Aged Care Quality and Safety Commission

Sector Performance Report

Quarter 2 | October – December 2024

Australian Government
Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Contents

Artwork by Dreamtime Creative

In the spirit of reconciliation, the Aged Care Quality and Safety Commission acknowledges the Traditional Custodians of Country throughout Australia and their connections to land, water and community. We pay our respect to their Elders, past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Message from the Commissioner

Welcome to the Commission's Sector Performance Report (SPR) for Quarter 2 2024–25 (Q2), the period of 1 October to 31 December 2024.

Having commenced as the Aged Care Quality and Safety Commissioner in January 2025, I am pleased to present the SPR to you for the first time, ahead of what will be a year of great significance for aged care in Australia. We are only a few months away from the commencement of the new Aged Care Act on 1 July 2025, accompanied by the strengthened Quality Standards. The new Act takes a rights-based approach, ensuring that older people receive the safe, quality aged care they deserve.

In the Commission, we are working hard to ensure we transition smoothly to this new way of working, and supporting the sector to do the same. You can find out more about this work on our website. While the new Aged Care Act will bring changes, the Commission's fundamental commitment to protecting and enhancing the safety, wellbeing, and quality of life of older people receiving aged care remains steady.

Across Q2, we observed mixed results in compliance with the Aged Care Quality Standards across residential care and home services. In residential care, 87% of all providers we audited met all 42 Quality Standard requirements – a 5% increase on last quarter. This figure came off the back of an encouraging rise in compliance with Quality Standard 8, which covers organisational governance. The Commission has dedicated considerable effort to addressing governance matters in recent months and it is pleasing to see this work reflected in these results.

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In home services, less than half of the providers audited (40%) fully complied with all requirements of the Quality Standards. When considering this result, it is important to note that only 35 providers managing 131 services were audited, and the results represent a small segment of the entire home services sector. As we have shifted our quality audits to the provider level in home services, we have observed greater volatility in compliance across quarters. The results are influenced by the risk profile of the providers being audited in each time period, and the number and type of services being managed by a provider.

Liz Hefren-Webb

Some of the home services providers we audited this quarter had risks known to us in advance of the audit, either through a referral from our risk intake analysis team or through a previous monitoring contact. On a positive note, we have increased the supervision status of these non-compliant providers, who were not already under targeted or active supervision. Fifteen of the providers have been moved to targeted supervision. We expect these providers to address a specific issue and are confident in their ability to do so. Four have been moved to active supervision which applies to providers with high levels of risk who need significant oversight. We are working with all of these providers to address key areas of concern, including governance, assessment and planning, and managing feedback and complaints.

The SPR's recurring 'In focus' section takes a deep dive into the Commission's campaign to increase the number of providers meeting their mandatory care minutes targets. Under this campaign, we have engaged directly with 470 providers, focusing on those with the largest shortfalls. Many of these providers have lifted their performance in response to our regulatory activities. We have entered into written agreements, known as enforceable undertakings, with 11 providers. If they do not implement the changes agreed to, we may apply sanctions and other penalties.

As we approach the end of the current Act, we are reflecting on our quarterly Sector Performance Report and seeking ways to enhance its value for readers, taking into account the introduction of new datasets and risk and performance measures. We invite you to share your thoughts by completing the brief survey linked below, helping us understand what improvements you would like to see moving forward.

Liz Hefren-Webb
Commissioner

We want to hear from you!

What data would you like to see included in the Sector Performance Report? And what would make this report a more useful resource for you?

Let us know by completing this short survey.

Key findings at a glance

Residential care providers have improved how they are complying with the Aged Care Quality Standards (Quality Standards) this quarter. Their rates have gone up, from 82% of services audited in Q1 complying with all 8 standards, to 87% of services audited in Q2. Compliance with Quality Standard 8 (Organisational governance) improved from 87% to 94%. However, nearly 1 in 7 services are still not meeting the Standards in at least one area of the care they provide.

This quarter, we audited 35 **home service providers** managing 131 services. Less than half of these providers (40%) fully complied with all requirements of the Quality Standards. These results represent a segment of higher risk providers.

We have increased the supervision status of the providers that did not comply and who were not already under targeted or active supervision (see page 34 to understand our provider supervision model). We are working closely with them to help bring them back to compliance.

Of the **home services providers** that we found did not comply in Q2, there were issues in their compliance with:

- Quality Standard 8 (Organisational governance), which dropped to 46%
- Quality Standard 2 (Ongoing assessment and planning with consumers), which dropped to 54%
- Quality Standard 6 (Feedback and complaints), which dropped to 66%.

In Q2, we contacted 284 residential care providers and 62 home services providers to **assess risk**. Almost 40% (111) of our risk-based assessments in residential care were about food, nutrition and dining issues, while 23% (66) were about workforce responsibilities such as care minutes. We also conducted 8 targeted visits about COVID-19. Infection prevention and control is reviewed as part of every audit in residential care.

Key findings at a glance (continued)

The number of serious incidents reported to the Commission through the **Serious Incident Response Scheme (SIRS)** remains stable. In residential care, the incident notification rate has stayed the same as Q1, at 8.1 for every 10,000 occupied bed days (OBDs) for a 110 bed service.

Notifications of serious incidents by providers of home services have dropped (by 8 percentage points) for the first time in 5 quarters. This is concerning to us as there is already evidence of under-reporting of incidents in home services. Low or non-reporting is not, on its own, evidence of better care. It is more likely to be evidence of ineffective governance systems or lack of a clinical governance framework which would better allow providers to know about incidents when they occur.

Complaints are a valuable source of information for the Commission about sector-wide risk. Complaints about care make up 4 of the top 5 complaints issues in residential care. Concerns about the number and capability of staff were the second most complained about issue in Q2. Medication management and administration is still the most complained about issue in residential care. Complaints about clinical deterioration have come up as a top 5 complaint issue for the first time. Improving providers' understanding of this issue is a major focus area for us.

The most complained about issues in home services continue to be communication, coordination of care and financial concerns (page 59).

Our **In focus** section of the report describes our regulatory campaign to improve providers' performance in delivering mandatory care minutes (the minimum amount of direct care time that providers must give to people receiving care). Under this campaign we have engaged directly with 470 providers, with a focus on those with the largest shortfalls. Many of these providers have lifted their performance in response to our regulatory activities. We have entered into written agreements (enforceable undertakings) with 11 providers. If they do not implement the changes agreed to, sanctions and other penalties may apply.

Sector overview

Older people using aged care

1,319,515

More than 1.3 million older people use government-funded aged care services

- **200,753**
  Residential care
- **283,781**
  Home Care Packages (HCP)
- **834,981***
  Commonwealth Home Support Programme (CHSP)

Figure 1: 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) as of 7 January 2025

* Due to financial year limits, some people receiving care from CHSP providers may be listed against services that are no longer operating

Residential care: by size

727

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

- **554** Small providers
- **120** Medium providers
- **53** Large providers

2,614

By size, large providers run most residential care services

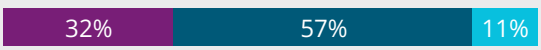
- **652** Small provider services
- **556** Medium provider services
- **1,406** Large provider services

Figure 2: Number of residential care services owned by different size of providers, as of 7 January 2025

Residential care: ownership type

727

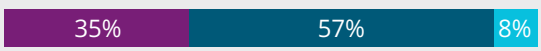
By ownership type, not-for-profit providers are the most common type of residential care



- **235** For-profit providers
- **412** Not-for-profit providers
- **80** Government providers

2,614

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



- **904** For-profit services
- **1,503** Not-for-profit services
- **207** Government services

Figure 3: Number of residential care providers by ownership type, as of 7 January 2025. Providers by size and ownership has stayed much the same over the past 5 quarters

Home services

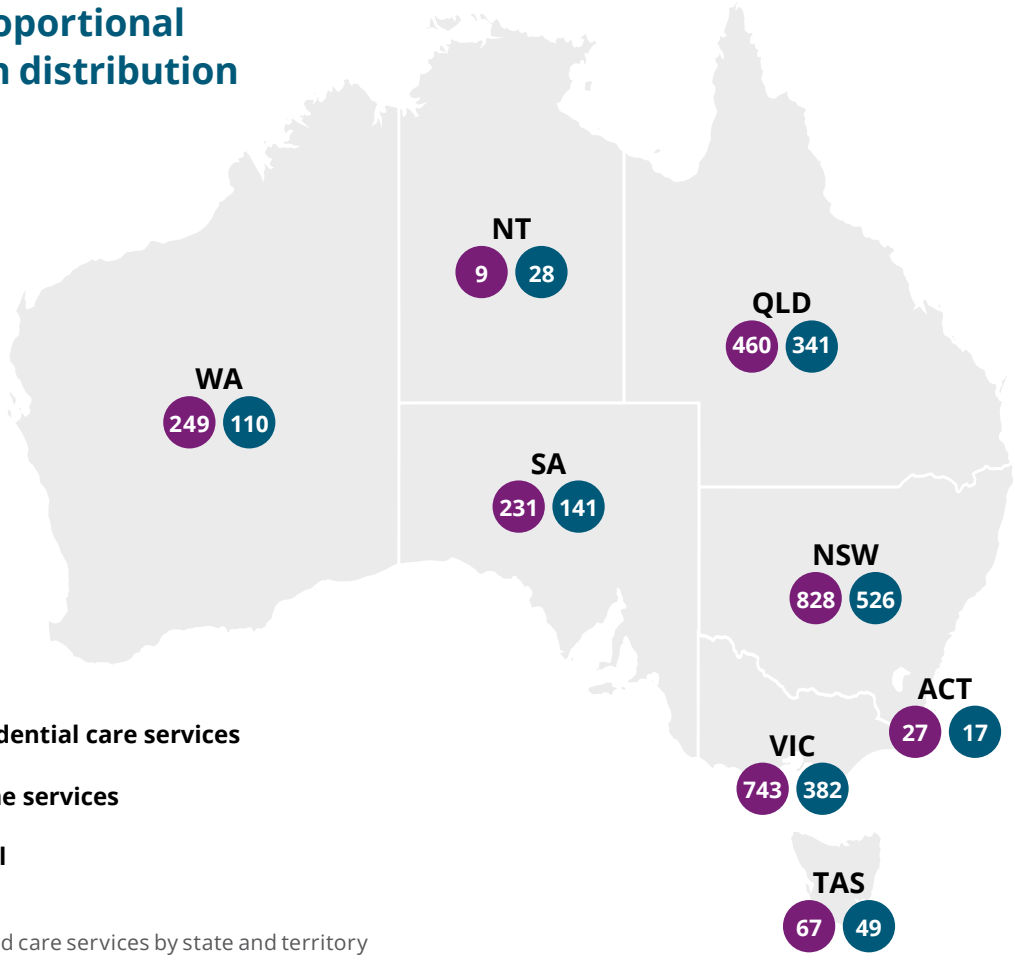
People receiving care

- **283,781** HCP*
- **834,981** CHSP**

1,594
Home services
(HCP and CHSP)

Figure 4: Home services providers, as of 7 January 2025
* Home Care Packages (HCP)
** Commonwealth Home Support Programme (CHSP)

The distribution of services is roughly proportional to population distribution



- **2,614** Residential care services
- **1,594** Home services
- **4,208** Total

Figure 5: Number of aged care services by state and territory
State is based on the state of the service, not the provider

Sector performance

Measuring performance in aged care is complex. There are many ways that the Commission identifies risk to people receiving care and measures and responds to how providers and workers are performing. These include analysing data and intelligence from:

- site audits (residential care) and quality audits (home services)
- risk-based monitoring of services and providers
- targeted monitoring of sector risks, for example, workforce responsibilities, infection prevention and control processes, poor quality food, and nutrition and dining
- the Serious Incident Response Scheme (SIRS)
- complaints about providers
- investigations into possible breaches of the Code of Conduct for Aged Care (the Code)
- financial information, through providers' Quarterly Financial Reports and the Aged Care Financial Report, which includes the Annual Prudential Compliance Statement
- the National Aged Care Mandatory Quality Indicator Program reporting
- notifications from providers about material changes
- external agencies and other regulators, such as the NDIS Quality and Safeguards Commission
- public information, such as media reporting.

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

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

For SIRS notifications and complaints, we use the number of people receiving care that providers use for claiming subsidies with Services Australia. We then multiply it by 10,000 to get a meaningful rate.

What that means is that if you are a provider with a 110-bed service and your rate of SIRS notifications is 8.7 (the same as the sector average for a large provider), you would expect to have about 9 incidents a quarter or 35 a year. If your rate is well below or above that, you should check your own data to find out why.

Using sector averages as a benchmark, residential providers should expect around 70% of their SIRS notifications to be Priority 2 and 30% to be Priority 1. If your proportion of Priority 1 and Priority 2 incidents is very different from this, you should check your data to find out why.

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

Compliance with the Quality Standards

All aged care providers must comply with their responsibilities, including the Quality Standards. The Commission assesses residential care and home services providers' compliance with the Quality Standards regularly through site audits and quality audits. Most providers will be audited at least once every 3 years. During a residential site audit, we interview at least 10% of the older people (or their representatives) using the service. As part of our quality audits of home services, we invite people receiving care to give us feedback. They can organise to speak to us before or on the day of our visit.

We also monitor the quality of care and services through a program of risk-based monitoring, including site visits. We do this if we identify risks to people receiving care (see risk-based monitoring and campaigns on page 24).

In this report, the compliance rates are based on our reaccreditation site audits for residential aged care and quality audits for home services. This gives us the clearest picture of overall sector performance.

87%

of audited providers met all 42 requirements
Residential care

40%

of completed quality audits met all relevant requirements
Home services

Figure 6: Compliance with Quality Standards for audited residential care and home service providers

Site audits in residential care

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

Residential care: Site audits, decisions and compliance rates

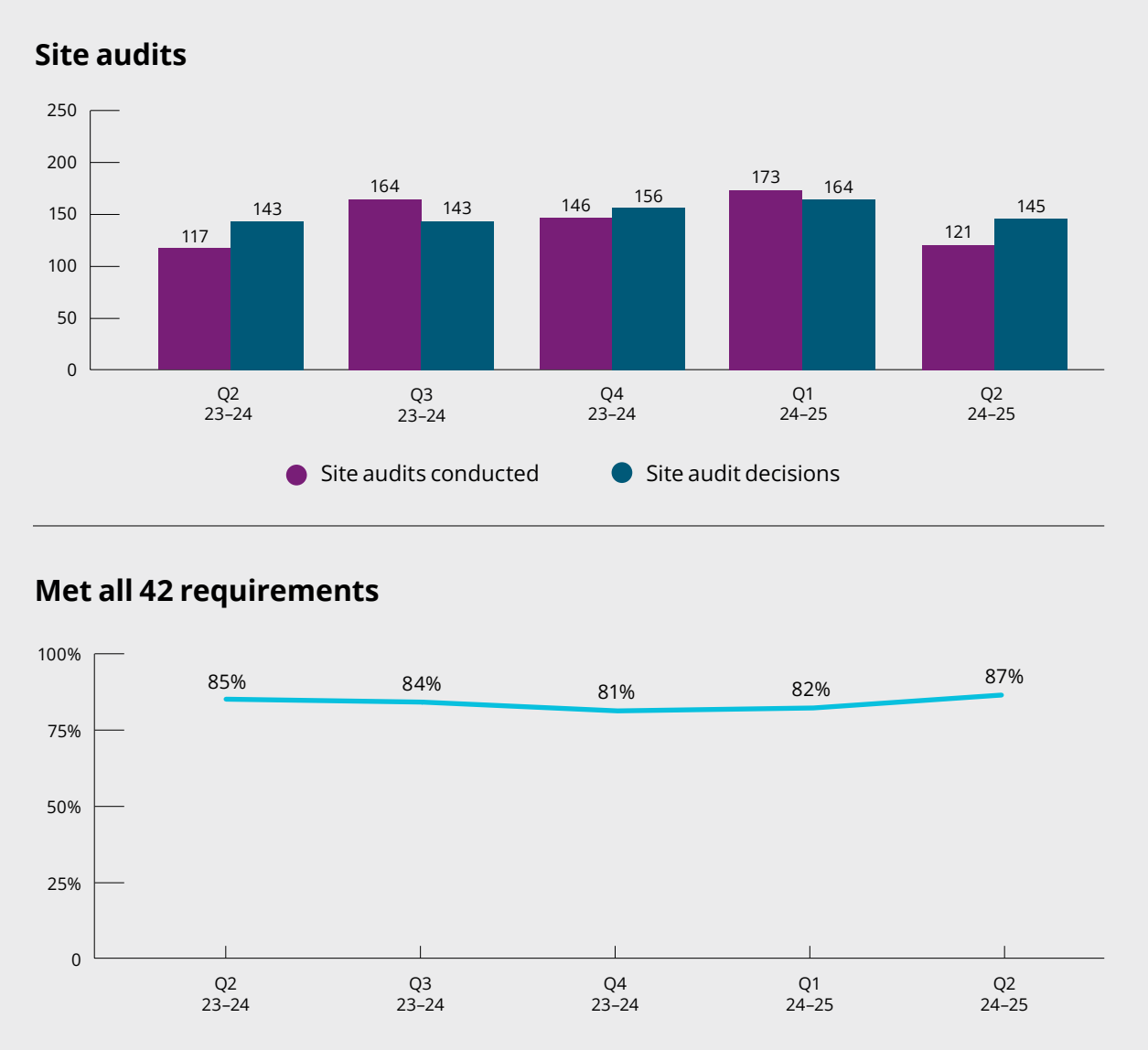
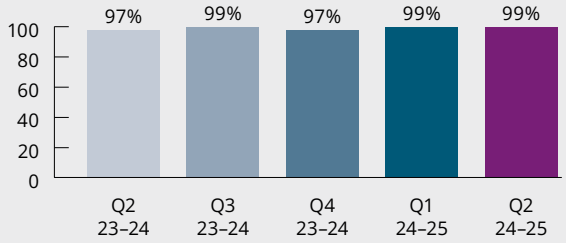


Figure 7: Number of site audits and proportion of services that met all Quality Standards in residential care over the past 5 quarters
Site audits done in one quarter may have had their decision made in the next quarter

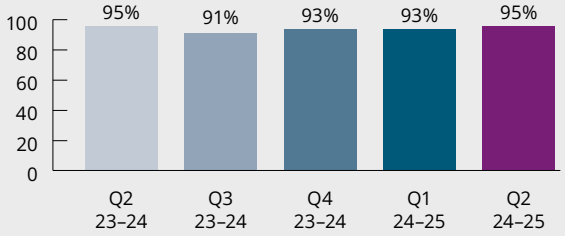
- Residential care providers' compliance with the Quality Standards improved by 5 percentage points in Q2 to 87%. This is a welcome improvement, but 1 in 7 residential care services are still not meeting all the requirements in at least one area of the care they provide.

Residential care: Quality Standards 2, 3 and 8 have the lowest compliance rates

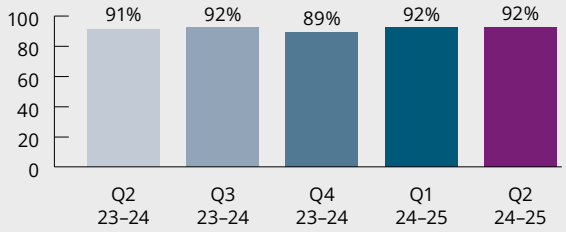
Quality Standard 1:
Consumer dignity and choice



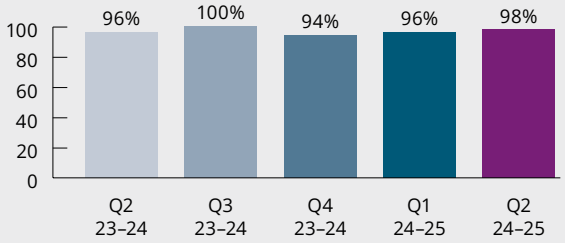
Quality Standard 2: Ongoing assessment and planning with consumers



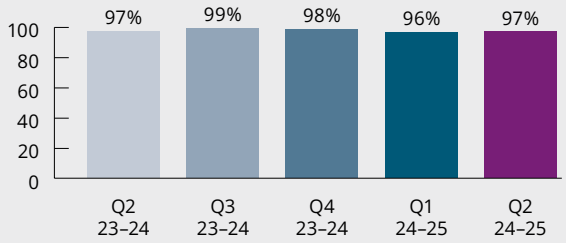
Quality Standard 3:
Personal care and clinical care



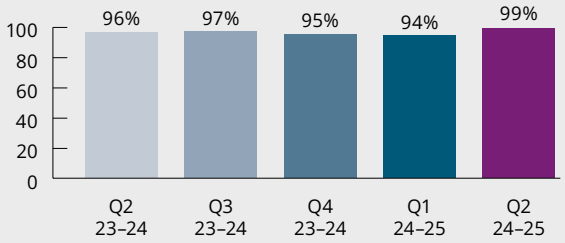
Quality Standard 4:
Services and supports for daily living



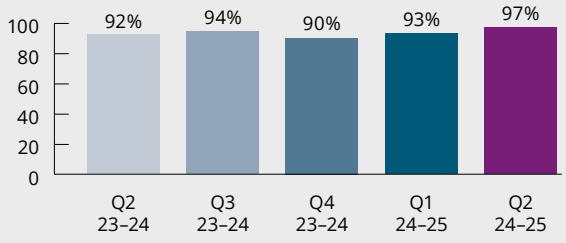
Quality Standard 5:
Organisation's service environment



Quality Standard 6:
Feedback and complaints



Quality Standard 7:
Human resources



Quality Standard 8:
Organisational governance

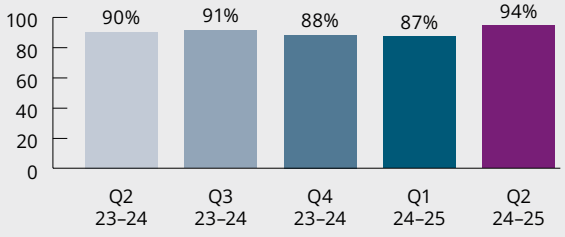


Figure 8: Compliance with the Quality Standards in residential care over the past 5 quarters

- Compliance rates increased for 6 out of 8 Quality Standards.
- Quality Standard 8 (Organisational governance) has improved from 87% in Q1 to 94% in Q2. This is an increase of 7 percentage points. This is the standard's highest compliance rate in the last 5 quarters.
- Where providers are found non-compliant with Quality Standard 8, they are most likely to fail the requirement to have an effective governance system, effective risk management systems and practices and a clinical governance framework.
- Compliance with Quality Standard 3 (Personal care and clinical care) now has the lowest rate of compliance of all the standards.
- Compliance with Quality Standard 7 (Human resources) has continued to improve after falling in Q4 2023–24. In Q2, 97% of providers fully complied with this standard.
- Quality Standard 2 (Ongoing assessment and planning with consumers) has the third-lowest rate of compliance with the Quality Standards. Compliance with this standard increased by 2 percentage points compared with Q1.

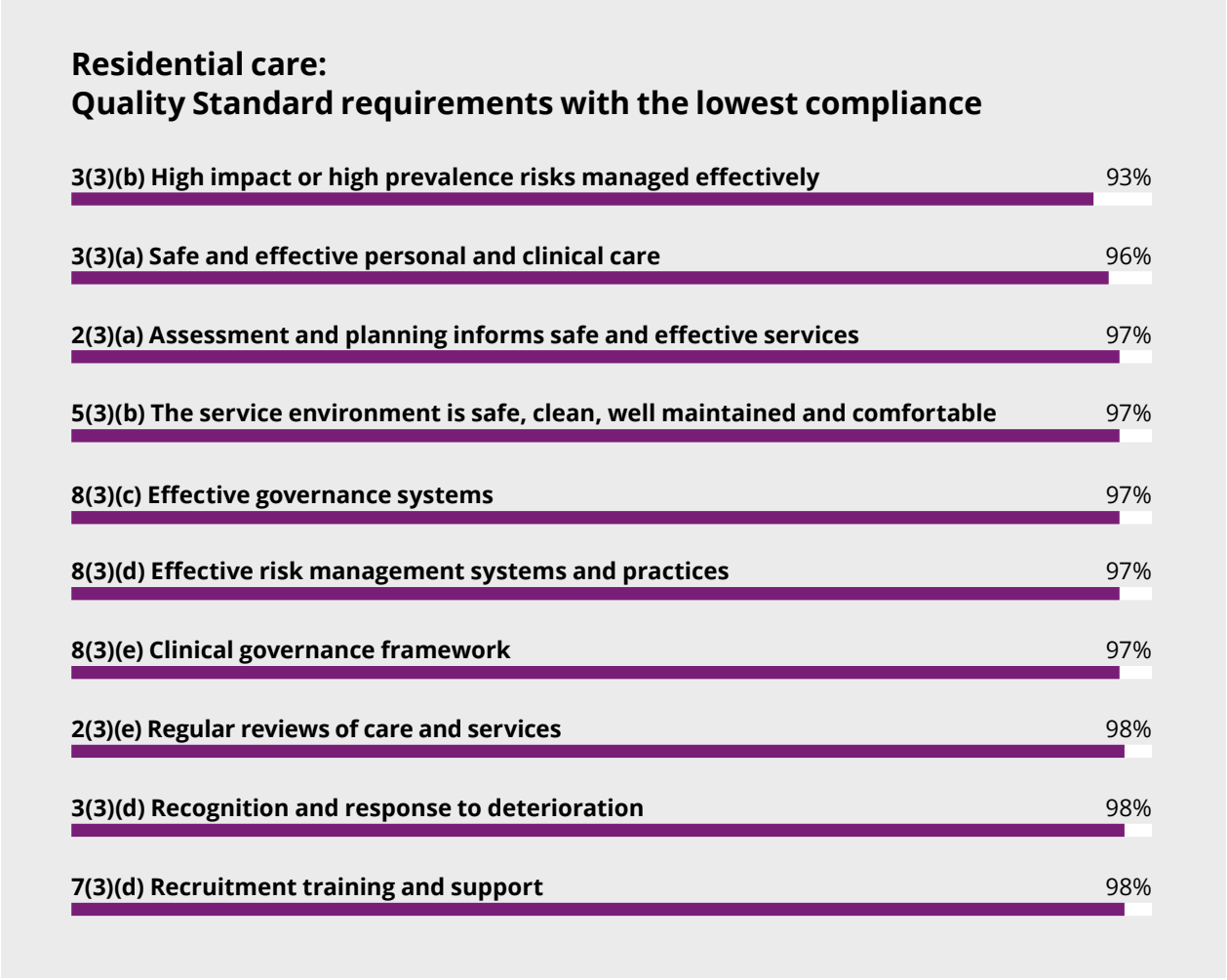


Figure 9: Quality Standard requirements with the lowest compliance in Q2 in residential care
The compliance rates for all the 42 Quality Standard requirements per quarter are in our online data tables

- We find providers have not complied with a Quality Standard if they do not meet one or more requirements of that Quality Standard. We are particularly concerned about Quality Standards that have high rates of non-compliance in more than one requirement.
- The 2 individual requirements that providers are most likely to not meet are both requirements of Quality Standard 3:
  - 3(3)(b) High impact or high prevalence risks managed effectively (93%)
  - 3(3)(a) Safe and effective personal and clinical care (96%).

Quality audits in home services

The Commission carries out quality audits of a home service at least once every 3 years. The audits assess how providers are performing against the Quality Standards.

Since February 2024, we have improved how we do these quality audits. We now include quality audits of all a provider's home services in a single quality review.

Our quality audits look at a provider's management systems and processes and how they are applied across their services. Providers must be able to show that they have effective risk management systems, including governance, that support them to deliver safe and quality care. We speak to staff and management about their processes and observe how they interact with consumers during service delivery. In addition, we speak with older people and their representatives in person or over the phone to identify whether they are happy with the care and services they receive. This engagement can be initiated by older people or representatives who want to speak to us, or by the assessment team undertaking the quality audit.

Home services: Quality audits, decisions and compliance rates

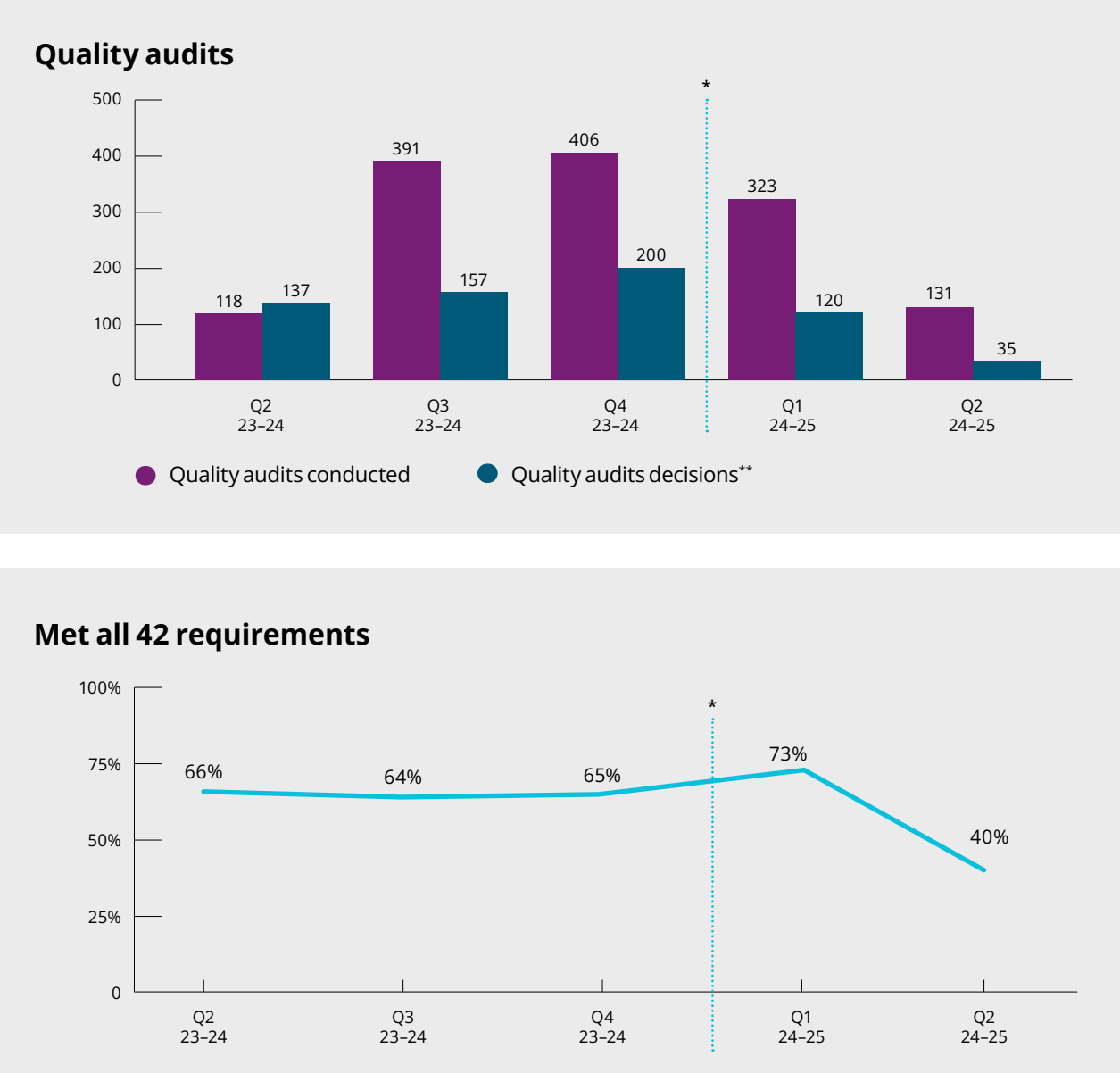


Figure 10: Number of quality audits and proportion of services that met all the relevant Quality Standards in home services over the past 5 quarters

* We introduced multi-service audits from February 2024, where we include all home services of a provider in a quality review (multi-service quality reviews)

** A single decision is made for one provider, covering all quality audits for all home services that provider manages. This explains the gap between the number of quality audits and decisions made

Due to the completion of the third-party contractor program, which had been introduced to help clear the backlog of audits created by COVID-19, a number of the our audit assessment teams were moved away from home services quality audits and redirected to the residential care program. This ensured that we were able to audit all residential services as they became due but meant that we completed fewer quality audits in home services

- We found high rates of non-compliance with the relatively small number of home services providers that we audited in Q2. Of the 35 providers audited, only 14 of these providers (40%) were fully compliant with the Quality Standards.

- We conducted fewer Quality Audits in Q2. Theses audits took longer to complete compared with Q1 as each provider either had more individual services, more consumers or were higher risk.
- Notably, these 35 providers manage 131 services, so these results are representative of that particular group of providers rather than the sector as a whole (for more information, see the highlighted box below).
- Fewer than half of the providers we audited this quarter (46%) were fully compliant with Quality Standard 8 (Organisational governance). This underlines the importance of good governance, systems and processes for delivering high-quality home or community-based care.
- This group of providers also had low compliance with Quality Standard 2 (Ongoing assessment and planning with consumers), which fell from 83% compliance in Q1 2024–25 to 54% in Q2.
- Compliance with Quality Standard 6 (Feedback and complaints) fell to 66% in Q2 among this group of providers.

Why is there so much variation in home services audit results from quarter to quarter?

During the last financial year (2023–24), rates of compliance for home services were quite stable quarter to quarter, at around 65%.

Since the beginning of this financial year, the results have been more varied. In Q1 2024–25, 73% of home services providers we audited were fully compliant with the Quality Standards. In Q2, only 40% of providers that we audited were fully compliant.

There are a few reasons for this change:

- In the last half of the 2023–24 financial year, we changed the way we audit home services providers to align more with the approach we will use under the new Aged Care Act 2024 (which will be in place from 1 July 2025). We now audit all services of a single provider together. We record each service as a separate audit, but we record the decisions at provider level.
- We can find a provider non-compliant with the Quality Standards if we find just one of their services non-compliant with just one requirement of the Quality Standards. This can affect the results for each quarter depending on the number of providers we are auditing and their risk profile.
- As an example, in Q1 2024–25, we audited some larger providers who had higher compliance due to better governance systems. We also audited some low-risk providers. In Q2, we audited a smaller number of providers (35) managing 131 services (8.2% of all home services).

In addition, for Q2, many of the audited providers had higher risk indicators, including services:

- Referred from our risk intake analysis team
- With areas of concern that our Quality Assessors had already identified through monitoring contacts.

The issues we saw in the non-compliant providers in Q2

Our audit reports for this small group of non-compliant providers in Q2 showed they had issues with their:

- governance
- risk management
- accountability
- assessment and planning.

You can also see these issues in their compliance with Quality Standard 8 (Organisational governance), where compliance dropped from 75% in Q1 2024–25 to 46% in Q2. Compliance with Quality Standard 2 (Ongoing assessment and planning with consumers) also fell from 83% in Q1 2024–25 to 54% in Q2.

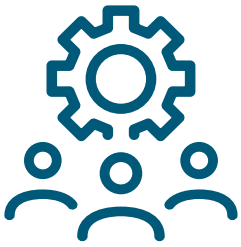
Compliance with Quality Standard 6 (Feedback and complaints) fell from 93% in Q1 2024–25 to 66% in Q2. This suggests that this group of providers are not always communicating well with people receiving services or giving them enough opportunities to give feedback.

Governance

Governance is an ongoing issue for home services providers. This is why we have switched our focus to provider audits. These audits give us a better idea of whether a problem is with a particular service or is about how the provider run all their services.

The low level of compliance with Quality Standard 8 in these services (46%) shows how important governance is to delivering good quality care. Strong governance makes sure that providers have the systems and processes to:

- monitor their performance
- identify areas where they can improve
- take steps to fix issues quickly.



The final report of the Royal Commission into Aged Care Quality and Safety (2021) found that issues in governance and leadership affected the quality and safety of care.

The Commission's Governing for Reform in Aged Care Program supports members of governing bodies, leaders and future leaders. It helps them to improve their corporate and clinical governance and make changes.

Subscribe to our mailing list and keep up to date with Governing for Reform in Aged Care events and information.

Home services: Quality Standards 2, 6, 7 and 8 have the lowest compliance rates

Figure 11: Quality Standard compliance in home services over the past 5 quarters

* We have not included rates for Quality Standard 5. We assess very few services against this standard as most services are delivered in a person's home. Quality Standard 5 does not apply to these situations. However, it does apply to day care and respite services and is included when our audits assess these services

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

§ We introduced multi-service audits from February 2024, where we include all home services of a provider in a quality review (multi-service quality reviews)

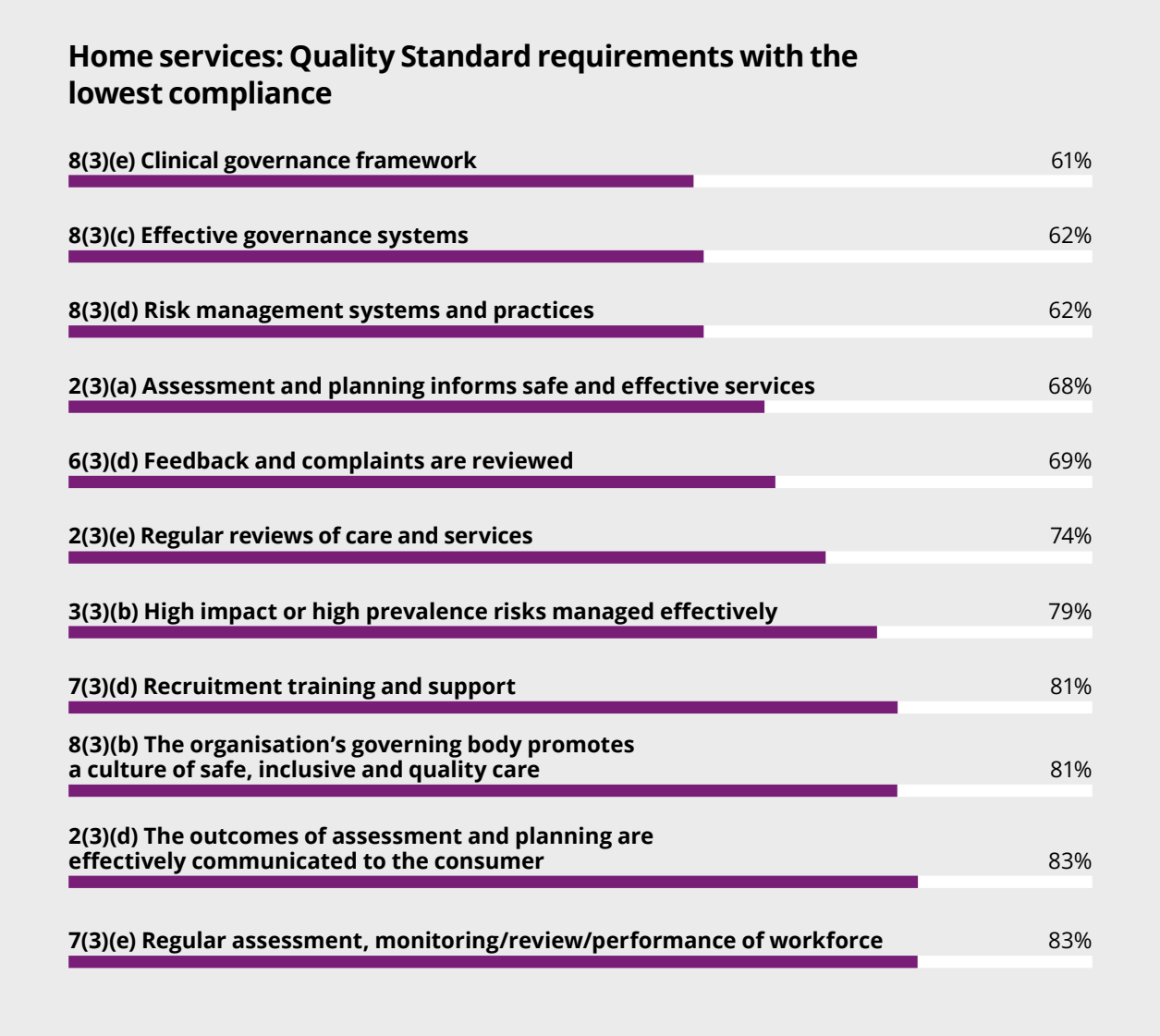


Figure 12: Quality Standard requirements with the lowest compliance in home services in Q2

- We find home services providers have not complied with a Quality Standard if they do not meet one or more requirements of that Quality Standard. We are particularly concerned about Quality Standards that have low rates of compliance in more than one requirement.
- The requirements of Quality Standard 8 that home services providers are most likely to not meet are:
  - 8(3)(e) Clinical governance framework (61%)
  - 8(3)(c) Effective governance systems (62%)
  - 8(3)(d) Effective risk management systems and practices (62%)
  - 8(3)(b) The organisation's governing body promotes a culture of safe, inclusive and quality care (81%).

- The requirements of Quality Standard 2 that providers are most likely to not meet are:
  - 2(3)(a) Assessment and planning informs safe and effective services (68%)
  - 2(3)(e) Regular reviews of care and services (74%)
  - 2(3)(d) The outcomes of assessment and planning are effectively communicated to the consumer (83%).
- Requirements for Quality Standard 8 and Quality Standard 2 consistently make up most of the requirements with the lowest compliance rates in Q2.
- The requirements of Quality Standards 6, 7 and 3 that providers are most likely to not meet are:
  - 6(3)(d) Feedback and complaints are reviewed (69%)
  - 3(3)(b) High impact or high prevalence risks managed effectively (79%)
  - 7(3)(d) Recruitment training and support (81%)
  - 7(3)(e) Regular assessment, monitoring/review/performance of workforce (83%).

Risk-based monitoring and campaigns

The Commission monitors the quality of aged care and services through a program of risk-based monitoring. We target our risk-based monitoring at higher-risk services and providers.

We monitor risk in different ways, including a pre-arranged or unannounced visit to a provider's premises. We also may ask for information through an email, letter, virtual meeting or phone call. 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.

While focusing on risks specific to a provider or service, we also use risk-based monitoring to check how providers are doing in key areas of sector risk. These are areas where many providers are falling short or where they may need help improving and understanding how to prevent poor care outcomes for older people receiving care. In residential care, we are currently focusing on 3 key areas of sector risk:

- COVID-19 and infection prevention and control
- food, nutrition and dining
- workforce responsibilities.

For most sector risks, such as food, nutrition and dining, we are focusing on providers where our information suggests there is a higher risk of harm for people receiving care.

Residential care: Risk-based monitoring

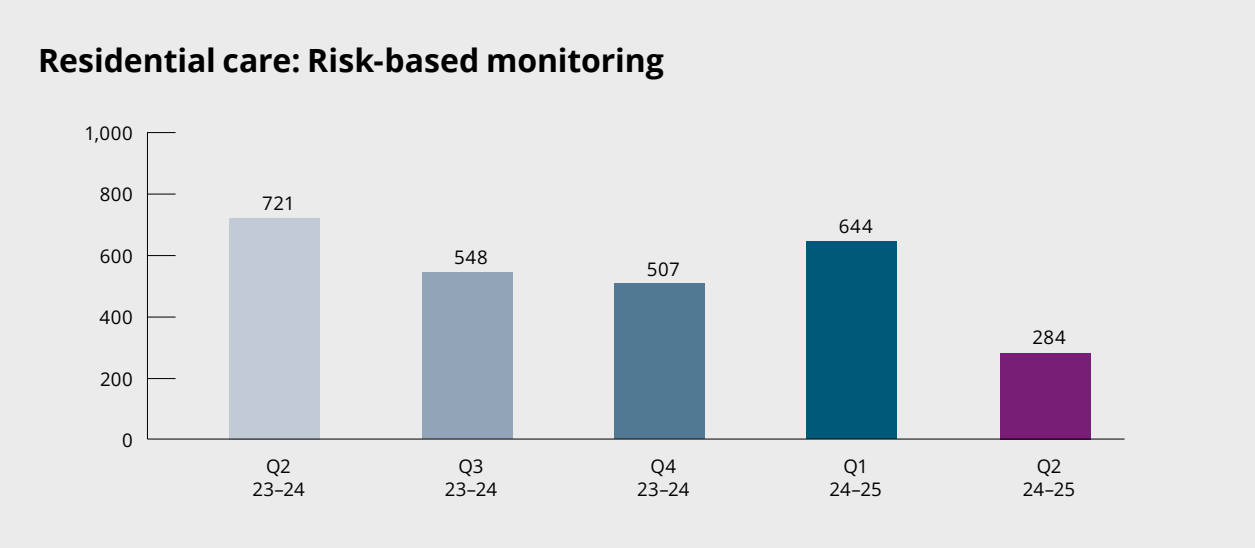


Figure 13:Assessment contacts in residential care over the past 5 quarters
See data tables for a breakdown of performance and monitoring assessments

Home services: Risk-based monitoring

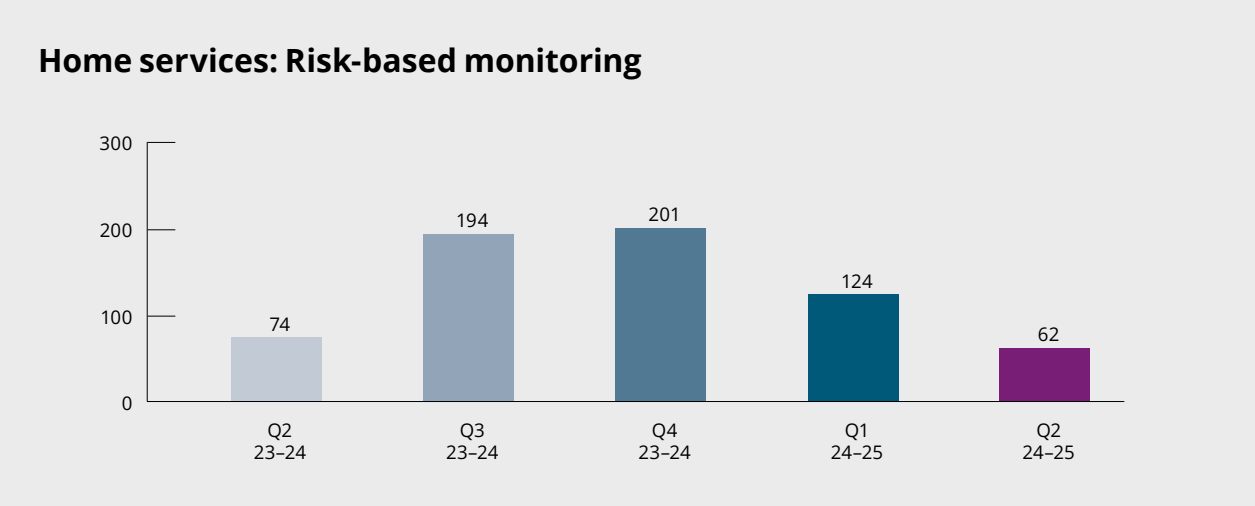


Figure 14: Assessment contacts in home services over the past 5 quarters
See data tables for a breakdown of performance and monitoring assessments

In Q2, we contacted 284 residential care providers and 62 home services providers to assess risk. The Commission undertakes a variety of risk-based monitoring, proactive monitoring and campaign activities, both on site and remotely. The volume of these may fluctuate for a variety of reasons including the number of issues referred for risk-based monitoring, staff availability and workforce priorities.

The cessation of the third-party program in October 2024 required the Commission to focus its efforts on undertaking a significant site audit program. This resulted in a decline in the number of monitoring activities in Quarter 2 which did not directly respond to risks identified in the sector.

We prioritise site visits for services where we:

- are most concerned about the risks of non-compliance for specific responsibilities
- have identified an issue around particular aspects of care.

If we identify an issue during our visits, we work with the provider to find the cause and agree on a plan of action or remedy. We expect that if things go wrong, providers and workers will:

- fix the issue
- restore trust by engaging with and listening to the preferences of the older people in their care impacted
- take steps to stop the non-compliance from happening again.

Campaigns and targeted site visits

Residential care: Campaigns and targeted site visits

111

Food, nutrition and dining related visits*

8

COVID-19 vaccination related visits

66

Workforce responsibilities related visits**

Figure 15: Targeted assessment contact activities in residential care in Q2

* Data extracted from Commission systems as at 7 February 2025

** This includes both 24/7 registered nurse and care minutes targets

You can read more details about workforce responsibilities in the In focus section on page 70

In Q2, almost 40% of our risk-based assessment contacts were about food, nutrition and dining, and 23% were about workforce responsibilities.

COVID-19 and infection prevention and control

Managing COVID-19 and other infections is an ongoing and important part of delivering safe and high-quality care.

Vaccination is still the best defence against COVID-19. It reduces the risk of developing serious illness. Providers need to make sure all older people in their care have access to vaccinations and anti-viral medications. This should be a routine part of care planning and clinical care.

We focus on infection prevention and control (IPC) through our program of site audits, ongoing surveillance of services' changing risk profiles, and risk-based monitoring, including site visits. For surveillance, we look closely at services that have a range of risk factors to do with poor IPC, including:

- low COVID-19 vaccination rates
- large or multiple COVID-19 outbreaks in the past 12 months
- no IPC lead who advises and oversees the measures to prevent and respond to infectious diseases.

We monitored and sought further evidence of IPC practices with more than 100 services that met this profile. Where we remained concern about unmanaged IPC risks, we progressed to onsite monitoring of 8 services.

IPC checks are also part of every audit and review, of which 121 were conducted for residential services and 131 for home service providers in Q2.

Resources

- Regulatory Bulletin on COVID-19 vaccinations
- The department publishes care COVID-19 vaccination rates on their website
- View the webinar on IPC in aged care and access the guide which has practical information to help services put IPC into practice.

Food, nutrition and dining

Having well-designed menus and creating positive mealtimes is important in residential care. It helps support a person's health, wellbeing and quality of life.

In Q2, the Commission did 111 site visits to monitor the food, nutrition and dining at residential services. A third of these visits were supported by experts from our Food, Nutrition and Dining Advisory Unit.

We found all the services we visited provide support for people who need texture-modified diets. A further 89% of the services we visited told us a dietitian reviews and helps develop their menus to make sure they meet the needs of older people. However, we found issues with services not correctly preparing and providing texture-modified food and thickened fluids.

During these targeted monitoring visits, we:

- speak with people receiving care, their family and representatives to understand their experiences
- observe mealtimes and the dining environment
- speak with management, clinical, care and hospitality staff
- review related documents.

⚠ It is important for menus to include texture-modified diets.

We also noticed services were not giving enough support to people who need help to eat. When we raised these issues with a service, most addressed them straight away.

This includes immediate action, such as reviewing and adjusting the level and type of assistance provided and plans to provider further training.

When we undertake a visit, we review information about the service to identify potential risks or lines of enquiry before the visit takes place. Concerns identified during a targeted monitoring visit are recorded in the report to inform the scope of our future activities at the service.

Menu and mealtime review program

Strengthened Quality Standard 6: Food and nutrition explains how important a good menu is that considers feedback from people receiving care. Under this strengthened Quality Standard, which comes into effect on 1 July 2025, providers need to make sure older people receive safe, tasty and nutritious food. They will also need to regularly review menus and mealtimes.

We are working with the department to provide menu and mealtime reviews by independent accredited practising dietitians to up to 1,000 residential aged care services. The reviews are free and confidential, and the Commission does not receive copies of these reports.

This program gives providers an opportunity to better understand the key expectations of this strengthened Quality Standard. It also helps them prepare for its introduction.

Resources

We have a range of resources to support providers to meet their food, nutrition and dining obligations. We encourage providers to:

- nominate to take part in the program next financial year through the Menu and Mealtime Review Program
- read our food for thought article, More than a meal: how thoughtful menus transform residential mealtimes
- view our resources for providers
- view our resources for older people / families / supporters

Worker regulation

Figure 16: Worker regulation investigations in Q2

* As of Q2 24–25, additional cases regarding the Code of Conduct have been included. This larger figure will be reported in future reports

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

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

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

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

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

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

Providers and workers are each responsible for complying with the Code. Providers also need to make sure that their workforce complies with the Code. This includes their paid staff and volunteers.

Source of investigation

Figure 17: Worker regulation investigations in Q2

* Internal intelligence includes information from complaints we receive, the Serious Incident Response Scheme (SIRS) and our audit and monitoring programs

** External intelligence includes information from the NDIS Quality and Safeguards Commission, law enforcement, the department, the Australian Health Practitioner Regulation Agency, the media and external agencies

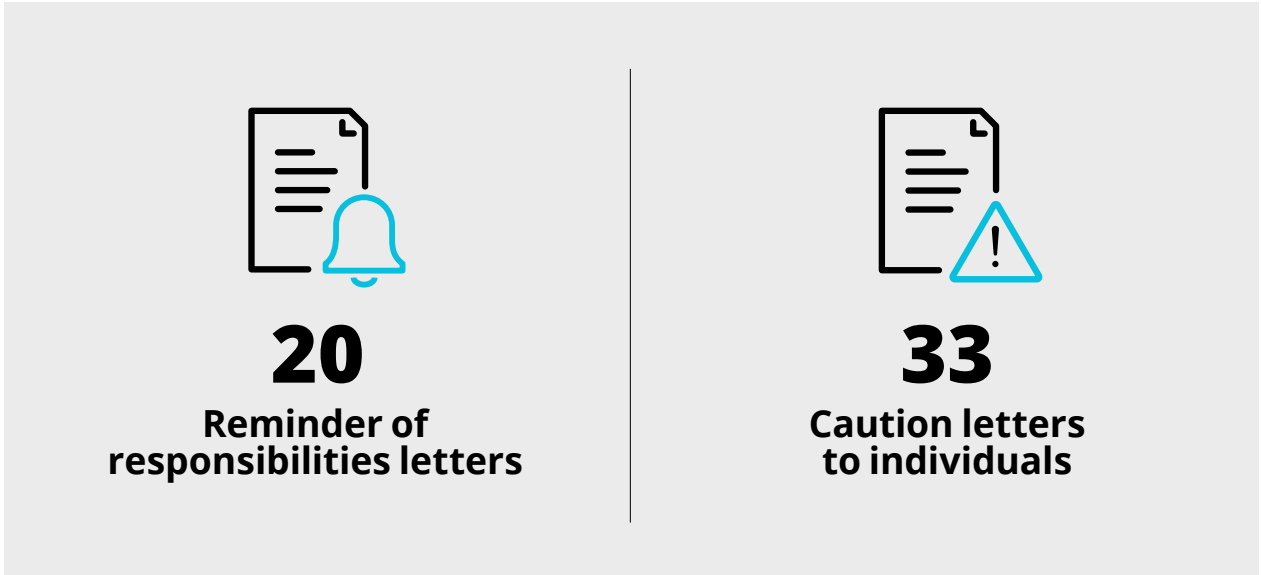


Figure 18: Letters sent in Q2

How we respond when a worker or provider breaches the Code depends on:

- the type of risk
- the harm caused, or the possible harm that could be caused, to older people receiving care
- evidence that the provider can and will manage the risk.

We identify worker risks through our regulatory activities, including serious incident notifications and complaints.

We also identify worker risks through information from:

- the NDIS Quality and Safeguards Commission
- the department
- other regulatory agencies
- the media.

If we believe there is a risk to the people or person receiving care, we may:

- send the worker or provider a reminder of responsibilities letter
- send the worker or provider a caution letter
- carry out an investigation.

A reminder of responsibilities letter encourages the person or provider to comply with the Code through education. It helps to support a worker or provider to understand and improve their compliance with the Code.

A caution letter tells a worker or provider about our concerns and reminds them of their responsibilities under the Code. It also lets them know what can happen if they repeat the behaviour, how we monitor this and what our role is in identifying these risks.

- We issued 20 reminder of responsibilities letters in Q2
- We issued 33 caution letters in Q2.

Banning orders

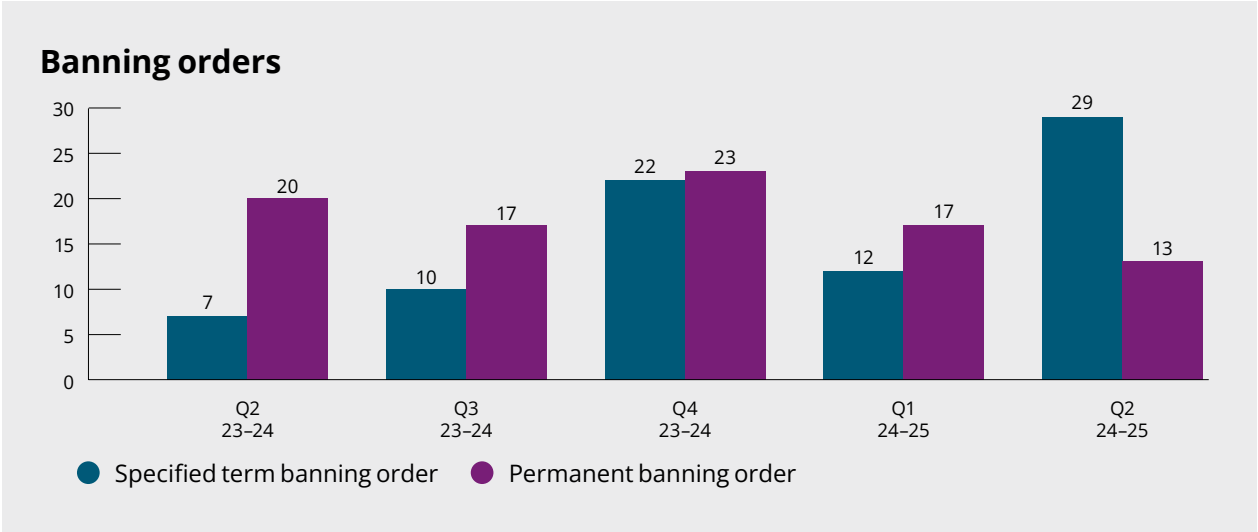


Figure 19: Banning orders over the past 5 quarters

After an investigation, the Commission may 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 specific time
- can be subject to conditions.

We can make a banning order against:

- a current or past aged care worker of an approved provider
- a current or past governing person of an approved provider
- people who have not worked or been involved in aged care before.

Banning orders can stop a person from:

- being involved in providing any type of aged care
- being involved in providing specific types of aged care
- taking part in specific activities as an aged care worker or governing person.

We have a public register of banning orders that lists all the banning orders we have made. We expect aged care providers to check the banning orders register when they are employing people to work in their services.

You can also find more information on banning orders on our website.

- We issued 42 banning orders in Q2. This represents a 45% increase on Q1 (29) and a 56% increase on the same time last year (27).
- The higher number this quarter is because there has been an increase in specified-term banning orders, which also saw an increase in Q4 2023–24.
- Of these 42:
  - 29 banning orders were for a specific length of time
  - 13 banning orders were permanent.

Find out more at the links below:

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

Provider supervision

Provider supervision is part of the Commission's regulatory strategy to improve the quality of aged care. We supervise providers in a way that encourages them to identify and address risks and improve their performance. This approach makes sure all parts of the Commission work together to respond to provider risk.

If a provider shows that they are not willing or able to address risks or non-compliance, we will increase our level of intervention and supervision. This includes using our compliance powers to direct the provider to address these issues.

The level of our supervision depends on risks to older people. To determine a provider's supervision status, we consider:

- the provider's risk profile (our assessment of how well they are likely to be delivering care)
- the provider's ability to identify and manage risks to older people receiving care
- other information and intelligence we have collected.

How we supervise the sector

The Commission continually monitors providers to detect risk and protect older people receiving aged care. We give all providers a supervision status under provider supervision. There are 4 supervision statuses. These escalate depending on the intensity of our involvement required for providers to manage the risks.

The 4 levels of supervision, in order of increasing risk and resourcing, are:

- surveillance
- targeted supervision
- active supervision
- heightened supervision.

Providers can move to any supervision status at any time. We base this on the level of risk and how willing and able the provider is to address risk. We supervise all providers, whatever their supervision status.

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.

Figure 20: The number of residential providers under active or heightened supervision. Data extracted 6 January 2025 for a point-in-time breakdown for 31 December 2024

We engage and intervene a lot more intensely with providers who are not yet able to show us they can manage these risks well. These providers have their level of supervision increased to active or heightened.

- In Q2, we noticed substantial changes in the different supervision levels as a result of the way providers handled the risks we identified, and how they acted to fix them.

Heightened supervision

- We reduced the total number of providers under heightened supervision to 5 (down from 25 in Q1).
- We moved 3 providers up into heightened supervision.
- We moved 22 providers from heightened supervision status to active supervision, and one provider was moved from heightened to targeted supervision status.

Active supervision

- We moved 43 providers to active supervision from targeted supervision and surveillance, bringing the overall total to 84 (up from 72 in Q1).
- This was because there were high levels of risk that the providers had not addressed while they were under targeted supervision.
- Providers subject to targeted, active or heightened supervision will be aware of this through our engagement with them.

You can find more information on provider supervision in our Regulatory Strategy 2024–2025. You can find case studies from our trial of the supervision model in the In focus section of the Q4 2023–24 Sector Performance Report.

Compliance and enforcement actions

As part of our provider supervision, we use our compliance powers to direct and force providers to address issues.

Our compliance powers

- **Directions to revise plan for continuous improvement (Directions)**
  A direction describes the actions a provider needs to take to meet their responsibilities.
- **Enforceable undertakings**
  An enforceable undertaking may be accepted by the Commission. This confirms that a provider will do, or stop doing, a specific action, to meet its responsibilities under the *Aged Care Act 1997*. You can read more in our Regulatory Bulletin: focus on enforceable undertakings.
- **Non-compliance notices**
  A non-compliance notice tells the provider that we are planning to impose sanctions on them because of their non-compliance. It lists what the provider needs to do to fix the non-compliance and avoid the sanction.

These are some of the compliance actions we take. You can find a description of all our compliance powers in our Regulatory Strategy 2024–2025.

Residential care: Compliance and enforcement actions

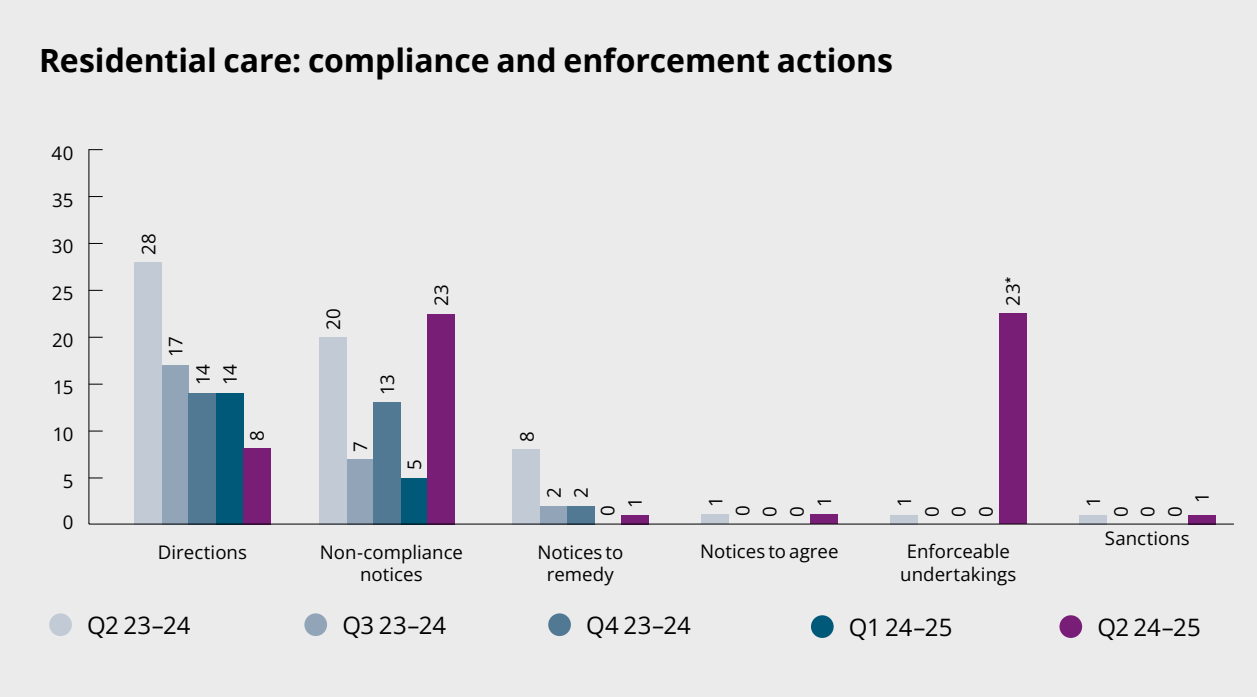


Figure 21: Directions and enforceable actions because of non-compliance in residential care over the past 5 quarters

* 9 of the 23 are from one provider with multiple services under different Australian Business Numbers (ABN)

- In Q2, we issued 23 non-compliance notices in residential care. Of these, 15 (65%) were prudential non-compliance notices, all of which related to late lodgement of quarterly financial reports.
- We accepted 23 enforceable undertakings. Of these, 22 were about the care minutes program.
- An enforceable undertaking is a written agreement between the Commission and a provider, worker or responsible person. It sets out what the provider plans to do to address their non-compliance in a specific timeframe. They recognise their non-compliance by:
  - taking responsibility for addressing it
  - providing evidence to us of how effectively they are addressing it.

This formal commitment to us allows them to show good governance and accountability.

- An enforceable undertaking will end on an agreed date or when we are satisfied that the provider has met all the terms.
- An enforceable undertaking is legally binding. The Commission can take it to court if the provider or person does not do what they agreed to do in the undertaking.
- We publish enforceable undertakings to support shared learning for the sector on the type of improvements that might be needed, and provide transparency for the public on the regulatory actions.
- For a detailed look at enforceable undertakings and mandatory care minutes, see our In focus on page 76.
- Our focus on public accountability and transparency is reflected through the publication of our recent media release on care minutes and the current enforceable undertakings on our website.

Home services: Compliance and enforcement actions

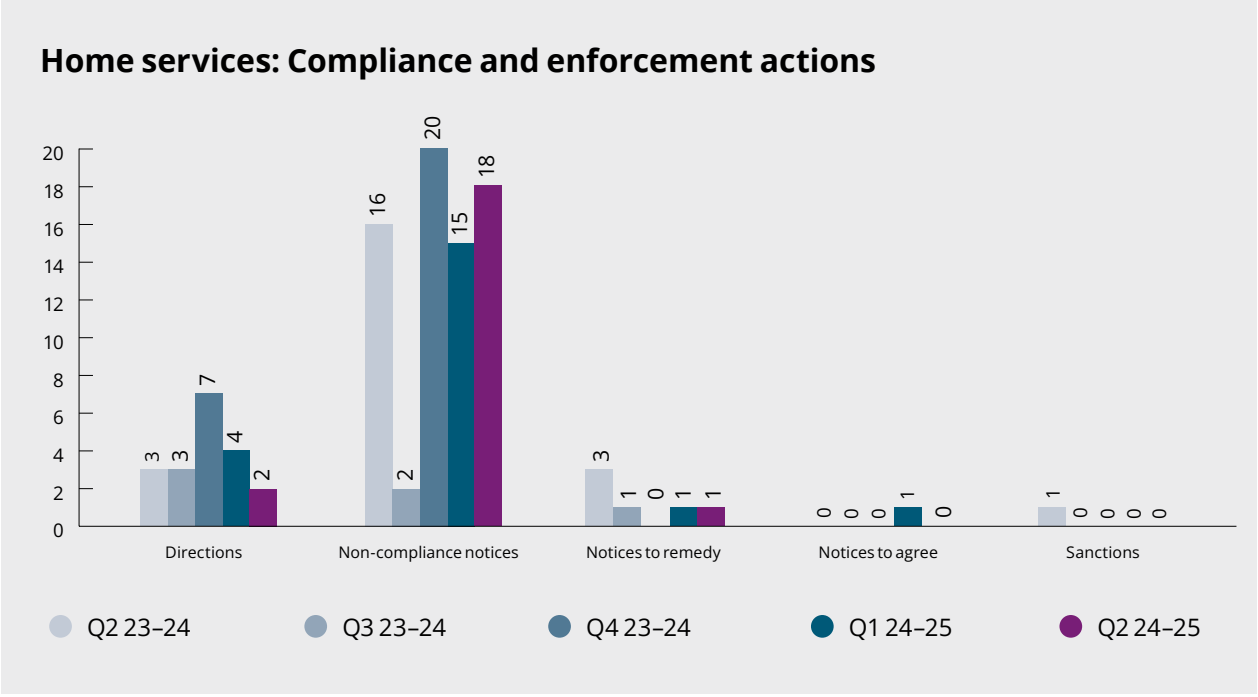


Figure 22: Directions and enforceable actions because of non-compliance in home services over the past 5 quarters

- In Q2, we issued 18 non-compliance notices to home services providers. All of these notices were about financial and prudential issues.

Find out more at the links below:

- Regulatory Strategy 2024–25
- Aged Care Quality Standards
- Home services quality reviews
- Residential care review audits

Financial and prudential compliance

The Commission monitors and engages with providers on financial and prudential issues, including through compliance audits or reviews. These improve the delivery of high-quality care by:

- **making sure providers understand their financial and prudential responsibilities**
- **addressing risks**
- **getting providers to lift their performance.**

Targeted reviews focus on educating and supporting providers on their responsibilities.

We did 2 targeted reviews in Q2, one on room price approval and publishing, and the other on the Disclosure Standard.

Room price approval and publishing

In early 2024, the Independent Health and Aged Care Pricing Authority (IHACPA found that some providers had charged refundable deposits (RDs) or the equivalent daily accommodation payment (DAP) above the maximum amount without approval to do so.

Since then, we have investigated 51 providers based on referrals for possible room pricing non-compliance requirements. These referrals were from:

- IHACPA
- providers self-reporting their own non-compliance to us
- engaging with providers on their prudential obligations.

We ran a targeted review on room price approval and publishing from July to September 2024 with 40 other providers. This review was aimed at early intervention, education and support to improve provider compliance.

We did this review when the maximum RD or equivalent DAP was $550,000.

On 1 January 2025, the limit increased to $750,000. Providers cannot increase the refundable deposit amount for residents already in care. To charge above this amount, providers must get approval from IHACPA. They must also publish their room pricing on their website and My Aged Care. They also need to give written information to older people considering their services.

Overcharging issues were mainly because of administrative errors, gaps in processes and procedures, or governance systems.

Disclosure Standard

We ran a targeted review from August to October 2024 to assess whether a sample of providers across the country understood and met their responsibilities under the Disclosure Standard.

Under the Disclosure Standard, providers must:

- include information about how they comply with the Prudential Standards in their Annual Prudential Compliance Statement (APCS), as part of their Aged Care Financial Report (ACFR)
- share specific financial and prudential compliance details with older people receiving care and their representatives
- share specific information to those considering aged care, and their representatives.

We found most providers that we reviewed did not meet the disclosure requirements. The main reasons were providers failing to submit their APCS correctly and on time.

You can find insights reports with detailed findings on our targeted reviews and audits page. These highlight things for providers to consider and help them better understand:

- room price approval and publishing requirement
- Disclosure Standard requirements
- other financial and prudential issues.

Find out more at the links below:

- Independent Health and Aged Care Pricing Authority (IHACPA)
- Disclosure Standard
- Targeted Reviews
- *Aged Care Act 1997*
- Fees and Payments Principles 2014 (No 2)
- Financial and Prudential Standards
- Governance Standard
- Accommodation payments and contributions for residential aged care
- Overcharged accommodation payments factsheet

Serious Incident Response Scheme

Residential care and home services providers need to notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS).

Every provider must also have an effective incident management system. Providers should use this system to reduce and prevent incidents and to respond effectively when they happen. This is a requirement of Quality Standard 8 (Organisational governance).

In this report, we present the numbers and rates of SIRS incidents reported to the Commission. Knowing the rate of SIRS notifications for the sector can help providers to understand how their rate of notifications compares with the sector average. We use these rates, combined with other information on how providers are performing, to identify risks to people receiving care. We are concerned by rates that seem too high or low compared with the sector or similar types of providers.

Priority 1 reportable incidents are incidents:

- that must be notified to us within 24 hours of the provider finding out about them
- that have caused, or could reasonably have caused, a person receiving aged care physical or psychological injury or discomfort that needed medical or psychological treatment
- where it is reasonable to contact the police (this includes all incidents involving alleged, suspected, or witnessed sexual assault)
- where there is the unexpected death of a person in aged care or their unexplained absence from the service.

Priority 2 reportable incidents are incidents:

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

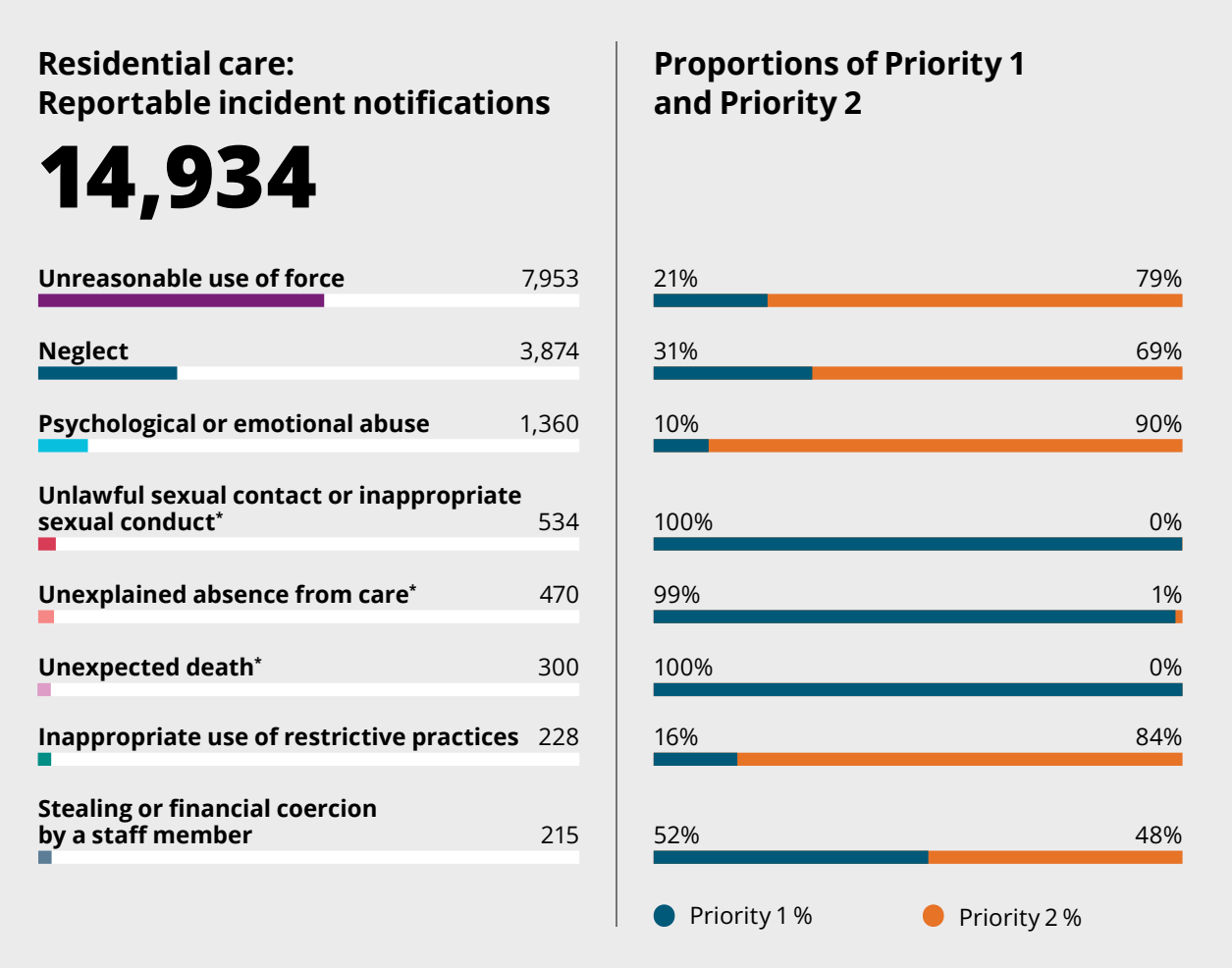


Figure 23: All reported incidents and percentage of Priority 1 and Priority 2 incidents in residential care in Q2

* Reportable incidents of unlawful sexual contact or inappropriate sexual conduct, unexplained absence and unexpected deaths are Priority 1 reportable incidents. The notifications recorded in this table as Priority 2 are because providers incorrectly selected Priority 2

Residential care: Total Priority 1 and Priority 2 SIRS notifications in residential care

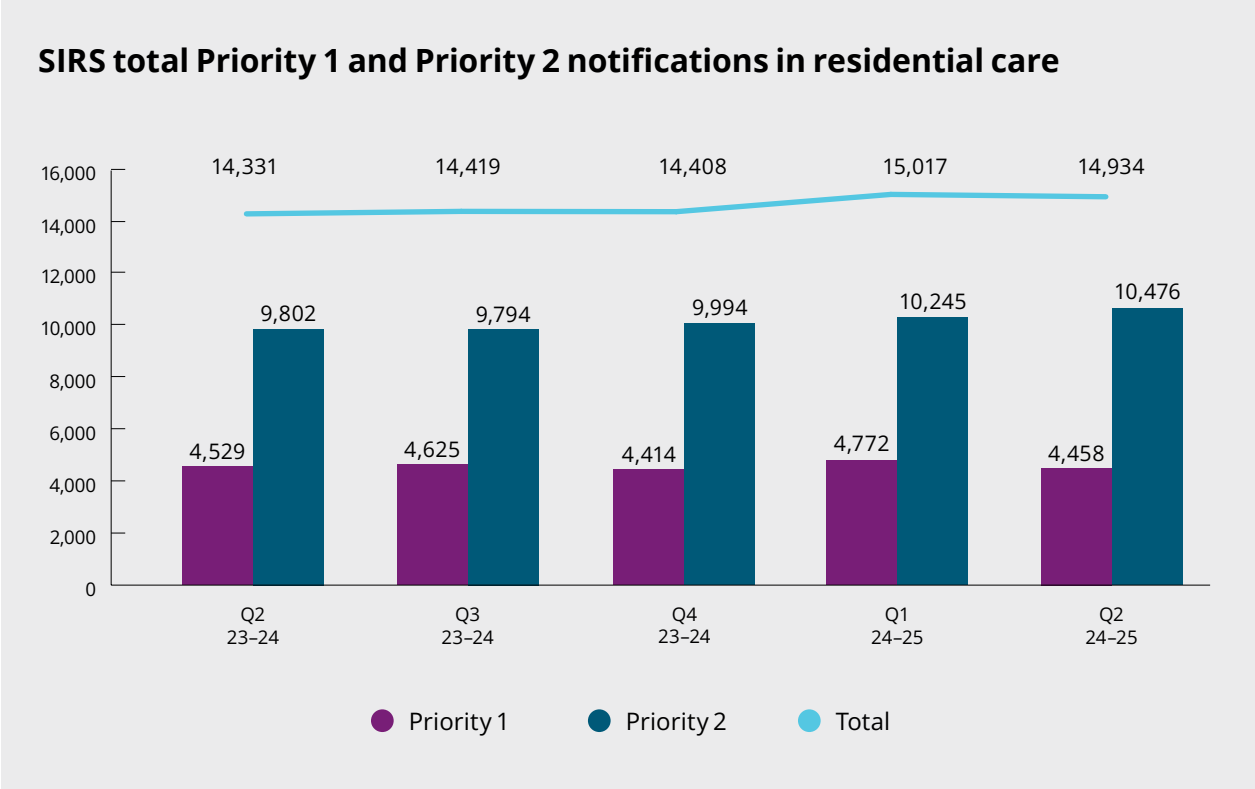


Figure 24: SIRS Priority 1 and Priority 2 notifications in residential care over the past 5 quarters

- There has been a steady increase in the overall number of total notifications of serious incidents reported to us under the SIRS since Q2 2023–24. The increase in the notification rate has been steady over the past five quarters, consistent with the growth of SIRS notifications (page 47).
- Priority 1 notifications have decreased marginally from 4,772 in Q1 to 4,458 in Q2.
- Priority 2 notifications have increased by almost 10% across over the past 5 quarters.
- There has also been an overall increase in the number of older people in residential aged care. This is why we also provide information on the rate of serious incident notifications. This tells us whether the increase in notifications is because of the higher number of people using aged care or for other reasons.
- Notifications of unreasonable use of force in residential care still account for more notifications than all other incident types combined.
- Notifications of neglect and psychological or emotional abuse are the second- and third-most reported incidents.

- Neglect includes many kinds of care-related incidents related to a person's care, such as:
  - medication administration
  - personal care
  - pressure care
  - not enough supervision.
- When providers notify us of incidents of neglect, they should also check their data to look for other care issues and review their clinical governance. This includes the data they collect and submit under the Quality Indicator Program.
- To better understand what types of incidents are reported and how providers are responding, we analysed a sample of notifications reported to us between July and September 2023. Some of our key findings include:
  - medication errors account for nearly half (46%) of all neglect notifications
  - providers usually respond to this issue with more training for staff or medical reviews
  - providers need to do more to identify the root causes of an incident that could stop it from happening again.

How do we assess SIRS incidents and trends?

We analyse SIRS data at several levels, including:

- priority
- serious incident type
- provider and service.

When assessing a provider's response to an incident, we first look for evidence that they are detecting incidents quickly and taking immediate action to keep the people in their care safe.

We also look for evidence that they are taking action to stop similar incidents happening again.

In each case, we look for patterns and trends to show that we need to investigate for further investigation. Where we find a concerning pattern of serious incidents from a service, we will follow this up. If there is evidence that the service has not done anything to fix the issue, causing repeated incidents, we may take regulatory action.

We expect providers to regularly analyse and act on all their incident data to keep improving their services.

Getting it right – assessing the impact of serious incidents

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

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

The benefits to accurately assessing impact include:

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

To improve how providers assess impact, the Commission has worked with providers to design an impact assessment tool. We workshopped this with providers, using real case studies, during the Commission's National Provider Conference in April 2024.

We encouraged providers to 'walk in the shoes' of people receiving care to better understand the physical, emotional and cultural impacts of an incident The impact assessment tool is available on our website.

SIRS notification rates

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

Providers should review their incident management system to look for ways to get better at preventing incidents from happening and improving their responses to incidents when they do happen.

Many reported incidents are preventable. We expect providers to be able to show how they keep improving to reduce the likelihood of incidents. This includes:

- studying what happens when things go wrong
- listening to people affected by the incident
- introducing changes to stop it from happening again.

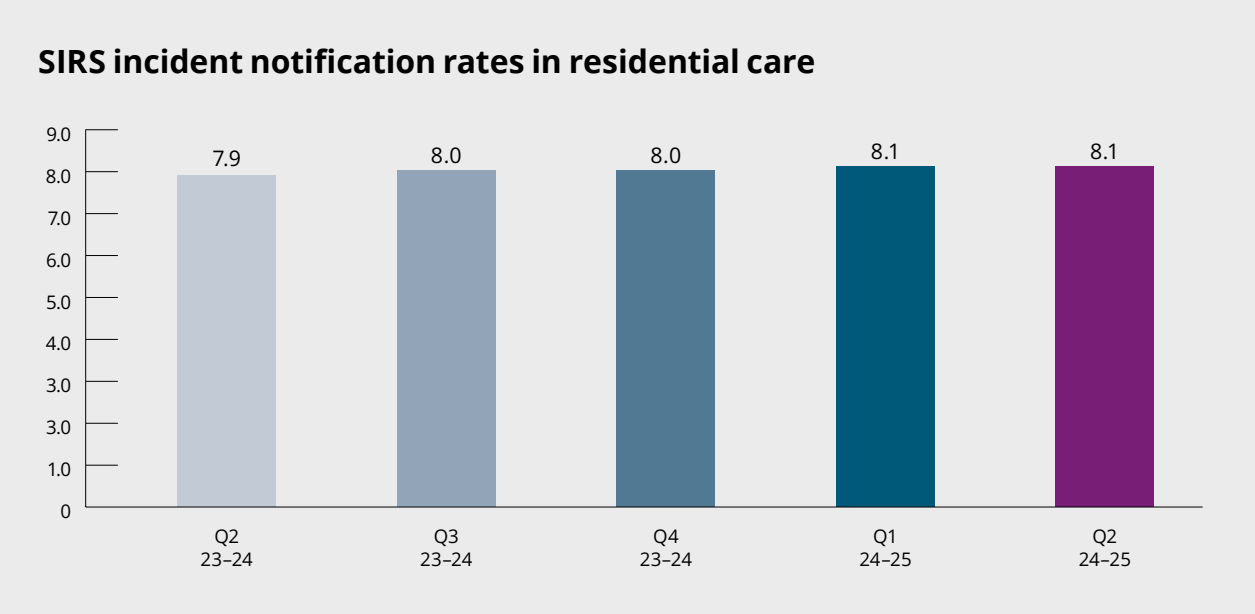


Figure 25: SIRS notification rates in residential care over the past 5 quarters
SIRS notification rate is number of notifications per 10,000 OBDs
*The notification rate for Q4 2023–24 is based on the estimated number of OBDs. See notes on data for details page 88

Residential care reporting rates per quarter for each incident type

Figure 26: SIRS reporting rates for each notification type in residential care over the past 5 quarters
All rates are notifications for every 10,000 OBDs

* The notification rate for Q4 2023–24 is based on the estimated number of OBDs. See notes on data for details page 88

Home services: Reportable incident notifications

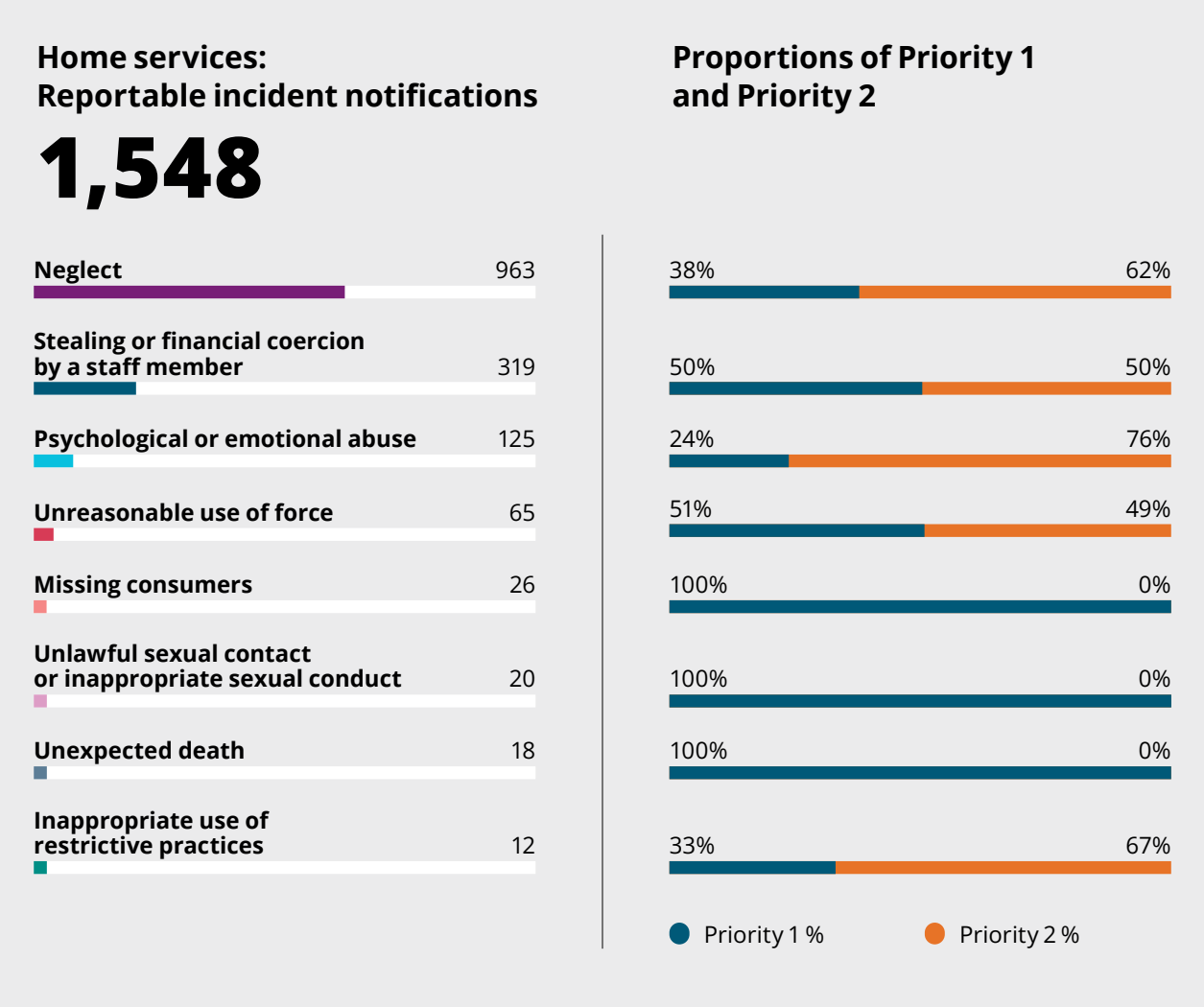


Figure 27: All reported incidents and the percentage of Priority 1 and Priority 2 incidents in home services in Q2

Total Priority 1 and Priority 2 notifications in home services

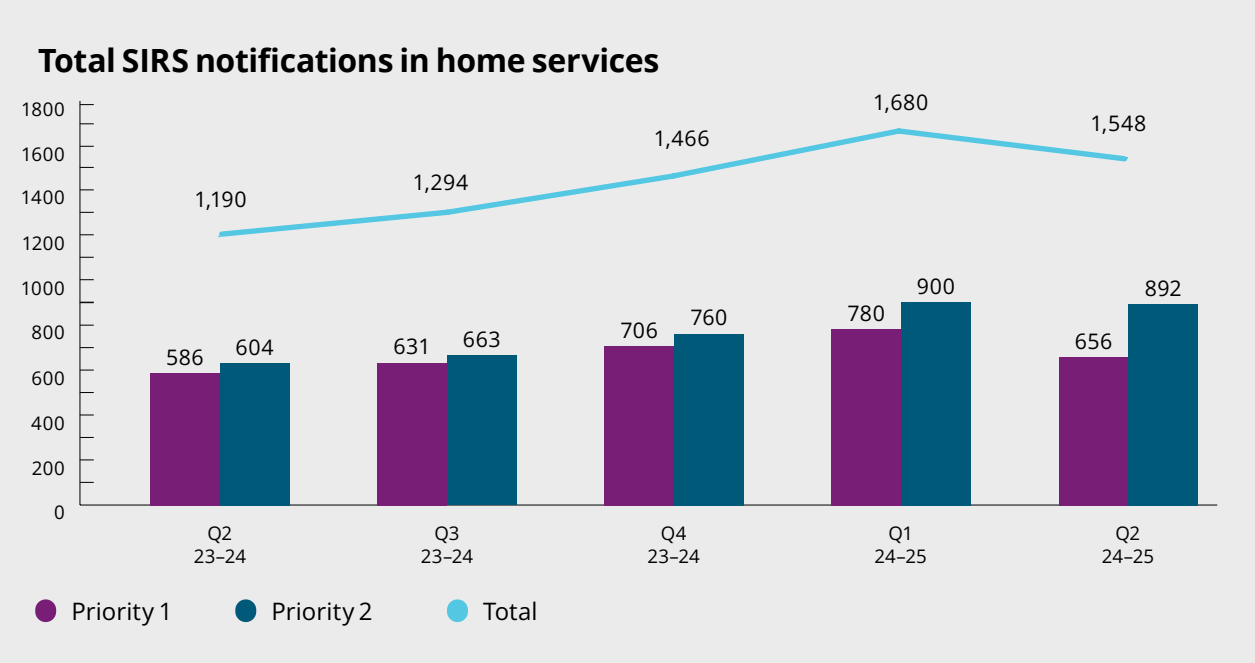


Figure 28: SIRS Priority 1 and Priority 2 notifications in home services over the past 5 quarters

- Notifications of both Priority 1 and Priority 2 serious incidents from home services providers have dropped for the first time in 5 quarters.
- In Q2, Priority 1 notifications dropped by 16 percentage points and Priority 2 notifications by 1 percentage point compared with Q1. The overall number of reportable incidents dropped by 8 percentage points.
- Low or non-reporting is not, on its own, evidence of better care. It is more likely to be evidence of governance systems not working or a lack of clinical governance framework. These help providers to know about incidents when they are reported.
- The lower rate of SIRS reporting in home services compared with residential care may also be because of:
  - different settings where services have lower contact hours
  - lower risks for many home services
  - providers under-reporting incidents.
- Priority 1 notifications account for 42% of all notifications, while Priority 2 notifications account for 58%.
- Reports of neglect are the most common notification in home services, accounting for 62% of all notifications (up one percentage point from Q1).
- The second-most common incident type is stealing or financial coercion by a staff member (21%).

Home services: Neglect in SIRS

In Q2, there were 963 notifications of neglect. This accounts for 62% of all SIRS notifications in home services. This is a one-percentage-point increase from Q1 (61%).

To better understand what types of incidents are reported under neglect, and how providers respond to these incidents, we analysed a representative sample of incidents across the 2023–2024 financial year reported to the Commission.

What we found

Neglect is associated with a variety of harms in home services, including:

- falls
- injuries
- medication errors
- poor wound care
- unmet needs for personal care.

Cases of neglect have a range of causes. While they can be the result of an error made by an individual staff member, they can also occur because of a breakdown in processes, or because of miscommunication between multiple staff. In particular, missed shifts often occur because of system issues (for example with rostering/scheduling), and these missed shifts can result in missed medication or personal care.

Missed shifts are commonly reported as Priority 2 incidents, including a number of reports where missed shifts led to missed medication.

Home service providers responded to these incidents in a range of ways, including:

- providing support and extra care to the person affected
- investigating the causes of the incident
- updating their internal policies and processes
- training or retraining staff
- making changes to subcontracting arrangements
- practicing open disclosure.

Find out more at the links below:

- Serious Incident Response Scheme Insight Reports
- SIRS information for providers
- SIRS information for home services providers
- Information on Quality Standard 8 - Organisational governance
- Clinical governance resources
- SIRS Home services - Reportable incidents: neglect

Complaints

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

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

Providers should support people receiving care to feel confident to raise any concerns directly with staff when there is an issue with their care. We also expect providers to encourage and support their staff to resolve concerns when they come up. Good communication and handling complaints with a person-centred focus builds better relationships with the older people in a provider's care.

Residential care

1,451
Complaints received

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

Home services

1,004
Complaints received
(HCP = 888, CHSP = 116)*

31.3 (HCP) | **1.4** (CHSP)
Complaints rate
per 10,000 consumers

Figure 29:Number of complaints and complaints rate in residential care and home services in Q2
* Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP)

Complaints received about residential care

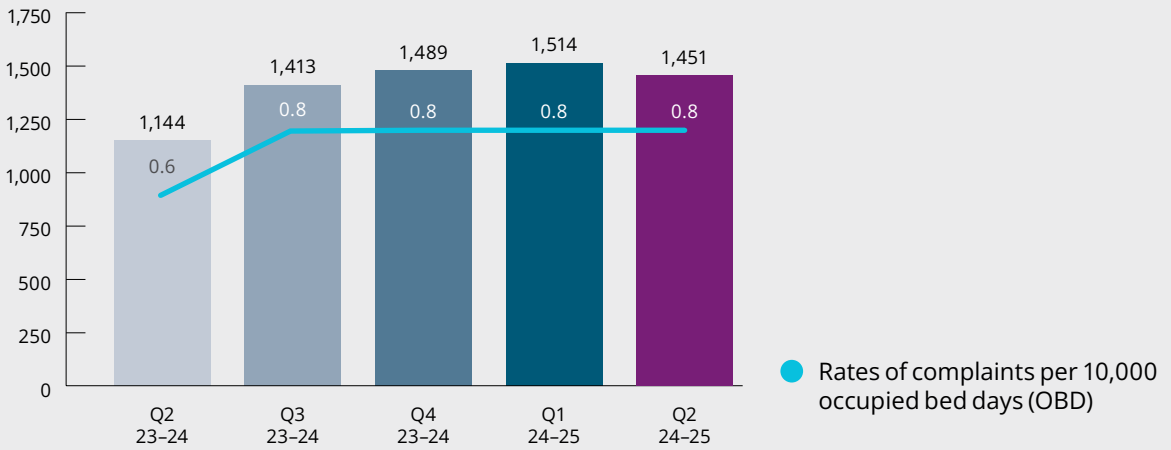


Figure 30: Number of complaints and complaints rate in residential care over the past 5 quarters

Residential care: complaints by group

1,451

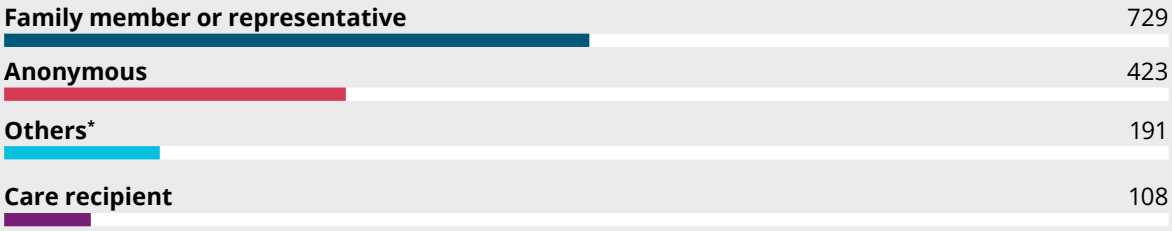


Figure 31: Complaints by the group that made the complaint in residential care in Q2

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

- In Q2, the number of complaints made to us about residential care dropped by 4 percentage points. This is the first fall since Q2 2023–24.
- The rate of complaints was 0.8 for every 10,000 occupied bed days (OBDs). For a typical 110-bed service, that is less than one complaint each quarter and less than 4 a year. This has not changed for the past 3 quarters.
- Only 7% of complaints made to us about residential care are from people receiving care, while 50% are made by a representative or family member.

- Many anonymous complaints made about residential care providers are from staff or allied health workers. Anonymous complaints, including complaints from workers, are an important source of information for the Commission about the care and services being provided.
- Providers should review their complaints processes to make sure they resolve issues directly with people receiving care by practising open disclosure.
- Providers must ensure that people receiving care know that they can contact the Commission at any time, or have someone do that for them, if they are concerned about their care and services.

We calculate rates of complaints by the number of complaints received in the quarter for each:

- 10,000 occupied bed days (OBDs) in residential care
- 10,000 people receiving care in home services.

This allows us to track changes over time and account for services with different numbers of:

- residents in residential care, as well as occupancy
- people receiving home services.

OBDs are not applicable to home services, so we have used a different rate. This means that the rates for residential and home services are not comparable with each other.

Where possible, we have also broken down home services by program type. The 2 programs are the Commonwealth Home Support Programme (CHSP) and Home Care Packages (HCP). This allows providers to compare their results with similar types of providers.

Complaint issues in residential care

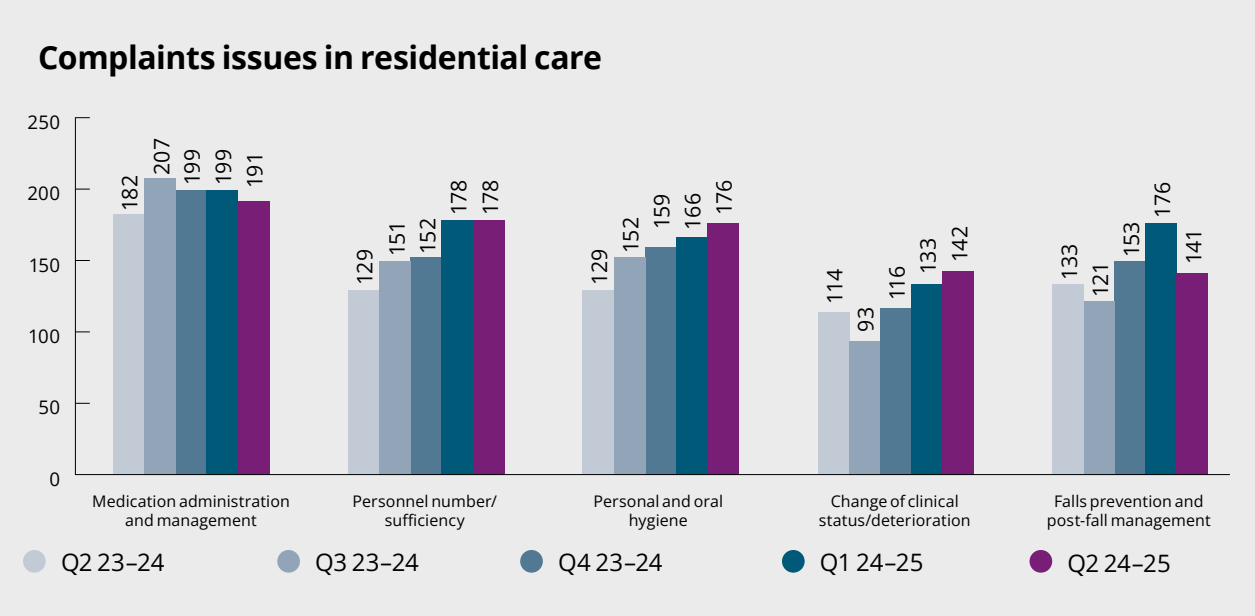


Figure 32: Top 5 complaints issues in residential care over the past 5 quarters

* The top 20 complaints issues and rankings for each quarter are in our online data tables published with this report

- Complaints about care account for 4 of the top 5 complaints issues in residential care. This is followed by complaints about the number and capability of staff.
- Medication management and administration remains the most complained-about issue in residential care.
- In Q2, complaints related to clinical deterioration emerged as a top 5 issue for the first time.
- Common examples we see in complaints about medication include:
  - medications being given to the wrong person, or a near miss
  - administering the wrong dose of medication, or a near miss
  - late and missed medication.
- Complaints about falls have dropped since Q1, while personal and oral hygiene have increased.
- Issues we see in complaints are reflected in compliance data. Compliance with Quality Standard 3 (Personal care and clinical care) has the lowest rate of compliance of the Quality Standards (Figure 8). The requirement to provide safe and effective personal and clinical care has the second-lowest rate of compliance of all 42 requirements of the Quality Standards.
- In contrast, the Quality Indicator Program data shows steady improvement across the sector in several care-related areas (Figure 42).
- The number and capability of staff is also consistently in the top 5 most complained-about issues. Common complaints include:
  - reduced staff numbers on weekends
  - people not receiving timely care or help to leave their beds and rooms.
- These types of workforce issues can affect a provider's ability to meet mandatory care minutes targets for each person each day (page 70).

Calculating your own rates

We encourage you to calculate your own complaints rates to compare with the sector averages and averages for similar types of providers.

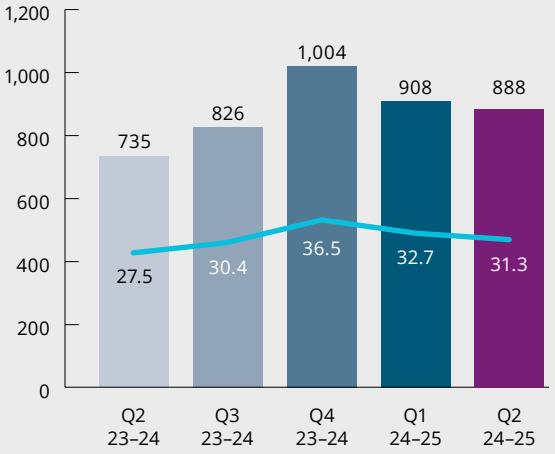
If your own rates are very different from the averages, it is important to know why.

- Has an unresolved issue come up at your service?
- Are there any problems with your complaints system?
- Are people receiving care confident that management and your staff can resolve an issue quickly, or do they feel they need to involve the Commission?
- Do people receiving care feel confident about coming forward to complain? Do they know how to make a complaint?
- Are you communicating well and practising open disclosure to maintain good relationships with the people in your care?

The Commission recently presented a webinar about open disclosure which you can watch: Trust is built in drops and lost in buckets – Why Open Disclosure Matters.

Home services: Complaints

Home services: number and rate of complaints – HCP*



Home services: number and rate of complaints – CHSP**

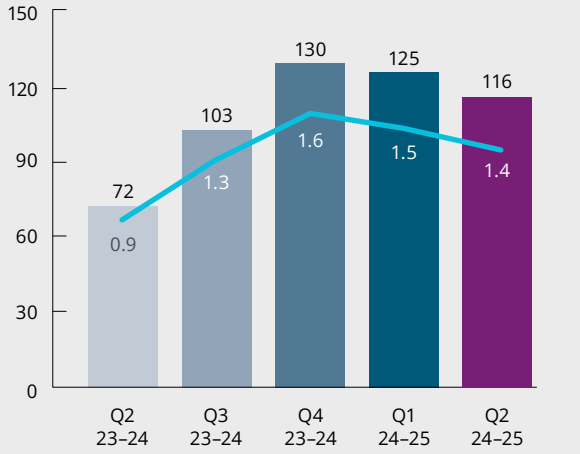


Figure 33: Number of complaints and the rate of complaints for every 10,000 people receiving home services over the past 5 quarters

* Home Care Packages (HCP)

** Commonwealth Home Support Programme (CHSP)

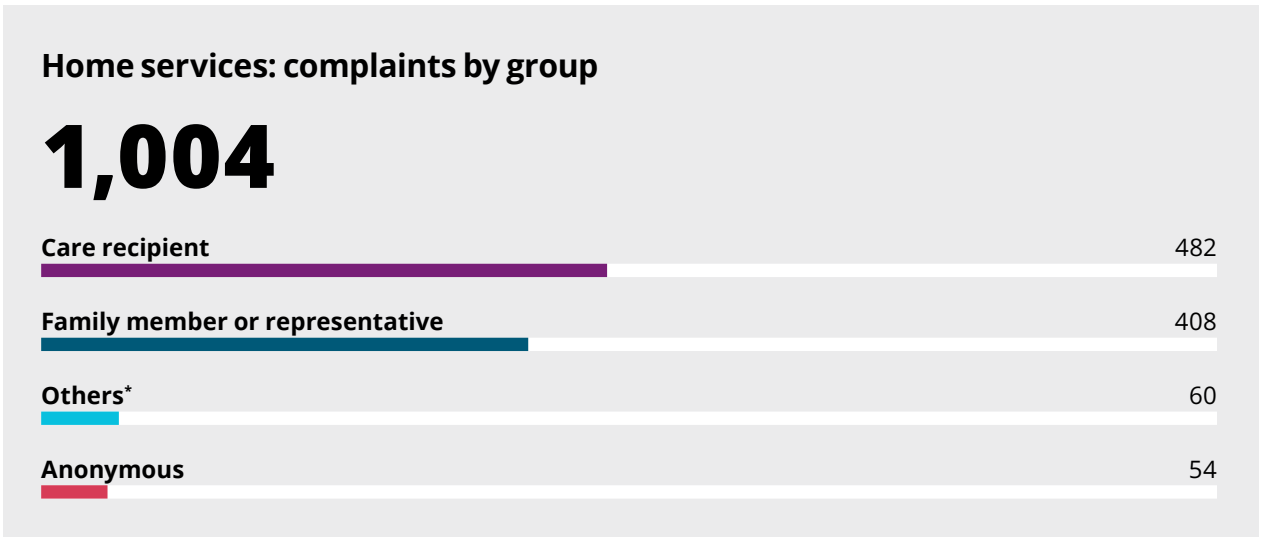


Figure 34: Complaints by the group that made the complaint in home services in Q2

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

- The number of complaints received (888) and the complaints rate (31.3) for Home Care Packages (HCP) has dropped again in Q2 after reaching a peak in Q4 2023–24.
- The number of complaints received and the complaints rate for the Commonwealth Home Support Programme (CHSP) has also dropped again in Q2. Complaint numbers about the CHSP are small, relative to the large number of people receiving help under the CHSP.
- Unlike in residential aged care, nearly half of complaints about home services we receive are made by people receiving care (48%). Other complaints are made by a family member or representative (41%), and the remaining complaints are made anonymously or by other groups (11%).
- Through our quality audit program, we monitor compliance with Quality Standard 6 (Feedback and complaints), which requires all providers to have a feedback and complaints system that is:
  - accessible
  - confidential
  - prompt
  - fair
  - used to improve care and service delivery.

Complaints issues in home services

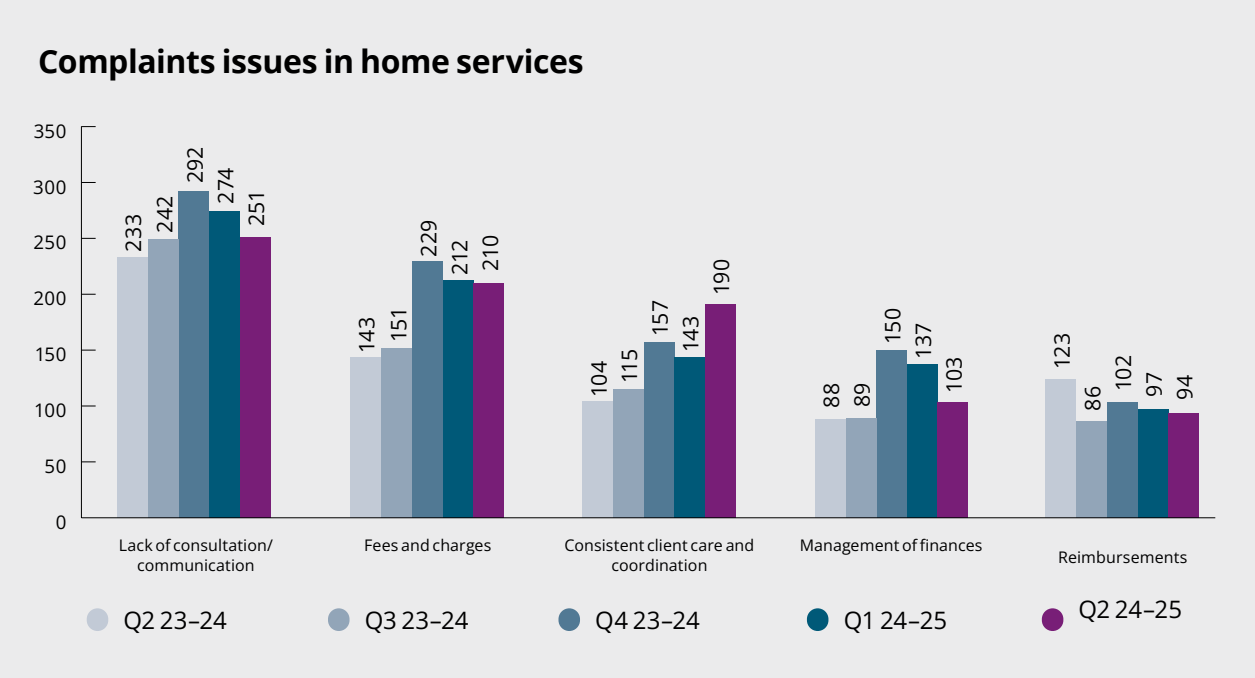
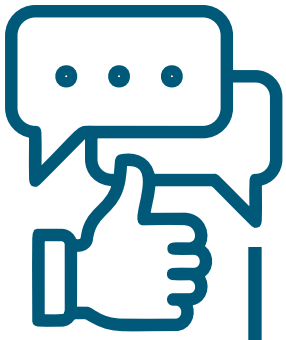


Figure 35: Top 5 complaints issues in home services over the past 5 quarters

* The top 20 complaints issues and rankings for each quarter are in our online data tables published with this report.

- The top 5 complaints issues for home services continue to be about communication, coordination of care, and financial concerns.
- Complaints about lack of consultation and communication is still the number one complaint topic in home services. Good communication with the older person to explain 'what, when, why and how' can go a long way to resolving concerns.
- Common complaints about communication include:
  - not answering or returning calls or emails
  - not responding to requests for goods and services.
- In Q2, complaints about fees and charges, management of finances, and reimbursements account for 3 of the top 5 most complained-about issues in home services. Complaints we received include:
  - being charged for services that are not provided anymore
  - service fees being added to purchases, such as a motorised scooter, without explaining why.
- Providers must:
  - have reasonable and transparent pricing and itemised statements
  - consult with and get consent from people receiving care for any changes to HCPs
  - deliver care that meets the needs and preferences of people receiving care.

How we resolve complaints



Our complaints process is focused on upholding the rights of older people. By regulating providers, their governing personnel and aged care workers.

We will:

- uphold an older person's rights under the Charter of Aged Care Rights
- protect and enhance their safety, health, wellbeing and quality of life.

We want to support older people and their representatives to be active partners in their care. We also want to help them to speak up when things aren't right. Our Complaints Handling Policy has recently been updated and can be found on our Complaints Handling Policy page.

Find out more at the links below:

- Complaints about aged care services – year in review | 2023–2024
- How to make a complaint
- Quality Standard 6 – Feedback and complaints
- Complaints Handling Policy

Residential care performance by provider size and ownership type

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

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

For residential care services, we have broken down the compliance, complaints and SIRS results in Q2 by the size of the provider that runs the service and the ownership type. We work out the size of the provider by the number of services they run.

The 3 sizes of a provider we have used are:

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

The 3 categories of ownership type we have used are:

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

As we develop these models, we will also be including other categories such as financial performance and location.

Residential care: Proportion of site audits decisions that met the Quality Standards by provider size over the past 5 quarters

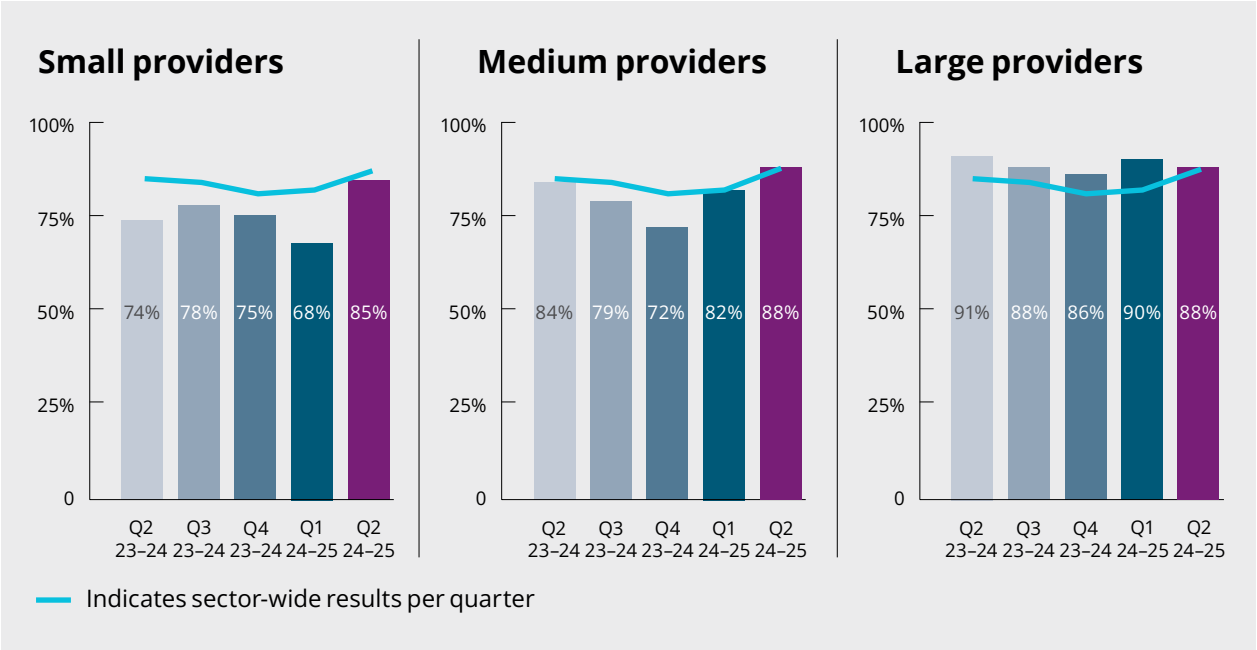


Figure 36: Proportion of compliance decisions by size of provider in residential care over the past 5 quarters

- Compliance rates across medium and large providers are now at or above the sector average (87%).
- Large providers continue to have higher compliance rates (88%) than both small providers (85%) and the sector average.
- Compliance rates for medium providers increased in Q2 by 6 percentage points to 88%, lifting them above the sector average.
- Compliance rates for small providers increased significantly by 17 percentage points in Q2 to 85% and are now only 2 percentage points below the sector average.

Residential care: Proportion of site audit decisions that met the Quality Standards by ownership type over the past 5 quarters

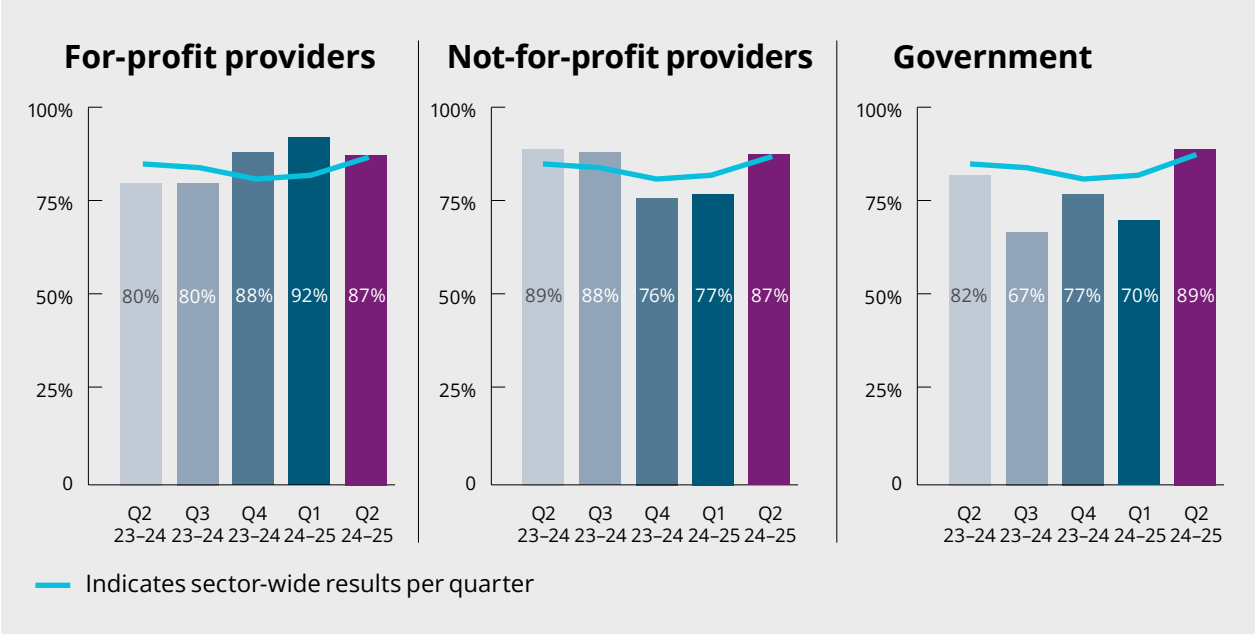


Figure 37: Proportion of compliance by ownership type in residential care over the past 5 quarters

- Compliance rates across all types of providers are now at or above the sector average (87%).
- Government-owned providers have increased their compliance rate by 19 percentage points in Q2. This has brought the rate above the sector average. Previously, it has been significantly below the sector average and has shown variability across the past 4 quarters. Because of the smaller number of government providers, non-compliance among just a few providers can have a bigger impact than on the for-profit or not-for-profit groups. This helps to explain the significant changes each quarter. We are also looking further into this trend.
- Not-for-profit providers' compliance rate in Q2 increased 10 percentage points and is now at the sector average.
- For-profit providers' compliance rate dropped 5 percentage points in Q2 and is now at the sector average.

Residential care: SIRS notification rates by provider size

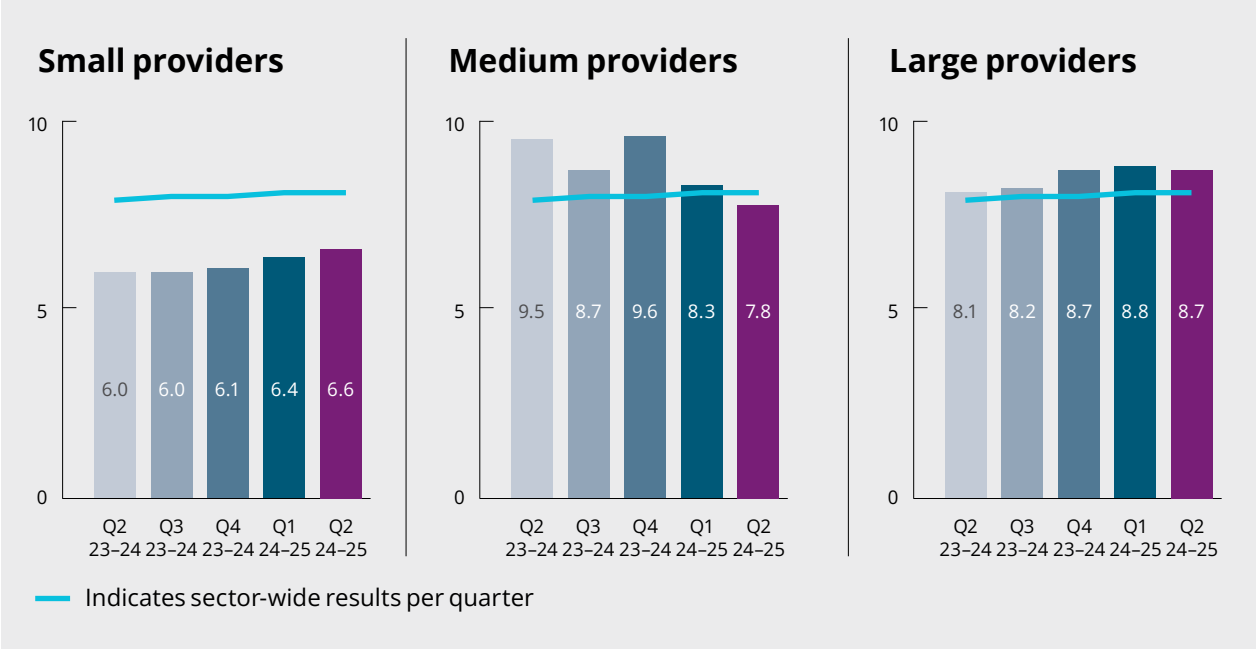


Figure 38: SIRS reporting rates by provider size in residential care over the past 5 quarters
All rates are notifications for every 10,000 occupied bed days (OBDs).

- The SIRS notification rate for small providers (6.6) increased slightly from Q1 (6.4) but is still well below the sector average of 8.1.
- The SIRS notification rate for medium providers (7.8) has dropped for the second quarter in a row and has fallen below the sector average.
- The SIRS notification rate for large providers has dropped slightly, from 8.8 to 8.7. However, it is still above the sector average.

Residential care: SIRS notification rates by ownership type

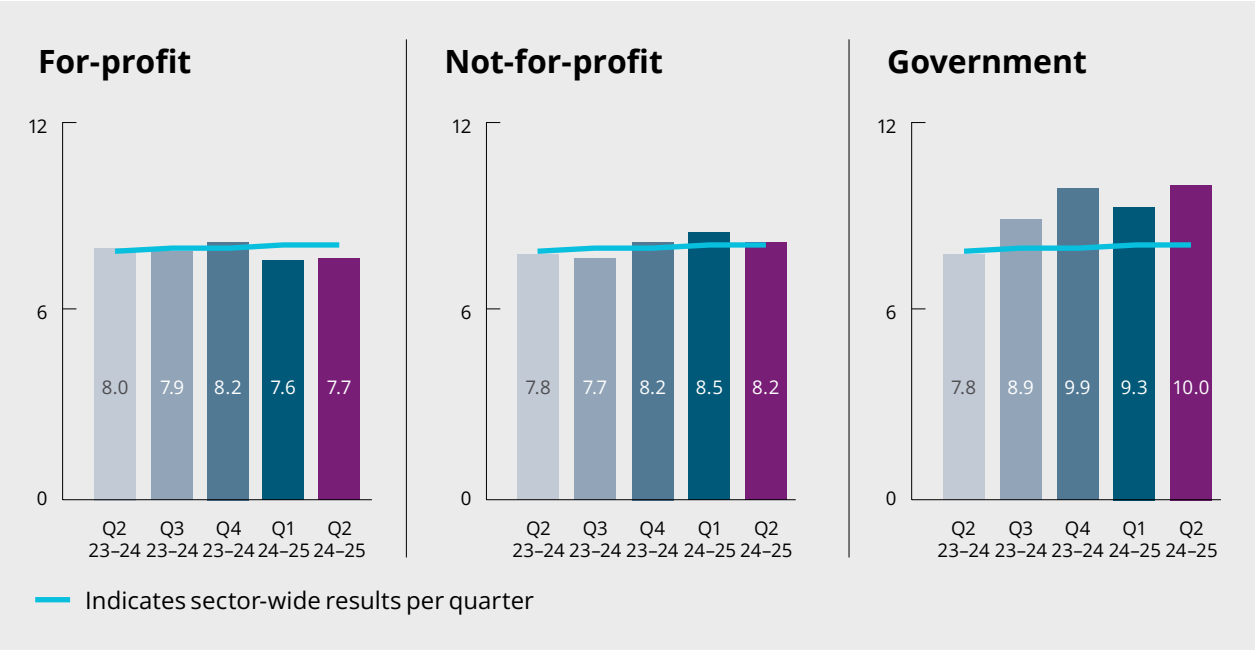


Figure 39: SIRS reporting rates for each quarter by ownership type in residential care over the past 5 quarters
All rates are notifications for every 10,000 OBDs.

- Rates of SIRS notifications for for-profit providers and not-for-profit providers are still close to the sector average of 8.1. For a 110-bed service, this would mean about 32 reportable incidents a year.
- SIRS notifications rates for government providers have varied over the past 5 quarters. In Q2, there was an increase to 10, but the rate is still well above the sector average.
- No general conclusions about the performance of provider types can or should be taken from this data. SIRS notifications are only a single view of performance. The reasons for any differences in notification rates are not always clear and can be affected by many different things. Providers should look at their own SIRS data and incident management system to find trends and ways they can improve.

Residential care: Complaints rate by provider size

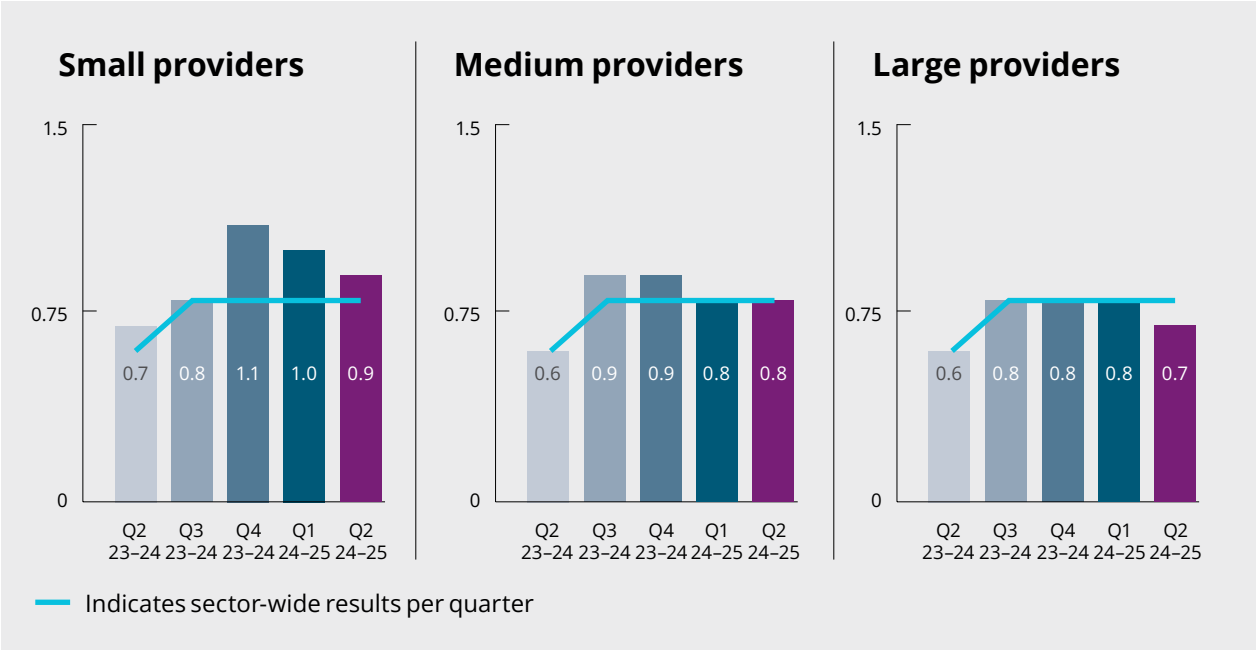


Figure 40: Complaint rates for every 10,000 OBDs by provider size in residential care over the past 5 quarters

- The complaints rate for small providers, at 0.9 for every 10,000 OBDs, remains above the sector average. This translates to around 4 complaints to the Commission a year for a 110-bed service. This compares with a sector average of 3 complaints a year.
- The complaints rate for medium providers remains at the sector average from Q1.
- The complaints rate for large providers has dropped slightly in Q2, just below the sector average. This is the first change of rate in 3 quarters.
- Published complaints rates are for complaints made to the Commission. Providers should look at their own data to find trends in complaints. This includes complaints that they resolve themselves without the person needing to raise the complaint with the Commission.

Residential care: Complaints rate by ownership type

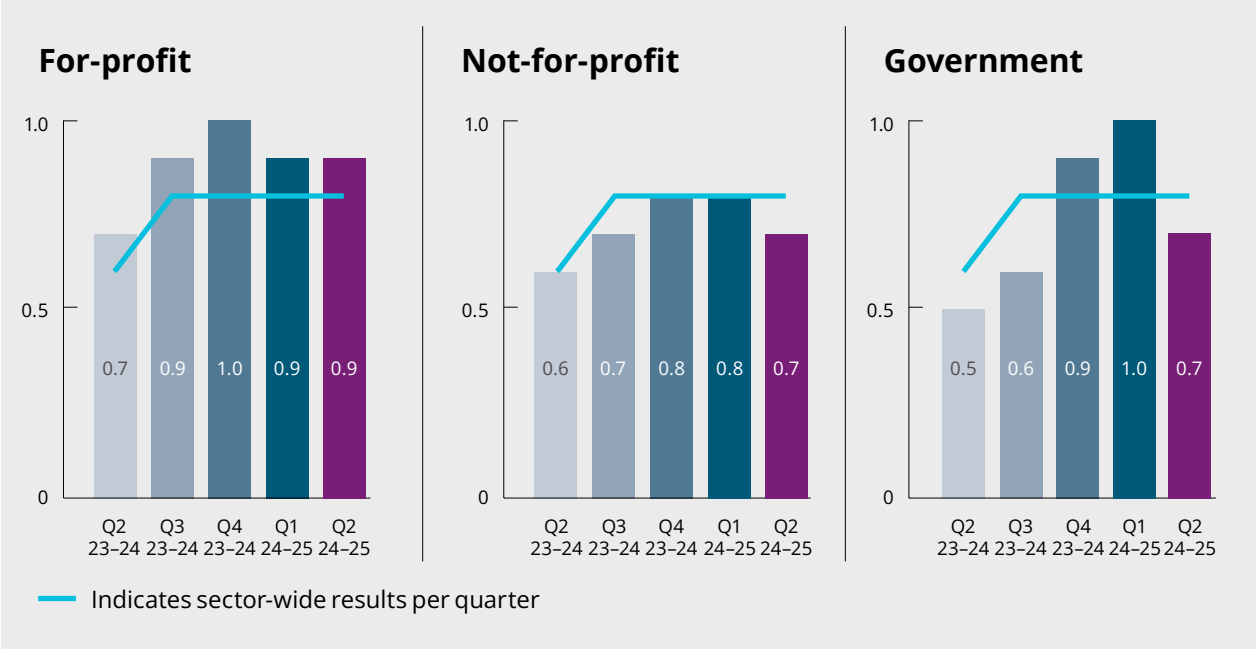


Figure 41: Complaint rates for every 10,000 OBDs in residential care by ownership type in residential care over the past 5 quarters

- The complaints rate of for-profit providers has fallen slightly in Q1 but is still above the sector average. In Q1, a 110-bed service would expect to receive about 4 complaints, compared with a sector average of 3 complaints a year.
- The not-for-profit providers' complaints rate is the same as the sector average of just over 3 complaints a year for a 110-bed service.
- Government providers' complaints rate is slightly above the sector average.
- As with complaints by provider size, providers should look at their own data to find trends. This includes complaints that they resolved directly, without the person needing to raise the complaint with the Commission.

National Aged Care Mandatory Quality Indicator Program – for residential care

Quality Indicators (QI) measure the parts of an aged care service that support the quality of care that people receive in residential care. The QIs we have included here are about harm or risk of harm, so the lower the rate, the better.

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

For benchmarking, providers may find it useful to consider QI data alongside their own data for compliance with the Quality Standards, Serious Incident Response Scheme and complaints – at both provider and sector levels.

Some QIs can be considered lag indicators.

This means that the issues may show up in other data before they show up in QIs. For example, while we are pleased that QIs show that issues of unplanned and consecutive weight loss are going down, providers should also look at other data. This data could include feedback and complaints from residents about not being satisfied with their food and feedback from staff involved in planning and serving meals. This will help give a sense of whether improvements are already happening, rather than waiting for weight loss data.

Trends in QI performance over time

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

- polypharmacy
- antipsychotic medication use
- falls that resulted in major injury
- use of physical restraint
- physical restraint exclusively through the use of a secure area
- significant unplanned weight loss and consecutive unplanned weight loss.

There has been no real change in the number of residents having falls.

Six new QIs were introduced on 1 April 2023. These are:

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

These QIs will not be included in trend analysis until after there are 6 or more quarters of data available.

More information:

- Residential Aged Care Quality Indicators – July to September 2024 – AIHW Gen
- Guidance for providers on using QI data for quality improvement: National Aged Care Mandatory Quality Indicator Program Manual 3.0 – Part B

Sector rates on some indicators are heading in the right direction

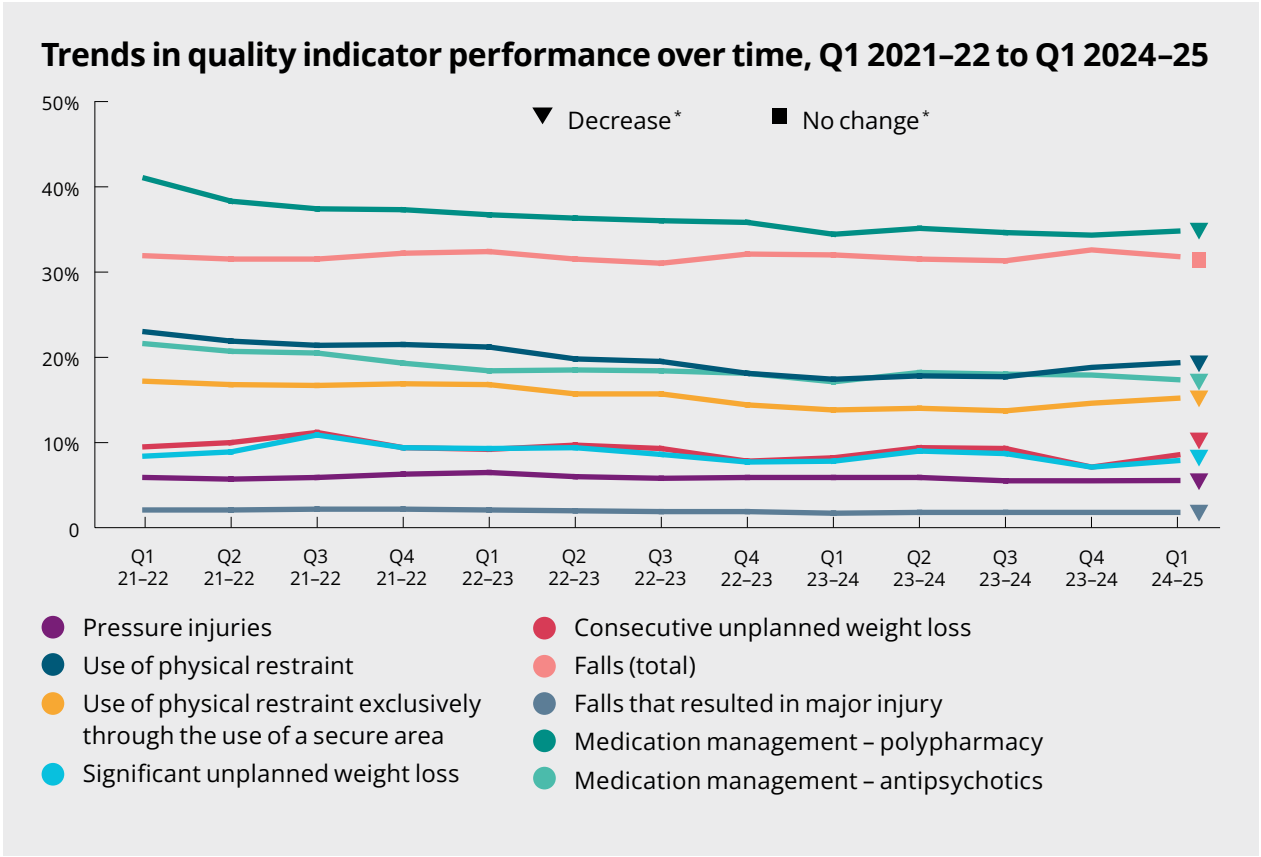


Figure 42: Trends in QI performance over the past 10 quarters

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

In focus: Workforce responsibilities and care minutes

Why are care minutes important?

Mandatory care minutes ensure providers have enough staff and coverage to give older people in residential aged care homes the care time they need. They are a measure of how much direct clinical care and personal care activities that aged care workers provide to older people in aged care homes.

Care minutes were introduced in 2023, following recommendations of the Royal Commission into the Safety and Quality of Aged Care. They recognise that aged care workers are vital to the delivery of safe and high-quality care.

Under these obligations, providers must have a registered nurse onsite 24/7. Providers must also provide a specified amount of direct care time to each older person from suitably qualified staff.

These obligations mean older people should feel confident they will receive safe, high-quality care and services that meet their changing needs, whenever they require it.

The Commission expects providers to meet their care minutes targets and is taking regulatory action against those that are consistently falling short of them.

The staff are very nice to me and my family. But sometimes they are run off their feet and I have to wait for them to help me take a shower in the morning. I like to take a morning shower so I can go to the dining room in time to eat breakfast with my friends.

Constructed resident quote

Care minutes can be provided to older people living in aged care homes by:

- registered nurses (RN)
- enrolled nurses (EN)
- personal care workers or assistants in nursing.

At our webinar on workforce responsibilities in November 2024, we explained how we manage providers that fall short of their care minutes targets. The department also presented trend data on provider performance, funding and spending in relation to mandatory care minutes requirements.

Care minutes targets

Providers must report the care minutes they have delivered each quarter. The sector-wide care minutes target is an average of 215 minutes, including 44 minutes of direct care time with an RN per resident each day. Up to 10% of the RN target can be care provided by an EN instead. The specific targets for each service are calculated based on their residents' care needs from quarter to quarter. This means that targets can go up or down over reporting periods.

Find out more at the links below:

Our approach to regulating mandatory care minutes requirements is explained in our Regulatory Bulletin 2023–19 Provider workforce-related responsibilities – including 24/7 registered nurse and care minutes.

Lifting performance

A provider that complies with their care minute targets is much more likely to protect and improve residents' safety, health, wellbeing and quality of life. And that's a goal that everyone shares.

Peter Edwards, a/g Deputy Commissioner Regulatory Operations in the Commission's compliance management insights blog post, November 2024

The Commission creates profiles of each provider's risk in relation to delivering their mandated care minutes. We use this profiling to inform a program of targeted engagement and monitoring. This work started in Q2 2023–24, when the first care minutes data became available to us. We use new data each quarter to analyse trends and sharpen how we regulate.

As of Q2 2024–25, we have engaged with 470 providers, with a particular focus on those with the largest shortfalls in their care minutes targets. We continually adjust and refine how we work with these providers as we learn more about what causes them to miss their targets and the impact of different regulatory actions.

Working this way with providers has had a positive impact. We have seen providers with significant care minute shortfalls lift their performance and meet their targets in response to the regulatory pressure we have applied.

Program 1: Q2 23–24

12
providers
under active supervision and joint Commission/ department CEO meeting

22
providers
had site visits at 28 services

427
providers
were sent letters to address persistent shortfalls

Program 2: Q3 23–24

19
providers
placed under active supervision and formal regulatory action (53 poor performing services)

23
providers
subject to performance assessment or monitoring (34 poor performing services)

Program 3: Q4 23–24

37
providers
requested to produce evidence of strategies to meet performance targets (306 services, including 48 poor performing services)

Figure 43: Programs of work

Risk profiling

To guide our regulatory response, we defined 3 risk profiling groups:

- **Group 1 providers:** these had the largest shortfalls against targets, with no evidence of improvement.
- **Group 2 providers:** these had mid-level shortfalls against targets, with little evidence of improvement or insufficient improvement across quarters.
- **Group 3 providers:** these had lower shortfalls against targets, usually with sustained and clear efforts to meet them, resulting in their shortfalls going up and down.

Risk profiling groups

	Group 1	Group 2	Group 3
Services that **missed their targets**	**112** **-25%** from **Q4 23–24**	**173** **-28%** from **Q4 23–24**	**1,118** **-3%** from **Q4 23–24**
Unique **providers**	**52**	**76**	**334**
Average **care minutes missed** per day	**35**	**22**	**8**
Average proportion of AN-ACC funding spent on **care***	**72%**	**75%**	**80%**

Figure 44: Risk profiling groups

* Australian National Aged Care Classification (AN-ACC) funding does not include any supplements (hotelling, 24/7 RN or outbreak supplement)

Expenses are only those that are reported in the QFR – being RN, EN, PCW, Lifestyle and Allied Health worker expenses

Holding providers to account

Care minutes targets weren't a surprise. We and the department communicated them to providers well in advance. Extra funding was provided to support providers to reach the targets well before care minutes became mandatory in October 2023.

Peter Edwards, a/g Deputy Commissioner Regulatory Operations in the Commission's compliance management insights blog post, November 2024

Since reporting on care minutes targets became mandatory from 1 October 2023, the number of services missing their targets has been concerningly high. A significant improvement from providers is needed before we will start to see acceptable levels of compliance.

The Commission has already taken firm action against the worst performers. We are also making sure that all other providers understand we expect them to meet their targets as quickly as possible.

The Commission's regulatory approach so far has focused on:

- communicating that we expect providers to comply with workforce targets
- regulating the worst performing providers in Group 1, who have the largest care minutes shortfalls, which have been sustained across more than one quarter.

We are also paying particular attention to outlier services where there is no easy explanation for their shortfall against the targets. This means we consider where all neighbouring services except one are meeting their targets. We ask providers what the reasons are for the shortfall, as want to understand the underlying cause of their underperformance. If there is no reasonable explanation, we will put the provider under increased supervision until they improve.

We expect all residential providers to:

- have strategies in place to comply with their workforce-related responsibilities
- actively recruit and retain the number of staff necessary to deliver the required amount of direct care time
- spend their government care funding on meeting care minutes targets.

> **Without the right number and mix of staff, the care that's delivered can be rushed. Residents' needs can end up not being fully met. This causes quality and safety issues for residents. We know from speaking to workers that this is also stressful for them. They feel that they're not able to give the people they care for the time and attention they deserve.**
>
> **Peter Edwards,** a/g Deputy Commissioner Regulatory Operations in the Commission's compliance management insights blog post, November 2024

If a provider is slow, unwilling, or unable to meet their care minutes targets, the intensity level of supervision will increase so we can monitor their progress and any potential risks to the older people in their care (page 34).

If we find that they are focusing on financial gain or making deliberate business decisions over meeting their care minutes targets, we will use our regulatory powers to hold them accountable. We will also act quickly if there is an unacceptable or systemic failure in care and/or we find the provider in breach of the Code or the Quality Standards.

Enforceable undertakings

In November 2024, the Commission put 19 providers with 53 services under active supervision. These Group 1 providers had reported persistent and significant care minute shortfalls. We asked them to provide us evidence they were meeting their targets. Providers that had not made reasonable progress were moved onto an enforceable undertaking.

In December 2024, we entered into enforceable undertakings with 11 providers operating 27 services. The enforceable undertakings were published on our website to hold the providers publicly accountable for meeting their commitments. We are actively supervising these providers to ensure they take corrective action within the agreed timeframes.

We also issued non-compliance notices to 6 other Group 1 providers, operating 22 residential services, and issued a total of 10 non-compliance notices. We will decide our next steps after assessing each provider's response. If their non-compliance continues, we can enforce sanctions and financial penalties.

What is an enforceable undertaking?

What is included in an enforceable undertaking?

An enforceable undertaking lists the history of non-compliance and the specific actions the provider must take to comply with their responsibilities. An enforceable undertaking related to care minutes focuses on care minutes shortfalls and what the provider has done to fix their non-compliance. The enforceable undertaking does not explain or justify why there has been non-compliance.

How does an enforceable undertaking help a provider become compliant with care minutes?

The goal of the enforceable undertaking is to have a legally binding written agreement and actions that the Commission can easily review and identify progress towards meeting the actions and targets. These specifics include things like:

- timelines for completing each action
- how the provider will update us on their progress
- quantifiable information (for example, the number of staff the provider intends will hire and what the overall number of staff will be at the service).

The more specific the document is, the easier it is for providers to understand what they need to do to get to compliance.

What happens if a provider has entered into an enforceable undertaking and things happen that mean they cannot achieve their commitments in time?

The Commission regulates in proportion to the level of risk faced by older people. We monitor providers that have given an enforceable undertaking through active supervision to make sure they are meeting the terms of their undertaking.

If an undertaking is not achieved in time, we will find a way forward through open communication with the provider's case manager.

While the enforceable undertaking is legally binding, our goal is for the provider to comply with its responsibilities. We will think about requests to vary an undertaking case by case. If a provider does not comply with an enforceable undertaking within the agreed time, we will consider our response under the circumstances. This could include an application to a court to enforce the undertaking.

What happens after the Commission accepts an enforceable undertaking?

After the enforceable undertaking is signed and published on our website, a case manager will organise meetings and processes with the provider to monitor progress towards the undertakings. The case manager will work with the provider to find the best way to meet their commitments.

Services that met their care minutes targets

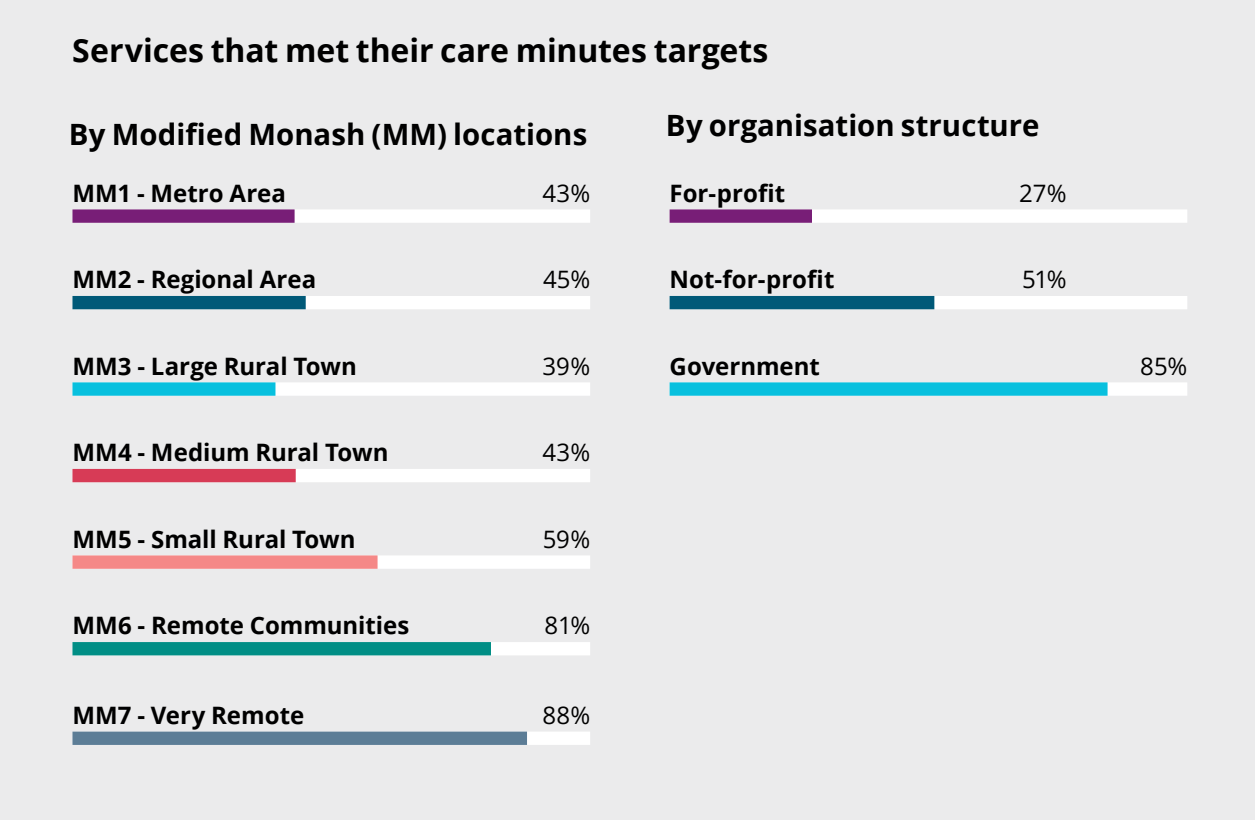


Figure 45: Percentage of services that met their total care minutes targets in Q1, by location and organisation type

In December 2024, we targeted a new set of 38 Group 1 providers with significant care minutes shortfalls. These providers have services in Modified Monash (MM) categories MM1 to MM4.

We are using our formal information-gathering powers to understand their current performance and strategies to meet their targets. We will use this information to decide which providers need increased supervision to make sure they comply.

In Q1, services in remote and very remote communities (MM6 and 7) had the lowest rate of shortfalls. More than 80% of all services in these areas met their targets. This contrasts with services in metro areas and medium-to-large rural towns, which had the highest rate of shortfalls. Only 43% of services across MM1, MM3 and MM4 hit their targets.

It is important to note that certain MM categories have a lot more services than others, based on population and proximity. For this reason, we consider the performance of remote and very remote communities with a small number of services and residents less relevant in this analysis.

When looking at services by their organisation type, 51% of not-for-profit providers met their care minutes targets, while 27% of for-profit services met theirs. We base how we regulate on these figures, as well as the department's policies and funding arrangements for care minutes.

Funding linked to care minutes targets

In December 2024, the government announced changes to care minutes funding for residential aged care providers of non-specialised services in metropolitan areas.

For those providers, care funding will be linked to meeting their care minutes targets through a new care minutes supplement. This is to make sure that providers use funding for the purpose it is meant, and that older people receive the care they need. The change will come into effect from April 2026, based on data from Q2 2025–26 onwards.

We will closely monitor the performance of all residential providers against their workforce-related targets in response to the funding policy change. This will help us understand its impact on how providers deliver care and services.

For more information, see the department's Changes coming to care minutes funding fact sheet.

What we have seen so far

> **The staff are very good and always willing to help. I tend to stay in bed, but the staff come in and chat. They encourage me to attend activities and to come out of my room.**
>
> **Constructed resident quote**

We have based our current program of regulatory activity on data from Q1. Common issues that we have seen in providers with care minutes shortfalls include:

- **Talent attraction and retention** – there can be high staff turnover, poor staff retention and high levels of unplanned leave, especially for providers in remote and regional areas.
- **Provider care models not matching with care minutes requirements** – some providers may offer services that are not considered as clinical care or personal care.
- **Incorrect reporting** – some providers under-reported or incorrectly reported the care minutes they provided.
- **Deliberate non-compliance behaviours** – we think that some providers have held off taking action until there was enough regulatory pressure to get them to change.

This year, we are continuing to focus on providers with ongoing shortfalls that they are not addressing and communicating that we will not tolerate unmet targets.

Since we started this work, we have seen slow improvement quarter to quarter, moving from 33% of services meeting their targets in the first reportable quarter (Q2 2023–24) to 45% in Q1.

We will continue to use regulatory pressure to respond to providers that are not meeting their targets. We will use provider supervision and our regulatory powers to get providers to comply if aged care homes are not attempting to increase their staffing levels and meet their workforce responsibilities.

72%

of providers (**470**) have received at least one form of regulatory response across **1,226 services**

11*

enforceable undertakings, and a further **6**** **NCNs** have been issued where non-compliance has not been suitably addressed

Our targeted programs

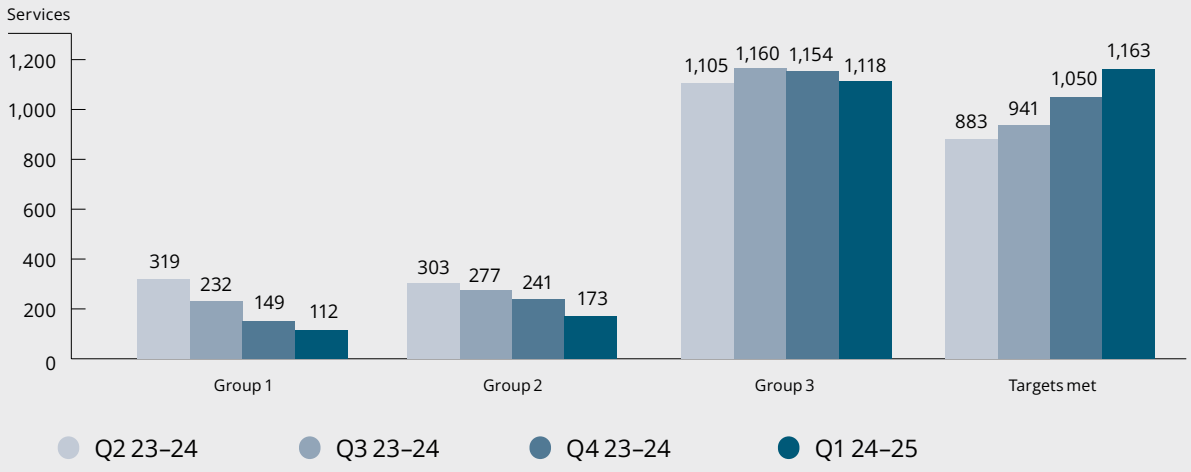


Figure 46: Our targeted programs

In Program 1, we engaged with all providers that missed their care minutes targets in Q2 2023–24. This analysis formed the basis of Program 2 and Program 3, which used the provider supervision model

* Providers operating 27 services

** 6 providers operating 22 services

Case studies

Case study 1

Service creates their own path to improve governance and meet care minutes targets

Tranquillity Sea* is a small not-for-profit provider, delivering care to more than 100 older people at its one residential service in a large rural town. The provider had reported shortfalls against its care minutes targets in 2 quarters, one after the other. We issued a formal request for information to understand their current performance.

Our response

We moved Tranquillity Sea into targeted supervision and asked for evidence that they had strategies to meet their care minutes targets.

Tranquillity Sea did an internal audit of their care minutes reporting system and calculation method. They found they had a lack of governance systems to monitor their care minutes responsibilities. The CEO created new supervising processes, which gave them up-to-date information on how they were managing their workforce.

Tranquillity Sea reviewed their workforce plan. They identified gaps in their roster, which meant they could not meet their care minutes targets without extra staff. They used an overseas recruitment agency to successfully recruit 2 extra RNs. Tranquillity Sea is now on track to meet its mandatory care minutes targets in Q3 2024–25.

They also told us they would carry out other changes, including:

- an updated enterprise agreement for all staff, to help keep and attract workers
- a building grant, to make the residence more appealing for both residents and staff
- a plan to build 2 units for staff accommodation.

Our approach encouraged Tranquillity Sea to think about and prioritise their compliance with care minutes requirements by fixing issues themselves. This meant that we did not have to take formal compliance action or escalate their supervision status. The service took action to improve their governance and workforce strategies to achieve compliance and improve the experience of older people in their care.

Tranquillity Sea will stay under supervision until we are happy that their new strategies have made sustainable change and will ensure continued compliance with targets.

* Not their real name

Case study 2

Ongoing shortfall in care minutes targets puts residents at risk

Kepler Rise* is a small not-for-profit provider, operating a single service in a remote location. They face significant workforce challenges in attracting and retaining staff, including qualified RNs.

They did not meet the 24/7 RN or care minutes targets across several quarters and have continued to not comply with the Quality Standards. In 2023, they applied for a 24/7 RN exemption. The department refused this application because of their non-compliance. Kepler Rise's exemption application also did not show how they had taken steps to make sure they met their residents' needs.

Our response

We put together a central coordinating team to make sure the provider understood their workforce-related responsibilities and our expectations. This was in line with the department's decision-making and workforce support programs.

Despite this intensive case management, Kepler Rise could not show they were making progress to address our concerns. We were particularly worried about the lack of systems and processes they had to make sure the service met its workforce responsibilities and other clinical requirements.

We issued Kepler Rise with a directions notice. This required them to show how they would fix the issues in their plan to keep improving. We continued to monitor Kepler Rise's progress against their plan throughout 2024 and escalated their provider supervision status to 'active' because of increased risk.

Although Kepler Rise reported that they met their care minutes targets in Q4 2023–24, our performance assessment found further non-compliance with their responsibilities. We are considering whether to increase Kepler Rise's supervision status to 'heightened'.

We are also considering more formal regulatory activity to respond to the risks faced by residents. However, given the significance of this provider in its remote location, we want it to stay financially viable while making sure that residents are protected from harm.

* Not their real name

How to use this report

Calculating rates

The calculations we have used can help you to compare services and providers. For example, we have used the following calculations to make it easier to compare these rates:

- Fully compliant audits as a percentage of the site audits we have conducted
- Different types of responses to non-compliance as a percentage
- Serious Incident Response Scheme notifications per 10,000 occupied bed days (OBDs)
- Complaints rate per 10,000 OBDs in residential care and per 10,000 consumers in home services.

Residential care by size and type

Providers are the organisations that operate aged care services. For residential care services, we have broken down the result by the size of the provider that runs the service and the ownership type (page 8). We work out the size of the provider by the number of services they run.

All residential care services fit within these sizes and types. Where we cannot break down the result into size or type, the figure will be for all residential care services together.

We are currently reviewing how we break down data for providers, and will incorporate improvements in future reports, including breaking down data for home services providers.

Quality Indicator Program

This report includes rates and trends from the National Aged Care Mandatory Quality Indicator Program (QI Program) from the Australian Institute of Health and Welfare's quarterly reports. The QI Program is an important source of information about how the residential aged care sector is performing. It is particularly helpful in understanding how the sector is performing in the key areas of providing quality care and outcomes for older people in care.

Providers calculate their own rates when they submit their QI Program data to the department every quarter. We encourage providers to keep using QI Program data to identify where they need to improve. Providers can also use it with Commission data to compare their performance.

How to calculate your own rates

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

1. Take the number of incidents in your service that you reported to the Commission over the quarter.
2. Take the number of occupied bed days (OBDs) for your service during that quarter. This number is what you used for claiming subsidies with Services Australia and should also match the figure you entered for 'Occupied Bed Days' in your Quarterly Financial Report.
3. Divide the first number by the second number and multiply by 10,000.

Example

Good Care ABC is a large size government provider. One of its services has 300 residents and is fully occupied throughout the year. It has 109,500 OBDs in a calendar year. For Q2 there are 91 days, and the service would have 27,300 OBDs. The service notified us about 30 SIRS related incidents in this quarter.

Its SIRS notification rate per 10,000 OBDs would be 30/27,300 x 10,000 = 10.99.

The SIRS sector average incident notification rate is 8.1 (Q2 2024–25) incidents per 10,000 OBDs. Good Care ABC's incident notification rate for the quarter of 10.99 is above the sector average rate.

How to calculate your own residential complaints rate (per 10,000 OBDs) for a quarter

1. Take the number of complaints about your service lodged with the Commission over the quarter.
2. Take the number of OBDs for your service during the quarter. This number is what you used for claiming subsidies with Services Australia and should also match the figure you entered for 'Occupied Bed Days' in your Quarterly Financial Report.
3. Divide the first number by the second number and multiply by 10,000.

Example

Excellent Care ABC is a residential aged care provider that runs one residential care service of 100 residents. It is fully occupied throughout the year. It will have 36,500 OBDs in a calendar year. In Q2 there are 91 days, and the service would have 9,100 OBDs. We received 2 complaints about the service in that quarter.

Its complaints rate per 10,000 OBDs would be:

2/9,100 = 0.00022

0.00022 x 10,000 = 2.2.

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

How to calculate your own home services complaints rate per 10,000 people receiving care for a quarter

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

Example

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

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

= 5/600 X 10,000 = 83.33.

The sector average complaints rate for Q2 2024–25 is 31.3 for Home Care Package (HCP) and 1.4 for Commonwealth Home Support Programme (CHSP) per 10,000 people receiving care.

Compassion Care ABC's complaints rate for the quarter of 83.33 is above the service average complaints rates for both HCP and CHSP.

Notes on data

We take sector performance data at a point in time from Commission systems.

Reported figures may be superseded as we update database records.

As we update our systems regularly, the published numbers for past quarters may be slightly different in this report, where we quote the same periods here for comparisons.

The numbers of people receiving residential care were extracted from the department data warehouse as of 31 December 2024, on 7 January 2025. State is based on the service state.

We took the information about the number of active residential care and home services as of 31 December 2024 from Commission systems on 7 January 2025.

Home Care Packages (HCP) data on people receiving care was extracted from the department data warehouse as of 31 December 2024, on 24 January 2025. HCP state of the person receiving care is based on service.

Commonwealth Home Support Programme (CHSP) data on people receiving care was extracted from the department data warehouse as of 31 December 2024, on 24 January 2025. The state where the person is receiving care in HCP is based on service. Because of financial year limitations, some people receiving care through the CHSP may be listed against services that are no longer operational.

We extracted reportable incident (SIRS) data from Commission systems on 7 January 2025.

The occupied bed days (OBDs) data for Q4 2023–24 was not available by the due date, so they are estimated from the unique counts of people receiving care in the residential sector for that quarter.

The occupied bed days (OBDs) data for Q1 2024-25 was extracted from the data warehouse on 21 January 2025.

Residential Aged Care Quality Indicators data was taken from the Australian Institute of Health and Welfare website published on 4 November 2024.

Where a person receiving care changed services, they may be counted across multiple states. The sum of the state totals may therefore exceed the total national count. In the past, the state came from CHSP Outlet/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 (for example, services provided through short-term restorative care).

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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