



Regulatory Bulletin

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

RB 2023-19

This Regulatory Bulletin explains approved providers' workforce-related responsibilities. It also covers how the Aged Care Quality and Safety Commission (Commission) will:

- regulate these responsibilities
- respond to providers found non-compliant with these responsibilities
- respond to risks to people receiving care.

Approved providers have legal responsibilities to employ skilled staff and deliver safe and effective care and services. These responsibilities come under the Aged Care Act 1997 (Aged Care Act) and associated legislation including the Aged Care Quality Standards (Quality Standards) in the [Quality of Care Principles 2014](#). Under the [Charter of Aged Care Rights](#), people receiving care have the right to receive high-quality and safe care and services.

Approved providers must have an effective clinical governance framework. They also need to have enough skilled staff to meet the general and clinical care needs of people they provide care to. Clinical care includes care by nurses and other health professionals. Providers need to make sure that all nursing services are carried out by:

- a nurse practitioner
- a registered nurse (RN)
- an enrolled nurse (EN)
- a health professional working within their scope of practice. Scope of practice means that they are doing activities that their profession allows them to do.

The Australian Government introduced mandatory workforce-related responsibilities for residential aged care providers in 2023. The new responsibilities were for:

- 24/7 RN staffing from 1 July 2023
- mandatory care minute targets from 1 October 2023.



Providers also have other legislated responsibilities under Quality Standards 2 and 3. Standard 2 is about assessment and planning. Standard 3 covers personal and clinical care. Providers must be able to show that they have strategies that:

- effectively manage risks
- make sure that they always meet the general and clinical care needs of people they provide care to.

Quality Standards 7 and 8 are about human resources and governance requirements. To meet these responsibilities, providers need to do thorough workforce planning. This planning will help manage their current and long term workforce supply and make sure there is always continuity of care for people they provide care to. This is particularly important where there are external workforce challenges.

Key points

- Approved providers have responsibilities under the Aged Care Act and subordinate legislation. They need to engage staff with the right skills to deliver safe and effective care and services.
 - Residential aged care providers must also comply with their workforce-related responsibilities. This includes:
 - having at least one RN onsite and on duty at each residential aged care facility they operate, 24 hours a day, 7 days a week
 - meeting their care minute targets.
 - The Commission and the Department of Health and Aged Care (department) support providers to meet their responsibilities. We also help providers to put in place effective workforce governance and management processes. We provide this support through education, case management and program supports.
 - The Commission uses workforce-related data from the department to assess if providers are complying with the 24/7 RN responsibility and care minute targets. We also monitor the overall risk to people receiving care.
 - The Commission will take compliance or enforcement action to force a provider to comply and to manage risks to people receiving care if they:
 - are not complying with the 24/7 RN responsibility or care minute targets principally because of their workforce strategy or business decisions; and
 - have not taken reasonable steps to mitigate risk to people receiving care caused by their non-compliance (or in other words, where they have not made sure that they are delivering quality and safe care at all times).
- Any action we take will be in proportion to the risk faced by people receiving care.
- Where workforce challenges in a particular area affect providers being able to meet their workforce-related responsibilities, we will look at the provider's performance and risk to people receiving care in determining our response. This will include looking at how similar services in the same area are performing. We will then work closely with the provider, who will need to:
 - show us proof of their past and ongoing work to comply with these responsibilities
 - show that they are providing quality and safe care to people receiving care at all times.
 - As always, the Commission's primary focus is on ensuring the care needs of older Australians receiving residential aged care are met, including through the effective regulation of approved providers.



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Notes: This Regulatory Bulletin has been updated to include new information about the mandatory care minutes targets

To be reviewed: 30 June 2024



Mandatory workforce-related responsibilities for residential aged care providers

Workforce-related responsibilities introduced in 2023

Residential aged care providers must:

- make sure that at least one RN is onsite and on duty at all times at each of their residential aged care facilities – 24 hours a day, 7 days a week
- deliver a sector average of 200 minutes of care to each resident each day. This time needs to include 40 minutes of care from an RN each day. The target sector average will go up to 215 minutes of care for each resident each day from **1 October 2024** and will include 44 minutes from an RN.
- submit monthly reports to the department about the 24/7 RN responsibility. The reports should include any extra information or documents the department asks for about this responsibility. Providers need to report:
 - every time there was not an RN on-site and on duty for 30 minutes or more
 - the reason there was not an RN on-site and on duty each time
 - the alternative arrangements they have in place to keep meeting clinical care needs when there was not an RN on-site and on duty. They also need to report if there were no alternative arrangements.

[For the definition of 'on-site' and 'on duty' please see page 11]

- submit quarterly reports to the department on the care minutes they have delivered as part of their Quarterly Financial Report (QFR). The reports need to include any extra

information or documents the department asks for about this responsibility. Approved providers must report on care minutes delivered by:

- RNs
- ENs
- personal care workers (PCW)
- assistants in nursing (AIN).

Providers are responsible for understanding their workforce-related responsibilities. They should read through the information on the [department's website](#) and the [Care Minutes and 24/7 Registered Nurse Responsibility Guide](#).

Government funding

The [Australian National Aged Care Classification](#) (AN-ACC) funding model has resources for the wages of RNs, enrolled nurses, personal care workers and assistants in nursing to provide direct care to residents.

Since 1 July 2023, residential aged care homes with 60 residents or less on average a day can access a [24/7 RN funding supplement](#). The supplement gives providers extra support to meet the responsibility.

Aged care homes with more than 60 residents on average a day get enough funding through the [AN-ACC Basic Subsidy](#) to deliver 24/7 RN care. This means they are not eligible for the 24/7 RN funding supplement.



Quality Standards

Chapter 4 of the Aged Care Act lists key responsibilities that providers must meet. This includes the 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 that they understand, apply, monitor and review processes for assessment and planning to:

- (a) consider the risks to a 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 relate to workforce-related responsibilities and must be met. This standard is about the delivery of safe and effective personal and clinical care. Providers need to deliver this care in line with the needs, goals and preferences of the person receiving care. This helps to improve their health and wellbeing.

Standard 7 – Human resources

Providers need to meet requirements (3)(a), (c) and (d) under Standard 7. These standards state that a provider's workforce:

- (a) is planned to deliver and manage safe and quality care and services, this includes planning the number and mix of workers
- (c) is competent and have the qualifications and knowledge they need to do their jobs

- (d) is recruited, trained, equipped, and supported to deliver outcomes required by these standards.

Standard 8 – Organisational governance

Providers must meet requirements (3)(c)(iv), (d)(i) and (e) under Standard 8. These standards say that the provider needs to show:

- (c)(iv) effective organisation-wide workforce governance systems that include clear responsibilities and accountabilities
- (d)(i) effective risk management systems and practices, including those that manage high-impact or high-prevalence risks to people receiving care
- (e) a clinical governance framework for clinical care that includes:
 - antimicrobial stewardship
 - reducing the use of restraint
 - open disclosure.

Other governance responsibilities

Providers also need to make sure that their staff:

- have the right qualifications, skills and experience to provide the care and services to people receiving care
- are given opportunities to develop their ability to provide those care and services.

This is part of a provider's broader responsibilities for governance.

You can find more information about provider responsibilities for staff qualifications and skills in our [Guidance on provider responsibilities relating to governance](#).



Regulating approved provider responsibilities

The Commission's role as the aged care regulator is to:

- detect, assess and respond to areas of risk to people receiving care
- manage providers who we find are not complying with their responsibilities.

In regulating workforce-related responsibilities, our focus is on making sure providers deliver quality and safe care to the people they care for.

The availability of RNs on-site and the delivery of minimum care time is vital to providing quality and safe care in residential aged care homes. It also reduces the risk of harm to residents in those homes.

Detection of risks

We **detect risks** to people receiving care through a range of sources of information. This allows us to monitor providers in real-time. These sources include:

- complaints about services
- residents' experience surveys
- other consumer feedback.

These give us important information about the concerns and experiences of people receiving care. We also collect information through:

- our monitoring, investigation and management of providers who are not complying with their responsibilities
- provider reporting including the Serious Incident Response Scheme notifications, quality indicators, financial information, care minutes and 24/7 RN coverage
- the department and other regulators.

Information reported by providers to the department on care minutes and the 24/7 RN responsibilities is shared with us. This allows us to monitor if providers are complying with these responsibilities. The 24/7 RN reporting is also considered in relation to the payment of the 24/7 RN funding supplement. This data, along with other information, helps us to identify where there are risks to the delivery of quality and safe care.

Assessing risks

The Commission **assesses risk** by considering the possible or actual harm to people receiving care, as well as how likely it is that the provider will manage the harm and meet their responsibilities.

When assessing a provider's ability to manage harm that may result from their non-compliance, we look at what has caused them to not comply based on:

- their past performance as to workforce and quality of care responsibilities
- their performance compared to similar services, including financially
- proof of any system-wide workforce supply issues in their area
- proof of strategies and actions they have taken to try and comply.

If a provider's compliance with the 24/7 RN responsibility or care minutes targets is affected by their ability to find and keep clinical staff, we will check to see if their workforce strategy:

- is adequate for their situation and being used appropriately
- is managed by the governing body, and whether there is regular reporting and review
- addresses the current risks to people receiving care caused by them not complying.



Regulatory response

The Commission's **regulatory response** will follow the most effective treatment of the causes of the provider's non-compliance and the best way to manage the risks to residents.

If a provider is not complying with the 24/7 RN responsibility or meeting their care minute targets, we will take **compliance or enforcement** action to get them to comply and manage risks to residents if:

- they are not complying because there are flaws in their workforce strategy or other business decisions
- they are not delivering quality and safe care to residents
- they have not taken steps to reduce the risks to residents and achieve compliance.

We will take stronger action, such as imposing a sanction, if a provider's:

- residents are facing severe and immediate risk, and/or
- non-compliance is significant and repeated, and
- responses are deemed to be insufficient.

We may **monitor** any risks to residents and **work closely** with a provider who is not complying if:

- they can show that they are addressing what has caused the non-compliance quickly and effectively
- there are no significant or immediate risks to residents.

This includes where the main causes of the non-compliance are workforce supply issues in a particular area. In these cases, providers must take steps to make sure they keep delivering quality and safe care, and provide evidence of this. These steps can include organising alternative clinical care arrangements. For more information, please see: [24/7 registered nurse alternative clinical care arrangements](#).

Role of the Department of Health and Aged Care

The department's responsibilities

- Regulating the 24/7 RN funding supplement, including stopping payments if providers do not meet the eligibility criteria.
- Managing care minutes reports received through the Quarterly Financial Reports (QFR) and monthly 24/7 RN reports from providers.
- Making sure provider QFR and 24/7 RN reports are accurate:
 - so the 24/7 RN supplement can be paid
 - to enforcement the requirements
 - to make sure care minutes information published through the Star Ratings is correct.
- Providing regional stewardship and projects to build, train and support aged care workers. This includes helping providers to access workforce support programs.
- Identifying any unplanned consequences for residents and the sector, and fixing these issues by making changes to policy.



Exemptions from the 24/7 RN responsibility

For aged care homes with 30 beds or less that are in a [Modified Monash Model](#) area 5, 6 or 7, providers can apply to the Secretary of the department for an exemption from the 24/7 RN responsibility. The exemption can last for up to 12 months at a time. These areas are rural or remote.

The department has published [resources on the exemption process for the 24/7 RN responsibility](#). The information includes other eligibility criteria that a provider needs to meet such as having alternative clinical care arrangements to make sure they meet the care needs of residents when an RN is not on-site and on duty.

Having an exemption from the 24/7 RN responsibility does not affect a provider's other responsibilities, including the need to:

- meet its other obligations under the Aged Care Act and other legislation, including the Quality Standards
- report on the 24/7 RN responsibility
- meet the RN part of the care minutes that is mandatory from 1 October 2023.

An exemption will also not reduce the Commission's role in identifying risks to residents. We may look more closely at exempt services to make sure the provider is using the alternative clinical care arrangements they said they would. We will also monitor any risks to residents that these clinical arrangements may cause.

We will share information with the department about whether exempt services are meeting the clinical care needs of residents. This may include findings of possible or actual harm to residents and any sanctions we impose. The Secretary of the department will consider this information and may make a decision to revoke a provider's exemption.

Supporting approved providers

The Commission and the department understand that some providers may be facing issues outside their control that affect them finding and keeping a clinical workforce.

The Commission and department support providers to meet their responsibilities and to use effective workforce governance and management processes. We provide this support through:

- subsidies like the AN-ACC Basic Subsidy and supplements like the 24/7 RN funding supplement
- education
- case management
- specific program supports
- exemptions from the 24/7 RN responsibility for eligible aged care homes.

Some supports are managed separately by the Commission and the department.

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



It is important for providers to review their governance systems to maintain appropriate staffing levels. 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 continue to meet their prudential obligations. It also makes sure that they can meet the costs of care. For more information, please see: [Liquidity Standard](#).

Other resources for approved providers

The department has published resources to help residential aged care providers to understand the 24/7 RN responsibility and care minute targets. These include:

- a [web page](#) explaining the legislative requirements
- information about the [24/7 RN funding supplement](#)
- a [Care Minutes and 24/7 Registered Nurse Responsibility Guide](#) with extra information about these responsibilities and the programs available to support providers with workforce needs.

The Australian Government has several workforce programs and advisory services that can help providers plan for current and future workforce needs. This includes:

- the [Governing for Reform in Aged Care](#) program led by the Commission. This provides governing body members and executives with a learning and development pathway to build their leadership and governance ability.

Department funded programs

- The [Workforce Advisory Service](#) which offers independent and confidential advice to support providers to improve skills of their workforce and human resource management practices (focusing on care-based workforce).
- The [Aged Care Transition to Practice Program](#) which provides RNs and ENs who are new to aged care with training, mentoring and support.
- The [Rural Locum Assistance Program for Aged Care](#) which helps rural and regional providers affected by high staff turnover or when staff leave suddenly.
- [Aged Care Nursing and Allied Health Scholarships](#) which provide funding for a range of scholarship opportunities for nurses, personal care workers and allied health workers.

The department's website also has a variety of resources to support providers, including those already mentioned in this document:

- [Care minutes and 24/7 RNs in residential aged care](#)
- [Care Minutes and 24/7 Registered Nurse Responsibility Guide](#)
- [24/7 RN exemption application form](#)
- [FAQs about the 24/7 RN exemption framework](#)
- [Webinar – 24/7 RN exemption process](#)
- [Aged Care Workforce](#)
- [Workforce Advisory Service](#)
- [Rural Locum Assistance Program \(Rural LAP\)](#)
- [Aged Care Transition to Practice Program](#)
- [Aged Care Nursing and Allied Health Scholarships](#)



Commission resources

The Commission has a range of resources available to support providers. These resources are published on our [website](#) and include guidance documents, fact sheets, videos, educational workshops and regular communication through the Quality Bulletin.

There are extensive education and guidance materials to help providers understand and comply with the Quality Standards. This includes a [web page](#) with links to guidance, fact sheets, resources and online learning modules.

Approved providers should check our web resources on:

- [provider governance](#) – guidance on provider governance responsibilities to make sure risks are visible and to inform effective decision-making 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 these in their service. This includes a toolkit to help providers develop a clinical governance framework to fit their service.
- [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 of their control.

The Commission offers 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](#)
- [Guidance and resources for providers to support the Aged Care Quality Standards](#)
- [Regulatory Bulletin: RB 2019-04 responding to non-compliance with 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](#)
- 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.



Definitions

A **registered nurse (RN)** is registered under the Health Practitioner Regulation National Law in the nursing profession as an RN. As regulated health professionals, RNs are responsible and accountable to the Nursing and Midwifery Board of Australia (NMBA). RNs should follow the NMBA standards, codes and guidelines and the national RN standards for practice in the care they provide.

An **enrolled nurse (EN)** provides nursing care under the direct or indirect supervision of an RN. An EN has completed the education preparation and is competent to practice under the National Law as an EN in Australia. ENs must comply with registration standards and relevant professional codes and guidelines. These include the codes of conduct and ethics, and the EN standards for practice.

For the purposes of care minutes:

- a **personal care worker (PCW)** is an employee classified under the Aged Care Award 2010 or an equivalent enterprise agreement (EA) as an Aged Care employee Level 2 (Grade 1 PCW) to Aged Care employee Level 7 (Grade 5 PCW) (excluding Aged Care employee Level 6)
- an **assistant in nursing (AIN)** or nursing assistant is an employee under the Nurses Award 2020.

PCWs and AINs work under the supervision and guidance of a nurse (RN or EN).

An RN is **on-site** when they are physically present at the aged care home. This includes all buildings, structures and surrounding grounds of the facility.

An onsite RN is **on duty** when they are working and can respond in person to the clinical care needs of residents at the aged care home. This includes when the RN takes breaks during work, if covered by their employment conditions.

For the purposes of the 24/7 RN responsibility, a **residential facility** is:

- a building or complex of buildings, inclusive of their immediate surrounds, used for the purpose of delivering residential aged care
- different from a residential care service, the entity under the Aged Care Act in respect of which aged care subsidy is paid.

In most cases, a residential facility will be one residential care service.

The following will also generally meet the definition of a single residential facility for the purposes of the 24/7 RN responsibility:

- **Co-located** services – where 2 or more residential care services belong to the same approved provider and run out of a single aged care home. The buildings of the home can be at a single address, or can be across neighbouring addresses that form a single location.
- **Dual-purpose** facilities – where a residential aged care and overnight or day acute and/or sub-acute health care service are provided at the same location by the same provider (such as at a state or territory government regional or rural health campus).

Note: A residential care service that operates through different aged care homes (or buildings) that are not in the same location must meet the 24/7 RN responsibility separately at each aged care home.

Operational places are places allocated in a residential aged care service. This does not include provisionally allocated places, offline places and any places where the residential aged care subsidy is not payable.

The [Modified Monash Model \(MMM\)](#) is a measure of remoteness and population size. The department uses the model to work out whether a location is a city, regional, rural, remote, or very remote.



Approved providers can find the MMM category of their service by typing the street address into the department's health workforce [locator tool](https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app) <https://www.health.gov.au/resources/apps-and-tools/health-workforce-locator/app> and selecting 2019 as the MMM classification filter.

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 from 1 July 2023. Not meeting this responsibility may affect your 24/7 RN funding supplement from the department.

The Commission will find out about any providers that do not have an RN on-site and on duty 24/7 through provider reporting to the department and our ongoing monitoring activities. We will manage providers who do not comply in line with the information in the Regulating approved provider responsibilities section above.

2. What will the Commission need as proof of a provider's recruitment activities?

We will consider the attempts a provider makes to recruit RN staff by looking at evidence of their recruitment activities. This can include copies of job advertisements, information about the job platform they advertised positions on, how long the advertisements were up, and the outcomes of the assessment of any applications.

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 minute targets including the RN component.

An exemption from the 24/7 RN responsibility does not remove any of the approved provider's other obligations under the Aged Care Act or other legislation, including 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
- the alternative arrangements the provider made so that the clinical care needs of residents 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.

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.



The department has published [FAQs about the 24/7 RN exemption framework](#) to help providers who may be eligible for an exemption. These include general FAQs as well as FAQs for exemption applications, the 24/7 RN funding supplement, reporting, compliance, workforce and Star Ratings.

5. How will my compliance with the care minutes and 24/7 RN responsibilities affect my star rating?

Star Ratings are made up of an overall quality rating and 4 sub-category ratings, including:

- quality measures
- compliance
- consumer experience
- staffing (based on care minutes from reporting in the QFR).

Like all sub-categories, staffing is displayed as a rating out of 5 stars. This provides a way of comparing residential aged care services based on the amount of care they deliver. Not submitting a QFR or not submitting by the due date will result in a 1 star staffing rating and will affect the service's overall Star Rating.

How well a service meets its care minutes targets will also affect the staffing star rating.

The department is looking at ways to incorporate the 24/7 RN responsibility into the Star Ratings and will provide more information when it is available.

Star Ratings are published on My Aged Care through the [Find a provider](#) menu option. 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 care minutes or 24/7 RN responsibilities?

No, a residential aged care provider will not lose its approval to provide aged care just because it is non-compliant at a point in time with its care minutes or 24/7 RN responsibilities. Importantly, the Commission will not force a residential service to close as a direct result of it not meeting its workforce-related responsibilities.

If a provider is non-compliant with these responsibilities, the Commission will initially seek further information from the provider to understand why they are non-compliant, how they are managing any associated risks to residents, and what they are doing to achieve compliance. The Commission has committed to working with providers to encourage and promote compliance while making sure that they provide quality and safe care to residents.

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

Where a provider experiences financial viability issues and difficulties with meeting either responsibility, they should notify the Commission as soon as possible. The Commission will initially seek further information from the provider to understand why they are non-compliant, how they are managing any associated risks to residents, and what they are doing to achieve compliance. The Commission can offer support to providers to understand a variety of strategies available to them, particularly around opportunities to improve their financial governance processes.



8. How to involve my workforce

The Commission would consider it good practice for providers to engage their staff if they are having issues with meeting their workforce responsibilities, including care minute targets. This would include discussing what is working well, areas for improvement, and opportunities for staff to provide ideas and feedback.

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

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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