

### Standard 8 – Organisational governance

Under Standard 8, requirements (3)(b), (c)(iv) and (v), (d)(i) and (e) mean that providers need to show us they have:

- (b) an organisation governing body that promotes, and is accountable for the delivery of, a culture of safe, inclusive and quality care and services
- (c)(iv) effective organisation-wide workforce governance systems that include clear responsibilities and accountabilities
- (c)(v) regulatory compliance systems and processes that make sure the organisation is complying with all relevant legislation, regulatory requirements, professional standards, and guidelines.
- (d)(i) effective risk management systems and practices, including ones that manage risks that have a high impact on people receiving care or that happen regularly
- (e) a clinical governance framework for clinical care that includes:
  - [antimicrobial stewardship](#)
  - [reducing the use of restraint](#)
  - [open disclosure](#).



## Other approved provider responsibilities

### Code of Conduct for Aged Care

Approved providers have responsibilities to make sure they [govern and manage](#) their organisation well, including responsibilities under the *Aged Care Act 1997* to comply with the [Code of Conduct for Aged Care](#) (the Code of Conduct). This means taking reasonable steps to ensure that their aged care workers and governing persons comply with the Code of Conduct.

The Code of Conduct sets out eight behaviour statements that approved providers, their aged care workers and governing persons are expected to comply with. These behaviours include:

- promptly taking steps to raise and act on concerns about matters that may impact the quality and safety of care, supports and services
- providing care, supports and services in a safe and competent manner, with care and skill in order to prevent harm to older people in their care.

More information about provider responsibilities is available in our resources on the [Code of Conduct](#).

### Engaging with workers and older people

We expect providers to engage and work closely with their staff and older people receiving care to make sure that their workforce planning and management strategies:

- support them to meet their workforce-related targets, both now and in the future
- support the delivery of safe and quality care to older people in their care
- consider the wellbeing of their workers and support a safe and satisfied workforce
- include workforce capability-building, succession planning and business continuity planning

- ensure they have strategies in place to ensure they, and their workers, are complying with the Code of Conduct and will promptly raise and act on concerns about matters that may impact the quality and safety of care, support and services.

By doing this, providers will be able to better identify and manage risks and be accountable for meeting their workforce-related responsibilities.

Staff and older people receiving care should feel confident and supported to share feedback and suggest improvements. This is most likely to happen in a high-trust care environment created by governing bodies and leadership teams. Staff should also feel supported to act on anything they are concerned may affect the quality and safety of care and services, in line with their responsibilities under the Code of Conduct.

## Role of the Commission

The Commission's role as the aged care regulator is to safeguard and protect older people receiving aged care services by detecting, assessing and responding to areas of risk in the care provided to those individuals. Our focus in regulating provider workforce-related responsibilities is on making sure that all residential aged care providers have strategies in place to comply with these important responsibilities and deliver quality and safe care to the people they care for at all times.

We know that an adequate and competent workforce is vital to deliver high quality and safe care. We expect providers to actively recruit and retain the number of staff necessary to deliver the required amount of direct care time and, in so doing, to spend the care funding they receive from the Australian Government on meeting their care minutes targets. This is essential to ensure that they have enough suitably qualified staff to provide high quality and safe care in the aged care homes





they operate. It also reduces the risk of harm occurring to older people living in those aged care homes.

If the Commission uncovers evidence that a provider is making business decisions that prioritise financial gain over fulfilling responsibilities such as meeting its care minutes targets, the Commission will move quickly to take formal regulatory action to manage this serious non-compliance. We may additionally find the provider in breach of the Code of Conduct for Aged Care and pursue further enforcement action, as outlined in the Risk Response section below.

## Risk detection

The department shares with the Commission the data that providers report on care minutes and 24/7 RN responsibilities. This data makes it very clear where providers are self-reporting that they are not meeting their workforce-related responsibilities, and where we need to prioritise our monitoring, and possible compliance and enforcement activities.

We also detect risk or potential non-compliance with provider responsibilities including quality and safety, workforce, and Code-related matters, through:

- complaints about aged care services, including from aged care workers
- residents' experience surveys and feedback from older people receiving care and their representatives
- provider reporting including Serious Incident Response Scheme notifications, quality indicators and financial information
- our monitoring, investigation and compliance management of providers under [active or heightened supervision](#)
- the department and other regulators.

We use all the data and information we hold to analyse trends and risk profile all providers. Risk profiling of providers who fail to meet their workforce-related responsibilities takes into

consideration, but is not limited to:

- how far the provider is below its targets across its services
- patterns of the provider's non-compliance across its services in each quarter and financial year/s
- the provider's performance compared with its peers and market segments
- performance against workforce-related targets compared with services in the same Local Government Area
- the remoteness status of the services the provider operates (i.e., the [Modified Monash Model](#) classification defines whether a location is metropolitan, regional, rural, remote or very remote)
- financial performance including how much of the care funding they received from the Australian Government was spent on the delivery of direct care.

Where there is evidence that a provider is failing to meet its workforce-related targets, with significant shortfalls across multiple reporting periods, we will place the provider under supervision. This will initially involve engaging with the provider to assess the reasons for the non-compliance and risks to the delivery of quality and safe care. This step and what might follow are outlined in the sections below.

## Risk assessment

Where we detect provider non-compliance with workforce-related targets and associated risk, we assess the effect of actual or possible harm to older people receiving care. We also look at the causes of the risk and what evidence the provider has given us about actions they are taking to manage the risk, prevent harm and move to compliance with their workforce-related responsibilities.



When we assess the risks for non-compliance with workforce-related targets, we look at:

- provider's past performance meeting their quality of care, workforce and Code-related responsibilities
- any workforce supply issues and the provider's efforts to overcome these
- evidence of the provider's strategies and actions taken to comply (see Frequently Asked Question 2 below for some examples of actions providers may take to comply).

Where we see a pattern of continued non-compliance without evidence of improvement, we will check to see if the provider's strategies:

- address the current risks to older people receiving care that have been caused by them not complying
- are appropriate for their situation and support them to plan for and manage their current and ongoing workforce requirements
- support them to invest the care funding they receive from the Australian Government in recruiting and retaining workers to deliver the direct care time they are required to deliver
- are overseen by the governing body, and if there is regular reporting to and discussion by the governing body.

However, we don't stop there.

## Risk response

Our response to providers that are not complying with their workforce-related responsibilities will be in proportion to:

- the risk faced by older people receiving care
- any actions taken by the provider to comply within reasonable timeframes
- compliance with actions agreed with, directed or compelled by the Commission
- actions and performance under the Code of Conduct.

The Commission has low tolerance where there are no clear reasons for ongoing failure to meet workforce-related responsibilities. This includes where there are moderate but persistent gaps across multiple quarters.

Where this is the case we will **monitor** providers under our Supervision Model, to ensure that they are making reasonable progress to address the cause of the non-compliance and close the care minutes gap by implementing long-lasting solutions.

Our supervision response will take into account any evidence from the provider that they are experiencing unavoidable workforce supply issues impacting their ability to comply. Where we are satisfied that this is the case, providers must show us that they have taken steps to make sure they can keep delivering quality and safe care. These steps can include organising [alternative clinical care arrangements](#) such as an on-call RN or other on-call clinician/s, and any evidence of the efforts they have made to recruit and retain sufficient staff.

We do not tolerate situations where providers:

- fail to take the necessary steps to effectively manage their workforce resulting in risk to the safety and quality of care that older people receive
- place compliance with workforce targets ahead of worker welfare. An example of this could be where a provider pressures or forces staff to work overtime or denies staff reasonable leave entitlements in order to meet their provider workforce-related responsibilities
- assign qualified aged care workers to tasks that fall outside their normal scope of practice in order to record their work time as counting towards care minutes targets. For example, requiring care staff to undertake cleaning or catering duties that would normally be performed by other staff and falsely counting this towards their direct care time targets.





Where we identify this is happening, we will increase our supervision of the provider including conducting site and non site based monitoring, as well as taking compliance and enforcement actions where required.

Any **compliance and enforcement** actions will be in proportion to the level of risk faced by older people in the provider's care, as well as the responsiveness of the provider in addressing risks and meeting their workforce-related responsibilities. The greater the risk, the swifter and more serious our action.

Our action will compel the provider to comply and manage these risks, particularly if:

- they are not delivering quality and safe care
- they are not complying because of ineffective workforce strategies or making business decisions not to meet responsibilities like care minutes targets
- they cannot demonstrate that they are making reasonable efforts and progress to reduce the risks to older people in their care and comply with all their provider responsibilities.

## Role of Department of Health and Aged Care

The department is responsible for:

- managing the 24/7 RN and care minutes requirement measures, including reviewing the policy to ensure continuous improvement and identifying and fixing any issues that may impact older people receiving care and the residential aged care sector
- managing and making decisions on applications for an [exemption from the 24/7 RN responsibility](#)
- managing the eligibility criteria for payments of the 24/7 RN supplement
- managing care minutes reporting through QFR and monthly 24/7 RN reports from providers

- checking the accuracy of provider-reported 24/7 RN and care minutes information
- providing regional stewardship and projects to build, train and support aged care workers. This includes helping providers to access workforce support programs.

## Supporting approved providers

The Commission and the department encourage and support providers to use effective workforce governance and management processes. We provide this support through:

- subsidies like the [Australian National Aged Care Classification](#) (AN-ACC) funding model that provides funding for the wages of RNs, ENs, PCWs and AINs to help providers deliver direct care to older people in residential care
- supplements like the [24/7 RN funding supplement](#) to help providers meet the cost of employing extra staff to provide 24/7 RN care
- education
- specific program supports.

If a provider is concerned about their financial situation, they should contact the Commission. Early guidance from us, if there are signs of possible financial risk, will lead to better outcomes. There are a range of strategies that providers can use, particularly around ways to improve financial governance processes. We can help providers to understand these strategies. We can also refer a provider, if necessary, to the department to consider other program support.

It is important for providers to review their governance systems to make sure they have appropriate levels of staff. This includes regularly reviewing their Liquidity Management Strategy to make sure it matches their financial situation. Budgeting for, and maintaining, a minimum level of liquidity helps providers



to meet their financial and prudential responsibilities. Liquidity means how easily and quickly a provider can access cash or funds. It also makes sure that they can meet the costs of care. For more information, please see: [Liquidity Standard](#).

## Commission resources

The Commission publishes a range of resources for use by providers and workers to assist them to deliver best practice aged care services to older people. These resources are available on our [website](#) and include guidance documents, fact sheets, videos, educational workshops and regular communication through the Quality Bulletin.

We have a wide range of education and guidance materials to help providers understand and comply with the Quality Standards. You can find these on our [website](#) with links to fact sheets, resources and online learning modules.

Approved providers should check our web resources on:

- [provider governance](#) – information on provider governance responsibilities to:
  - make sure they understand risks
  - support making decisions about how a provider operates and meets its responsibilities.
- [clinical governance](#) – a range of resources to help providers understand the key concepts of clinical governance and how to apply them in their services. This includes a toolkit to help providers develop a clinical governance framework to fit their services.
- [workforce governance and management](#) – a fact sheet explaining that providers should have appropriate and effective workforce governance and management processes to make sure they provide continuity of safe and quality care. Good workforce processes will also help if there are any workforce issues outside their control.

- our [Governing for Reform in Aged Care](#) program, which provides governing body members and executives learning and development opportunities to build their leadership and governance skills.
- the [Code of conduct for Aged Care](#) describes how aged care providers, their governing persons (for example, board members), and workers (including volunteers) must behave and treat people receiving aged care.

We also offer education modules through the [Aged Care Learning Information Solution](#) (ALIS).

You can find these resources on our website:

- [24/7 registered nurse alternative clinical care arrangements](#)
- [Compliance and Enforcement Policy](#)
- [Regulatory Strategy 2024–25](#)
- [Guidance and resources for providers to support the Aged Care Quality Standards](#)
- [Guidance on provider responsibilities relating to governance](#)
- [Clinical governance resources](#)
- [Workforce governance and management fact sheet](#)
- [Governing for Reform in Aged Care](#)
- [Code of Conduct for aged care](#)
- [Aged Care workers – your voice in improving aged care](#)
- [Draft Guidance for workers on the Strengthened Aged Care Quality Standards](#)
- Stay up to date with Regulatory Bulletin releases by subscribing to the [Commission's newsletter](#).

Future resources will also be made available through the [Commission's](#) and [department's](#) websites.



## Department resources

The department has published [resources](#) including comprehensive guides to help residential aged care providers to understand and comply with the 24/7 RN responsibility and care minutes targets.

The Australian Government also has several [workforce programs and advisory services](#) that can help providers plan for current and future workforce needs.

## Frequently asked questions

### 1. What happens if I do not have an RN onsite and on duty 24/7 and I do not have an exemption?

Approved providers must comply with the 24/7 RN responsibility. All approved providers that don't have 24/7 RN coverage must have appropriate clinical care arrangements in place to make sure they can keep delivering quality and safe care. They must also comply with existing responsibilities to maintain an adequate number of appropriately skilled staff in order to ensure that the care needs of residents are met, and to deliver safe and effective clinical care. An exemption from the 24/7 RN responsibility does not remove these obligations.

The Commission uses provider reporting to the department and our ongoing monitoring activities to inform what we do when providers do not have an RN onsite and on duty 24/7. We explain how we manage providers who do not comply in the **Risk Response** section above.

### 2. What does the Commission need as proof of a provider's efforts to recruit suitably qualified staff in order to comply with their workforce-related responsibilities?

We look for evidence of the provider's recruitment strategies and activities that will support them to meet their 24/7 RN and care minutes responsibilities. This can include, but is not limited to:

- competitive pay rates and conditions
- copies of recent job advertisements
- information about the job platforms they advertised positions on
- how long the advertisements were posted for
- the outcomes of any applications
- international recruitment and sponsorship opportunities
- internal career progression pathways and development opportunities for staff
- relocation support e.g. provision of accommodation, higher rates of pay, sign on bonuses, retention allowances
- engagement and partnerships with local universities, TAFEs or Registered Training Organisations to attract student placements and provide training opportunities
- local community and sector networking
- staff roster/documentation to provide information such as:
  - shifts without an RN
  - total care hours
  - type of staff coverage
  - shifts (care minutes delivery)
  - the on-call arrangement/s in place, for example the on-call roster and information on how staff access this on-call arrangement.
- information evidencing that the provider understands and monitors its meeting of mandatory care minutes target at the service level
- evidence of reporting on workforce related responsibilities to the board.



### **3. Are approved providers that receive an exemption from the 24/7 RN responsibility also exempt from the RN component of the care minutes responsibility?**

No. Providers must still meet their care minutes targets including the RN component.

An exemption from the 24/7 RN responsibility does not remove any of the provider's other obligations under the *Aged Care Act 1997* or other legislation, including complying with the Quality Standards.

### **4. What are the reporting arrangements for the 24/7 RN responsibility? Do I have to submit reports if I have an exemption?**

All providers must submit a monthly report to the department explaining their RN coverage, even if they have an exemption.

Providers need to report the following each month:

- every time an RN was not onsite or on duty for 30 minutes or more at each aged care home being used for residential aged care
- the reason an RN was not onsite or on duty for each time, including whether absences were planned or unplanned
- the alternative arrangements the provider made so that the clinical care needs of older people receiving care were met while an RN was not onsite or on duty for each time. They also need to report if there were no alternative arrangements
- RN recruitment plans where absences are related to unfilled vacancies.

This information is used to:

- work out payment of the 24/7 RN funding supplement
- inform our regulatory activities
- support policy development including policy for exemptions and alternative care arrangements.

### **5. How will my compliance with the 24/7 RN and care minutes responsibilities affect my Star Rating?**

The department has responsibility for publishing [Star Ratings](#). Star Ratings are published as an overall Star Rating, as well as against four sub-categories, namely:

- Quality measures
- Compliance
- Resident experience
- Staffing (based on care minutes from reporting in the QFR).

Ratings for each of the four sub-categories collectively contribute to a residential service's overall Star Rating.

A provider's compliance with the 24/7 RN and care minutes responsibilities is relevant to both the Compliance and Staffing sub-categories.

The Compliance rating reflects a residential aged care home's current compliance status and is based on whether specific formal regulatory notices are in place, the period of time since having the notice and the period of time that accreditation was last granted for.

The Staffing rating is based on the degree to which a residential aged care home meets or exceeds its care minutes targets. This rating allows people to compare residential aged care services based on the average number of care minutes they deliver.

Star Ratings are published on My Aged Care through the [Find a provider](#) menu tool. For more information, including the rules for the Staffing rating and which Commission decisions affect the Compliance rating, see the department's [Star Ratings Provider Manual](#).



## 6. Will the Commission revoke my status as an approved provider if I cannot meet the 24/7 RN or care minutes responsibilities?

No, a residential aged care provider will not lose its approval to provide aged care just because it does not comply at a point in time with its 24/7 RN or care minutes responsibilities.

If a provider does not comply with these responsibilities, we will first look at how close the provider is to meeting its targets, how long it has been non-compliant, and any other risk information that is available to us. We will ask the provider for more information to understand:

- why they are not complying
- how they are managing any associated risks to older people in their care
- what they are doing to achieve compliance.

We are committed to fulfilling our regulatory obligations in a way that incentivises providers to comply with their workforce-related responsibilities. Our regulatory approach must also ensure that aged care recipients have continuity of quality and safe care that meets or exceeds the Quality Standards.

As indicated in the **Risk Response** section above, if a provider does not make enough progress to comply with their workforce-related responsibilities within a reasonable time (which is clearly communicated to the provider), we will take **compliance or enforcement** action to compel provider compliance. This action will be in proportion to the level of risk faced by older people receiving care.

## 7. What should I do if I cannot meet the 24/7 RN or care minutes responsibilities due to financial issues?

If a provider has financial viability issues and difficulties meeting either responsibility, they should contact the Commission as soon as possible. We will ask for more information from them to understand:

- why they are not complying
- how they are managing any associated risks to older people in their care
- what they are doing to achieve compliance.

We can help providers to understand the strategies they can use, particularly around opportunities to improve their financial governance processes.

Importantly, if a provider's financial viability issues are increasing risks to the safety and quality of care being received by older people, the Commission will act to protect the wellbeing of the older people.

## 8. How should I involve my workforce?

We expect providers to communicate with their staff about how they are meeting their provider workforce-related responsibilities, including care minutes targets. This includes being open with staff about their workforce strategies, such as rosters that show care minutes requirements. This means that workers are aware of workforce arrangements and can work with providers to meet the targets. It is important that providers discuss with their staff:

- what is working well
- any areas for improvement
- how any issues with workforce management and achieving care minutes targets are being resolved.

We also encourage providers to give staff opportunities to share their ideas and feedback.





### **9. How can aged care workers raise a concern about inaccurate reporting on workforce-related responsibilities?**

If an aged care worker is concerned about the accuracy of their employer's reporting on workforce-related responsibilities, they should seek to raise these concerns with management in the first instance. A provider with a positive workplace culture will enable and support constructive discussion and resolution of such concerns.

The department has published a fact sheet [Care minutes in residential aged care – information for workers](#) which provides useful information for workers.

For concerns about inaccurate reporting on 24/7 RN coverage or care minutes, the department can be contacted by emailing [anaccreportingassessments@health.gov.au](mailto:anaccreportingassessments@health.gov.au).

### **10. How can aged care workers raise concerns about the safety or quality of care delivered to older people?**

If a worker is concerned about the safety or quality of care being delivered or how an older person is being treated at a service, it is important that they tell the Commission about this. Information about how to contact us is included on the last page of this Bulletin.

The [Fact Sheet for Aged Care Workers – Your voice in improving aged care](#) also explains how workers can share information and concerns about their aged care service. This can include concerns about workforce-related responsibilities. The factsheet explains what workers can expect from us when they raise their concerns. The more information a worker can provide to us, the better we can support them to have their concerns addressed quickly.





## Definitions

Please refer to the [department's guides on the 24/7 RN and Care Minutes responsibilities](#).

## Need to know more?

If you have any questions about the quality and safety of aged care services, contact the Commission's [Customer Contact Team](#).

If you have any questions or feedback on this Bulletin, send an email to:  
[info@agedcarequality.gov.au](mailto:info@agedcarequality.gov.au)

Stay up to date with Regulatory Bulletin releases by subscribing to the [Commission's newsletter](#).

*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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