

Aged Care Quality and Safety Commission

Sector Performance Report

July to October 2025



Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

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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). Unlike past quarterly reports, this report covers 4 months – from 1 July to 31 October 2025. It is the final report on regulatory activity and provider performance under the old *Aged Care Act 1997*.

To help you compare the information here with past quarters, this report provides separate data, for most data points, for:

- 1 July to 30 September 2025 (Q1)
- October 2025.

The last few months of 2025 were a time of significant change in the aged care sector, leading up to the start of the *Aged Care Act 2024*. This report gives you a look at how the sector performed during this time. It also gives us an important baseline for how we measure the impact of the new Act.

From 1 November 2025, providers are registered under 6 new registration categories. We will shortly publish a *Provider Registration: Sector Snapshot 1 November 2025*, to provide more information on the make-up of the sector on day one of the new Act.

We paused our re-accreditation audit activities for residential care (in April 2025) and home services (in May 2025) as they would not apply under the new Act. However, we continued our regulatory activities for the Serious Incident Response Scheme, complaints, and risk-based monitoring.

Our [Sector Performance Report Quarter 4 \(April to June 2025\)](#) included a review of the last 3 years of provider performance against the Aged Care Quality Standards and results from other regulatory activities, such as complaints and SIRS. The key findings of that review are also in this report.

The type of data available, following changes introduced by the new Act, has changed from 1 November 2025. To acknowledge this, and as part of our commitment to continuous improvement, we will be reviewing the role of the Sector Performance Report in the coming months. This will include consulting with the sector to make sure we deliver real value to providers that want to improve their aged care services.

While we do this review and consultation, we will not publish any Sector Performance Reports. We will continue to make sector performance data available through our website.

I hope you find this report useful and welcome any feedback you may have.

Liz Hefren-Webb | Commissioner





Key findings at a glance



Provider supervision

While we monitor all providers, we supervise some more closely if we identify high-level risks or non-compliance. Our supervision includes supporting them to improve their performance and address risks. On 31 October 2025, 55 providers were in active supervision, as they showed higher levels of risk requiring significant oversight. Six providers were in heightened supervision for severe and ongoing non-compliance. These providers may be potentially putting the safety of older people at risk, requiring active monitoring and the involvement of other stakeholders, including the System Governor at the Department of Health, Disability and Ageing. The [provider supervision status page on our website](#) contains more information about our Supervision Model and statuses.



Risk-based monitoring

From 1 July to 31 October 2025, through risk-based assessment contacts, we monitored 373 providers (274 in residential care and 99 in home services) to assess risk.

The key areas of risk we focused on included:

- **COVID-19 vaccinations:** We monitored 40 services where COVID-19 vaccination coverage had not improved. On 31 October 2025, only 12 of these services were still under increased monitoring.
- **Workforce targets:** We placed 51 providers with significant workforce gaps (including gaps in registered nurse and care minutes targets) under increased supervision. We used information from workers and unions to guide how we worked with services and assessed the risks. Recent policy changes have [linked funding to the delivery of care minutes](#) for some residential care homes from April 2026 onwards. We expect this will encourage providers to keep improving their compliance with care minutes targets. There has been a positive trend towards provider compliance with both targets (total care minutes and RN) each quarter, from 32% in Q2 2023–24 to 60% in Q1 2025–26.

Key findings at a glance (continued)



Worker regulation

We issued 54 banning orders from 1 July to 31 October 2025. This means that these aged care workers can no longer provide aged care or certain types of care. Of these banning orders, 23 were for a specified time and 31 were permanent. We sent 40 reminder letters and 19 caution letters to workers or providers when we had concerns about their compliance with their responsibilities. We investigated 89 providers and workers for possible breaches of the [Aged Care Code of Conduct](#).



Financial and prudential compliance

Between 1 July and 31 October 2025, we ran a targeted engagement review to help providers get ready for the new Aged Care Act and Financial and Prudential (F&P) Standards.

Between 1 September and 31 October 2025, we engaged with 174 providers to:

- assess their readiness
- review their implementation plans
- identify gaps
- provide education and resources.

Of those 174 providers:

- 151 reported they were ready to comply with the new F&P Standards by 1 November 2025
- 21 reported challenges, such as resources or technology difficulties
- 2 reported they had not started to prepare.

Insights from this review will be shared later this year.

Key findings at a glance (continued)



Serious Incident Response Scheme

From 1 July to 31 October 2025, we received 20,378 serious incident notifications in residential care and 2,071 serious incident notifications in home services.

Over the 4-month reporting period, notifications for unreasonable use of force accounted for just under half of all notifications (47%) and neglect accounted for 31% of all notifications in residential care.

In home services, the overall number of serious incident notifications increased in Q1. Neglect is still the most reported incident type in home services at 57% of total incidents and most of these relate to missed shifts that have led to missed medication. SIRS notifications remain significantly lower in home services than in residential care and we continue to remind providers of their responsibilities to report.



Complaints

Between 1 July and 31 October 2025, we received 2,439 residential care complaints and 1,773 home services complaints.

There was an increase in the number of complaints about having enough aged care workers and the appropriateness of their skill mix. This was the most complained about issue in residential care. We will monitor this trend to see if it continues under the new Aged Care Act.

In home services, we have seen a steady increase in the number of complaints about fees and charges. In October 2025, it was the most complained about issue. There are new home care pricing transparency measures as part of the new Act that are intended to help address this issue. We will monitor these complaints closely.

Future performance reporting

The kind of data available following the introduction of the new *Aged Care Act 2024* has changed. While some data continues to be available in the previous format, others have altered. It will take time for some of these changes to flow through our systems to support robust reporting. Accordingly, this will be the last Sector Performance Report in its current form.

We will be consulting across the sector in the first half of this year to work out the ideal format for future reporting. We want to hear from providers and older people and their supporters about what kinds of information, data and analysis they find most helpful. This is to make sure the information we provide in our reports best supports the delivery of high-quality services and prioritises the health, safety and quality of life of older people receiving aged care.

While this consultation takes place, we will continue to make sector performance data available through quarterly downloadable spreadsheets on the [Commission's website](#). Where data is no longer available, or when new data is available to be shared, we will notify you via the website. If you have any questions about this process, you are welcome to [reach out to the team via email](#).

We want to hear from you!

What information, data or analysis can we provide that will help you deliver high-quality aged care services?

Let us know by completing this [short survey](#).



SPR looking back: sector performance 2022–23 to 2024–25

The [Sector Performance Report Quarter 4 \(April to June 2025\)](#) included sector performance data trends for the past 3 years. We have republished some of the key 3-year trend data below.

Compliance with the Aged Care Quality Standards

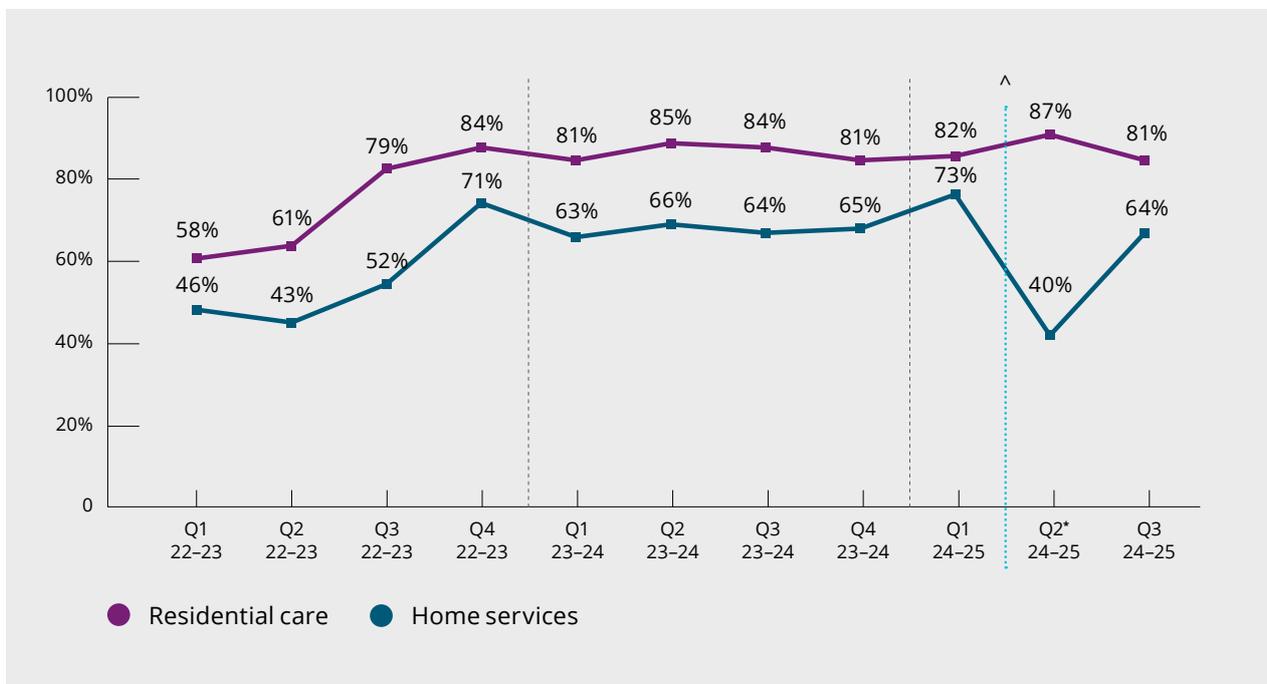


Figure 1: Compliance with the Quality Standards for audited residential care and home service providers Q1 2022–23 to Q3 2024–25

* In Q2 2024–25, the low compliance rate for home services (40%) was because we audited a number of high-risk providers. As we prepared for the introduction of the new Aged Care Act, we paused our formal auditing program in residential care in April 2025 and in May 2025 for home services. Therefore, there are no results for Q4 2024–25.

Compliance with the Quality Standards improved in both residential care and home services over the 3-year period. However, compliance among home services providers was still lower than for residential care providers (by around 20%). Quality Standard 8 (Organisational governance) had the lowest rates of compliance over the period.

Complaints

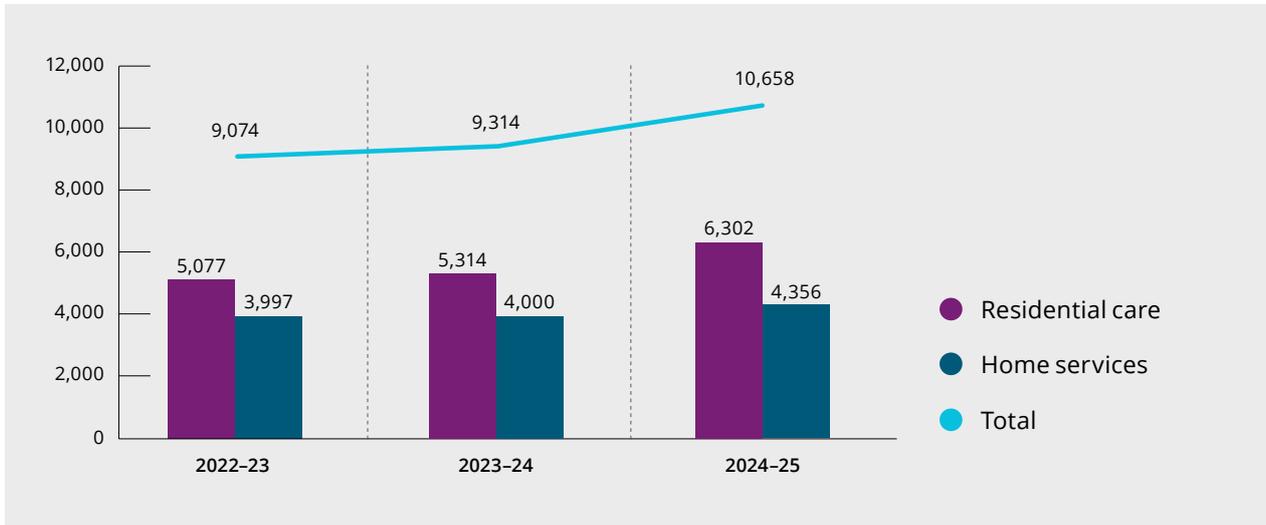


Figure 2: Complaint numbers from Q1 2022-23 to Q4 2024-25

Complaints data shows that the most complained about issues in residential care were medication management and staff numbers and appropriate mix of skills. We saw increases in complaints about falls management (including prevention and response). In home services, the most common complaints were about communication, fees and charges and other financial issues.

Serious Incident Report Scheme

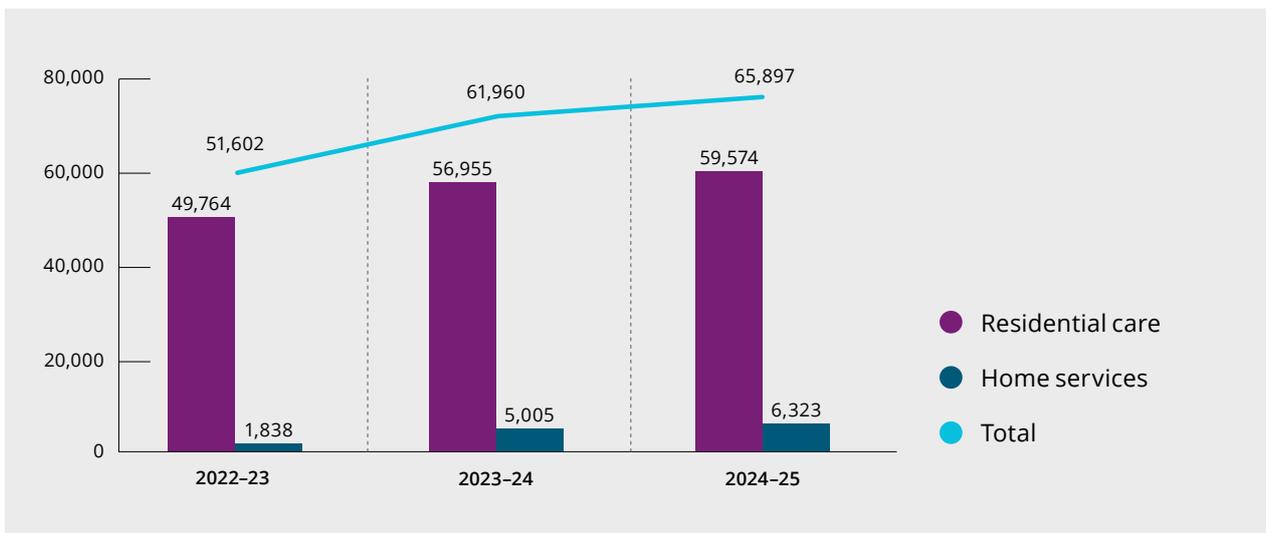


Figure 3: SIRS notifications from Q1 2022-23 to Q4 2024-25

Rates of SIRS reporting in home services are still much lower than in residential care. We will keep working with providers to meet their obligations to identify and report incidents and prevent them from happening. We also expect to see providers have appropriate governance arrangements to ensure they know when an incident occurs.

Non-compliance notices and directions

The number of non-compliance notices (NCNs) and directions we issued went down over the past 3 years (from 307 NCNs and 353 directions in 2022–23, to 90 NCNs and 33 directions in 2024–25). This has been driven by a change in our regulatory approach. We engaged early with providers and gave them tools to identify, understand and address risks. We encouraged providers to:

- improve their systems, processes and workforce capabilities so they can effectively manage risks
- develop sustainable strategies to fix non-compliance, restore the trust of older people and prevent non-compliance from happening again
- make sure they manage risk immediately, without us needing to use our formal regulatory powers.



Sector performance July to October 2025

Provider supervision

We supervise providers to encourage them to address risks and improve their performance.

If a provider shows that they are not willing or able to address risks or non-compliance, we increase our level of intervention and supervision. This includes using our compliance powers to compel (force) the provider to act.

To determine a provider’s supervision status, we consider:

- the provider’s risk profile (our assessment of how well they are delivering care)
- our level of assurance (confidence) in the provider’s ability to identify and manage risks to people receiving care
- the level of risk to older people
- other relevant information and intelligence.



Surveillance

Surveillance involves the ongoing monitoring and risk assessment of all providers. Providers in this category do not have specific identified risks or compliance concerns.



Targeted supervision

Targeted supervision applies to providers who need to take corrective action to address specific events or issues. The Commission has confidence in the provider’s ability to fix these issues in a timely and appropriate manner.



Active supervision

Active supervision applies to providers exhibiting high levels of risk or non-compliance that needs significant oversight.



Heightened supervision

Heightened supervision is reserved for providers with sustained, severe, or unresolved non-compliance. This level of non-compliance is often due to systemic issues or poor conduct. The Commission may be considering if the provider should be removed from the aged care sector.

Providers under targeted, active or heightened supervision will be aware of their supervision status, because we will have engaged with them about it.



Figure 4: The number of residential care providers under active or heightened supervision as at 31 October 2025.

Providers can be moved to any supervision status at any time based on the level of risk and the provider’s capability and willingness to manage that risk.

Between 30 June and 31 October 2025, the following provider status:

Moved up

- 38 providers from surveillance to active supervision
- 19 providers from targeted to active supervision
- 4 providers from active to heightened supervision

Moved down

- 60 providers from active supervision to surveillance
- 28 providers from active to targeted supervision
- 7 providers from heightened to active supervision.

Find out more:

[Supervision Model](#)

[Regulatory Strategy 2025–26](#)





Risk-based monitoring and campaigns

The Commission monitors the quality of aged care services through a risk-based monitoring program that targets higher-risk providers.

We monitor risk in different ways, including through pre-arranged or unannounced visits to a provider's office or residential care home or requesting written or verbal information. How we monitor will depend on the type of risk we are monitoring and the best way to collect and understand the information about that risk.

In line with our supervision model, we also use risk-based monitoring to check how similar groups of providers are performing in key areas of sector risk. These may be areas where many providers cannot demonstrate they have effective governance systems or processes in place to manage the area of sector risk. We then work with these providers to improve their systems, processes and workforce capabilities to prevent harms and improve care for older people.

For most sector risks, we focus on providers where there is a higher risk of harm for people receiving care.

Over the last 2 quarters, we increased our monitoring of Home Care Package program providers with long term non-compliance.

From 1 November 2025, the Support at Home program will replace the Home Care Packages (HCP) program and the Short-Term Restorative Care (STRC) programme.

The Commonwealth Home Support Program (CHSP) will transition to Support at Home no earlier than 1 July 2027.

Support at Home helps older people to:

- keep living at home longer
- be connected to their community
- receive health and wellbeing support.



Risk-based assessment activities

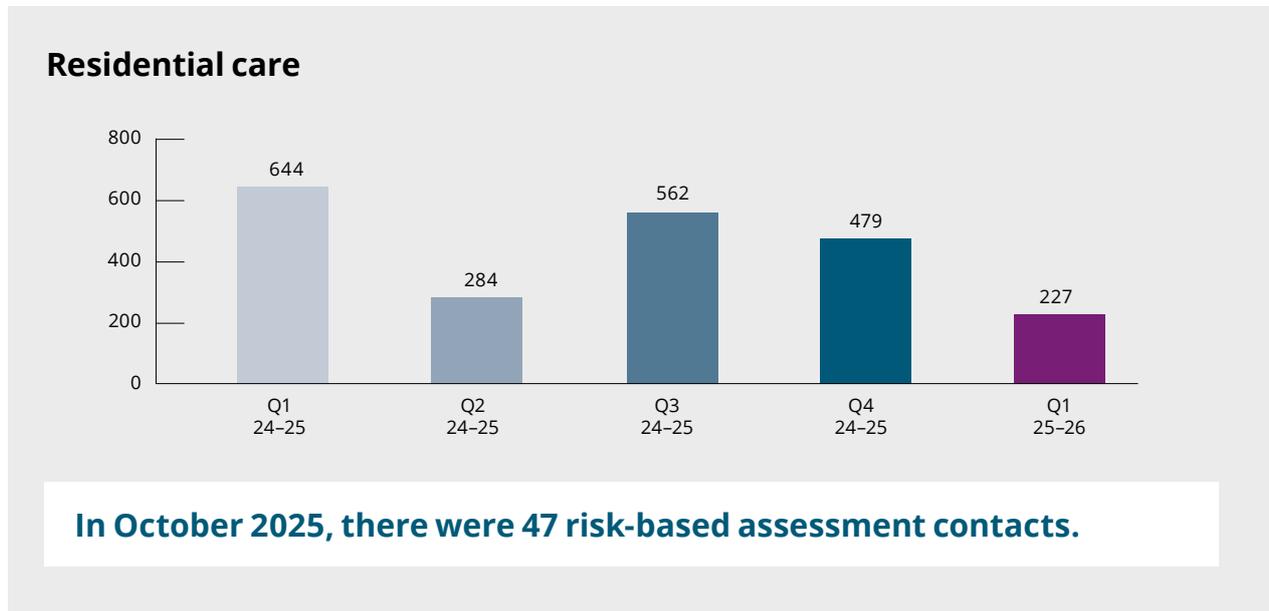


Figure 5: Risk-based assessment activities in residential care over the past 5 quarters

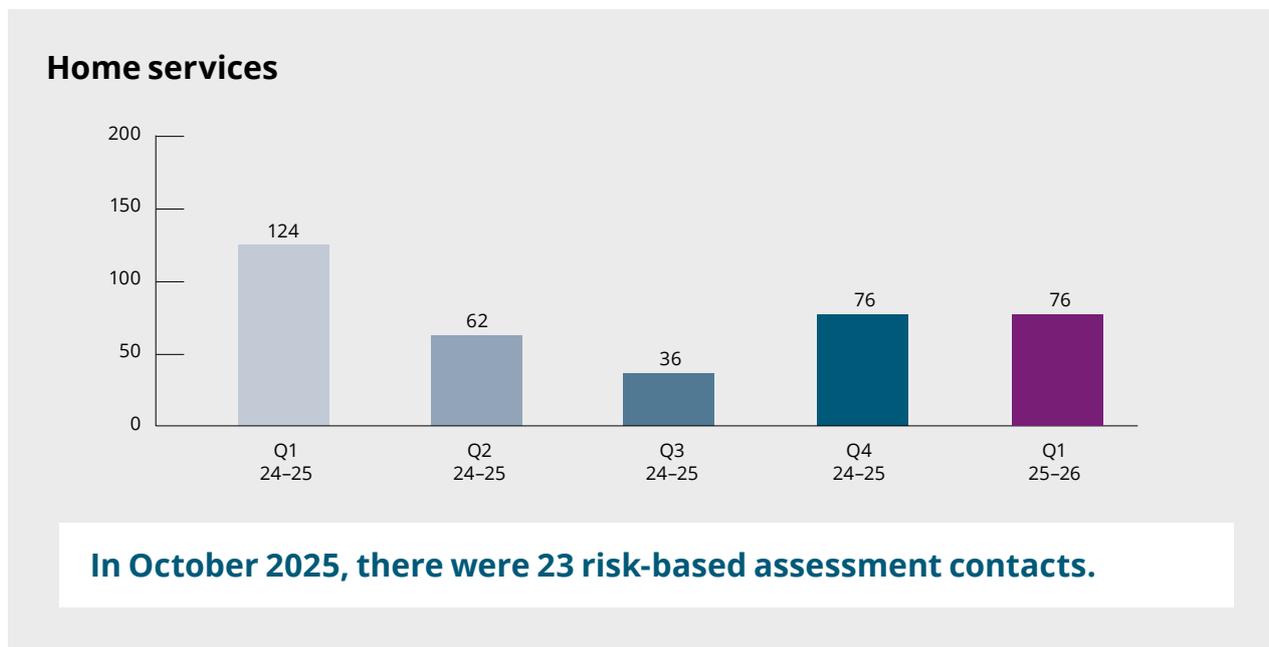


Figure 6: Risk-based assessment activities in home services over the past 5 quarters



Campaigns and targeted monitoring activities

There are many ways the Commission assesses provider performance and identifies strengths and gaps in the sector. These include through targeted monitoring, the complaints we receive and our engagement with providers.

Over the past 2 quarters, we increased our monitoring of Home Care Package program providers that had ongoing non-compliance.

In residential care homes, we are focusing on 2 key areas of sector risk:

- COVID-19 vaccinations
- workforce targets.

COVID-19 vaccination

From 1 July to 31 October 2025, we monitored 40 residential services where data showed that their COVID-19 vaccination coverage had not improved. On 31 October 2025, 12 of these services were still under increased monitoring.

Providers of these services told us that people being hesitant about having vaccines is still a significant barrier, even though they are communicating the benefits of vaccination. [Sharing Knowledge About Immunisation](#) gives providers resources to help them have effective and supportive conversations with older people and their families about vaccination.

Providers with onsite vaccination for residents and staff have higher vaccination rates, which reduces the risk of COVID-19 and influenza. Providers can:

- work with local pharmacists to plan vaccination
- use the [Australian Immunisation Register](#) to track who is eligible and due for a vaccine.





Workforce targets

We continue to increase our monitoring of providers that have workforce numbers significantly below their targets long term. There has been a positive trend towards provider compliance with both targets (total care minutes and RN) each quarter, from 32% in Q2 2023–24 to 60% in Q1 2025–26.

While we focus on providers with the largest gaps, we also consider other data and information when deciding which providers and services we engage with. For example, complaints and enquiries from aged care workers and representative organisations such as unions.

When we have concerns about how a provider is planning and managing their workforce needs, particularly if there is evidence that they are not meeting their workforce targets, we work with the provider to understand their circumstances and any risks to people in their care.

It is easier for providers to improve and sustain their performance against workforce targets when they have:

- effective workforce management strategies
- governance systems that regularly monitor those strategies.

[Policy changes linking care minutes funding to delivery of direct care](#) (for providers running non-specialised services in metropolitan areas) started on 1 October 2025 and will impact funding from April 2026 if agreed targets are missed. We continue to work with the department to monitor provider compliance with workforce targets.



Food, nutrition and dining

Data that we collected over the past 2 years from targeted assessment activities and complaints shows that the top food, nutrition and dining issues were:

- not identifying, monitoring and managing risk, including malnutrition, and eating, drinking and swallowing difficulties (dysphagia)
- policies and procedures not following evidenced-based, best practice guidelines.

To support our risk-led, proportionate approach (meaning our response is in proportion to the level of risk we assess), we are still using targeted activities to address these issues.

In Q1, the [Food, Nutrition and Dining Hotline](#) received 188 calls, mostly about:

- meal requirements for in-home aged care
- menu assessments for residential care, including understanding choice, quality and partnering with older people.

To help providers understand requirements and improve, we provide regulatory bulletins, webinars, education and resources.

The [Menu and Mealtime Review program](#) is a collaboration between the Commission and the department. Up to 500 residential aged care services can receive a menu and mealtime review in the financial year 2025–26. It provides residential providers a free, independent dietitian review of their nutrition care, menu and mealtime experience. The reviews are confidential, and the Commission does not receive a copy. At 31 October 2025, the program had completed 717 menu and mealtime reviews since it began.





The new Aged Care Act and the strengthened Quality Standards include a new dedicated standard for food and nutrition (Standard 6).

Our [provider guidance](#) and [fact sheets](#) highlight examples of key actions that can help providers meet each outcome of Standard 6. Providers need to:

- assess each person’s food, nutrition, hydration and dining needs, preferences and goals as part of their assessment and planning processes
- give workers the time, support, resources and skills they need to identify people who should have a thorough clinical assessment of their food and nutritional needs
- have systems and processes to use registered health practitioners and allied health professionals (such as dietitians and speech pathologists) to provide clinical assessments when needed.

Reflective questions for providers



- Do you have systems and processes to identify and respond to risks of malnutrition and dysphagia?
- Do your aged care workers have the training and skills to use validated tools to identify people who should have a thorough clinical assessment of their food and nutritional needs?
- Do you have a system that records an older person’s needs, preferences and how happy they are with their food and dining experience?
- Does each older person understand the risk of eating and drinking certain foods and drinks? Have you and the relevant allied health professionals explained it in a way that helps them understand?
- How do you make sure that your policies and procedures are in line with current evidence-based best practice guidelines?
- How do you check that you are consistently applying your policies and procedures?

Find out more:

[Engagement resource: Food focus group toolkit](#)

[Ensuring first aid capabilities to manage choking risk in residential aged care](#)

[Eating and drinking with acknowledged risk \(EDAR\) visual scenario](#)

[Addressing malnutrition in older people: a vital focus for quality care](#)





Worker regulation

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

- worker or responsible person’s actions, inactions or behaviours
- person’s suitability to be involved in delivering funded aged care
- provider failing to support workers to meet their obligations.

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

If we think there is a risk to people receiving care, we can:

- send the worker or provider a letter that reminds them of their obligations
- send the worker or provider a caution letter
- conduct an investigation.

If we think the risk to older people is severe, we can issue a banning order to stop a person from working in aged care or to restrict the work they can do.

Banning orders:

- are our most serious enforcement action against a person
- can be permanent or for a set time
- can have conditions
- can be issued quickly.



Figure 7: Total investigations and letters 1 July to 31 October 2025

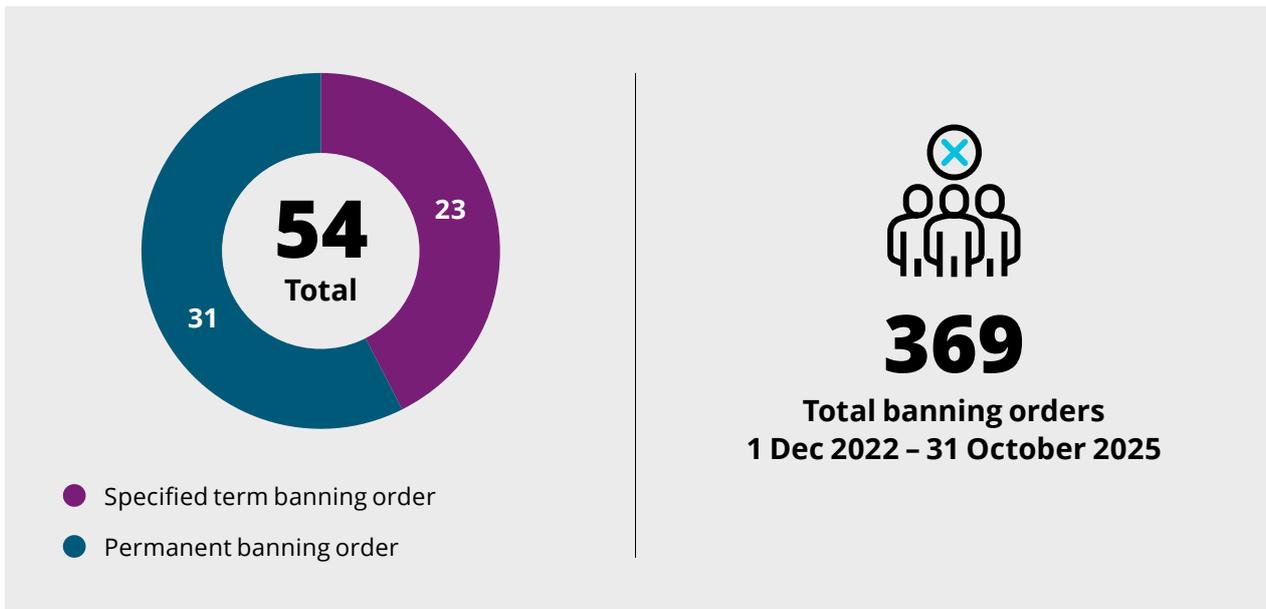


Figure 8: Banning orders 1 July to 31 October 2025 and total banning orders issued since the Code came into effect on 1 December 2022

Find out more:

- [Aged Care Register of banning orders](#)
- [Managing Worker Risk Policy](#)
- [Aged Care Code of Conduct](#)





Compliance and enforcement actions

We use a range of monitoring, compliance and enforcement actions, depending on the nature of the risk to older people and how willing the provider or worker is to change. If they can show us they are doing their best and are committed to complying with their obligations, we will support them to improve and manage the risks through our engagement. If they are repeatedly or wilfully non-compliant, we will compel (force) them to change their behaviour.

We have changed our regulatory strategy significantly over the past 3 years. We now engage early with providers to help them understand and address risks and non-compliance, without us needing to use more formal regulatory powers, in most cases. This has contributed to a reduction in the number of non-compliance notices and directions.

From 1 July to 31 October 2025 in residential care, we issued:

- 3 non-compliance notices
- 3 notices to remedy (including 1 non-compliance notice in September 2025)
- 3 notices to agree
- 2 enforceable undertakings
- 1 sanction.

We issued no notices or directions to providers of home services during that time.

Find out more:

- [Compliance and Enforcement Policy](#)
- [Aged Care Quality Standards](#)





Financial and prudential compliance

From 1 July to 31 October 2025, we conducted a targeted review with select providers on the financial and prudential requirements of the new Aged Care Act, including the [Financial and Prudential Standards](#).

The new Standards started on 1 November 2025. They replaced the previous Prudential Standards.

We engaged with 174 providers in September and October 2025 to:

- talk to them about how ready they were to comply with the new obligations
- discuss their implementation plan and the actions they had taken, or planned to take
- work with them to identify any gaps
- direct them to resources and information on [the Commission's](#) and [the department's](#) websites, including fact sheets, guidance materials and e-learning modules
- answer questions about the new requirements and discuss their concerns.

We found that:

- 151 providers reported being ready to implement and comply with the Standards from 1 November 2025
- 21 providers had started preparing but were having challenges with resourcing and technological difficulties
- 2 providers had not started any work to prepare. We encouraged them to become familiar with their new obligations and start work to make sure they would comply from 1 November 2025.

Where there were gaps or providers needed technical support, we directed them to guidance materials. We will share our findings later this year.

Find out more:

- [Prudential Standards webpage](#)
- [Refunding refundable deposits](#)





Serious Incident Response Scheme

Under the Serious Incident Response Scheme (SIRS), aged care providers must notify the Commission if any one of 8 types of reportable incidents happen.

We publish SIRS data to help providers understand how their rate of notifications compares with the sector average. We are concerned when provider rates seem too high or low compared with the sector average or with rates of similar providers.

Providers should review their incident management system to look for ways to prevent incidents and improve their responses to incidents. Many reported incidents are preventable. We expect providers to be able to show us 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
- making changes to stop it happening again.

Providers need to report SIRS incidents that have happened or are alleged or suspected of happening.

Priority 1 reportable incidents are incidents:

- that a provider must notify us about within 24 hours of the provider finding out about them
- that have caused, or could reasonably have been expected to 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 unlawful sexual contact or inappropriate sexual conduct may have been inflicted on an older person
- where there is an unexpected death of a person in aged care or an unexplained absence from the service.

Priority 2 reportable incidents are incidents:

- that do not meet the criteria for a Priority 1 reportable incident
- where providers must notify us within 30 days of finding out about the incident.

* From 1 November 2025, the definition of Priority 1 reportable incidents does not include the phrase 'could reasonably have been expected to have caused'.

** From 1 November 2025, the definition for medical or psychological treatment is 'treatment that only a medical practitioner, nurse practitioner, registered nurse, psychologist or social worker can provide'.





Residential care: Reportable incident notifications in Q1 2025–26

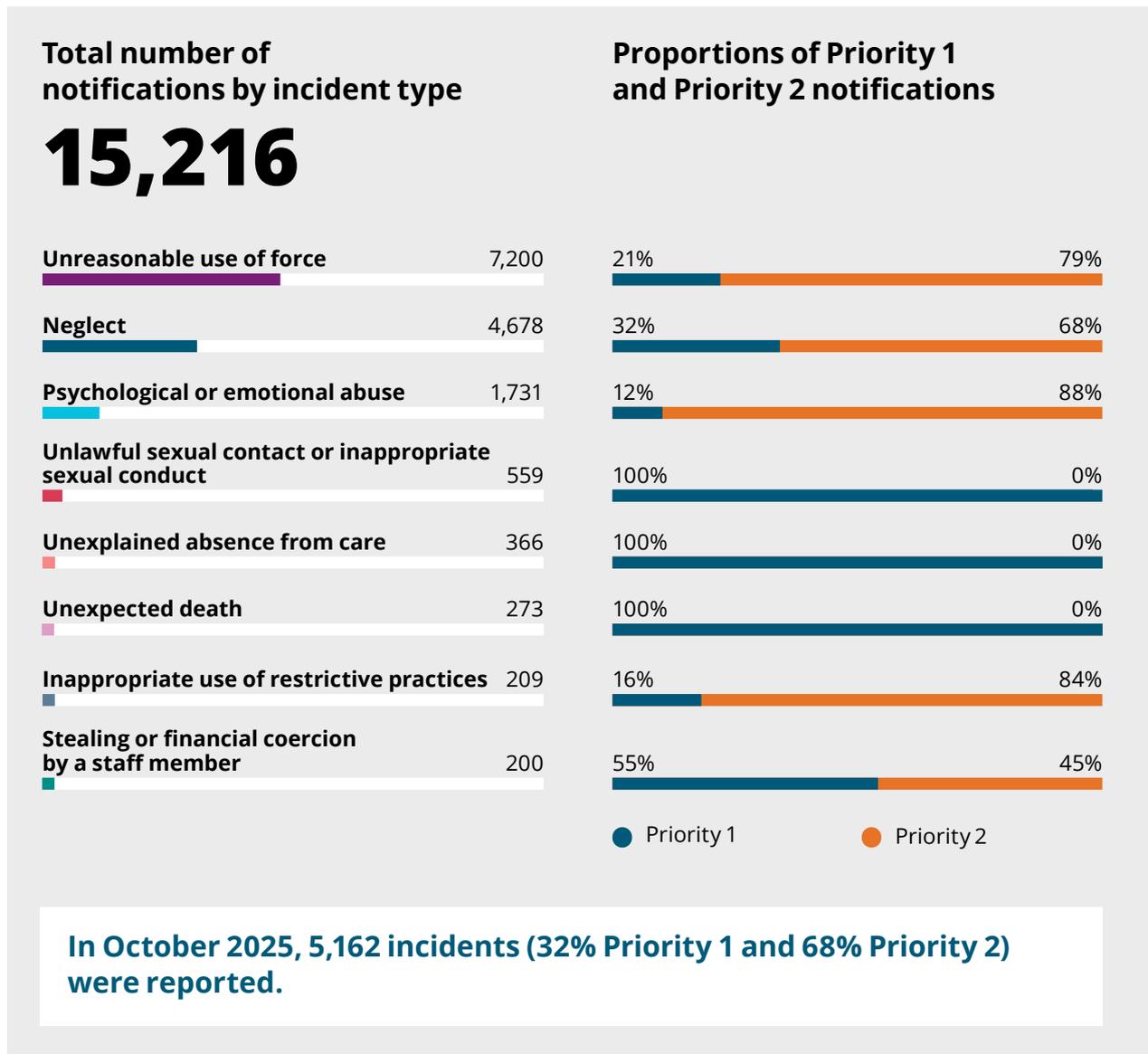


Figure 9: All reported incidents and percentage of Priority 1 and Priority 2 incidents in residential care in Q1
Notifications of unexplained absence, unexpected death and unlawful sexual contact or inappropriate sexual conduct are Priority 1 reportable incidents.

Residential care: Priority 1 and Priority 2 notifications

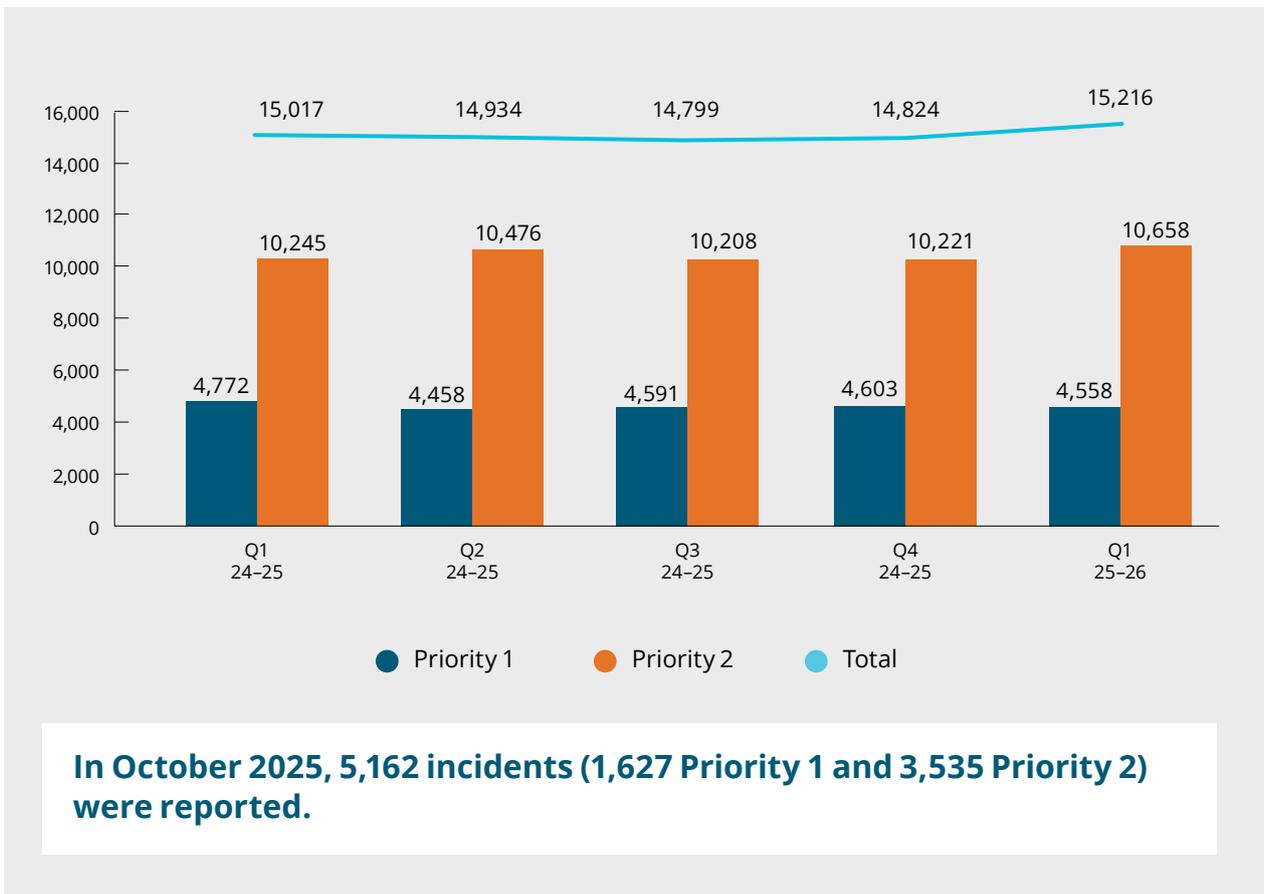


Figure 10: Priority 1 and Priority 2 SIRS notifications in residential care over the past 5 quarters





Residential care: SIRS notification rates

We calculate SIRS notification rates based on 10,000 occupied bed days (OBDs). OBDs is the number providers use to claim subsidies with Services Australia. For a residential service fully occupied by 110 residents, the current sector average SIRS notification rate is 8.1. That equals 8 incidents over the quarter or 32 a year.

Low rates do not always mean better care. Higher rates can mean providers are detecting and managing their incidents appropriately.

Residential care: SIRS incident notification rates

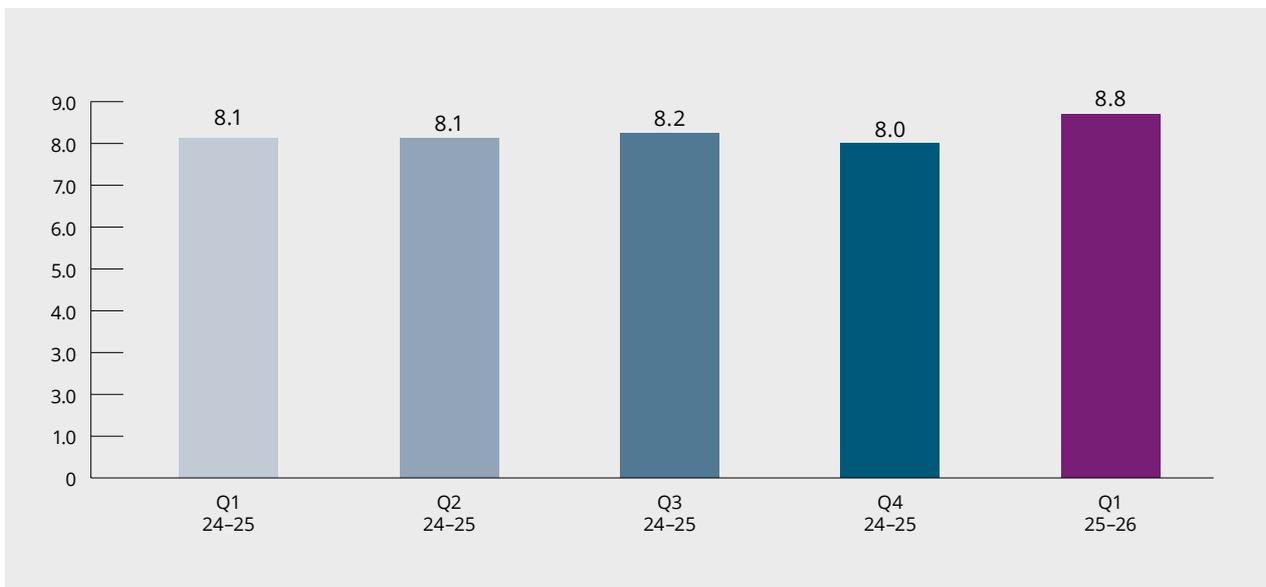


Figure 11: SIRS notification rates in residential care over the past 5 quarters

The SIRS notification rate is the number of notifications we have received per 10,000 occupied bed days (OBDs).



Residential care: SIRS reporting rates

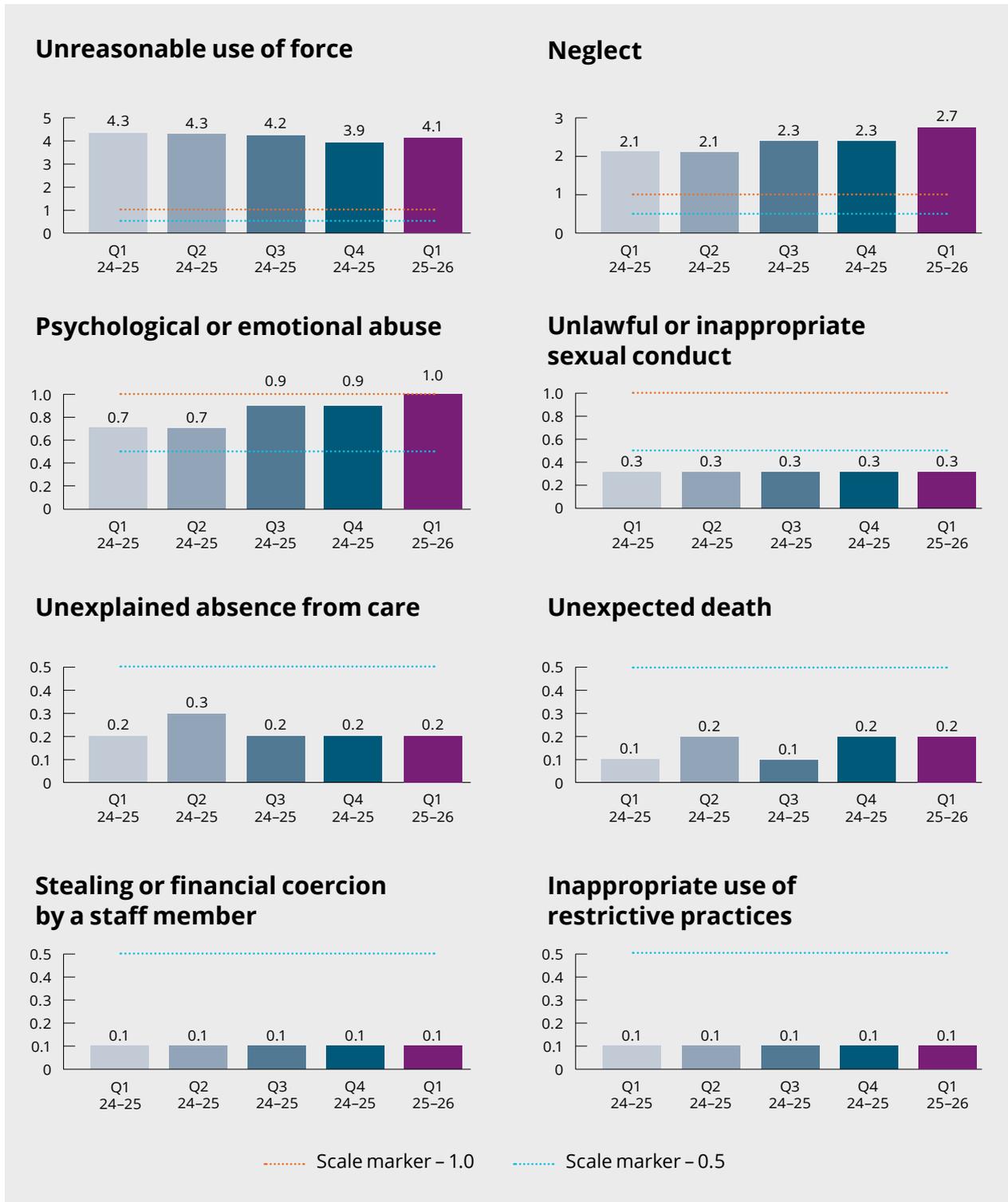


Figure 12: SIRS reporting rates for each notification type in residential care over the past 5 quarters

All rates are notifications for every 10,000 OBDs.

Rates for October 2025 listed by provider size, ownership type and incident type are in the data tables published with this report.



Residential care: SIRS notification rates by provider size

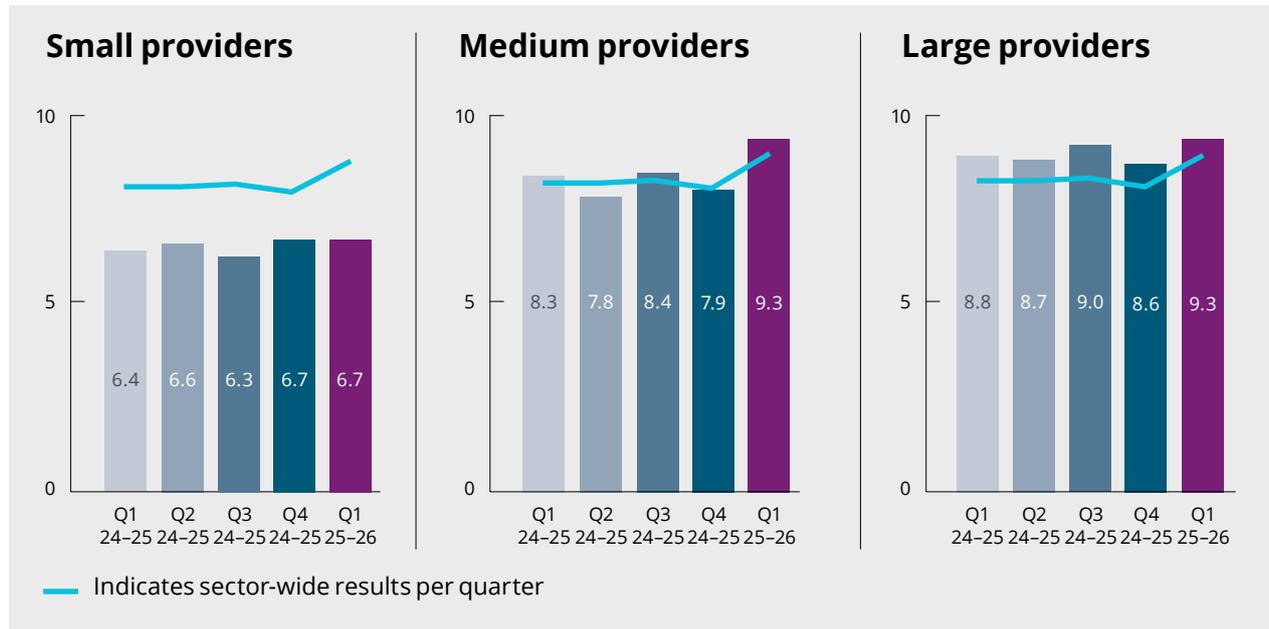


Figure 13: SIRS reporting rates by provider size in residential care over the past 5 quarters

All rates are notifications for every 10,000 OBDs.

See sector overview (page 37) for the number of providers and services by size.

Rates for October 2025 listed by provider size, ownership type and incident type are in the data tables published with this report.

Residential care: SIRS notification rates by ownership type

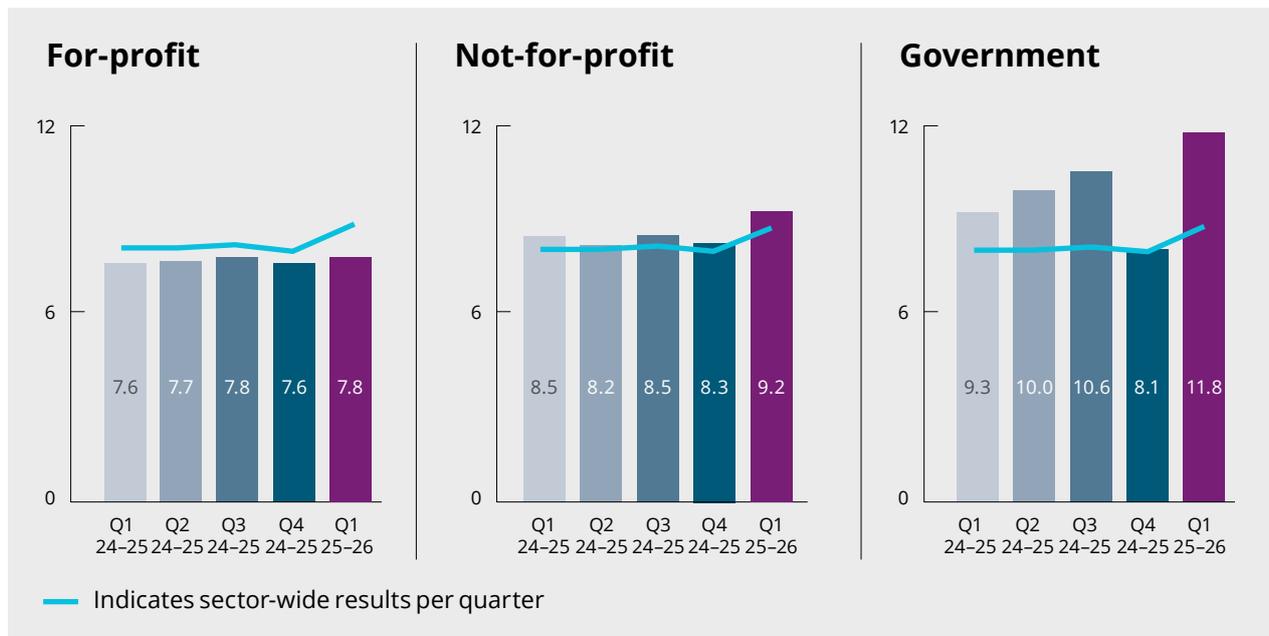


Figure 14: SIRS reporting rates for each quarter by ownership type in residential care over the past 5 quarters

All rates are notifications for every 10,000 OBDs.

See sector overview (page 37) for the number of providers and services by ownership type.

Rates for October 2025 listed by provider size, ownership type and incident type are in the data tables published with this report.



Home services: Reportable incident notifications in Q1 2025–26

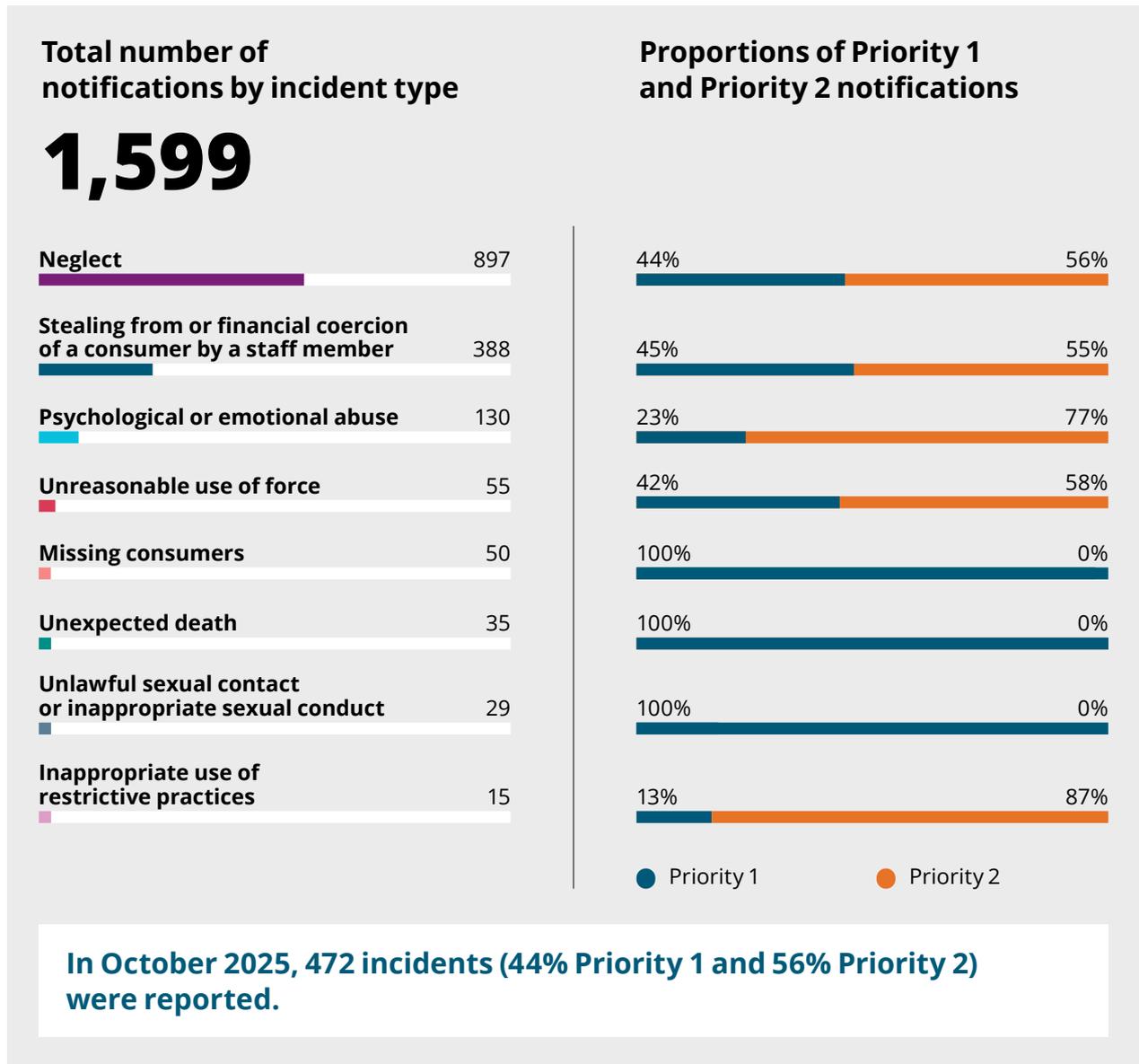


Figure 15: All reported incidents and the percentage of Priority 1 and Priority 2 incidents in home services in Q1
Notifications of unexplained absence, unexpected death and unlawful sexual contact or inappropriate sexual conduct are Priority 1 reportable incidents.

Home services: Priority 1 and Priority 2 notifications

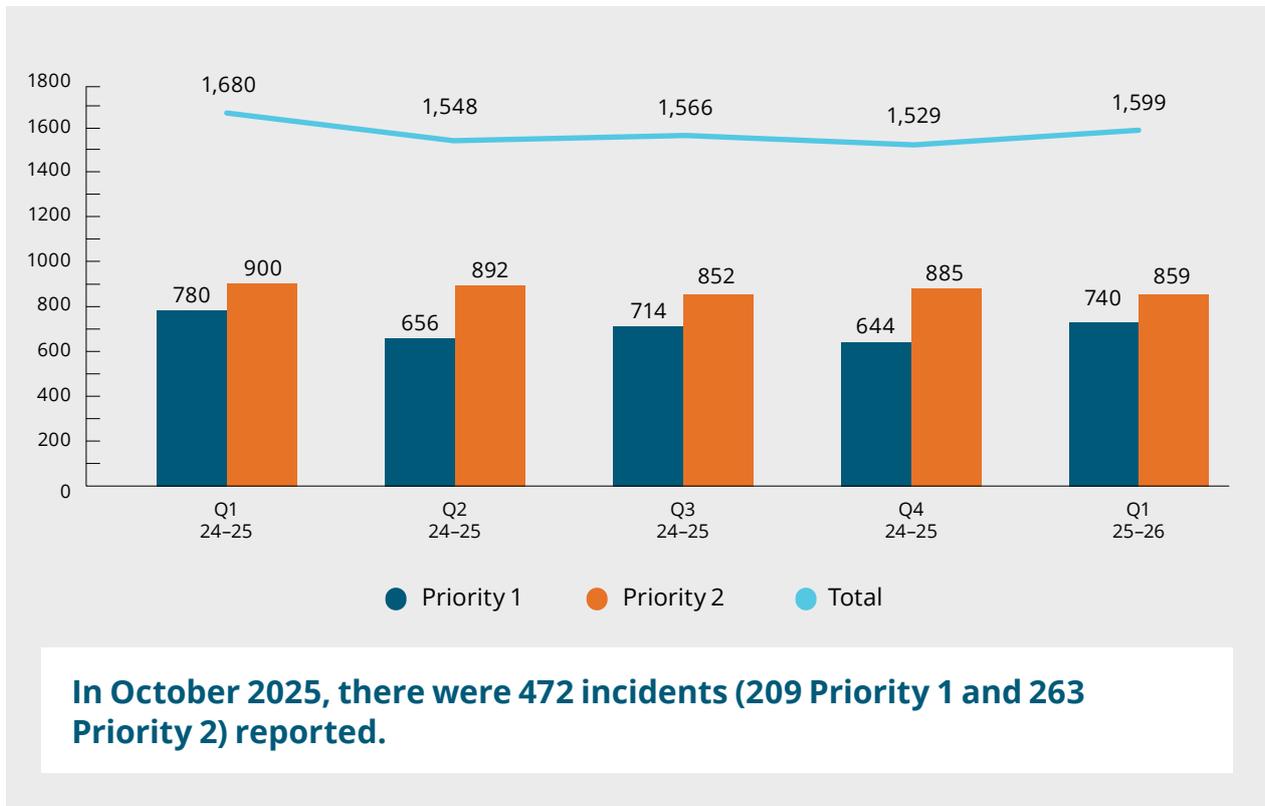


Figure 16: SIRS Priority 1 and Priority 2 notifications in home services over the past 5 quarters

Find out more:

- [SIRS insights reports](#)
- [SIRS information for providers](#)
- [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 issues that are concerning people receiving care and their families or representatives. Aged care workers also contact us with their concerns.

In this section, we list the most common issues people raise with us. Providers have their own complaints data. They should use that, with insights from the Commission’s data, to improve the care they provide.

A higher number of complaints to us for a provider can mean that they are encouraging feedback from people receiving care, their families and representatives. It can also mean that their complaints management system is not easy to use or not working well.

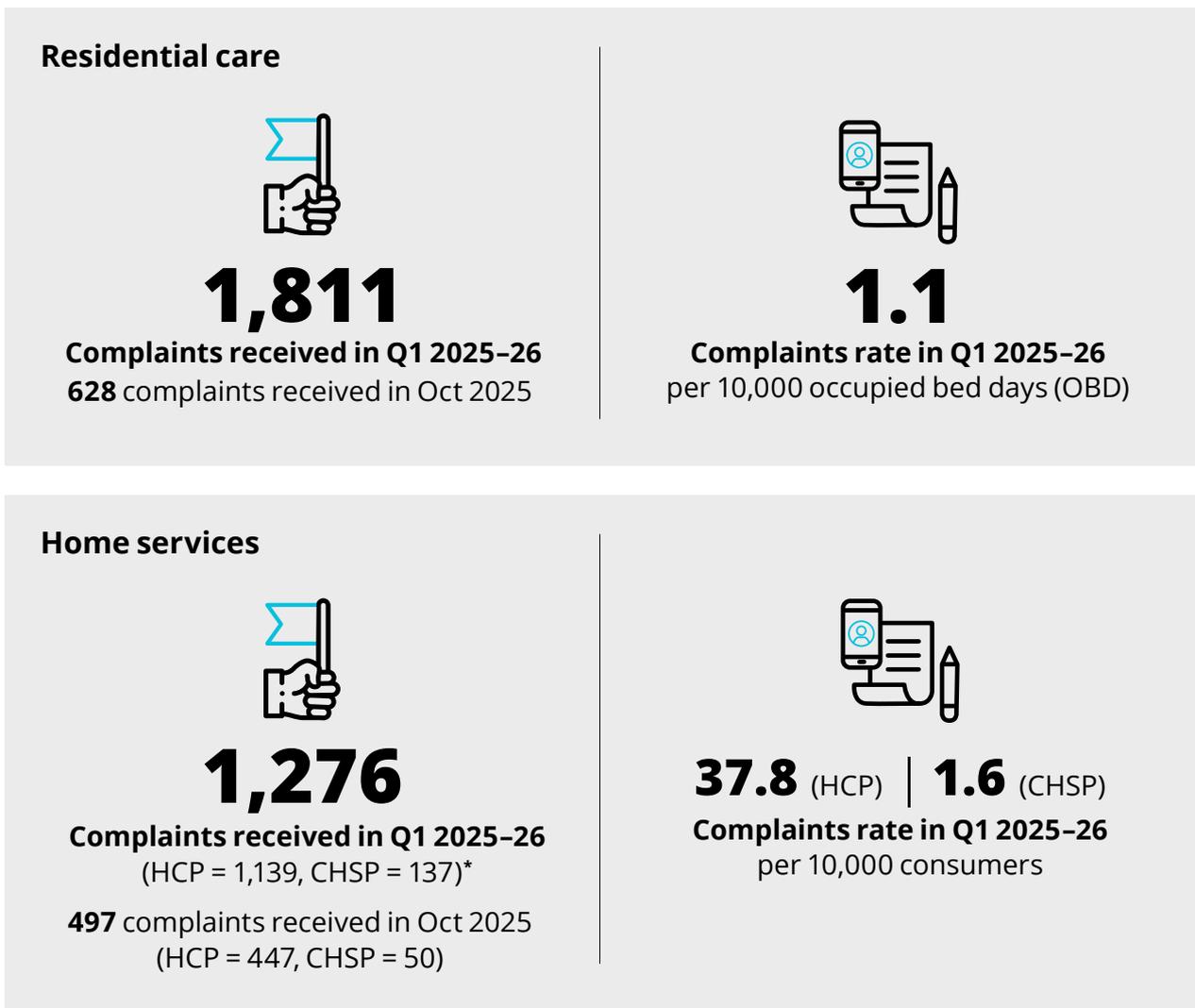


Figure 17: Number of complaints and complaints rate in residential care and home services

* Home Care Packages (HCP) and Commonwealth Home Support Program (CHSP)



Residential care: Complaints and complaints rate

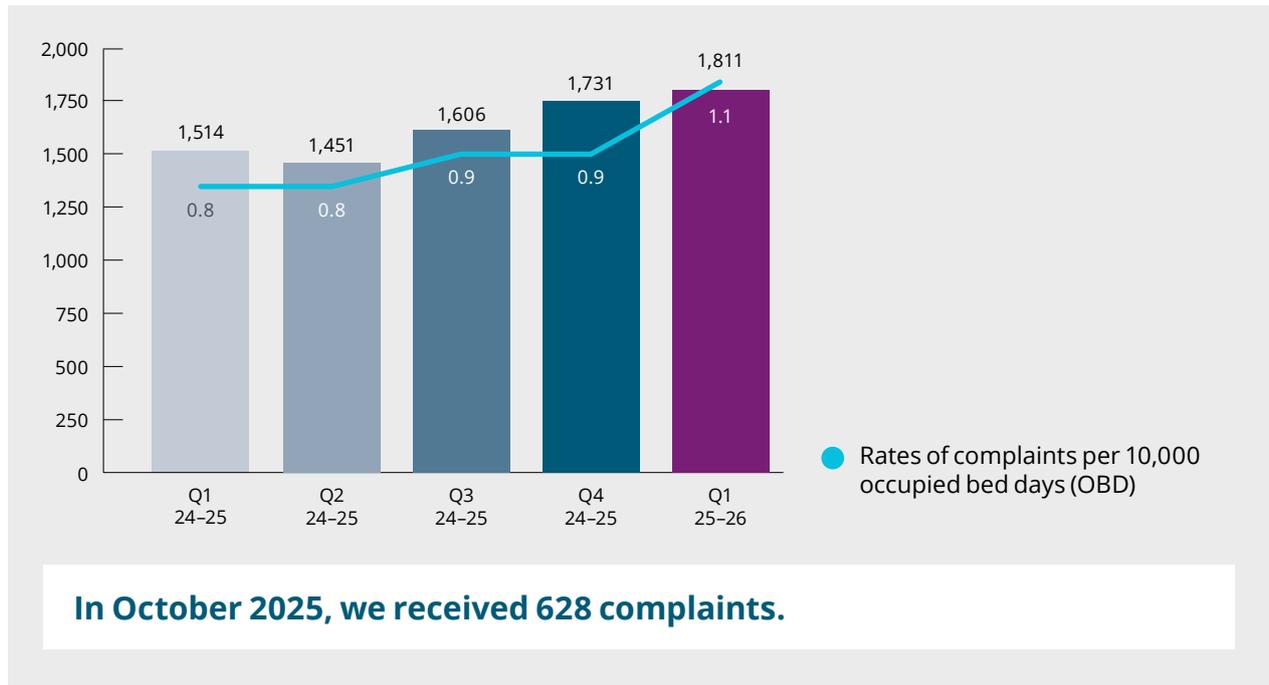


Figure 18: Number of complaints and complaints rate in residential care over the past 5 quarters

Residential care: Complaints rate by provider size

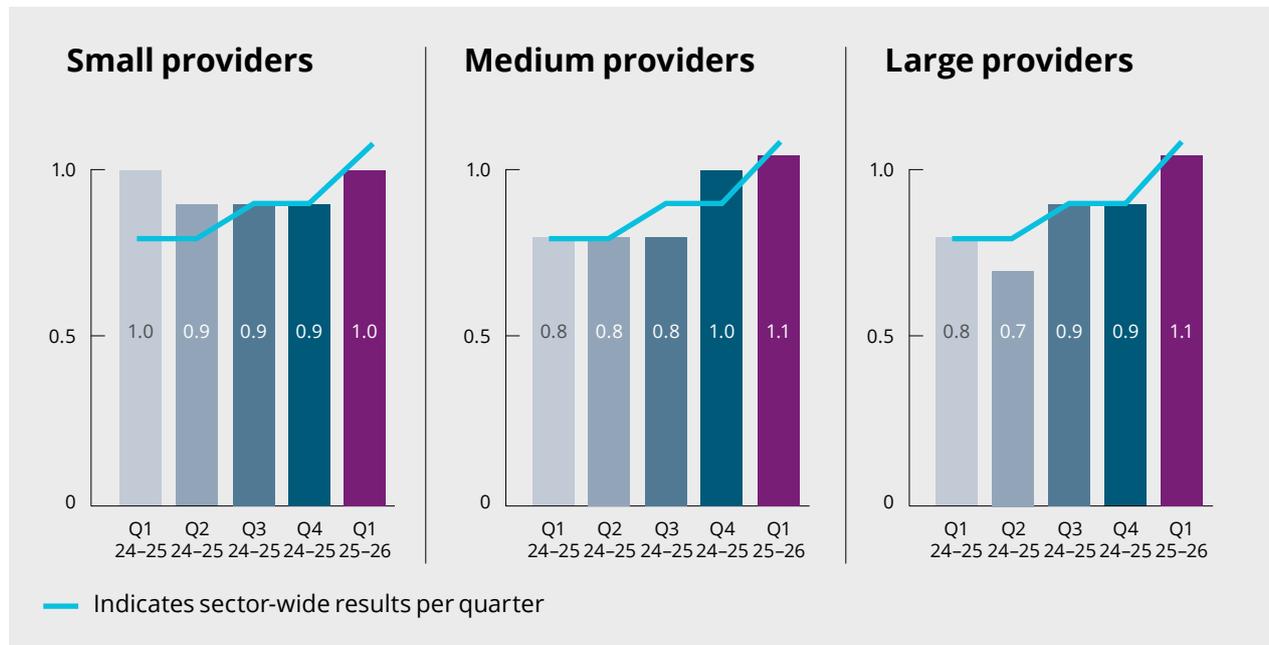


Figure 19: Complaint rates for every 10,000 OBDs by provider size in residential care over the past 5 quarters
See additional tables (page 38) for the number of providers and services by size.



Residential care: Complaints rate by ownership type

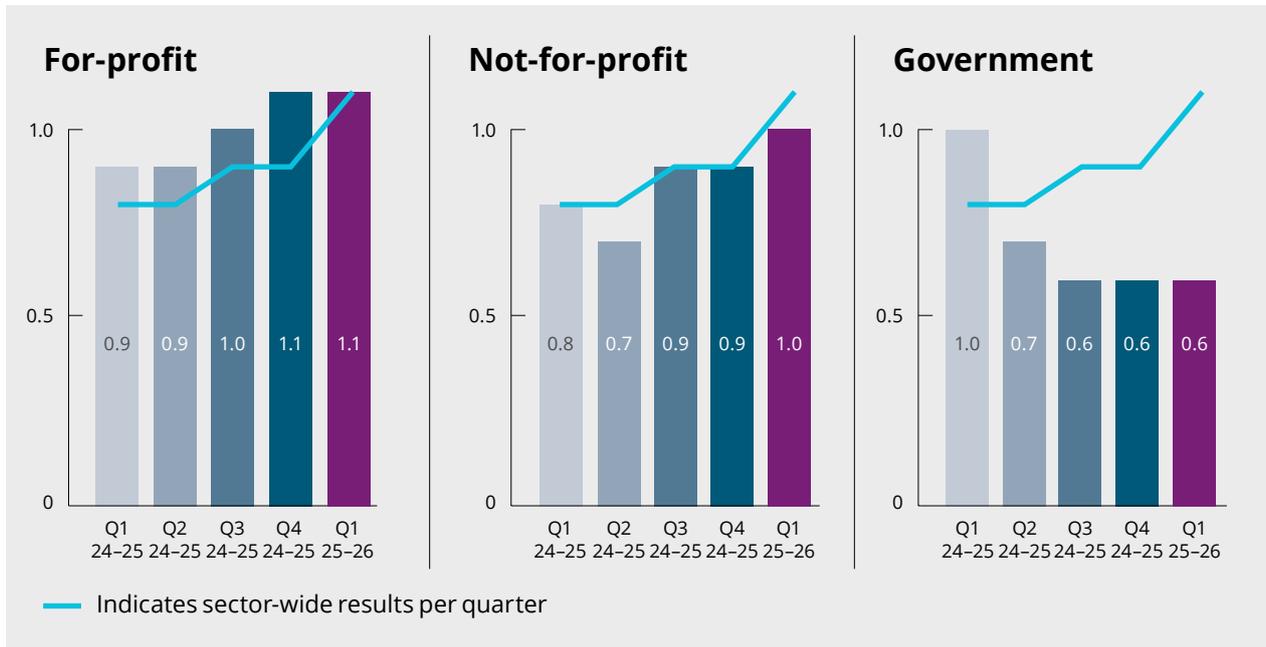


Figure 20: Complaint rates for every 10,000 OBDs by ownership type in residential care over the past 5 quarters
See additional tables (page 38) for the number of providers and services by size.

Residential care: Complaints by group

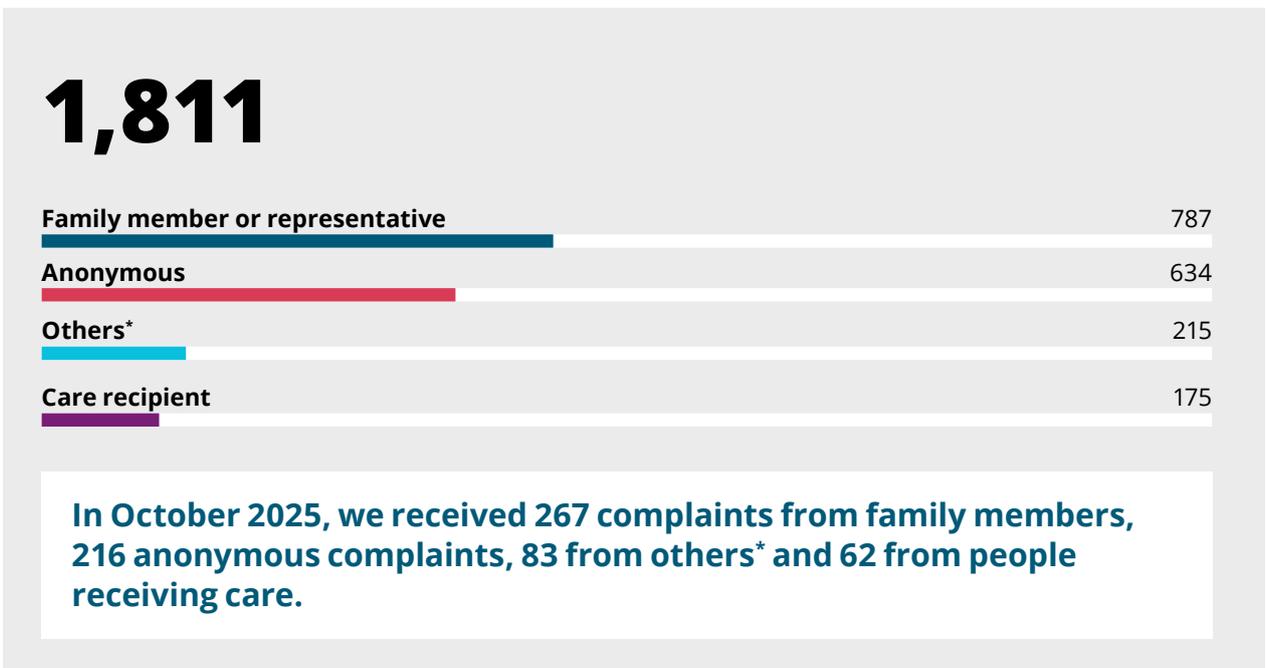


Figure 21: Complaints by the group that made the complaint in residential care in Q1

* Others include aged care workers, external agencies, media, internal referrals, providers or other interested people.



Residential care: Complaints by issue

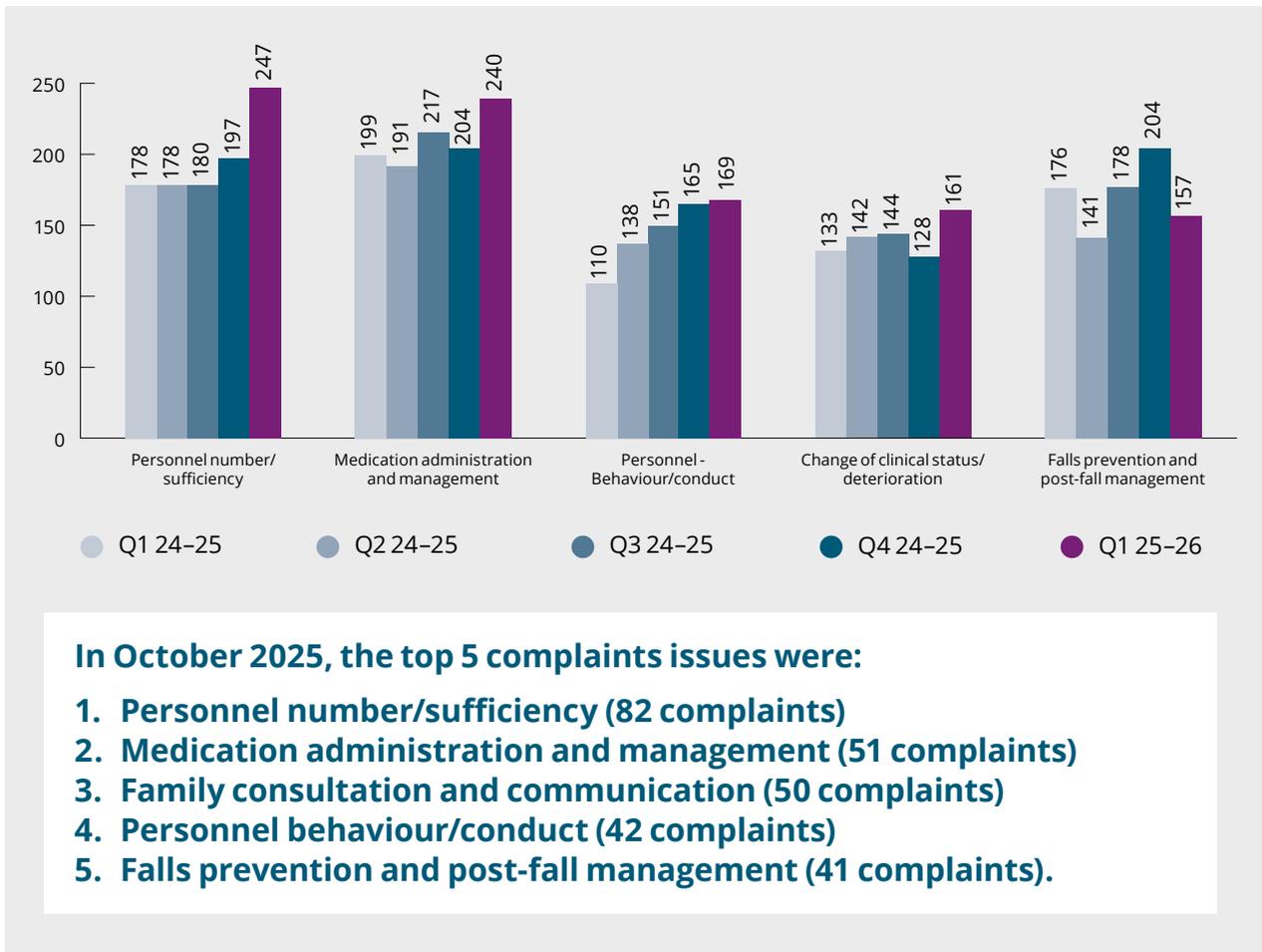


Figure 22: Top 5 complaints issues in residential care over the past 5 quarters
The top 20 complaints issues and rankings for each quarter are in our online data tables published with this report.



Home services: Complaints and complaints rates

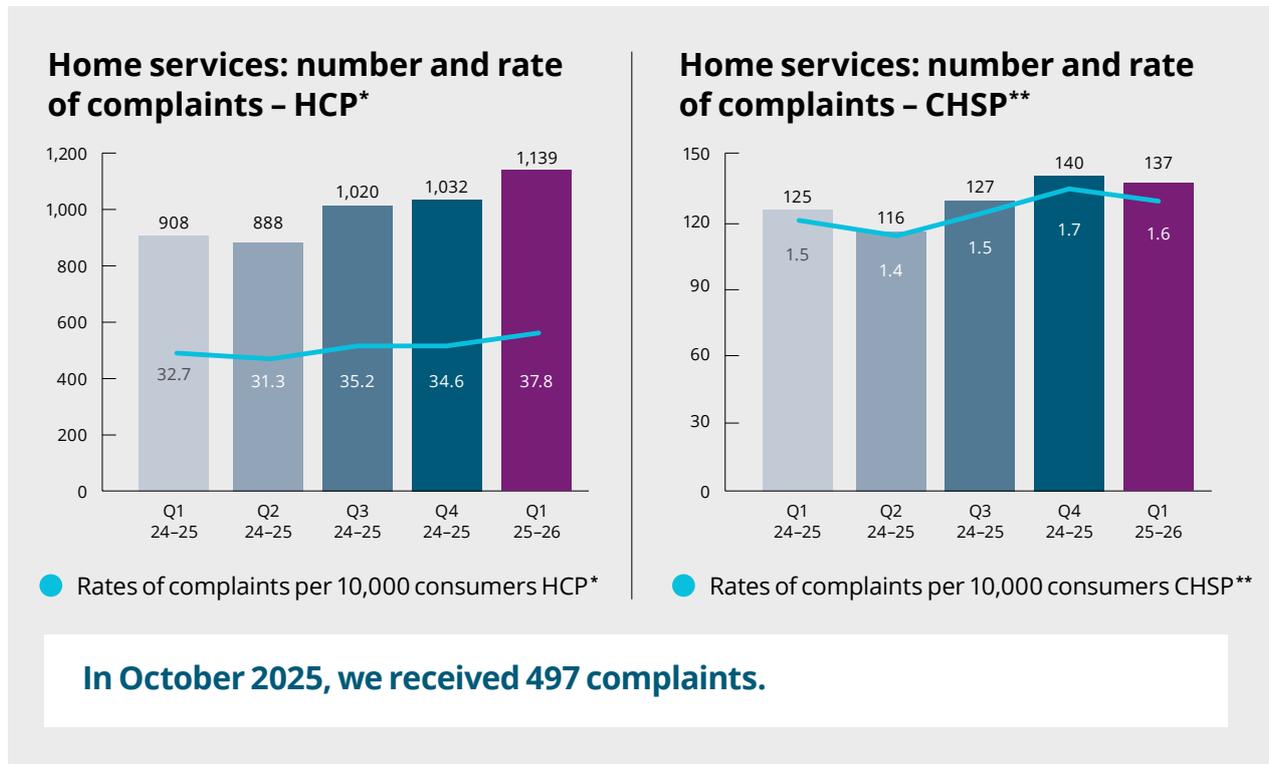


Figure 23: Number of complaints and the rate of complaints for every 10,000 people receiving home services over the past 5 quarters

* Home Care Packages (HCP)

** Commonwealth Home Support Program (CHSP)

Home services: Complaints by group



Figure 24: Number of complaints made by individuals per category in home services in Q1

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



Home services: Complaints by issue

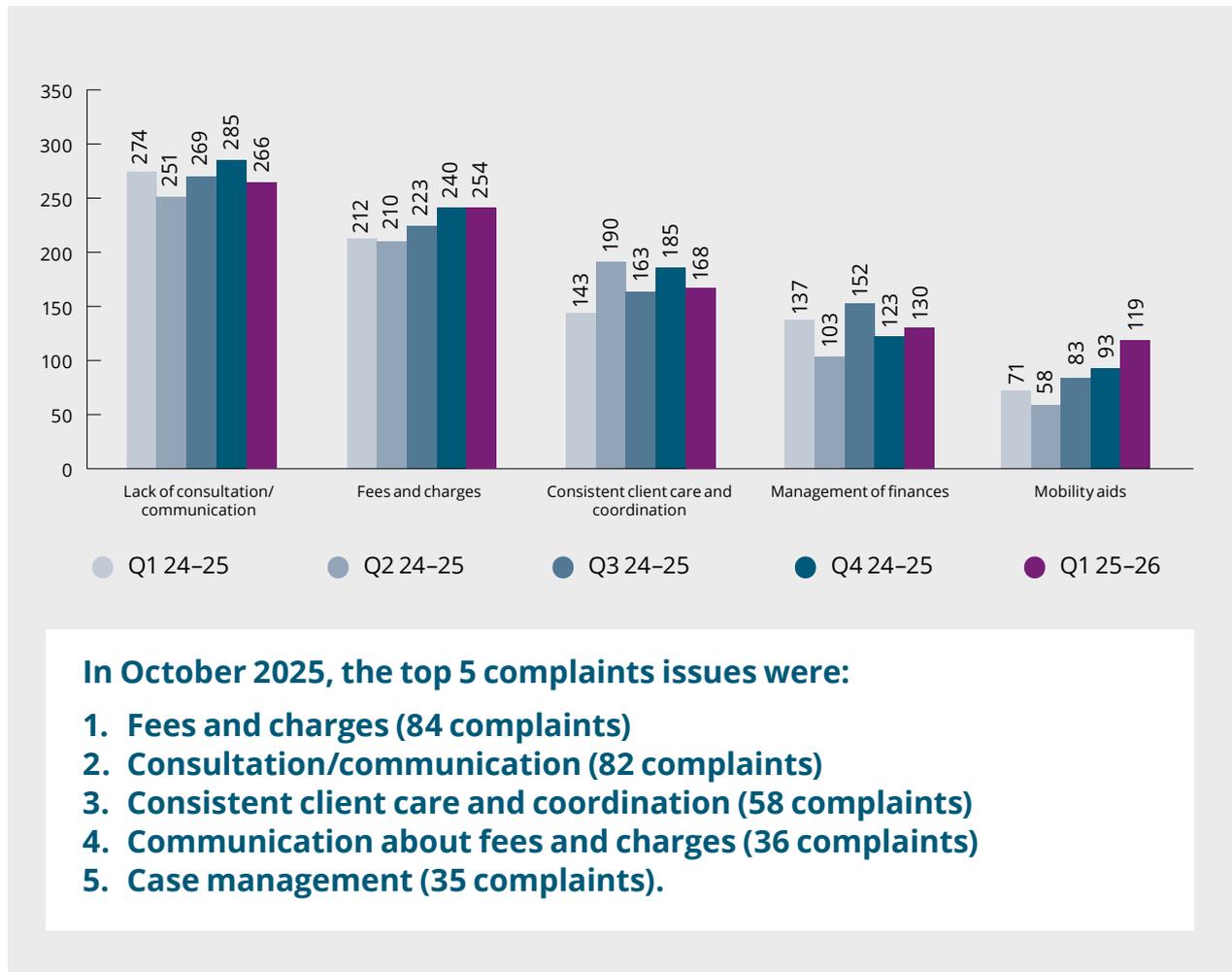


Figure 25: Top 5 complaints issues in home services over the past 5 quarters
The top 20 complaints issues and rankings for each quarter are in our online data tables.

Find out more:

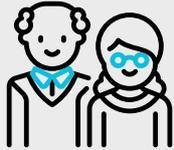
- [How to make a complaint](#)
- [Complaints Handling Policy](#)





Sector overview

Older people using aged care



1,345,013

More than 1.3 million older people use aged care services in Australia (28% of the Australian population aged 65 and older)

● **205,111**
Residential care

● **301,208**
Home Care Packages (HCP)

● **838,694**
Commonwealth Home Support Program (CHSP)*

Figure 26: Number of people receiving aged care in residential care, HCP and CHSP

Source: Data from Service to Provider Association Table, extracted from Health data portal (RBTIS) on 9 October 2025.

* CHSP numbers are calculated once a financial year. Some people receiving the CHSP may be listed against services that are no longer operating.

Residential care providers

Residential care: by size

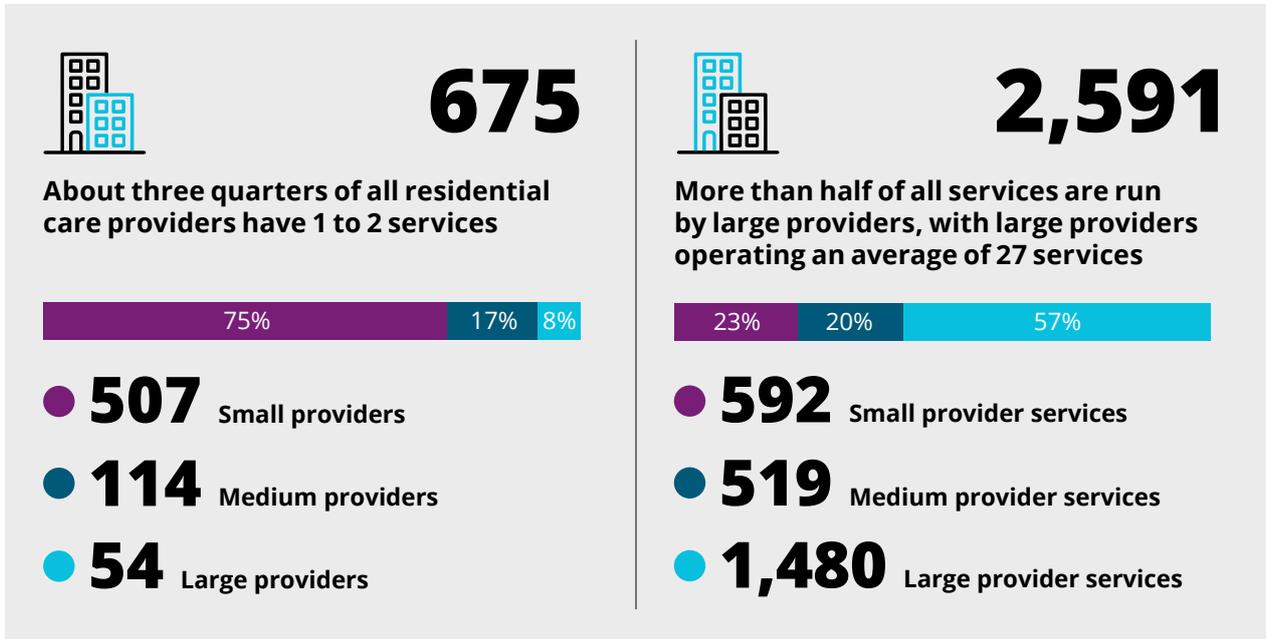


Figure 27: Number of residential care providers and services by provider size, as of 9 October 2025
 Provider size is based on how many services they run: 1–2 services for a small provider, 3–10 services for a medium provider and 11 or more services for a large provider.

Residential care: by ownership type

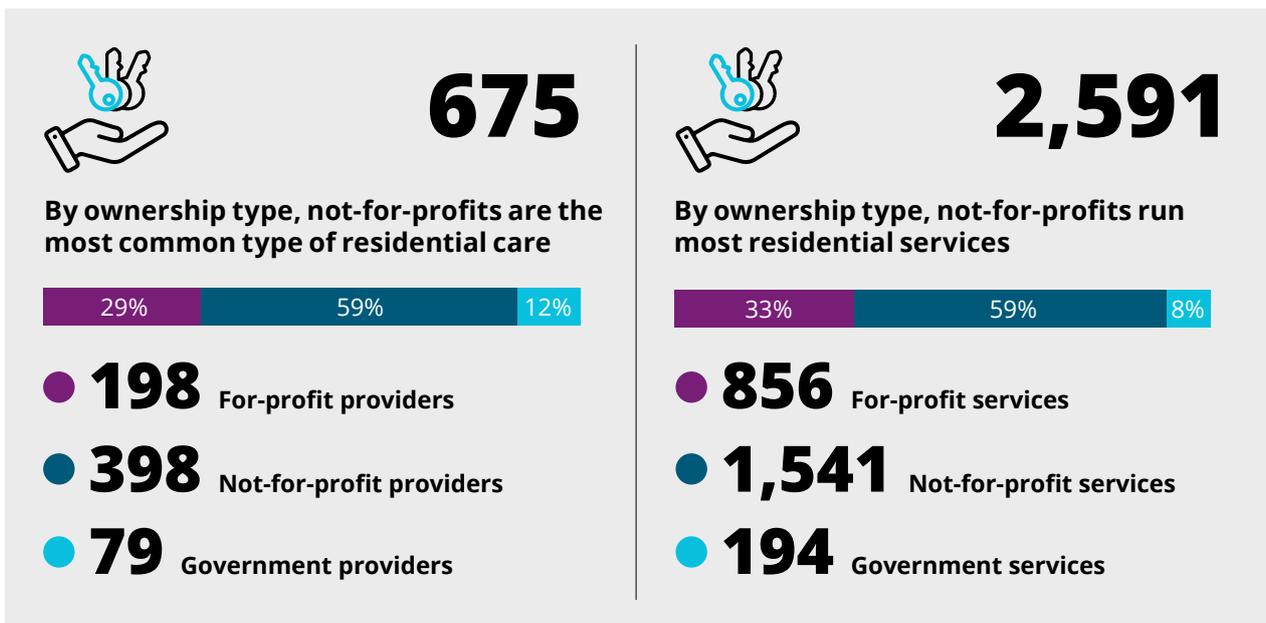


Figure 28: Number of residential care providers and services by ownership type, as of 9 October 2025

Home services

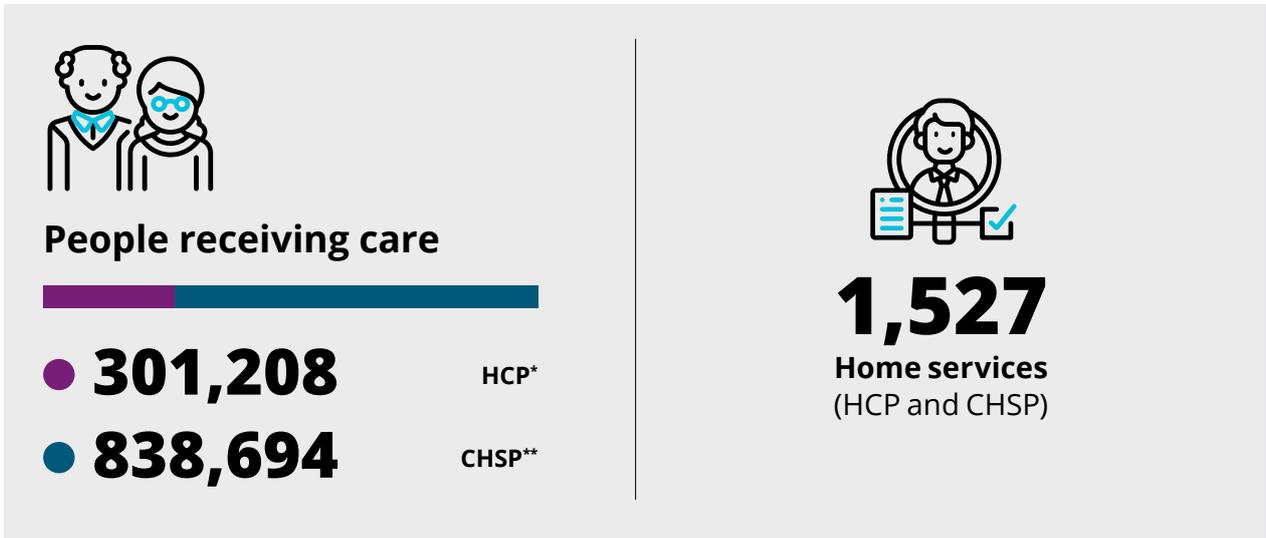


Figure 29: Home services providers as at 30 September 2025, extracted from Health data portal (RBTIS) on 9 October 2025.

* Home Care Packages (HCP)

** Commonwealth Home Support Program (CHSP)

Number of services by state and territory

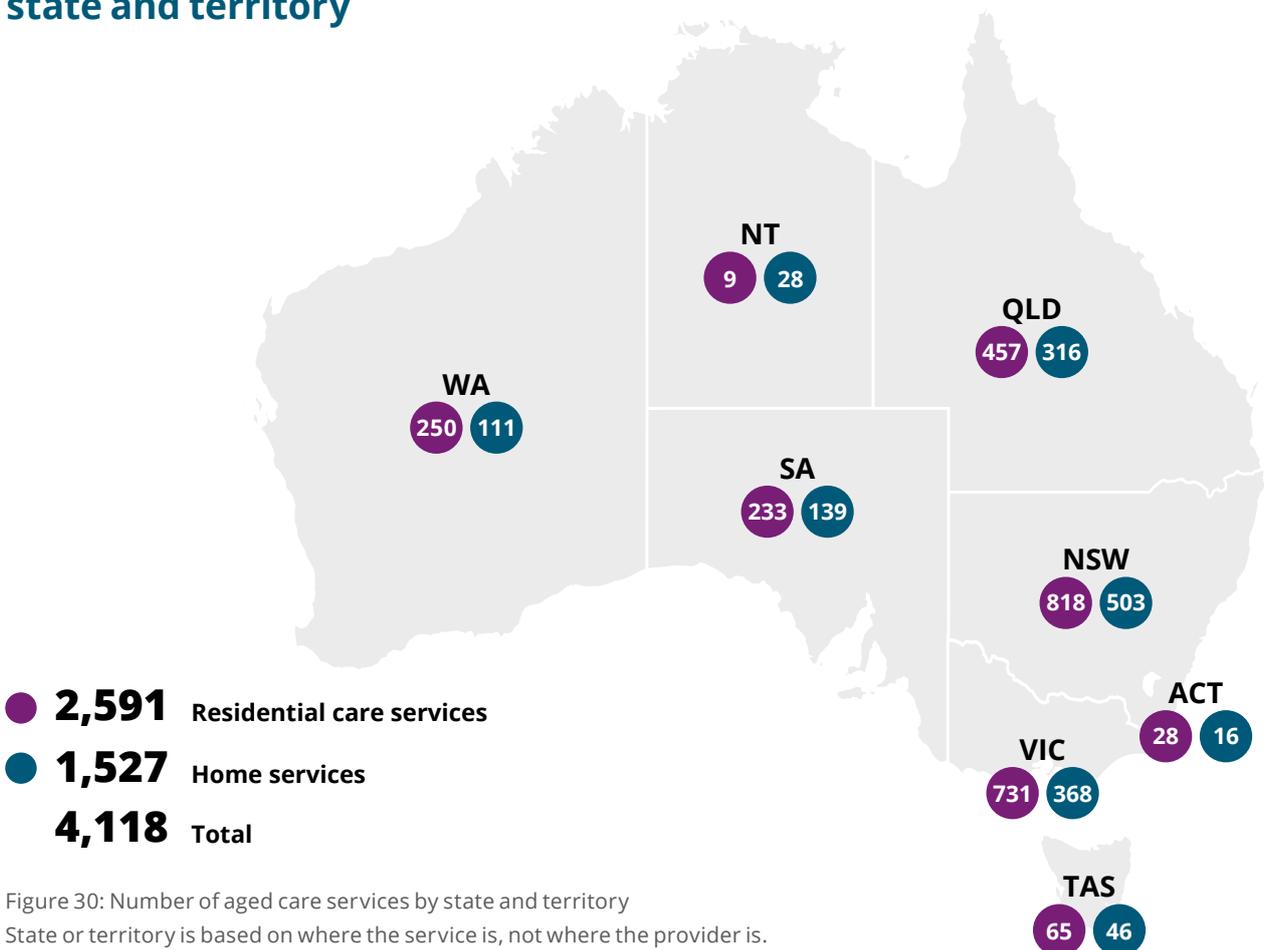


Figure 30: Number of aged care services by state and territory
State or territory is based on where the service is, not where the provider is.

National Aged Care Mandatory Quality Indicator Program

Quality Indicators (QIs) measure the quality of care that people receive in residential care. The QIs included here are about harm, or risk of harm. The lower the rate for each QI, the lower the risk.



Providers collect and submit their own QI data. They can get their QI rates from the [Government Provider Management System](#).

For benchmarking, providers may find it useful to look at QI data next to their own provider-level data as well as sector-level data. This can help them understand how they compare on:

- complying with the Quality Standards
- incident notifications under the Serious Incident Response Scheme
- complaints.

Some QIs are lag indicators.

This means that issues may show up in provider data before they show up in QIs. For example, QIs may show that unplanned and consecutive weight loss issues are going down. But when providers also look at their own data, such as feedback and complaints from residents and aged care workers, they will get a better sense of where things are, rather than waiting 3 months for QI data.

- Over the past 3 years, 8 out of 9 of the long-term indicators that the QI Program tracks have trended downwards. The indicators are based on the percentages of people receiving care experiencing poor outcomes.
- The QI Program introduced 6 more QIs on 1 April 2023. These show:
 - a decrease in workforce turnover
 - an improvement in measures of older people’s satisfaction and quality of life
 - an increase in people going to emergency departments and being admitted to hospitals.

Trends in Quality Indicator performance over time

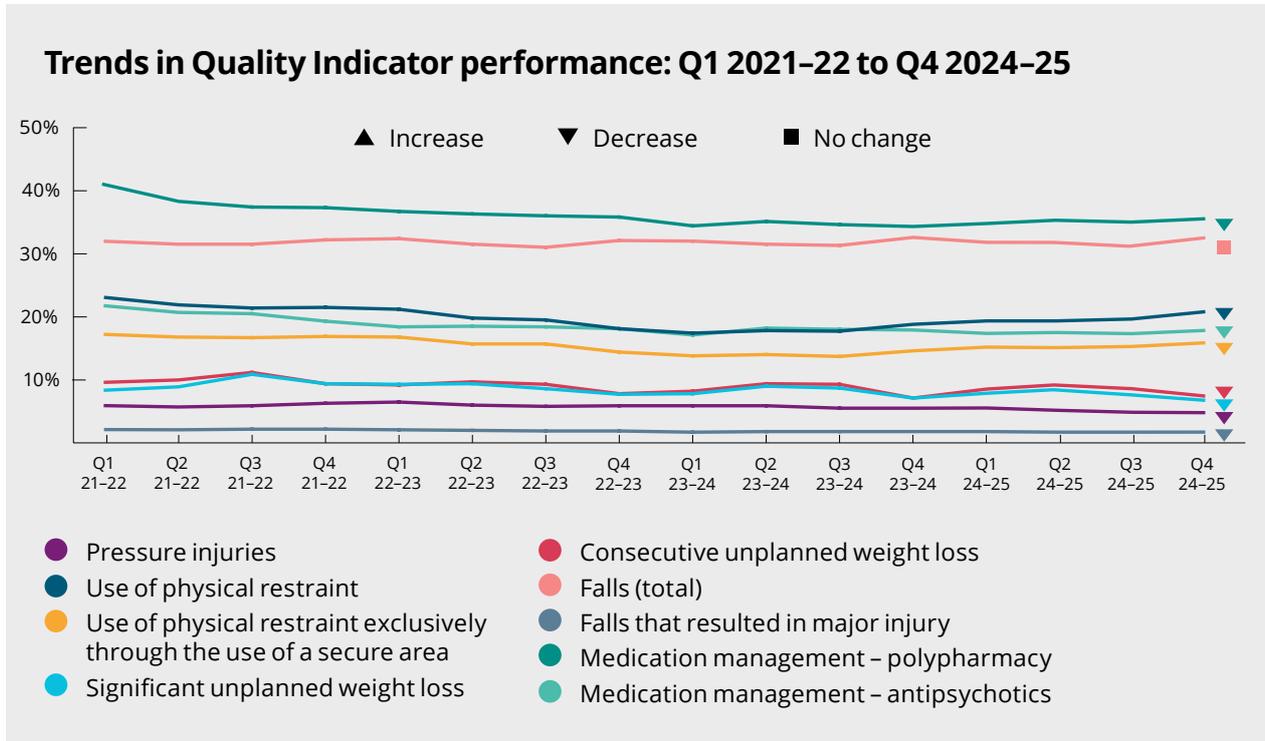


Figure 31: Trends in Quality Indicator performance over time for the 9 original Quality Indicators

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

Australian Institute of Health and Welfare, data released 3 October 2025, published on [GEN – Aged Care Data](#)

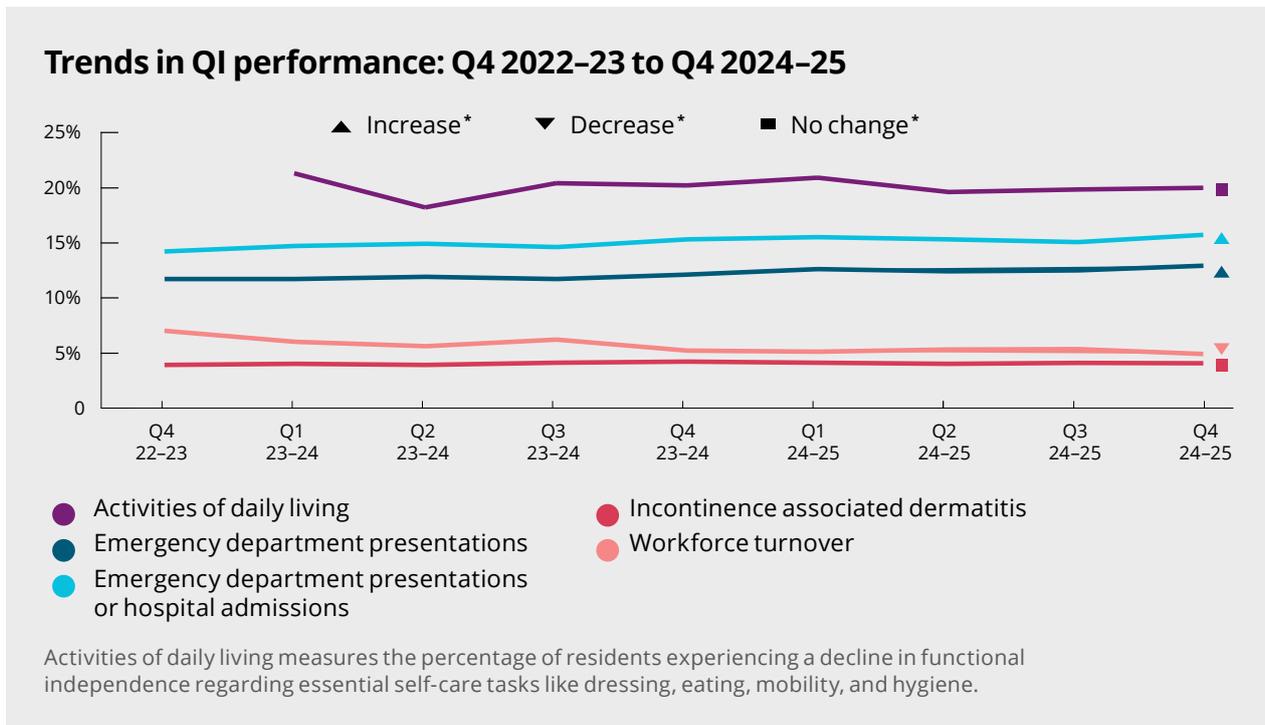


Figure 32: Trends in Quality Indicator performance over time for the 6 newer Quality Indicators

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

Australian Institute of Health and Welfare, data released 3 October 2025, published on [GEN – Aged Care Data](#)

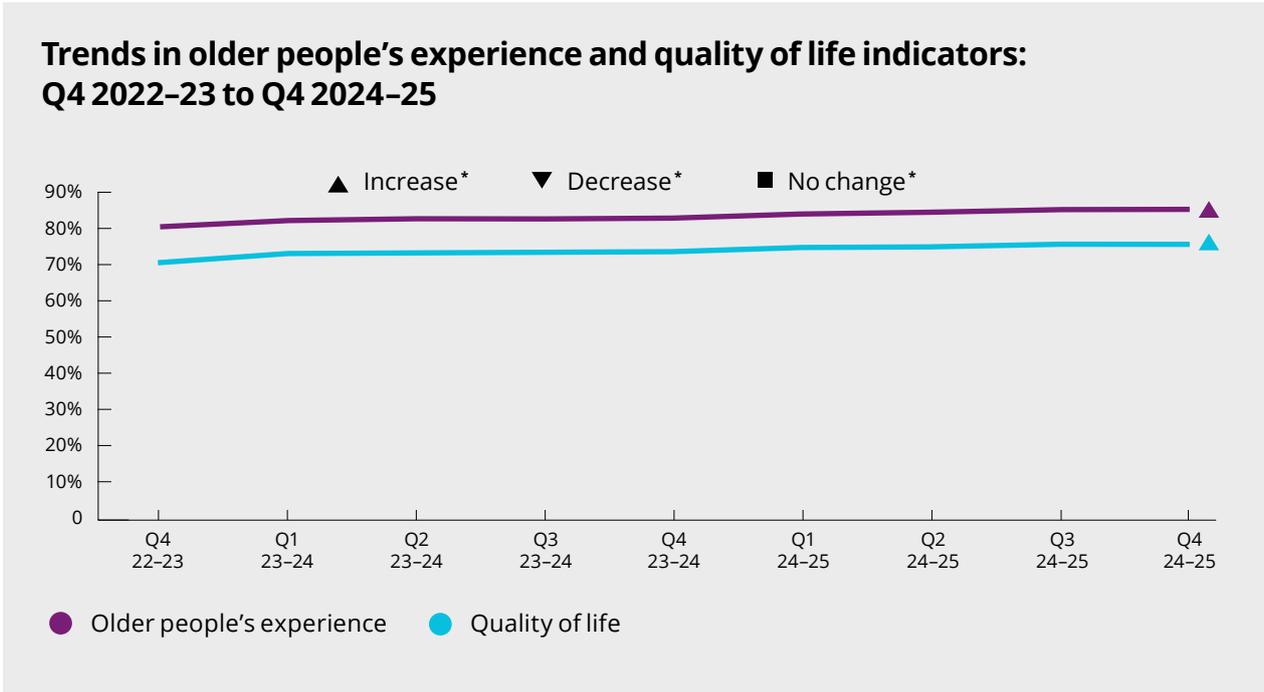


Figure 33: Trends in older people’s experience and quality of life indicators
 * A trend here means that there must have been a change up or down of at least 0.05.
 Australian Institute of Health and Welfare, data released 3 October 2025, published on [GEN – Aged Care Data](#)

Find out more:

Quality Indicator data for Q1 has been updated

[Residential Aged Care Quality Indicators – July to September 2025](#)

Guidance on using QI data for quality improvement – [National Aged Care Mandatory Quality Indicator Program Manual 3.0 – Part B](#)



How to calculate your rates

Residential care: How to calculate your own Serious Incident Response Scheme (SIRS) notification rate (per 10,000 OBDs) for Q1

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 that quarter. This is the number you used to claim subsidies with Services Australia. It 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.

Residential care: How to calculate your own complaints rate (per 10,000 OBDs) for Q1

1. Take the number of complaints about your service that were lodged with the Commission over the quarter.
2. Take the number of OBDs for your service during the quarter. This is the number you used to claim subsidies with Services Australia. It 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.

Home services: How to calculate your own complaints rate (per 10,000 people receiving care) for Q1

1. Take the number of complaints about your service that were 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.



Notes on data

We take point-in-time sector performance data from live Commission systems, so reported figures will change as we update cases in the database.

As we update our systems regularly, published numbers for past quarters or numbers extracted at a later time may be slightly different to this report.

The numbers of people receiving residential care as of 30 September 2025 were taken from the department's data warehouse on 9 October 2025. State is based on the state the service is in.

Home Care Packages (HCP) data on people receiving care as of 30 September 2025 was taken from the department's data warehouse on 9 October 2025. HCP state of the person receiving care is based on the state the service is in.

Commonwealth Home Support Program (CHSP) data on people receiving care as of 30 September 2025 was taken from the department's data warehouse on 9 October 2025. The state where the person is receiving care in CHSP is based on the state the service is in. CHSP numbers are only calculated once each financial year. Some people using the CHSP may be listed against services that are no longer operational.

Provider supervision data was taken on 17 November 2025 for a point-in-time breakdown for 31 October 2025.

We took SIRS data from Commission systems on 3 October 2025 and again on 3 November 2025.

Occupied bed days (OBD) data for Q1 was taken from the data warehouse on 15 October 2025.

Residential Aged Care Quality Indicators data was taken from the Australian Institute of Health and Welfare website published on 3 October 2025.

Where a person receiving care changed services or moved residential care locations, they may be counted in multiple states. The state totals may then be more than the national count. In the past, the state came from the CHSP service state, however this was changed to the person receiving care 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 (services provided through short-term restorative care).

Data for October 2025 for complaints, SIRS and worker regulation was taken from the Aged Care Case Management Information System (ACCMIS) on 3 November 2025.

Data for October 2025 for Quality Assessment and Monitoring (QAM) was taken from the Power BI dashboard (ACCMIS data) on 3 November 2025.



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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