

# Aged Care Quality and Safety Commission

## Sector performance report

January – March 2023



Australian Government

Aged Care Quality and Safety Commission

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# Purpose of this report

This report includes information, data and insights into how aged care providers performed in Quarter 3 (Q3) 2023. Q3 covers the period from 1 January to 31 March 2023. The report uses information collected by the Aged Care Safety and Quality Commission (the Commission) through our work such as:

- approving organisations to deliver aged care services
- independently accrediting, assessing, monitoring and re-accrediting aged care services
- resolving complaints about aged care services
- responding when providers are not complying with their responsibilities under the law
- holding providers responsible for how they are performing
- managing the Serious Incident Response Scheme (SIRS)
- regulating the aged care workforce, including compliance with the Code of Conduct for Aged Care.

We are committed to protecting the health, safety and wellbeing of older Australians through monitoring, evaluating and managing risks. The information and data in this report reflects our commitment.

We focus most on areas where the risk is greatest. Sometimes, we need to redirect our resources when unexpected issues come up, like COVID-19 or natural disasters.

We do this by:

- assessing the risk
- deciding the best response to the risk
- responding to the risk.

## Regulatory reforms

From 1 December 2022, the Commission can make a banning order against an individual. The orders stop or restrict people banned from:

- providing any type of aged care or a particular type of aged care
- doing specific activities as an aged care worker
- doing specific activities as a governing person of an approved provider.

This report includes the number of banning orders the Commission issued this quarter.

## Sector performance overview

January – March 2023

### Aged care services in Australia

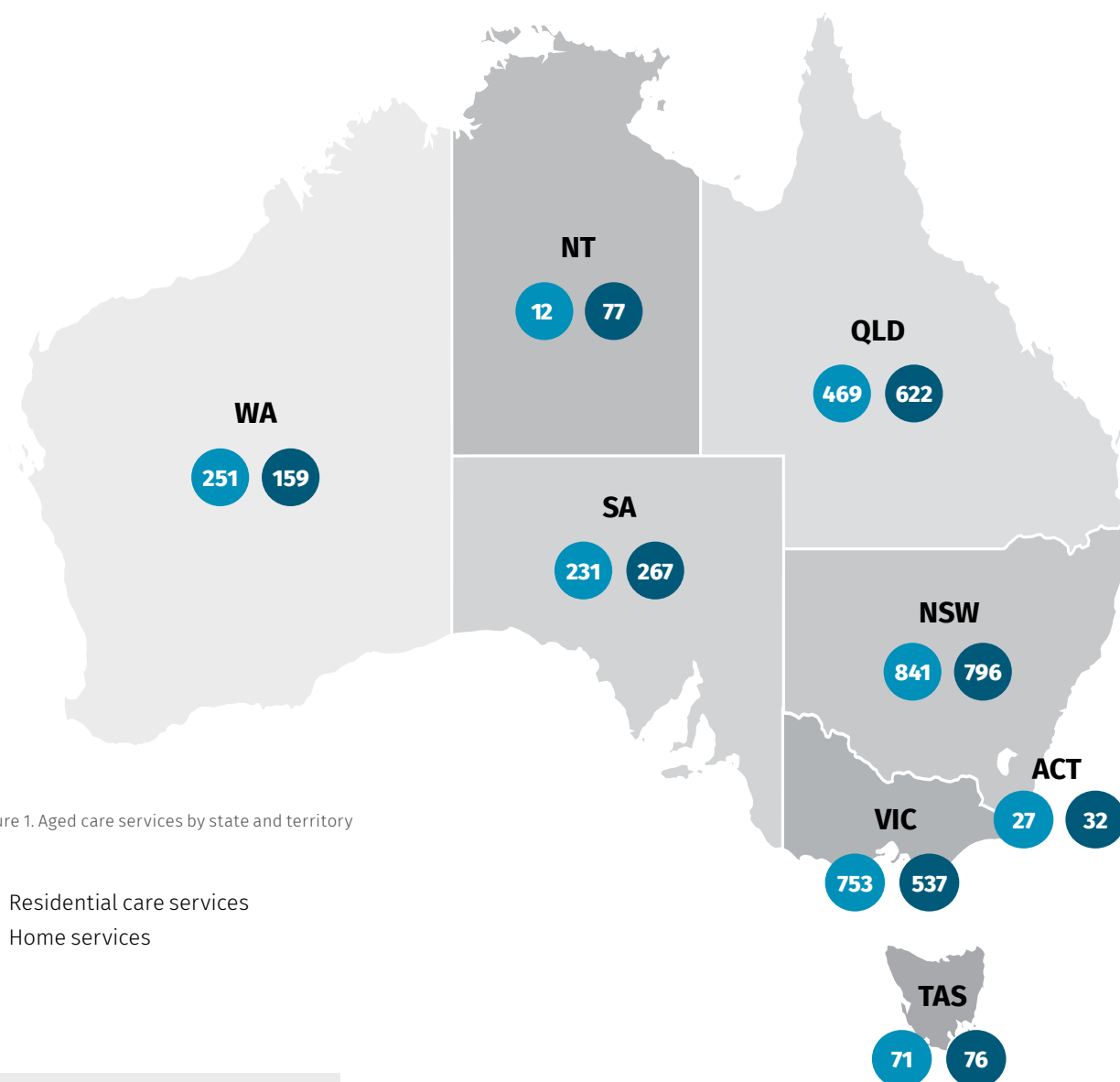


Figure 1. Aged care services by state and territory

- Residential care services
- Home services

#### Aged care services

# 5,221

Residential care 2,655

Home services\* 2,566

Figure 2. Aged care services by type of service

\* Home services include Home Care Packages (HCP), Commonwealth Home Support Programme (CHSP) services, flexible care and services delivered in a home setting.

## Sector performance overview

January – March 2023

### Aged care consumers\*

**192,039**

Residential care

**257,124**

Home Care Packages

**818,228**

Commonwealth Home  
Support Programme

Figure 3. Aged care consumers

\* See page 70 for how we calculate consumer numbers.

### Provider approvals



**18**

Applications to become  
an approved provider<sup>†</sup>

**1**

Care types approved<sup>‡</sup>

Residential care 0

Home services<sup>§</sup> 1

Flexible care 0

### Accreditation and reaccreditation



**7**

New residential  
services accredited

**398**

Residential services  
reaccredited



Figure 4. Provider approvals

<sup>†</sup> Applications can be for residential, home care, flexible care or any combination of these care types. Therefore, when broken down into care types, application totals are not cumulative.

<sup>‡</sup> Approved care types may include those made in previous quarters.

<sup>§</sup> Includes Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP).

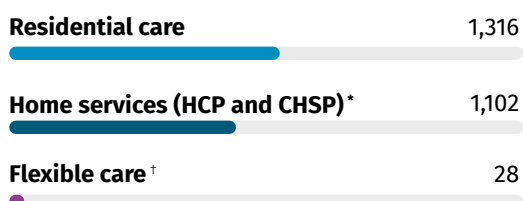
Figure 5. Accreditation and reaccreditation results

## Sector performance overview

January – March 2023

### Complaints about aged care services

**2,446**  
Total complaints



**0.69**  
Complaints per  
100 consumers  
(residential care)

**0.38**  
Complaints per  
100 consumers  
(home services – HCP)‡

**4,838**  
Issues raised



**5,388**  
Issues finalised§



Figure 6. Number of complaints and issues raised about aged care services and issues finalised

\* Home Care Packages (HCP) and Commonwealth Home Support Programme (CHSP).

† Includes short term restorative care, transition care, multi-purpose services and the National Aboriginal and Torres Strait Islander Flexible Aged Care Program.

‡ Rate is derived from HCP complaints and consumers only.

§ May include issues raised in past quarters.

## Sector performance overview

January – March 2023

### Reportable incidents in residential aged care



Unreasonable use of force 7,704

Neglect 2,241

Psychological or emotional abuse 1,115

Unlawful sexual contact or inappropriate sexual conduct 592

Unexplained absence 406

Stealing or financial coercion 336

Unexpected death 209

Inappropriate restrictive practices 190

### Onsite quality assessment and monitoring visits



1,088\*

Site visits

(residential care and home services)

966

Residential care  
site visits

122

Home services  
site visits

Figure 8. Number of onsite quality assessment and monitoring visits

\* Includes site audits, performance assessments, monitoring contacts and quality audits for residential and home services.

Figure 7. Priority 1 and Priority 2 reportable incident notifications received by the Commission, under the Serious Incident Response Scheme (SIRS)

## Sector performance overview

January – March 2023

### Sector performance against the Aged Care Quality Standards

# 124

**Services found non-compliant  
with at least one Aged Care  
Quality Standard<sup>†</sup>**

**Most common Quality Standard  
requirements that providers  
did not comply with**

**Residential care:**

**3(3)(a)** Safe and effective personal and clinical care

**Home services:**

**8(3)(a)** Effective governance systems

Figure 9. Services that did not comply with at least one Quality Standard

<sup>†</sup> Includes residential and home services.

### Managing non-compliance



## 82

**Directions**



## 122

**Non-Compliance  
Notices**



## 10

**Compliance Notices**  
(incident management  
and restrictive practices)



## 64

**Notices to Remedy**



## 1

**Notices to Agree**



## 1

**Sanctions**

Figure 10. Commission compliance and enforcement actions for residential care and home services



# Residential care

## Sector performance

January – March 2023



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# Applications to become an approved provider

## Outcomes for applications to become an approved provider

We assess applications to determine whether the applicant is suitable to provide aged care that will meet the requirements of the *Aged Care Quality and Safety Commission Act 2018*. Where we do not approve an application, it is because the provider does not meet one or more of the requirements. Information to help providers make a successful application is provided on page 11.

This quarter the Commission:

- received **3** applications to become an approved residential care provider
- did not approve **one** application
- did not proceed with **one** application.

These outcomes may include applications received in past quarters.

We count the outcomes of applications (for example 'did not proceed') for each type of care included in the application.

### Applications received

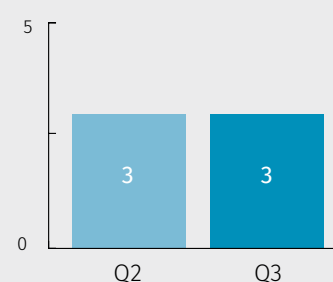


Figure 11. Applications the Commission received for residential care services in the past 2 quarters

### Application outcomes

	Q2	Q3
Approved	0	0
Not approved	1	1
Did not proceed *	0	1

Figure 12. Outcomes of residential care provider applications and approvals in the past 2 quarters

\* An application that 'did not proceed' is one that was either returned to the applicant as not complete or withdrawn.

## Residential care sector performance

January – March 2023



### Information to help providers complete their approved provider application

The Commission follows a rigorous assessment process to decide if applicants are suitable to provide aged care. We will not approve an application that does not meet one or more of the suitability criteria.

Reasons for not approving an application can include the following:

#### **Experience**

No experience listed or not explaining how the applicant's experience in another sector (for example, as a provider of National Disability Insurance Scheme (NDIS) services) would apply to the aged care sector.

#### **Understanding of responsibilities**

Not demonstrating the applicant's understanding of their responsibilities.

#### **Policies and procedures**

Generic policies that are not tailored to the service/s that the applicant wants to provide.

#### **Operational processes**

Business models that:

- would not support effective delivery of care
- did not explain processes for how workers would be managed
- did not explain how systems would operate.

#### **Financial processes**

Not explaining the funding available to start running the service or how the applicant will stay financially viable. No explanation of how their financial processes would make sure they met their regulatory requirements.

# Complaints

Under the Aged Care Quality Standards, all providers must have a system in place to resolve complaints. A complaint about a service can be lodged directly with:

- the provider
- the Commission
- both the provider and the Commission.

Complaints help give the Commission an understanding of consumer risk. They can inform our regulatory activities, such as accreditation and compliance. The Commission works with providers, the person making the complaint and consumers to find solutions.

We aim to help the person making the complaint resolve their concerns directly with the provider. We work to get the best outcome for the consumer as quickly as possible, making sure that providers meet their responsibilities.

The best results are achieved when:

- all parties work together
- discussions are open
- information is provided promptly.

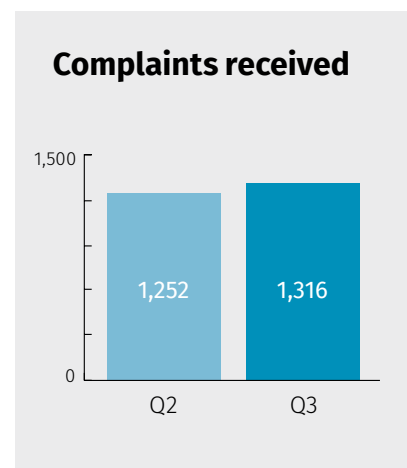


Figure 13. Complaints about residential care the Commission received in the past 2 quarters

Complaints can include more than one issue or concern about a provider's responsibilities.

The number of complaints does not necessarily reflect the quality of the service. For example, a service with a positive complaints culture will encourage feedback and use it as an opportunity to improve their services. The Commission is working to help consumers feel more confident about raising concerns or complaints with providers directly, or with the Commission or a combination of both.

## Residential care sector performance

January – March 2023

### Complaints received by the Commission about residential aged care services

This quarter, there were **192,039** residential aged care consumers and the Commission received **1,316** complaints on **2,972** issues.

### Complaints by state and territory

Figure 15 shows the number of complaints made about residential aged care in each state and territory. It also includes the total number of issues raised through complaints (a complaint can be about more than one issue) and shows the ratio of complaints per 100 aged care residents.

The ratio of complaints has risen slightly to **0.69** in Q3 compared with **0.67** in Q2.

### Complaints per 100 residents

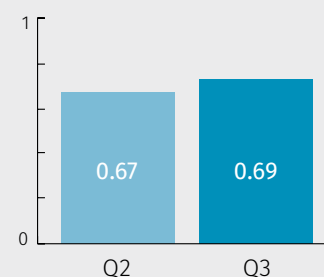


Figure 14. National complaints per 100 residents in the past 2 quarters

### Complaints by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A*	AUS
Consumers	61,950	49,380	38,898	16,797	17,431	4,630	517	2,436	–	<b>192,039</b>
Complaints received	412	328	286	123	99	47	6	14	1	<b>1,316</b>
Number of issues raised	1,095	638	555	288	221	112	22	34	7	<b>2,972</b>
Ratio of complaints per 100 residents†	0.67	0.66	0.74	0.73	0.57	1.02	1.16	0.57	–	<b>0.69</b>

Figure 15. Residential care complaints received by state and territory

\* N/A includes any complaint or complaint issue that does not have the geographical location assigned to it.

† Ratios are calculated based on the total number of complaints received in the quarter and the number of consumers as of 18 March 2023.

Note: Where there are only a small number of aged care residents – such as in the Northern Territory – even a small change to the total number of complaints can affect the ratio of complaints per 100 residents.

## Residential care sector performance

January – March 2023

### Number of services with complaints made

This quarter, of a total **2,655** residential aged care services:

- **844** services were the subject of a complaint
- **273** services had more than one complaint
- **1,811** services were not the subject of a complaint.

Figure 16 shows the complaints by residential service for Q3 and the comparative numbers for the 12 months to date (1 April 2022 to 31 March 2023).

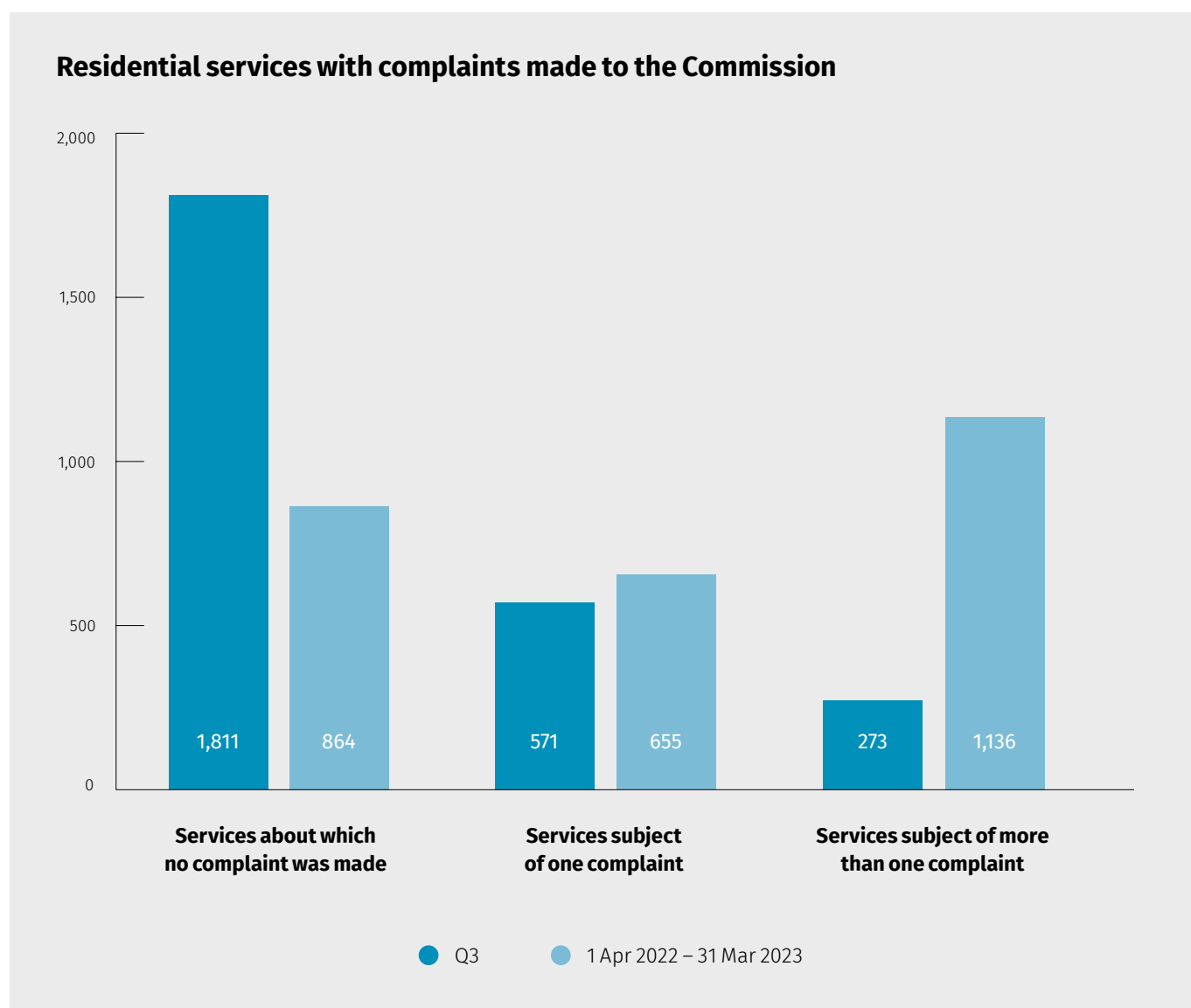


Figure 16. Number of services with no complaints, one complaint, or more than one complaint

# Residential care sector performance

January – March 2023

## Most common types of complaints

Figure 17 shows the most complained about issues in residential aged care during the reporting period.

Concerns about medication administration and management was the number one issue in complaints this quarter.

This was followed by personal and oral hygiene and the number of personnel. This is consistent with past quarters, although the order has changed. In the last quarter, the number of personnel was the most complained about issue.

Two issues are included in the Q3 list of the top 10 most complained about issues that were not listed in Q2. These are Personnel behaviour and conduct (no. 7) and Constipation and continence management (no. 9).

## Most common complaint issues

### Medication administration and management



### Personal and oral hygiene



### Personnel – number/sufficiency



### Representative/family consultation and communication



### Falls prevention and post fall management



### Change of clinical status/deterioration



### Personnel – behaviour/conduct\*



### Health care – wound management



### Constipation and continence management\*



### Lack of consultation/communication\*

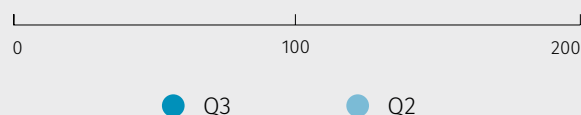


Figure 17. Most common complaint issues in the last 2 quarters

\* Did not appear in the most common complaint issues in Q2.

## Residential care sector performance

January – March 2023

### Source of complaints

Figure 18 provides a breakdown of residential aged care complaints that the Commission received including who made them.

Representatives or family members made the most complaints about residential aged care services (58.7%), and residents made the least (6.4%).

### Top 5 issues for each group

Figure 19 shows the top 5 issues for each group that made complaints.

Family members were most likely to complain about:

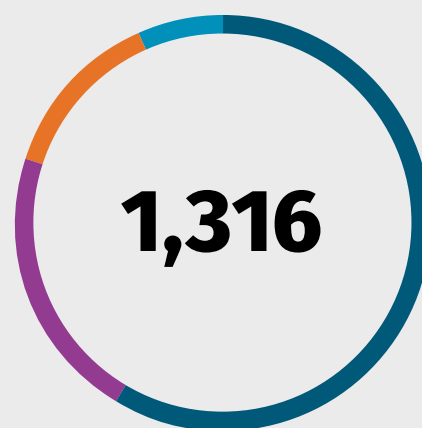
- the quality of representative and family consultation
- communication
- medication management
- consumer personal and oral hygiene.

People receiving care were more likely to complain about the quality and variety of food, and the behaviour of personnel.

Complaints about personnel were more likely to be made anonymously.

These figures show that residents and their representatives often complain about different things. This highlights the need for providers to directly engage with both residents and their representatives about how their care and services can be improved as each brings a different perspective.

### Complaints by complainant group



<b>Representative or family member</b>	773
<b>Anonymous</b>	283
<b>Others*</b>	175
<b>Consumer</b>	85

Figure 18. Number of complaints for each group that made complaints about residential care services

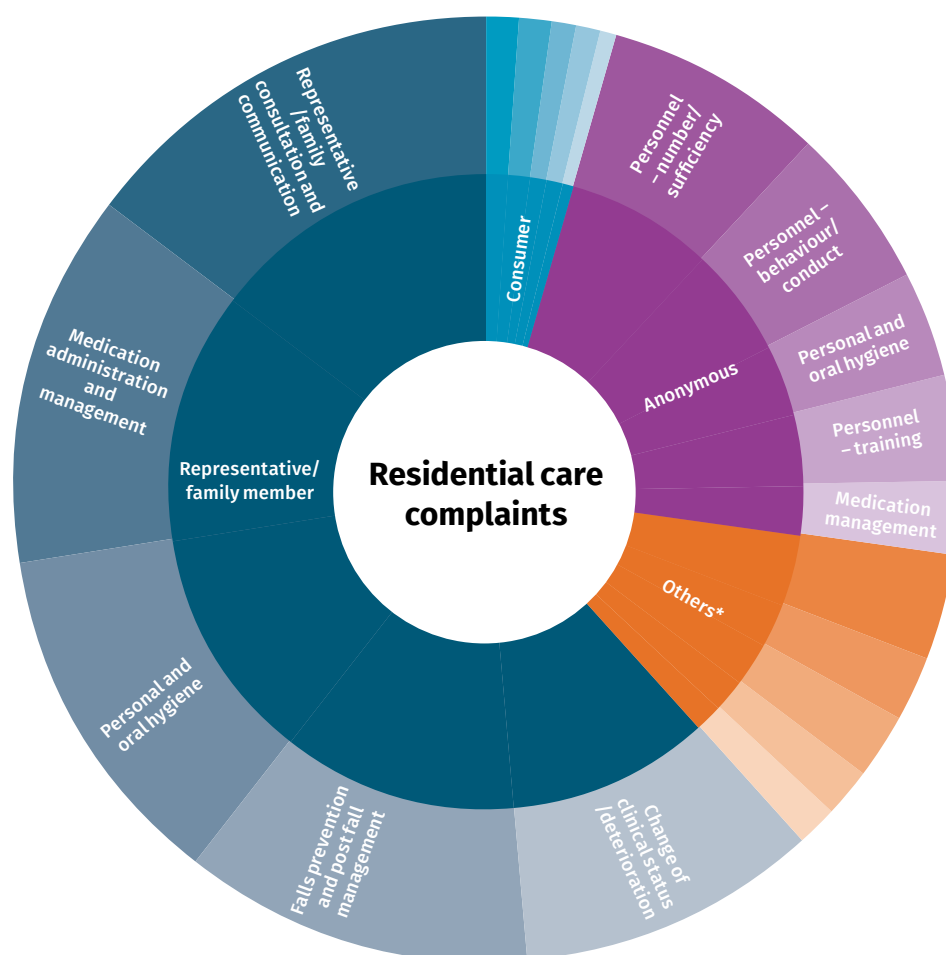
\* Others include staff, external agencies, media, providers or other interested people.



# Residential care sector performance

January – March 2023

## Top 5 complaint issues per group



### Representative/family member

Representative consultation and communication	130
Medication administration and management	116
Personal and oral hygiene	107
Falls prevention and management	106
Change of clinical status/deterioration	91

### Others\*

Medication administration and management	32
Personnel – number/sufficiency	20
Health Care – wound management	18
Personal and oral hygiene	15
Personnel – training/skills/qualifications/suitability	14

### Consumer

Quality and variety of food and catering	12
Personnel – behaviour/conduct	9
Constipation and continence management	7
Choice and dignity – treatment/health care preferences	7
Personnel – number/sufficiency	6

### Anonymous

Personnel – number/sufficiency	68
Personnel – behaviour/conduct	48
Personal and oral hygiene	33
Personnel – training/skills/qualifications/suitability	33
Medication administration and management	23

Figure 19. Top 5 complaint issues per group about residential care services

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

# Residential care sector performance

January – March 2023

## Finalised complaints

The Commission finalised a total of **1,384** residential aged care complaints this quarter. We did this through both the early resolution and formal resolution pathways.

Through early resolution, the Commission worked with people making the complaints, providers and consumers to resolve **1,313** complaints. These complaints involved **3,300** issues about residential aged care. Through this process we help people to address issues themselves.

There were **71** complex complaints involving **244** issues. We addressed these through a formal resolution process that can involve:

- conciliation
- mediation
- an investigation by the Commission
- the provider needing to resolve the issue within a set timeframe and report back to the Commission.

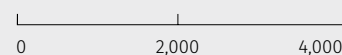
### Early resolution



#### Complaints finalised



#### Issues finalised



● Q3 ● Q2

Figure 20. Number of residential care complaints resolved through early resolution in the last 2 quarters

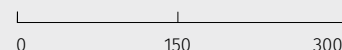
### Formal resolution



#### Complaints finalised



#### Issues finalised



● Q3 ● Q2

Figure 21. Number of residential care complaints resolved through formal resolution in the last 2 quarters

## Residential care sector performance

January – March 2023

### Resolving complaint issues

When a person contacts the Commission with a complaint, we will try to find a quick resolution by:

- understanding what outcome will resolve the issue for the person making the complaint
- speaking to the provider about their responsibilities around the issue
- supporting the person making the complaint to understand their rights
- helping the provider to agree to a plan of action they will take to resolve the issue
- checking back with the person who made the complaint to see if the issue/s has been resolved.

Where needed, the Commission can take action to make sure providers improve the quality and standard of their service and meet their responsibilities.

Before a complaint is finalised, the Commission talks to all involved to explain why the resolution process has ended. We also provide written feedback, unless the person making the complaint asks for it in a different way. Most decisions to finalise a complaint will need to be reviewed by the person making the complaint and/or the provider.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the person making the complaint expected. Sometimes it is not possible for the Commission to determine whether a particular event occurred. In other cases, the issue is already being dealt with separately within the Commission. In a small number of cases, if the Commission decides that a provider has met its responsibilities, an issue may be finalised even if the person making the complaint is not satisfied. In these cases, the Commission will explain to the person who made the complaint why the complaint is being finalised.

# Preventing and responding to serious incidents

Since 1 April 2021, residential aged care providers have been required to notify the Commission about 8 types of reportable incidents through the Serious Incident Response Scheme (SIRS). This includes incidents that happen or are alleged or suspected to have happened in their service. From 1 December 2022 home services aged care providers have been also required to notify the Commission about 8 types of reportable incidents through the SIRS. Data on home services SIRS notifications will be included in the next quarter's (Q4) report.

The aim of the SIRS is to reduce the number of serious incidents in aged care and improve providers' responses when they do happen. To reduce serious incidents, providers need to:

- have processes in place to identify, manage and reduce the seriousness of risks to consumers
- learn from every incident
- introduce changes to stop them happening again.

The SIRS works alongside other provider responsibilities to prevent and manage incidents of abuse and neglect in aged care. The SIRS:

- sets up responsibilities for providers to notify the Commission of serious incidents involving consumers
- uses data about incidents to drive quality improvement.

The SIRS gives the Commission information on provider performance that, combined with other data sources, helps us to better identify and manage risk.

At a sector-wide level, we use this data to develop our programs including providing education, information and guidance. These programs for consumers and providers help them better understand and manage common risks that affect the quality and safety of aged care delivery.

## Residential care sector performance

January – March 2023

### Reportable incident notifications

Providers must respond to all incidents to protect the safety, health and wellbeing of people receiving aged care.

Providers must notify the Commission of Priority 1 incidents within 24 hours of being made aware of the incident.


Priority 1 reportable incidents are incidents:

- that have caused, or could reasonably have been expected to cause:
  - physical injury
  - psychological injury
  - discomfort to a consumer that requires medical or psychological treatment
- where there is unlawful sexual contact or inappropriate sexual conduct
- where there are reasonable grounds to contact the police
- where there is the unexpected death of a consumer
- where there is an unexplained absence of a consumer from the service.

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 incident. Providers must notify the Commission within 30 days of being made aware of the incident.

The Commission monitors and responds to incident notifications. The regulatory actions we take will depend on the:

- incident
- risk of harm to consumers
- our confidence that the provider has taken or will take appropriate action relating to that reportable incident and the circumstances surrounding it.



Notifications we get through the SIRS also give us valuable regulatory information that we collect over time, including risk assessment of harm and the adequacy of provider responses.

Figure 22 shows the breakdown of reportable incidents that providers notified to the Commission in this quarter.

As of 3 October 2022, all ‘unlawful sexual contact or inappropriate sexual conduct’ incidents must be reported as Priority 1. The Q3 numbers of total Priority 1 and Priority 2 incidents are comparable to the total reported Q2 numbers.

In this quarter there were **12,793** reports, an increase from **12,220** in Q2.

## Residential care sector performance

January – March 2023

### Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1	Priority 2	Q3 Total*	Q2 Total
Unreasonable use of force	2,256	5,448	7,704	7,746
Neglect	873	1,368	2,241	1,853
Psychological or emotional abuse	150	965	1,115	1,023
Unlawful sexual contact or inappropriate sexual conduct†	590	2	592	571
Unexplained absence‡	404	2	406	429
Unexpected death	209	0	209	241
Stealing or financial coercion‡	241	95	336	189
Inappropriate restrictive practices	24	166	190	168
<b>Total</b>	<b>4,747</b>	<b>8,046</b>	<b>12,793</b>	<b>12,220</b>

Figure 22. Number of Priority 1 and Priority 2 reported incidents for residential care services

\* 38 notifications for Q3 are not included in the table as they were out of scope of the SIRS. 144 notifications were not classified as either Priority 1 or Priority 2 and are not included in this table.

† Notifications of unexplained absence, unexpected deaths and unlawful sexual contact or inappropriate sexual conduct are Priority 1 reportable incidents. However, some of these notifications are listed in this table as Priority 2 as this was the classification submitted by the provider.

‡ This quarter saw a large increase in the number of stealing or financial coercion SIRS notifications. A single incident involving a large number of consumers resulted in more than 80 individual notifications – one for each consumer. This significantly increased the overall total.

Source: Unpublished data as at 3 April 2023.

### Unexplained absence

The Commission is currently producing the second report in the [SIRS Insights series](#), focusing on unexplained absence.

Unexplained absence was the fifth most common type of reportable incident notification in Q3 with **406** notifications. In the last 12 months, unexplained absences accounted for just under 10% of all incidents notified to the Commission. Many of these incidents are preventable. This type of incident is much more likely to affect people living with cognitive impairment (91% of consumers involved in this type of incident).

While the number of notifications is lower than for many other types of incidents, the Commission is concerned because of the high risks to consumer safety, health and wellbeing.

The unexplained absence report will focus on the consumer experience and is designed to help providers improve how they respond to serious incidents. This includes making changes to operations and governance, which can help reduce the chance of these incidents reoccurring.

## Residential care sector performance

January – March 2023

### Serious Incident Response Scheme notified incident rate

Analysing sector-level data for the SIRS means the Commission can monitor trends over time. This helps us to target our education and engagement programs to areas that have the highest risk to the quality and safety of care of consumers.

One way to monitor trends is to look at the rate of notified serious incidents over a period of time and track how the rate changes from quarter to quarter. The notified incident rate puts the number of incidents in the context of all residential aged care delivered over time.

### Using rates to inform best practice

Knowing the sector-level rate can help providers understand their rate of reportable incidents against the sector's performance. Providers can use this information as part of their incident management system and governance. The Commission uses these rates, combined with other information on provider performance, to focus on services that have concerning rates of reportable incidents. This focus could be because a service is under-reporting or over-reporting incidents.

The number of serious incident notifications does not necessarily relate to the number of instances of harm to a person receiving aged care.

Reports can include:

- multiple notifications of the same issue
- allegations of incidents
- situations where there was an incident without injury.

As provider capability improves, we expect to see providers improve how they identify and respond to incidents. In the longer term, we want to see provider improvements in:

### SIRS notified incident rate (per 10,000 occupied bed days)

Incident type	1 Jan 2022 – 31 Dec 2022	1 Apr 2022 – 31 Mar 2023
Unreasonable use of force	3.90	4.12
Neglect	1.00	1.07
Psychological or emotional abuse	0.50	0.56
Unlawful sexual contact or inappropriate sexual conduct	0.30	0.32
Unexplained absence	0.20	0.25
Unexpected death	0.10	0.13
Stealing or financial coercion	0.10	0.11
Inappropriate restrictive practices	0.10	0.09
<b>Total</b>	<b>6.20</b>	<b>6.66</b>

Figure 23. SIRS notified incident rate per 10,000 occupied bed days

Data source: SIRS data as of 31 March 2023, from Commission data on 3 April 2023. Occupied bed days data from Department of Health and Aged Care systems on 5 April 2023.

- delivering safe and quality care for consumers
- preventing incidents from happening
- reducing the rate of incidents.

### Calculating the incident rate

In Figure 23 the Commission has calculated the rate of notified incidents over the past 12 months (1 April 2022 to 31 March 2023). To work out the rate for each incident type, we took the total number of notified incidents over the period and divided that by the total number of occupied bed days in residential aged care.

We used the date providers reported that the incident happened. The notified incident rate relies on providers correctly reporting incidents in a timely way and therefore should not be considered a prevalence rate of actual incidents.

## Residential care sector performance

January – March 2023

### Commission responses to reportable incident notifications

The Commission looks at all available information when deciding if a provider can manage risk and prevent an incident from happening again. This includes reviewing all notifications at a provider and service level.

The Commission can respond using a range of regulatory powers where the:

- provider does not take the required actions after reporting an incident to the Commission
- Commission finds that a provider is non-compliant with its responsibilities.

The Commission can also work with the provider to address concerns and ask for information to better understand risk and the adequacy of their actions. During this monitoring process, the Commission may be satisfied that the provider has:

- identified and taken appropriate actions to address risks
- has improved its response to the incident.

### Enforceable and regulatory actions

Figure 24 shows the number and type of regulatory actions taken by the Commission in Q3. The types include:

- Monitoring and engagement, which includes the use of powers or instruments under the *Aged Care Act 1997* to require or request the provider to give the Commission additional information.
- Commission directed actions, which includes requiring the provider to take remedial action, or to investigate and provide a written report.

### Commission regulatory responses to reportable incidents

1,004

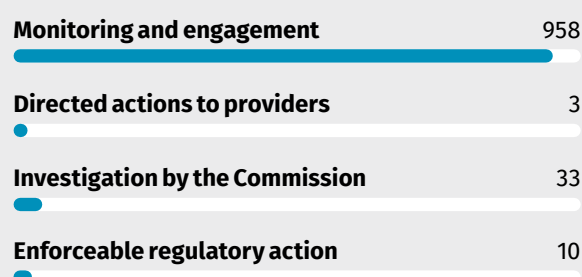


Figure 24. Commission regulatory responses to SIRS notifications for residential care services

- A Commission investigation, which can include a site visit. This may lead to compliance and enforcement actions including:
  - Compliance Notices
  - Notices to Agree
  - Sanctions, where the provider is not eligible to receive funding for new residents during the sanction period.



# Quality assessment and monitoring

The Aged Care Quality Standards are a set of 8 standards used to determine how an aged care service is performing. The Quality Standards focus on outcomes for consumers. They reflect the level of care and services the community can expect from organisations that provide Australian Government subsidised aged care.

Accreditation assesses the quality of residential care and services delivered by approved providers against the Quality Standards. The process helps improve the safety, quality and drive continuous improvement in residential aged care services.

Residential services must be accredited to receive Australian Government subsidies. The accreditation of services includes the:

- accreditation of new services
- reaccreditation of accredited or previously accredited services.

We will conduct an unannounced site visit of a newly accredited service when it is fully operational (i.e. delivering care to consumers) and an unannounced site audit of existing services after we receive an application for reaccreditation.

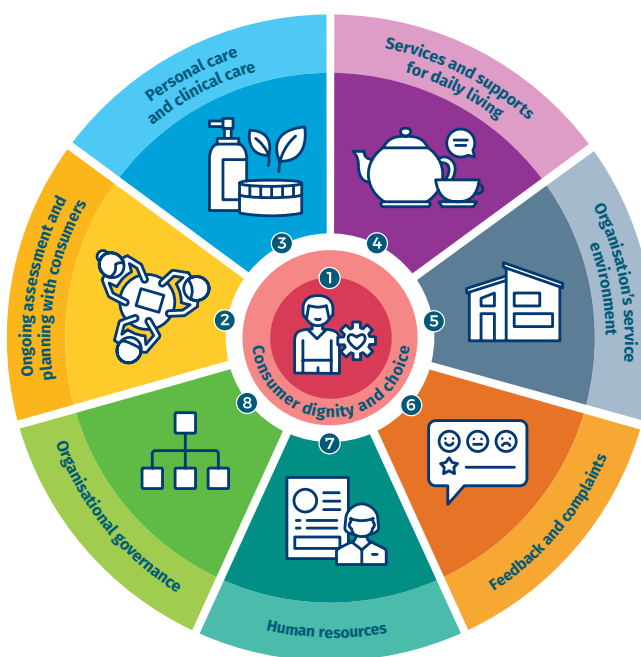


Figure 25. The Aged Care Quality Standards

Risk-based monitoring activities, such as assessment contacts and review audits, inform reaccreditation decisions. These activities monitor providers' ongoing compliance with their aged care responsibilities, including the Quality Standards. Some assessments are done onsite, others are done offsite and may include activities and surveys in response to risks as they arise.

## Residential care sector performance

January – March 2023

### Site audits conducted

This quarter the Commission conducted **490** site audits, compared to **362** in Q2. The increase has been managed by investing in our assessor workforce and improved access to services due to a:

- decrease of COVID-19 infections across the community
- absence of extreme weather events.

Q3 accounted for around 30% of the total number of reaccreditation site audits completed in 2022–23, and the two largest months to date:

- February 2023 with **171** site audits completed
- March 2023 with **197** site audits completed.

The majority of our site audits, 82.6%, were in New South Wales (**190**), Victoria (**151**) and Queensland (**64**). This is due to the higher numbers of services in these states.

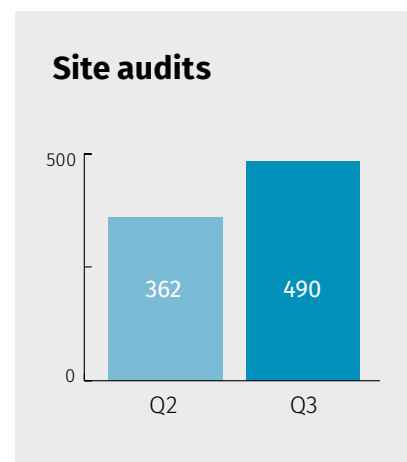


Figure 26. Number of site audits conducted in the past 2 quarters in residential care services

### Number of site audits by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site audits	190	151	64	24	39	17	1	4	490

Figure 27. Number of site audits conducted by state and territory

## Residential care sector performance

January – March 2023

### Risk-based monitoring activities

The Commission conducts assessment contacts to monitor the quality of care and services delivered. A reaccreditation audit reviews a provider's compliance with all requirements of each of the 8 Quality Standards. However, assessment contacts generally focus on specific Quality Standards and requirements based on the assessment of risk.

An assessment contact may involve an onsite visit. It may also be done offsite, such as an interview or requesting more information from the provider.

In Q3 the Commission conducted a total of **604** assessment contacts. Of these, **475** were onsite and **129** were offsite.

In Q3 the Commission conducted **one** review audit. A review audit is a comprehensive onsite assessment of a residential service provider's performance against the Quality Standards. Review audits are usually conducted when the Commission considers that the service may not be complying with the Quality Standards and informs whether a residential service's accreditation should be revoked or varied in length.

### Number of assessment contacts by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	203	128	128	72	47	10	3	13	<b>604</b>
Assessment contacts (onsite)	141	120	95	62	40	8	1	8	<b>475</b>
Assessment contacts (offsite)	62	8	33	10	7	2	2	5	<b>129</b>
Review audits	1	0	0	0	0	0	0	0	<b>1</b>

Figure 28. Number of assessment contacts and review audits in residential aged care services by state and territory

### Onsite performance assessment activities by state and territory

In Q3, the Commission conducted **966** onsite contacts with:

- **490** residential aged care site audits
- **475** onsite assessment contacts
- **One** review audit.

This is an increase of **266** onsite contacts compared with Q2.

Figure 29 shows the total number of onsite quality assessment and monitoring activities by state and territory.



Figure 29. Number of onsite quality assessment and monitoring activities in residential aged care services by state and territory

## Residential care sector performance

January – March 2023

### Services accredited or reaccredited

Residential aged care services must be accredited to receive residential care subsidies from the Australian Government. Accreditation is for a fixed period and a residential aged care service must go through a comprehensive site audit to be reaccredited.

Accreditation is for services starting up and reaccreditation is for accredited or previously accredited services.

Reaccreditation is usually for 3 years.

In this quarter, the Commission reaccredited:

- **368** services for 3 years or more
- **30** services for less than 3 years.

Figure 30 shows the total number of residential services reaccredited for the past 2 quarters. There was a 7% increase in the number of services reaccredited (**398**), compared with the past quarter (**373**). There was a 14% increase in the number of services reaccredited for 3 or more years from **323** in Q2 to **368** in Q3. There was a 40% decrease in the number of services accredited for less than 3 years in this quarter from **50** in Q2 to **30** in Q3.

Figure 31 provides a breakdown of the number of residential services in each state and territory that were accredited or reaccredited in Q3.

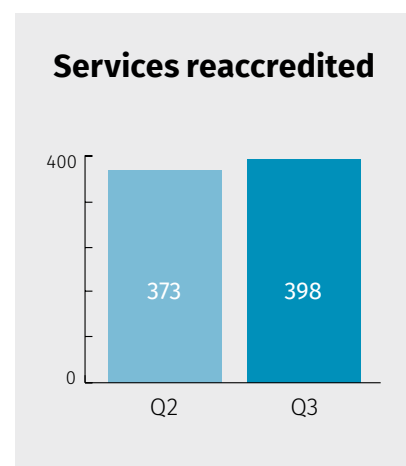


Figure 30. Number of residential care services reaccredited in the past 2 quarters

Accreditation type	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	2	1	1	0	3	0	0	0	7
Reaccredited	161	116	63	24	25	6	1	2	398
Reaccredited for 3 years or more	148	112	63	21	18	5	0	1	368
Reaccredited for less than 3 years	13	4	0	3	7	1	1	1	30
Accreditation period reduced	0	0	0	0	0	0	0	0	0

Figure 31. Number of residential care services accredited or reaccredited by state and territory

For residential aged care services where the Commission completes a review audit, we may decide to take compliance and enforcement action in some circumstances. This could include, for example, reducing the period of a service's accreditation.

## Residential care sector performance

January – March 2023

### Provider performance under the Aged Care Quality Standards

An approved provider may operate one or more services. The Commission can find a provider non-compliant with more than one Quality Standard at a single service.

The number of non-compliant services dropped by 34% to **88** in Q3 compared with **133** in Q2.

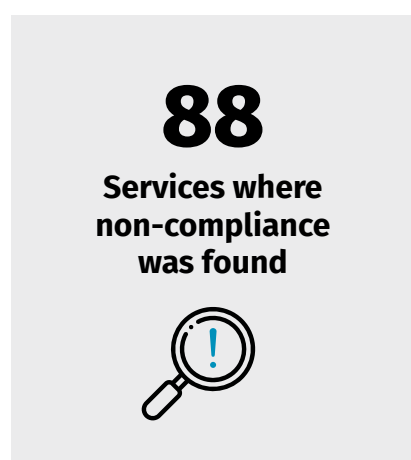


Figure 32. Non-compliance with the Aged Care Quality Standards

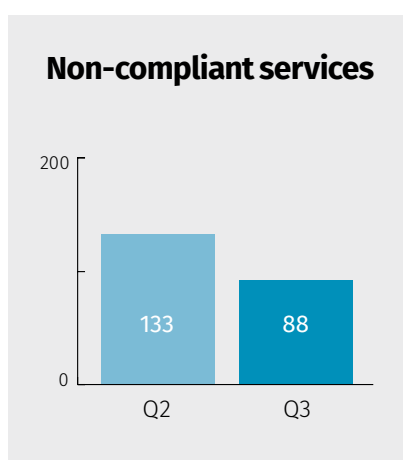


Figure 33. Non-compliance with the Aged Care Quality Standards in the past 2 quarters

### Risk profiling and findings of non-compliance

Risk profiling is used to inform scheduling of performance assessments, including site audits, with the highest risk services prioritised for audit and monitoring activity.

Most of the services due for reaccreditation and assessed as higher risk had a site audit in the previous 2 financial years. As a result, for this financial year (1 July 2022 to 31 March 2023), we have audited a greater proportion of lower risk services when compared with past years.

This is reflected this quarter in the number of services found non-compliant dropping from 133 in Q2 to 88 in Q3. We also accredited a greater proportion of services for 3 years or more (86.6% in Q2 to 92.5% in Q3) and a lower proportion for less than 3 years (13.4% in Q2 to 7.5% in Q3).

The Commission continues to use its monitoring powers to respond to services that present the highest risk.

## Residential care sector performance

January – March 2023

Figure 34 provides a breakdown of how much and how often non-compliance occurred for each Quality Standard. Non-compliance continued to be found most often in Quality Standards 3 (Personal care and clinical care), 8 (Organisational governance) and 7 (Human resources).

Non-compliance with one requirement means that the Quality Standard will not be met. Most instances of non-compliance were because providers did not comply with one, 2 or 3 requirements of a Standard. This is consistent with previous quarters. An approved provider can be found non-compliant with more than one Quality Standard at a single service.

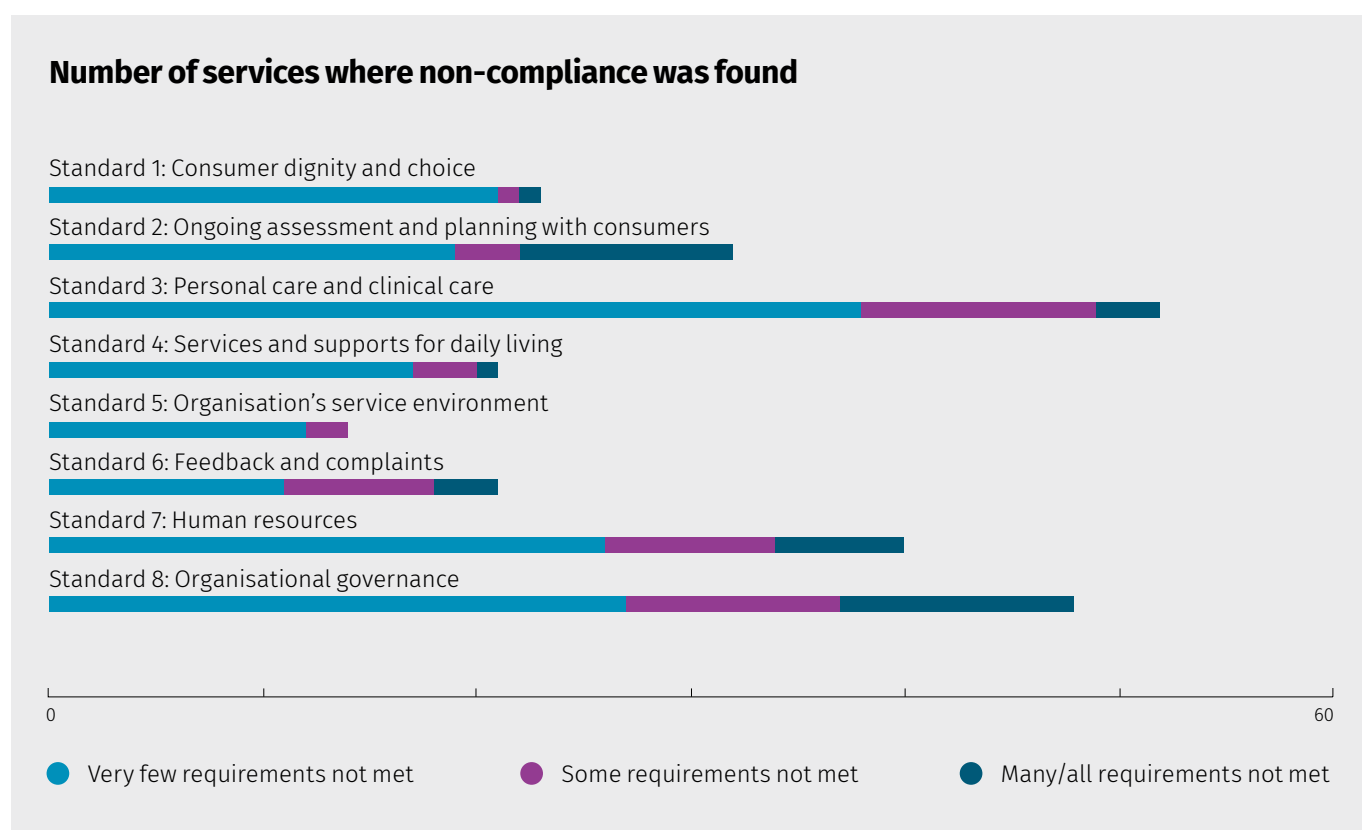


Figure 34. Total number of services non-compliant with the Aged Care Quality Standards

See figure 79 on page 69 for a note on definitions and an explanation of 'very few', 'some', or 'many/all'. Non-compliance with one requirement means that Quality Standard will not be met.

## Residential care sector performance

January – March 2023

### Provider performance under the requirements of the Aged Care Quality Standards

Each of the Quality Standards includes requirements which approved providers are expected to meet at the service or services that they operate.

Figure 35 shows the most common Quality Standard requirements where we found providers non-compliant. It lists the number of times we made a decision of non-compliance about the requirement of the Quality Standard in Q2 and Q3.

The most common non-compliance was in the requirements relating to:

- delivering safe and effective personal and clinical care
- effective governance systems
- risk management
- the number and mix of workforce
- the effective management of high impact or high prevalence risks.

Non-compliance with the requirements to use feedback and complaints to improve quality (6d) and to carry out regular performance assessments of workforce (7e) were in the top 10 this quarter.

#### Most frequently cited requirements where non-compliance was found

##### 3(3)(a) Safe and effective personal and clinical care



##### 8(3)(c) Effective governance systems



##### 8(3)(d) Risk management systems and practices



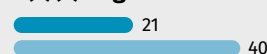
##### 3(3)(b) High impact or high prevalence risks managed effectively



##### 7(3)(a) Number and mix of workforce



##### 2(3)(e) Regular reviews of care and services



##### 2(3)(a) Assessment and planning informs safe and effective services



##### 6(3)(d) Feedback and complaints used to improve quality



##### 8(3)(e) Clinical governance framework



##### 7(3)(e) Regular performance assessment and monitoring of workforce

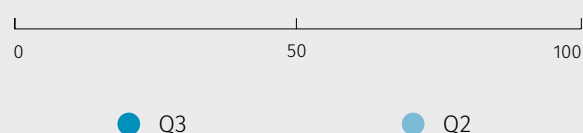


Figure 35. Most common Aged Care Quality Standards requirements in which residential aged care providers were non-compliant

## Residential care sector performance

January – March 2023

### Standard 3 of the Aged Care Quality Standards: Personal care and clinical care

We found non-compliance most often against Standard 3 of the Aged Care Quality Standards. Figure 36 shows non-compliance with the requirements of Quality Standard 3. The data is from performance assessments. It is shown as a percentage of the total number of times that the Commission assessed the requirement.



Figure 36. The most common requirements of Quality Standard 3 where we found non-compliance



# Infection prevention and control

## Building infection prevention and control capability

Best-practice aged care service providers:

- assess risk
- take steps to plan and prepare for outbreaks
- prevent the spread of infections.

The management of COVID-19, and the need to keep older Australians safe, has challenged the sector to improve its infection prevention and control (IPC) practices. There has been demonstrated improvement but more needs to be done. As the sector becomes familiar with a 'COVID-19 normal' environment, the Commission is committed to maintaining our focus on preventing, detecting and responding to risk of harm to consumers from all infectious diseases, including influenza and gastroenteritis.

The Commission encourages providers to:

- look at how their clinical governance arrangements support strong IPC
- continue to invest in and practise good IPC.

## Outbreak management

Approved providers use outbreak management meetings for support when managing a COVID-19 outbreak. These meetings are organised by local health authorities and attended by the Commission. During an outbreak, the Commission's role is to:

- provide advice on good practice
- connect providers with useful resources
- help providers to understand their regulatory obligations.

### Outbreak management team meetings

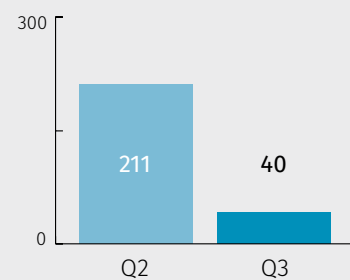
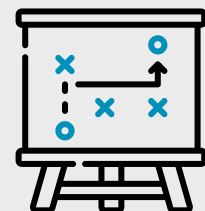


Figure 37. Number of outbreak management meetings

## Residential care sector performance

January – March 2023

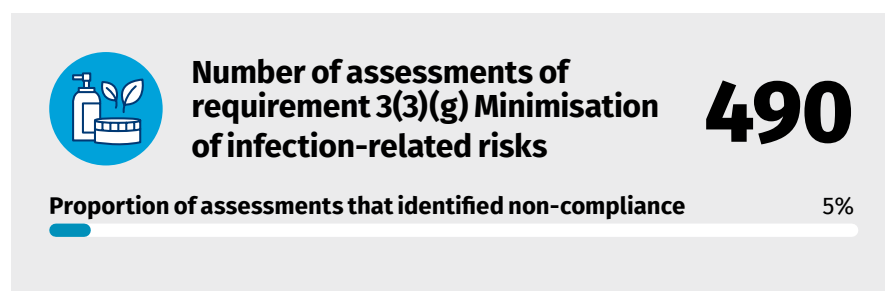


Figure 38. Number of assessments against requirement 3(3)(g)

Based on the date the Commission made the decision and includes any time we found a provider was non-compliant with 3(3)(g), including ongoing non-compliance.

### Aged Care Quality Standard 3(3)(g)

IPC programs vary in scope and complexity depending on the care and services the provider delivers. The Commission looks at a provider's systems and processes that prevent and control infection when assessing how they are performing against requirement 3(3)(g) of the Aged Care Quality Standard – Infection risk management and appropriate prescribing.

### Leadership and culture

Leadership and culture are the most important factors in determining how well a service responds to an infectious disease outbreak. Services perform well where we see:

- engaged and visible leaders and governing bodies that ask the right questions and offer the right support
- a strong IPC culture.

Where these things are missing, outcomes can be very different. The leadership team of every service must engage and support an onsite IPC clinical lead to provide leadership and promote good IPC practice.

## Residential care sector performance

January – March 2023



Figure 39. Total number of spot checks

### Infection control spot checks

In 2020, the Commission began a program of Infection Control Management (ICM) spot checks. These support COVID-19 preparedness and outbreak management readiness.

The Commission is extending this program to include the prevention and management of infectious diseases more broadly. During these spot checks, we review a service's infection control measures. We use this to highlight opportunities for the provider to improve their IPC practice.

In Q3 the Commission conducted **325** ICM spot checks. Of these, **13** services (4%), were escalated for further monitoring due to our concerns with their performance in relation to infection prevention and control obligations.

### Quality Standard Requirement 3(3)(g) Minimisation of infection-related risks

Aged Care providers are required to minimise infection-related risks by implementing:

- standard and transmission-based precautions to prevent and control infection
- practices to promote appropriate antibiotic prescribing and use to support optimal care and reduce the risk of increasing resistance to antibiotics.

During the spot check, we conduct interviews, observe care in practice and review documents to collect evidence such as:

- up-to-date records of staff and residents' COVID-19 and influenza vaccinations, and evidence of methods to promote the benefits of vaccination to staff and residents
- ensuring that residents have timely access to relevant vaccinations including COVID-19 and influenza (subject to their consent)
- records of IPC training delivered to all staff when they begin employment at the facility and ongoing training at least annually
- antimicrobial stewardship policy and processes to support appropriate administration of antibiotics
- care strategies used to minimise the need for antibiotics
- an outbreak management plan that explains how the organisation will prepare for, identify and manage outbreaks
- use of data to monitor infections and the effectiveness of the infection prevention and control program.

More information on how the Commission conducts performance assessments against Requirement 3(3)(g) can be found on our [website](#).

# Financial and prudential

As well as monitoring and assessing providers against the Quality Standards, the Commission also monitors and enforces providers' compliance with [Prudential Standards](#).

The Commission has run targeted campaigns and reviews to support providers to comply with their prudential responsibilities.

We also engage with the sector by publishing factsheets and a [monthly financial and prudential insights column](#).

## Financial and prudential transparency

Since November 2022, providers have been required to report quarterly on a range of financial information to the Department of Health and Aged Care. The Commission is responsible for making sure providers submit reports by the due date. We use the data and information providers report to understand provider risk.

These monitoring activities have led to a small increase in Non-Compliance Notices that we have issued this quarter to residential aged care providers and a larger increase in Non-Compliance Notices issued to home services providers [see page 41 (residential) and page 66 (home services)].

The new reporting requirements were implemented in response to the findings of the Royal Commission into Aged Care Quality and Safety that prudential and financial risks happen in real time. More regular reporting will allow the Commission to identify the risks quickly before they present a risk to the continuity of care that people are receiving.

## Prudential targeted reviews

The Commission's targeted reviews aim to educate and raise awareness on specific prudential requirements. They are also an opportunity to review an approved provider's understanding of, and compliance with, the prudential standards.

From November 2022 to January 2023, the Commission conducted a targeted review of Local Government Authority providers' use of refundable accommodation deposits.

Approved providers of residential and flexible aged care, who hold a refundable deposit, must comply with the prudential responsibilities set out in the *Aged Care Act 1997* (the Aged Care Act) and *the Fees and Payments Principles 2014 (No.2)* (the Fees and Payments Principles). This includes the requirement to implement and maintain a written governance system to manage refundable deposits. This ensures that these deposits are only used for permitted uses and are refunded when due.

We will share insights from this review shortly through the Commission's Financial and Prudential Regulatory Insights. [Subscribe](#) to receive these monthly updates from the Commission.

We commenced our current targeted review in April 2023. It focusses on provider compliance with the Prudential Governance Standard.

# Compliance and enforcement

## Managing non-compliance

The Commission has the power to take regulatory, compliance and enforcement action to address non-compliance with provider responsibilities. In deciding how to respond to a provider's non-compliance, the Commission considers:

- the risk to the safety, health, wellbeing and quality of life of consumers
- how the provider will manage that risk of harm or actual harm.

## Regulatory action

We may consider regulatory action where risk to consumers is assessed as low to medium (as opposed to compliance and enforcement action where risk is medium to high).

This approach shows the level of trust and confidence that the Commission has in the provider's motivation and ability to manage the risk and fix their non-compliance. We let the provider know that they have not met their responsibilities and encourage them to fix the non-compliance and take action to improve.

## Compliance and enforcement actions

The Commission may respond with enforceable regulatory action:

- in cases where we have assessed the risk to consumers as medium to severe
- where a provider has not fixed their non-compliance after regulatory action.

This involves the use of a range of escalating regulatory powers. If the provider does not comply with these, the Commission can and will enforce them.

Enforceable regulatory actions range from:

- using compulsory information gathering powers through to issuing Compliance Notices or Non-Compliance Notices
- applying sanctions
- withdrawal of provider approval.

Such actions are intended to compel the provider to address quality and safety risks and to comply with their responsibilities as quickly as possible.

The [Compliance and Enforcement Policy](#) provides more information about how we use our compliance and enforcement powers.

## Residential care sector performance

January – March 2023

### Provider non-compliance resulting in Commission directions

Where the Commission believes a provider is not meeting its responsibilities, we may issue directions. These directions describe the actions the provider needs to take and the timeframes for taking them.

These directions may be about the provider's compliance with the Quality Standards, a complaint or provider responsibility to give information to the Commission. We can take further action against providers if they do not comply with directions. The number of directions relating to non-compliance with the Quality Standards went down by 26% this quarter from **108** in Q2 to **80** in Q3.

Figure 40 shows the 5 most common reasons the Commission issued directions. Directions notices were issued mostly in relation to the delivery of safe and effective personal and clinical care, and effective organisation-wide governance systems.

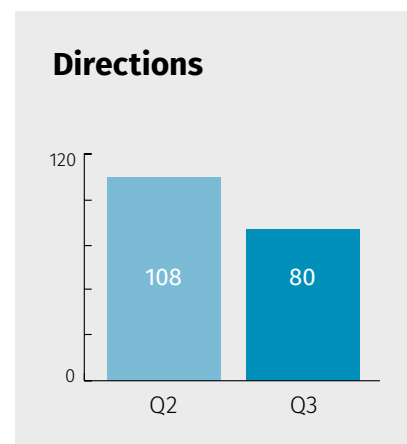


Figure 40. Number of directions the Commission issued to residential care services in the past 2 quarters

### Requirements of the Aged Care Quality Standards most frequently cited in a direction



Figure 41. Requirements of the Aged Care Quality Standards most often included in a direction issued to a residential care service

## Residential care sector performance

January – March 2023

### Provider performance resulting in enforceable regulatory action

Figure 42 shows enforceable regulatory actions for the past 2 quarters. The number of actions will vary between quarters. In this quarter, there was an increase in Non-Compliance Notices but a decrease in Notices to Agree and sanctions.

Some of this increase is due to the Commission issuing more Non-Compliance Notices to providers who have not submitted Quarterly Financial Reports. This requirement was introduced at the start of this financial year.

The Commission's actions require the provider to improve its performance and protect the safety and wellbeing of the people it cares for.

Where a provider consistently does not act, or takes insufficient action to address areas of non-compliance, the Commission can revoke a provider's approval to deliver Australian Government subsidised aged care.

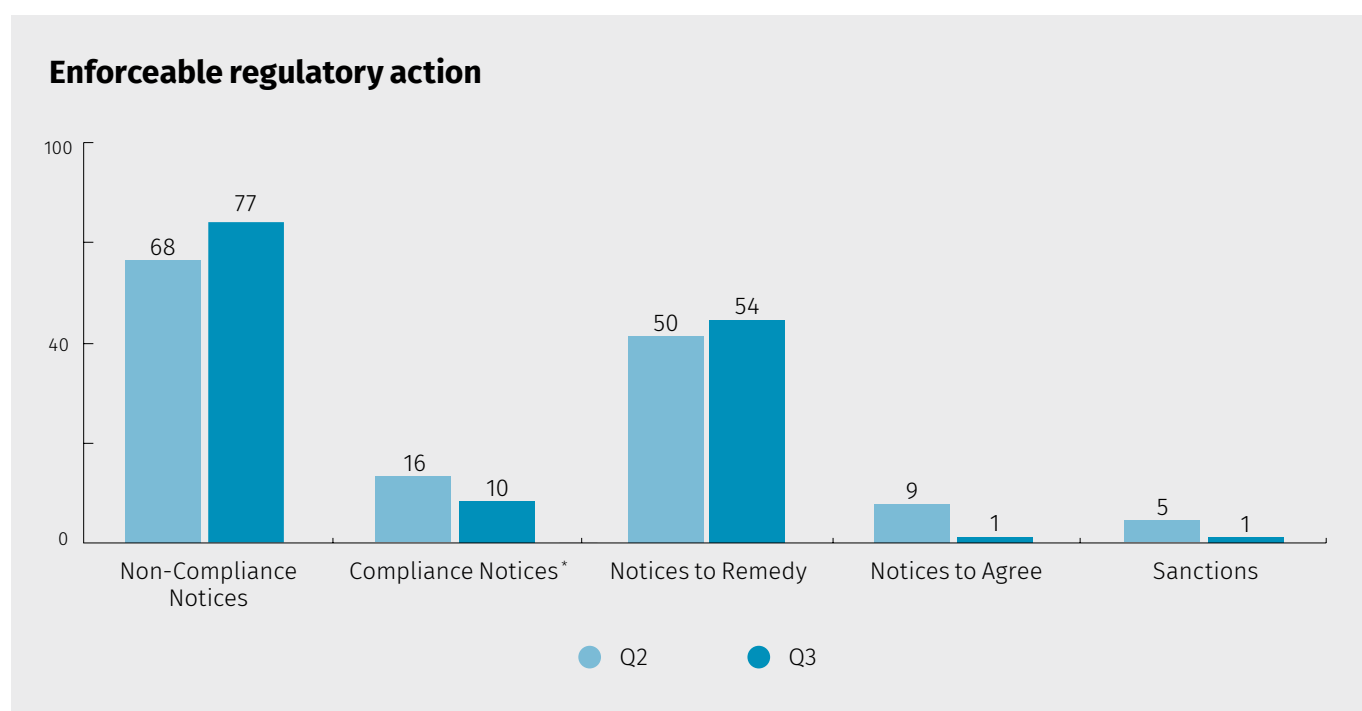


Figure 42. Enforceable regulatory actions taken by the Commission in the past 2 quarters

\* Includes Incident Management Compliance Notices and Restrictive Practices Compliance Notices.

## Residential care sector performance

January – March 2023

Figure 43 shows the actions taken by the Commission in Q3 by state and territory. The regulatory activities leading up to these actions may have happened in past quarters.

### Number of times provider performance resulted in enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Incident Management Compliance Notices	0	2	3	2	3	0	0	0	<b>10</b>
Restrictive Practices Compliance Notices	0	0	0	0	0	0	0	0	<b>0</b>
Non-Compliance Notices	30	14	17	3	7	0	6	0	<b>77</b>
Notices to Remedy	30	5	8	1	8	1	0	1	<b>54</b>
Notices to Agree	1	0	0	0	0	0	0	0	<b>1</b>
Sanctions	1	0	0	0	0	0	0	0	<b>1</b>

Figure 43. Number and type of enforceable regulatory actions taken by the Commission by state and territory

### Compliance notices

The Commission may give an approved provider a Compliance Notice about its incident management or restrictive practices responsibilities where:

- there is a risk of harm to consumers
- the provider's response is insufficient when we issue the notice.

The notice compels the provider to address actual or possible non-compliance in a realistic timeframe. Compliance Notices are designed to produce an immediate and proactive response outside the Non-Compliance Notice and sanctions options. There were **10** Incident Management Compliance Notices in Q3, down from **16** in Q2.

There were no Restrictive Practices Compliance Notices issued this quarter.



**10**

**Compliance Notices**

Figure 44. Number of Incident Management Compliance Notices the Commission issued to residential care services



## Residential care sector performance

January – March 2023

### Non-Compliance Notices and Notices to Remedy

The Commission may issue a Non-Compliance Notice to a provider if we are satisfied that the provider is, or has been, non-compliant with one or more of its responsibilities under the *Aged Care Act 1997*. When the Commission issues a Non-Compliance Notice, we must be satisfied that the provider's non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

The Commission may issue a Notice to Remedy if we are satisfied that the provider's response to the Non-Compliance Notice:

- outlines the proposed action to fix the non-compliance
- sets out an acceptable reason for the non-compliance
- is otherwise satisfactory.

A Notice to Remedy requires the provider to give to the Commission an Undertaking to Remedy the non-compliance in the Non-Compliance Notice. They must do this within 14 days of receiving the Non-Compliance Notice. In Q3 the Commission issued **77** Non-Compliance Notices and **54** Notices to Remedy.

If a provider does not comply with these undertakings, the Commission may impose a sanction or issue a Notice to Agree.



# 77

**Non-Compliance  
Notices**

Figure 45. Number of Non-Compliance Notices the Commission issued to residential care services

### Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice



Figure 46. Requirements of the Aged Care Quality Standards most often included in a Non-Compliance Notice issued to a residential care service

Figure 46 shows the most common requirements of the Aged Care Quality Standards included in Non-Compliance Notices in Q3. Delivery of safe and effective personal and clinical care, risk management, and effective governance systems were the requirements most often included in Non-Compliance Notices.

# Residential care sector performance

January – March 2023

## Notices to Agree

The Commission may issue a Notice to Agree when:

- we assess the risk to consumers as high to severe
- a provider’s non-compliance has meant the Commission is considering revoking its approval to deliver aged care services
- a provider has failed to comply with an Undertaking to Remedy.

A Notice to Agree may include one or more requirements of the Quality Standards or other laws. A Notice to Agree tells the provider what they need to do and by when. If a provider does not agree, the Commission can revoke their approval to provide Australian Government subsidised aged care.

We issued **one** Notice to Agree in Q3, down from **9** in Q2.



Figure 47. Number of Notices to Agree the Commission issued to a residential care service

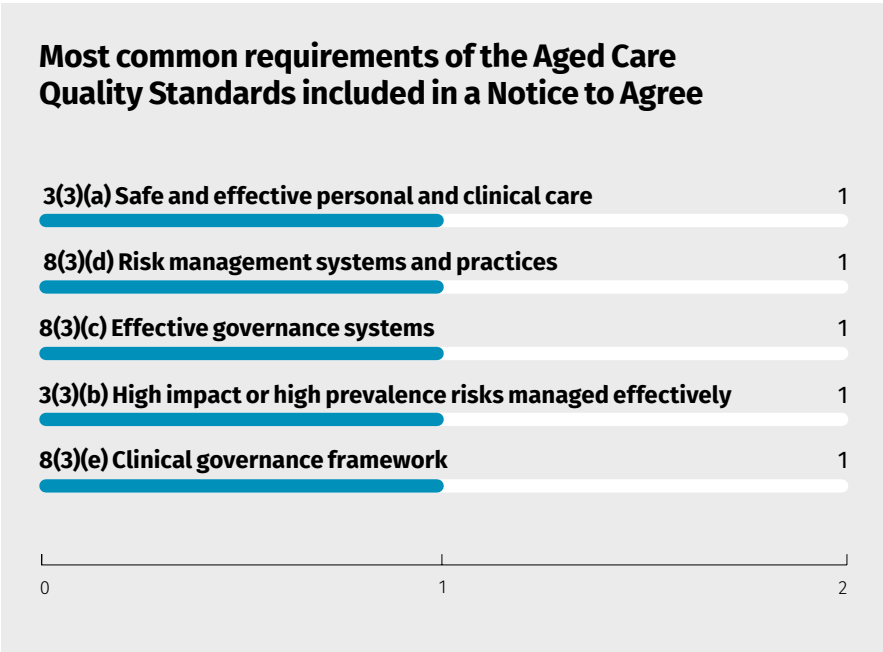


Figure 48. Requirements of the Aged Care Quality Standards most often included in a Notice to Agree issued to a residential care service

More than one requirement can be included in a single regulatory action.

# Residential care sector performance

January – March 2023

## Sanctions

We may also issue a Notice of Decision to Impose Sanctions:

- if we are not satisfied with the provider’s response to a Non-Compliance Notice
- where there is immediate and severe risk.

This tells the provider, in writing, what immediate action we require them to take. The Notice could also tell the provider that we have decided to impose one or more sanctions.

Sanctions require the provider to remedy non-compliance promptly and are intended to protect consumers – both future and current.

In Q3, **one** sanction was imposed on a provider, down from **5** in Q2. Providers who receive a sanction are not eligible to receive funding for new consumers during the sanction period.



Figure 49. Number of Sanctions issued to a residential care service

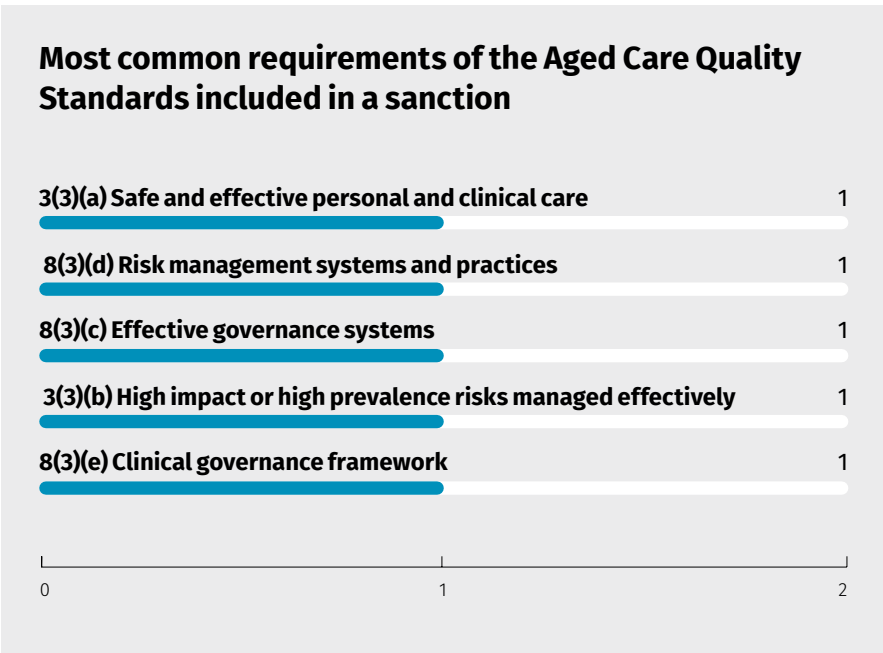


Figure 50. Requirements of the Aged Care Quality Standards most often included in a sanction issued to a residential care service

## Residential care sector performance

January – March 2023

### Revocation decisions

We may revoke accreditation of a residential aged care service and/or revoke provider approval to provide aged care services, in cases of serious non-compliance, where:


- the risk to consumers is severe
- a provider has failed to remedy non-compliance
- the provider is no longer suitable to provide aged care services.

When this happens, it means we have no trust in the provider's suitability to provide aged care services.

The Commission may fast-track a provider leaving the sector by issuing a revocation sanction where a provider's non-compliance is particularly:

- serious
- systematic
- repeated
- willful
- criminal.

The Commission made no revocation decisions in Q3.



The consequence for providers is they can no longer receive Australian Government subsidies for providing care and services.

# Worker regulation

As of 1 December 2022, the Commission holds approved providers and their aged care workers and governing persons to account for compliance with the Code of Conduct for Aged Care (the Code). The Code aims to ensure that all consumers can have confidence and trust in the quality and safety of aged care they receive, no matter who provides that care. You can find information for [providers](#) and [workers](#) on the Code on the Commission's website.

The Commission can identify potential non-compliance with the Code through any of its regulatory activities. We continuously monitor our regulatory activities and information to identify Code related risks.

## Investigation

The Commission may investigate where there is a higher risk to consumers due to an:

- individual's conduct that is not consistent with the Code
- approved provider's non-compliance with their responsibilities
- individual who is not suitable to be involved in providing aged care.

We may identify these risks through the Commission's monitoring of regulatory activities, including:

- the SIRS reportable incident notifications and complaints
- external sources such as the NDIS Quality and Safeguards Commission, other regulatory agencies and the media.

An investigation may result in the Commission making a banning order to prohibit or restrict an individual from working in aged care. A banning order is the Commission's most serious enforcement action against an individual.

The Commission may take other regulatory, compliance and enforcement actions on providers or individuals based on the level of risk to consumers.

## Procedural fairness

The Commission will afford procedural fairness to providers and individuals who may be negatively affected by a Commission decision including aged care workers and governing persons. This will usually involve giving providers or individuals affected by the decision an opportunity to respond to adverse information considered as part of the decision-making process. Where there is an immediate and severe risk to consumers, we may take enforcement action against a provider or individual with no notice or chance to respond. The provider or individual can request reconsideration or seek review of certain decisions made by the Commission.

## Residential care sector performance

January – March 2023

### Banning orders

In this quarter we issued **20** banning orders. Of these, **19** were made in response to risk to consumers from an individual who is not suitable to be involved in providing aged care.

**One** was made in response to immediate or severe risk to consumers if the individual is, or continues to be, involved in providing aged care. We did not issue any in response to risk to consumers from non-compliance with the Code by an aged care worker or governing person.

Of the **19** banning orders relating to the suitability of an individual to be involved in providing aged care:

- **13** were in response to the individual having a current or previous NDIS banning order
- **6** were in response to the individual having current criminal charges or findings in relation to fraud.

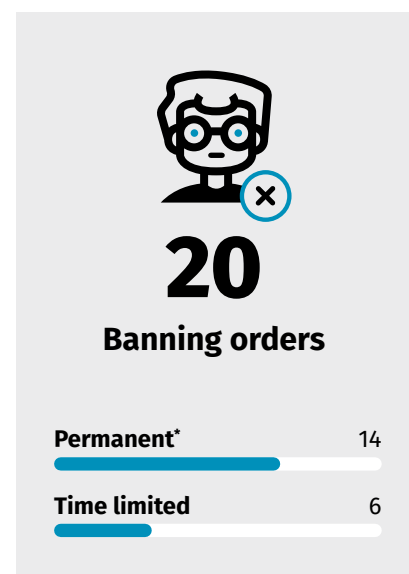


Figure 51. Number of banning orders the Commission issued

\* Full and permanent ban to participate in aged care (individuals/workers/key personnel).



Figure 52. Main reason banning orders were issued

## Residential care sector performance

January – March 2023

Individuals who may be subject to a banning order include:

- current or former aged care workers of an approved provider
- current or former governing persons of an approved provider
- people who may not have previously worked or been engaged in aged care before.

Banning orders may:

- prohibit an individual from being involved in providing any type of aged care
- prohibit an individual from being involved in specified types of aged care
- restrict an individual from taking part in specified activities as an aged care worker or governing person.

A banning order may be:

- of general or specific application
- permanent or for a certain time period
- subject to conditions.

The Commission has a [register](#) of banning orders including those that are no longer in force. You can find more information on banning orders on the [Commission's website](#). The current register includes banning orders made outside the Q3 reporting period.

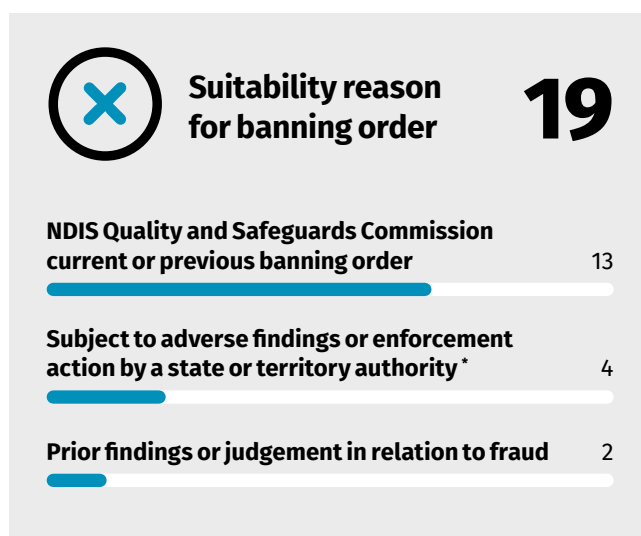


Figure 53. Reason for suitability banning orders

\* Current criminal charges.

# Home services

## Sector performance

January – March 2023



Australian Government  
Aged Care Quality and Safety Commission

Engage  
Empower  
**Safeguard**



# Applications to become an approved provider

## Outcomes of applications to be an approved provider of home care

A provider can apply for approval to provide home care, residential care, flexible care, or any combination of these care types.

In Q3, we received **18** applications to become an approved home care provider, compared with **14** in Q2. We approved **one** application and did not approve **12** applications. Outcomes may include applications we received in past quarters.

We assess applications to determine whether the applicant is suitable to provide aged care in line with the specific requirements of the *Aged Care Quality and Safety Commission Act 2018*.

The number of applicants that the Commission did not approve this quarter fell from **25** to **12**.

This quarter, there were **8** applications that did not proceed.

We count the outcomes of applications (for example 'did not proceed') for each type of care included in the application.

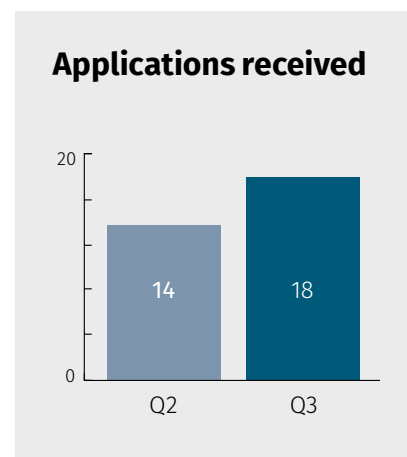


Figure 54. Number of applications received for home care services in the past 2 quarters

## Application outcomes

	Q2	Q3
Approved	7	1
Not approved	25	12
Did not proceed *	0	8

Figure 55. Number of home care service applications approved and not approved in the past 2 quarters

Application outcomes may relate to applications that we received in past quarters.

\* An application that did not proceed is one that we returned to the applicant as incomplete or the provider withdrew.

## Home services sector performance

January – March 2023



### Information to help providers complete their application to become an approved provider

The Commission follows a rigorous assessment process to decide if applicants are suitable to provide aged care. We will not approve an application that does not meet one or more of the suitability criteria.

Reasons for not approving an application can include the following:

#### **Experience**

No experience listed or not explaining how the applicant's experience in another sector (for example, as a provider of National Disability Insurance Scheme (NDIS) services) would apply to the aged care sector.

#### **Understanding of responsibilities**

Not demonstrating the applicant's understanding of their responsibilities.

#### **Policies and procedures**

Generic policies that are not tailored to the service/s that the applicant wants to provide.

#### **Operational processes**

Business models that:

- would not support effective delivery of care
- did not explain processes for how workers would be managed
- did not explain how systems would operate.

#### **Financial processes**

Not explaining the funding available to start running the service or how the applicant will stay financially viable.  
No explanation of how their financial processes would make sure they met their regulatory requirements.

# Complaints

Under the Aged Care Quality Standards, all providers must have a system in place to resolve complaints locally. A complaint about a service can be lodged directly with:

- the provider
- the Commission
- both the provider and the Commission.

The Commission takes all complaints seriously and works with providers and consumers to resolve the matter. Complaints lodged with the Commission help us to understand risks to consumers and can inform our regulatory activities.

Each complaint can include more than one issue or concern.

We aim to help people making complaints resolve their concerns directly with the provider. We use a range of ways to help people to resolve their concerns. Our focus is on reaching the best outcome for the person receiving aged care, as quickly as possible.

The best results are achieved when:

- all parties work together
- discussions are open
- information is provided in a as soon as possible.

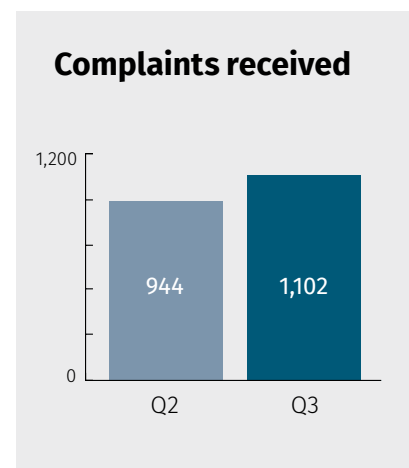


Figure 56. Number of complaints about home care services in the past 2 quarters

The number of complaints does not necessarily reflect the quality of the service.

For example, a service with a positive complaints culture will encourage feedback and use it as an opportunity to improve their services. The Commission is working to help consumers feel more confident about raising concerns or complaints with providers directly, or with the Commission or a combination of both.

## Home services sector performance

January – March 2023

### Complaints received about home services

This quarter, there were over **1,075,352** consumers of home services:

- **257,124** were using Home Care Packages (HCP)
- **818,228** were using Commonwealth Home Support Programme (CHSP) services.

The Commission received **1,102** complaints about home services. Of these **977** were about HCPs, at a rate of **0.38** complaints per 100 HCP consumers.

The total number of complaints and rate of complaints has remained much the same compared with last quarter.

### Complaints made by state and territory

Figure 57 shows the number of complaints made about home services (HCP and CHSP services) in each state and territory. It also shows the number of complaint issues – a complaint can be about more than one issue.

### Complaints about home services by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	N/A	AUS
Complaints received	297	281	268	78	97	28	7	17	29	<b>1,102</b>
Number of issues	574	434	439	123	134	41	9	29	35	<b>1,818</b>

Figure 57. Complaints about a home care services by state and territory

\* N/A includes any complaint or complaint issue that does not have the geographical location assigned to it.

## Home services sector performance

January – March 2023

### What are complaints about?

Figure 58 shows the most common home services complaint issues we received in Q3. Similar to past quarters, the most common complaints were about consultation and communication, fees and charges and other financial issues. Case management was the ninth most complained about issue in Q3 and did not appear in the top 10 in Q2.

Recent regulatory reforms of home care pricing and agreements, including fee capping, should address some of these common complaint issues. You can find information on how providers can navigate the changes on the [Commission's website](#).

### Most common complaint issues

#### Lack of consultation or communication



#### Fees and charges



#### Reimbursements



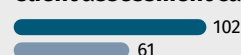
#### Consistent client care and coordination



#### Management of finances



#### Client assessment care planning



#### Communication about fees and charges



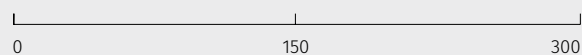
#### Financial statements



#### Case management\*



#### Domestic assistance



● Q3    ● Q2

Figure 58. Top 10 complaint issues in the past 2 quarters

\* Case management was not a common complaint in Q2.

# Home services sector performance

January – March 2023

## Source of complaints

Figure 59 provides a breakdown of the home services complaints we received including who made them. Home care recipients made just under half (48%) of all complaints, which is a significantly higher proportion of complaints than residents made (10% of total) about their residential services.

Figure 60 shows the top 5 complaint issues for each group who made complaints. Lack of consultation and communication, and a variety of financial matters (particularly fees and charges) feature prominently in complaints from care recipients and their representatives/family members.

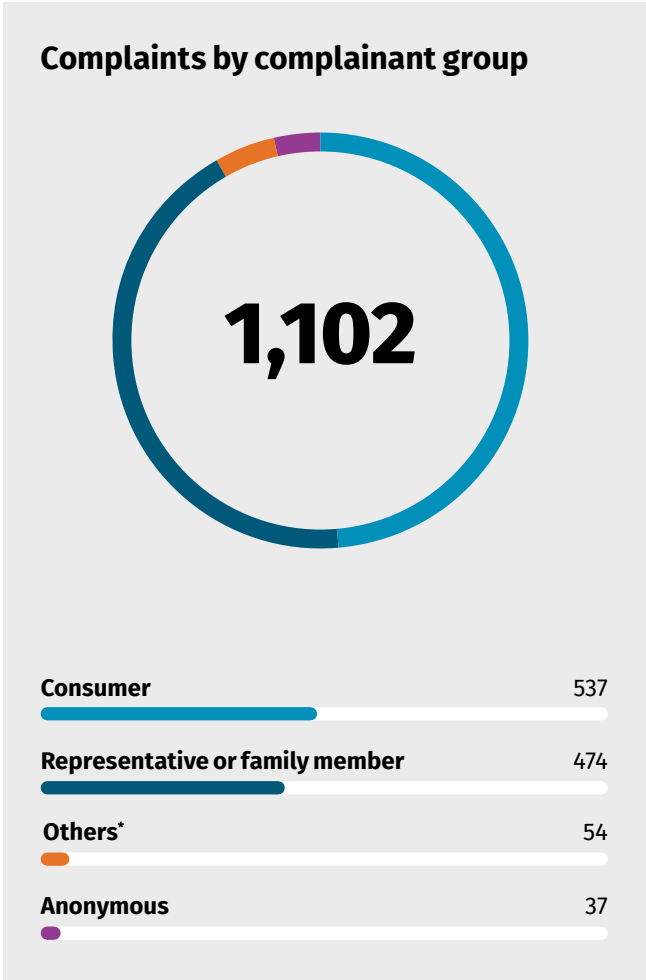


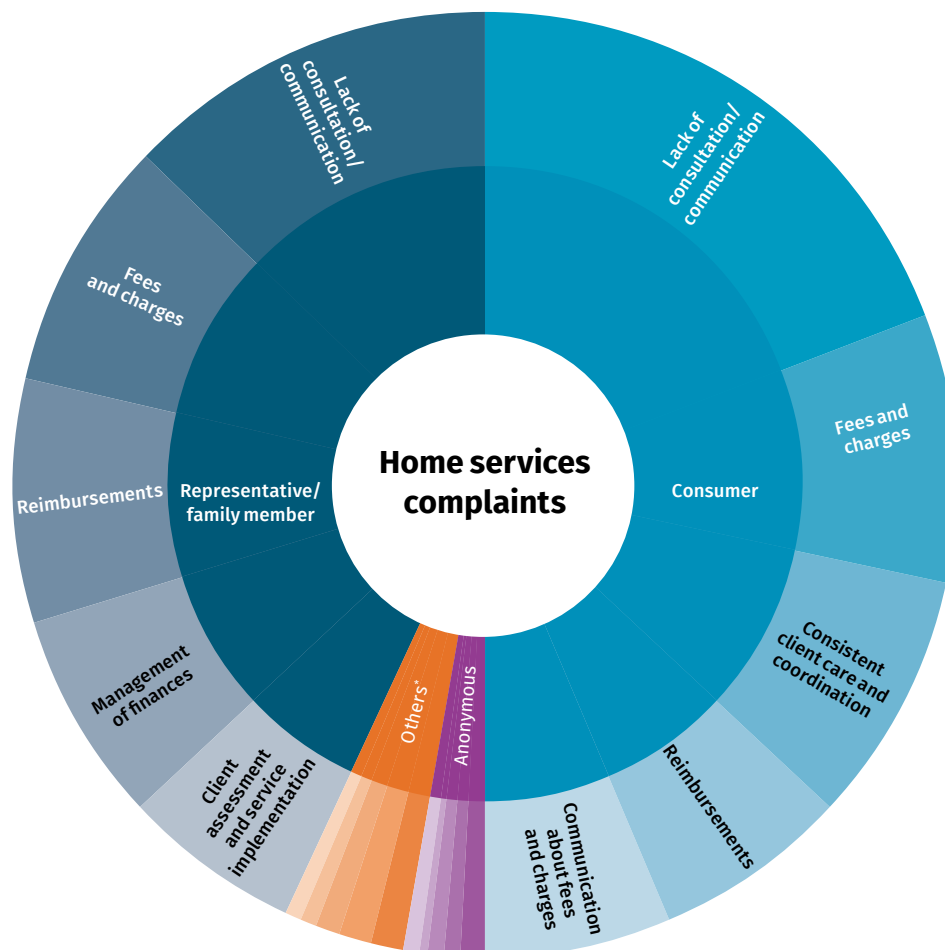
Figure 59. Number of home care services complaints by complainant group

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

# Home services sector performance

January – March 2023

## Top 5 issues for each complainant group



### Representative/family member

Lack of consultation/communication	101
Fees and charges	69
Reimbursements	68
Management of finances	57
Client assessment and service implementation	48

### Others\*

Consistent client care and coordination	10
Lack of consultation/communication	9
Client assessment and service implementation	6
Communication about fees and charges	5
Security of tenure/agreement – termination	5

### Consumer

Lack of consultation/communication	154
Fees and charges	75
Consistent client care and coordination	67
Reimbursements	54
Communication about fees and charges	52

### Anonymous

Personnel – behaviour/conduct	6
Lack of consultation/communication	5
Food and catering – quality and variety	4
Financial – statements	3
Fees and charges	3

Figure 60. Top 5 complaints per group about home care services

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

## Home services sector performance

January – March 2023

### Finalised complaints

The Commission finalised a total of **1,042** complaints about home services this quarter. We did this through both the early resolution and formal resolution pathways.

Through early resolution, the Commission worked with the people making the complaints, providers and consumers to resolve **1,041** complaints. These complaints involved **1,808** issues about home services. Through this process we help people to resolve the issues themselves.

There was **one** complex complaint involving **2** issues. We addressed this through a formal resolution process that can involve:

- conciliation
- mediation
- a formal investigation by the Commission
- the provider needing to resolve the issue within a set timeframe and report back to the Commission.

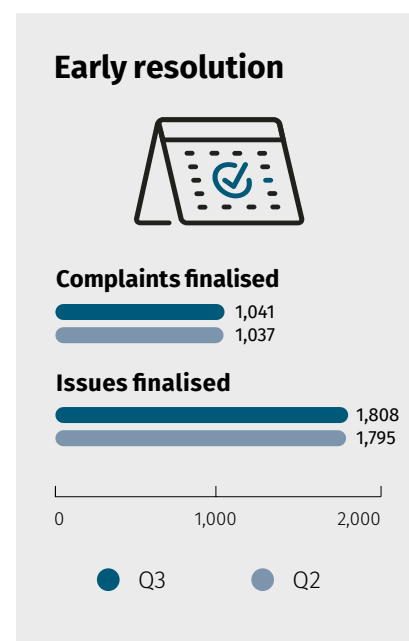


Figure 61. Number of home care services complaints and issues resolved through early resolution in Q3 compared with Q2

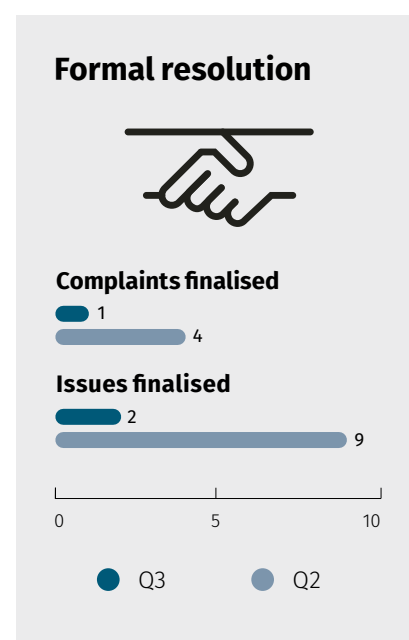


Figure 62. Number of home care services complaints and issues resolved through the formal resolution pathway



## Home services sector performance

January – March 2023

### Resolving complaint issues

When a person contacts the Commission with a complaint, we will try to find a quick resolution by:

- understanding what outcome will resolve the issue for the person making the complaint
- speaking to the provider about their responsibilities around the issue
- supporting the person making the complaint to understand their rights
- helping the provider to agree to a plan of the actions they will take to resolve the issue
- checking back with the person who made the complaint to see if the issue has been resolved.

Where needed, the Commission can take action to make sure providers improve the quality and standard of their service and meet their responsibilities.

Before a complaint is finalised, the Commission talks to all those involved to explain why the resolution process has ended. We also provide written feedback, unless the person making the complaint asks for it in a different way. Most decisions to finalise a complaint will need to be reviewed by the person making the complaint and/or the provider.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the person making the complaint expected. Sometimes it is not possible for the Commission to determine whether a particular event occurred. In other cases, the issue is already being dealt with separately within the Commission. In a small number of cases, if the Commission decides that a provider has met its responsibilities, an issue may be finalised even if the person making the complaint is not satisfied. In these cases, the Commission will explain to the person who made the complaint why the complaint is being finalised.

# Quality assessment and monitoring

The [Aged Care Quality Standards](#) are a set of 8 standards used to determine how an aged care service is performing. They focus on outcomes for consumers. They reflect the level of care and services that the community can expect from organisations that provide Australian Government subsidised aged care.

The Commission conducts quality reviews of home services to assess whether providers deliver their services in line with the Aged Care Quality Standards. The Commission also conducts risk-based monitoring of the quality of care and services through assessment contacts.

We do a quality review at least once every 3 years. This is the process of reviewing the quality of home services delivered against all the relevant Quality Standards. We can find a provider non-compliant with one or more Quality Standards at a service.

A quality review includes:

- an onsite quality audit
- a quality audit report
- a performance report.

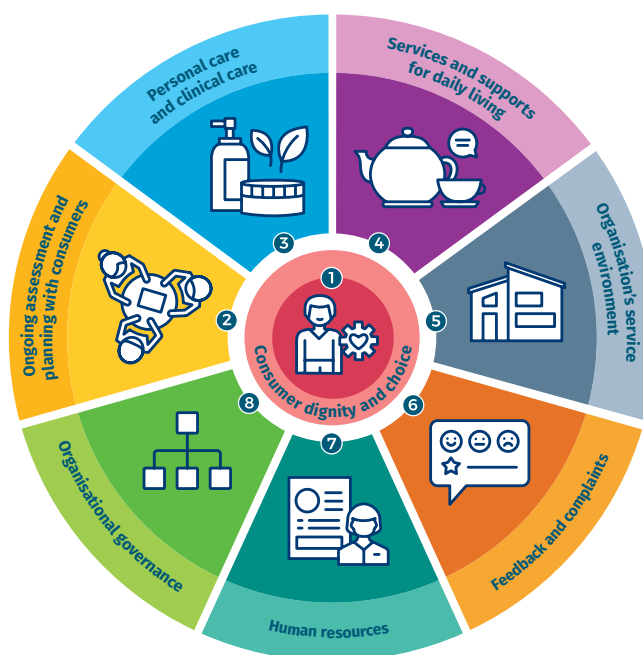


Figure 63. The Aged Care Quality Standards

The onsite quality audit takes place at the premises of the home service provider. The Commission will generally give the service written notification of the date on which the quality audit will be completed. This notification includes a template for informing consumers and their nominated representatives about the upcoming audit.

If the Commission considers, on reasonable grounds, that the home service provider is not complying with the Quality Standards, we do not need to give the provider notice before completing a quality audit.

## Home services sector performance

January – March 2023

### Onsite quality assessment and monitoring activities by state and territory

In Q3, the Commission conducted **121** quality audits, compared with **58** in Q2. This doubling of quality audits in Q3 has been managed by investing in our assessor workforce and improved access to services due to a:

- decrease of COVID-19 infections across the community
- absence of extreme weather events.

The increase in the volume of onsite activities is similar to that for residential services. We expect this to continue in Q4.

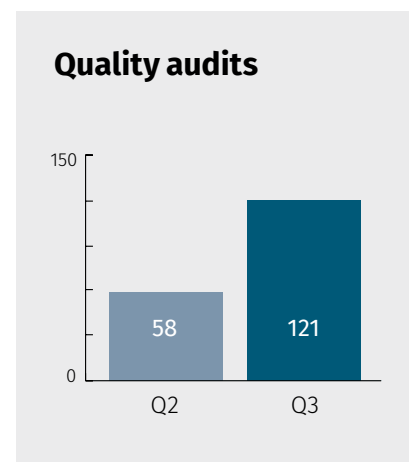


Figure 64. Number of home care services quality audits the Commission conducted in the past 2 quarters

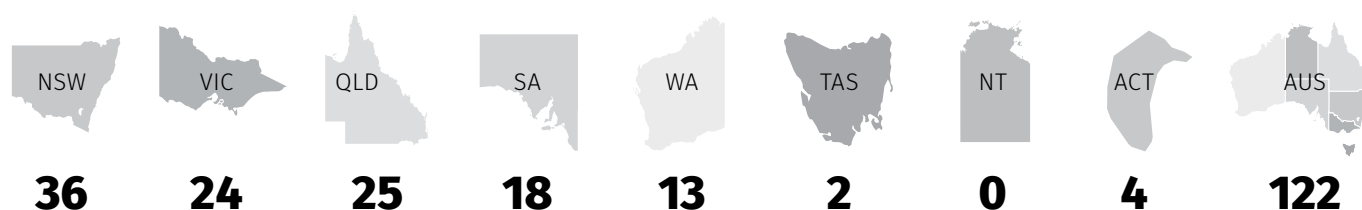


Figure 65. Number of home care services onsite quality assessment and monitoring activities the Commission conducted by state and territory

### Number of quality assessment and/or audit activities by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	24	29	27	16	17	3	1	3	120
Quality audits	36	23	25	18	13	2	0	4	121

Figure 66. Number of home care services quality assessment and monitoring activities the Commission conducted by state and territory

## Home services sector performance

January – March 2023

### Provider performance under the Aged Care Quality Standards

A provider can run one or more services. The Commission found **36** services non-compliant in Q3.

To help home service providers manage common risks, the Commission has released a resource [Quality and safety in home services – 5 key areas of risk](#).



Figure 67. Services the Commission found non-compliant with the Quality Standards

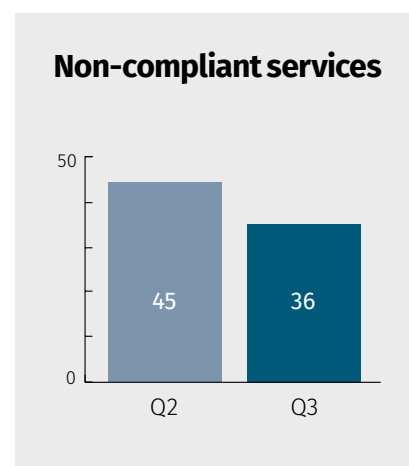


Figure 68. Number of home care services the Commission found to be non-compliant with the Quality Standards in the past 2 quarters

## Home services sector performance

January – March 2023

Figure 69 provides a breakdown of how much and how often non-compliance occurred across each Quality Standard. The 3 Quality Standards that providers most commonly did not meet this quarter were:

- Standard 8: Organisational governance
- Standard 2: Ongoing assessment and planning with consumers
- Standard 6: Feedback and complaints.

Non-compliance with one requirement means that the Quality Standard will not be met. Most instances of non-compliance were because providers did not comply with one, 2 or 3 requirements of a Standard. This is consistent with previous quarters. An approved provider can be found non-compliant with more than one Quality Standard at a single service.

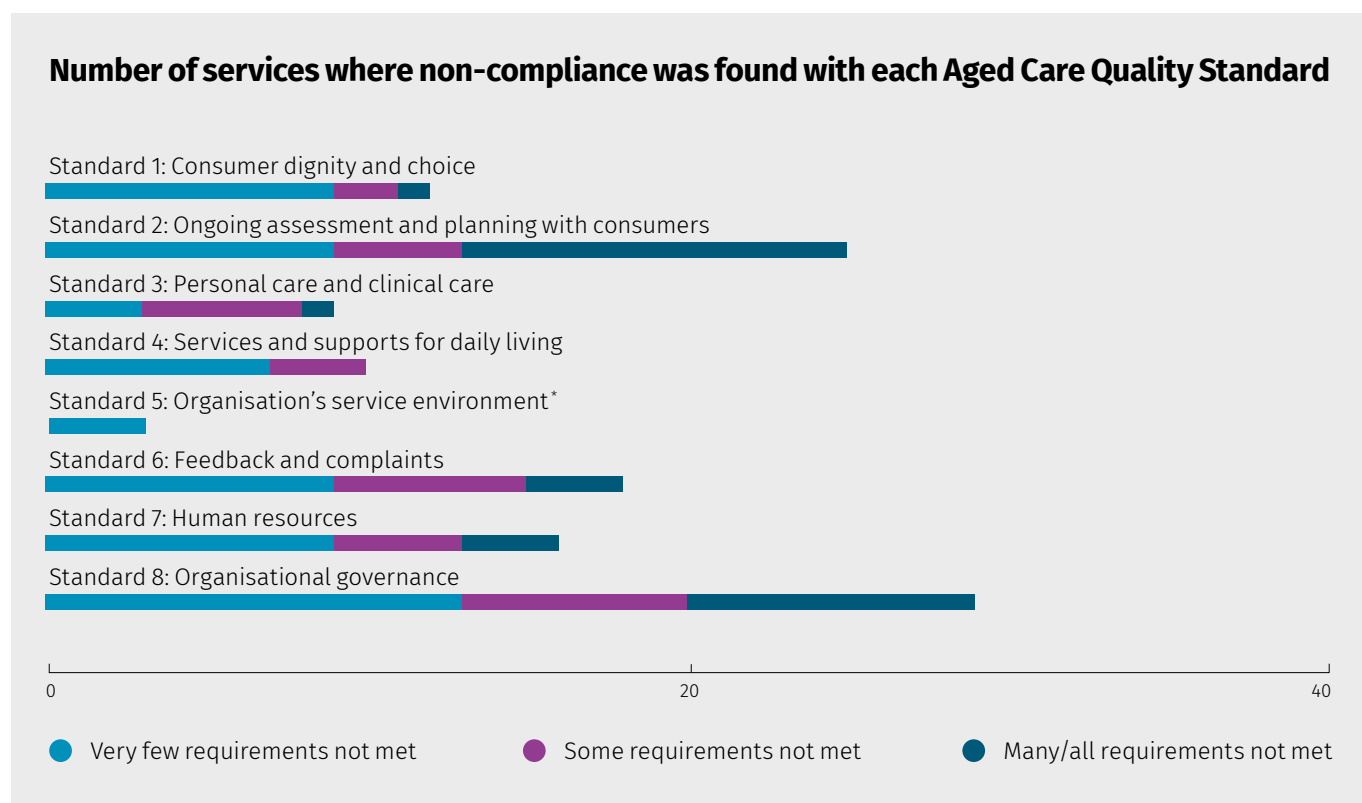


Figure 69. Most common Aged Care Quality Standard where the Commission found a home care service was non-compliant

See figure 77 on page 69 for a note of definitions and an explanation of 'very few', 'some', or 'many/all'.

\* Quality Standard 5 applies to the physical service environment that the organisation provides for residential care, respite care and day therapy centres. It does not apply to home services in the consumer's home. It also does not apply to other environments that consumers visit, such as sports clubs or libraries.

## Home services sector performance

January – March 2023

### Provider performance under the requirements of the Aged Care Quality Standards

Each of the Quality Standards includes requirements that approved providers are expected to meet at the service or services they operate.

Figure 70 shows the most common Quality Standard requirements where we found providers non-compliant.

It lists the number of times we made a decision of non-compliance in relation to the requirement of the Quality Standard in Q2 and Q3. Similar to past quarters, effective governance systems, reviews of care and services, and assessment and planning are still the requirements most frequently not complied with.

#### Most frequent requirements where we found non-compliance



Figure 70. Number of times the Commission found home care services non-compliant for a particular requirement of the Quality Standards

# Compliance and enforcement

## Managing non-compliance

The Commission has the power to take regulatory, compliance and enforcement action to address non-compliance with provider responsibilities. In deciding how to respond to a provider's non-compliance, the Commission considers:

- the risk to the safety, health, wellbeing and quality of life of consumers
- how the provider will manage that risk of harm or actual harm.

## Regulatory action

We may consider regulatory action where risk to consumers is assessed as low to medium (as opposed to compliance and enforcement action where risk is medium to high).

This approach shows the level of trust and confidence that the Commission has in the provider's motivation and ability to manage the risk and fix their non-compliance.

We let the provider know that they have not met their responsibilities and encourage them to fix the non-compliance and take action to improve.

## Compliance and enforcement actions

The Commission may respond with enforceable regulatory action:

- in cases where we have assessed the risk to consumers as medium to severe
- where a provider has not fixed their non-compliance after regulatory action.

This involves the use of a range of escalating regulatory powers. If the provider does not comply with these, the Commission can and will enforce them.

Enforceable regulatory actions range from:

- using compulsory information gathering powers through to issuing Compliance Notices or Non-Compliance Notices
- applying sanctions
- withdrawal of provider approval.

Such actions are intended to compel the provider to address quality and safety risks and to comply with their responsibilities as quickly as possible.

The [Compliance and Enforcement Policy](#) provides more information about how we use our compliance and enforcement powers.

# Home services sector performance

January – March 2023

## Provider non-compliance resulting in issuing directions

Figure 72 shows the number of directions notices the Commission issued in each state and territory this quarter. The Commission issued **2** directions notices compared with **7** in the last quarter. The high number of requirements included in the directions is partly due to the high number of services operated by a single provider. The most frequently issued directions relate to effective organisation wide governance systems.

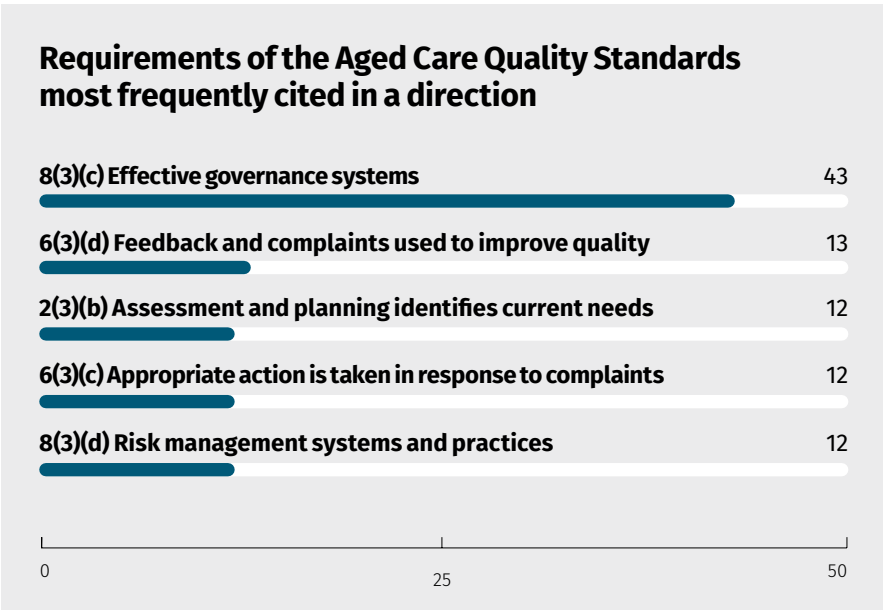


Figure 71. Aged Care Quality Standards requirements most frequently included in a direction issued to home care services

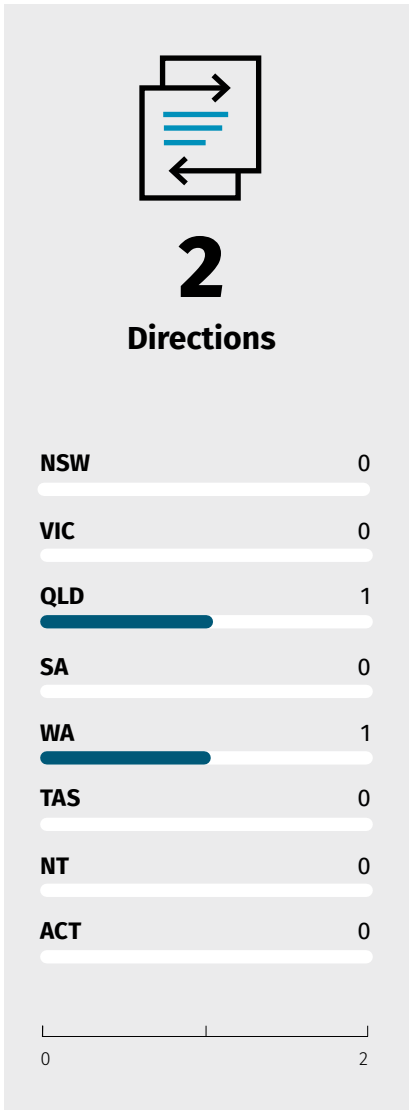


Figure 72. Number of directions the Commission issued to home care services by state and territory



## Home services sector performance

January – March 2023

### Provider non-compliance resulting in enforceable regulatory action

Figure 73 shows the Commission's enforceable regulatory actions over the past 2 quarters. We issued **45** Non-Compliance Notices in Q3. The requirements most frequently cited in Non-Compliance Notices were:

- Effective risk management systems and practices
- Assessment and planning
- Delivering safe and effective personal care, clinical care, or both personal care and clinical care.

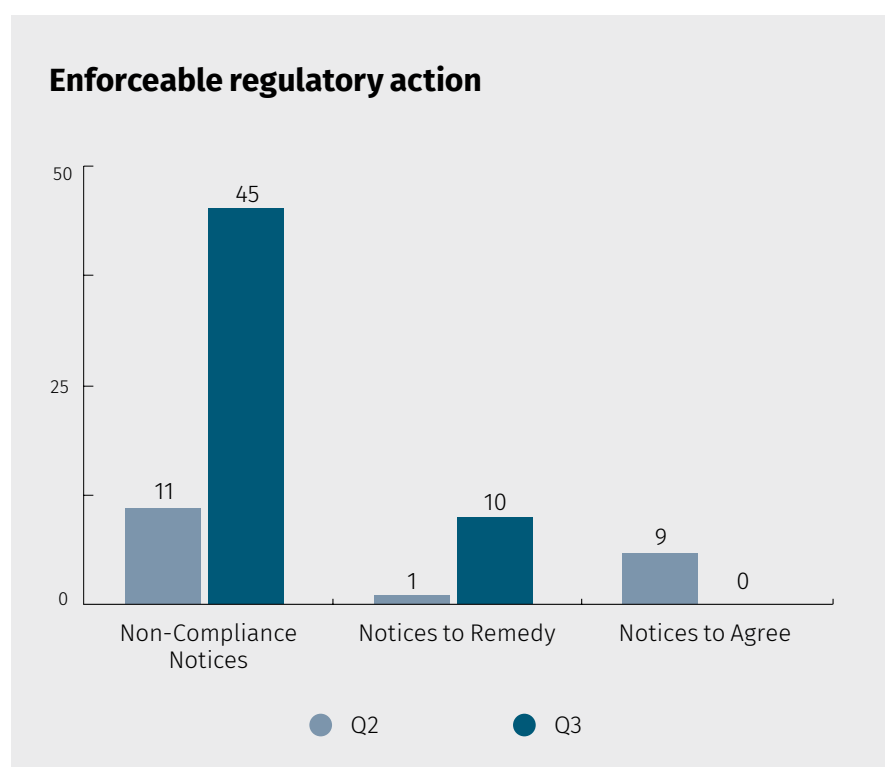


Figure 73. Number and type of home care services enforceable regulatory actions in the past 2 quarters

## Home services sector performance

January – March 2023

Figure 74 shows the actions the Commission took in Q3 by state and territory.

### Compliance actions

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Directions to revise plan for continuous improvement	0	0	1	0	1	0	0	0	2
Non-Compliance Notices	12	7	16	2	4	1	3	0	45
Notices to Remedy	2	1	3	1	0	1	0	2	10
Notices to Agree	0	0	0	0	0	0	0	0	0
Sanctions	0	0	0	0	0	0	0	0	0

Figure 74. Number and type of home care services enforceable regulatory actions by state and territory

### Non-Compliance Notices and Notices to Remedy

The Commission may issue a Non-Compliance Notice to a provider if we are satisfied that the provider is, or has been, non-compliant with one or more of its responsibilities under the *Aged Care Act 1997*. When the Commission issues a Non-Compliance Notice, we must also be satisfied that the provider's non-compliance does not pose an immediate and severe risk to consumers' safety, health and wellbeing.

The Commission may issue a Notice to Remedy if we are satisfied that the provider's response to the Non-Compliance Notice:

- outlines the proposed action to fix the non-compliance
- sets out an acceptable reason for the non-compliance
- is otherwise satisfactory.

A Notice to Remedy requires the provider to give to the Commission an Undertaking to Remedy the non-compliance specified in the Non-Compliance Notice. They need to do this within 14 days of receiving the Non-Compliance Notice. If a provider does not comply with these undertakings, we may impose a sanction or issue a Notice to Agree.

In Q3 the Commission issued **45** Non-Compliance Notices and **10** Notices to Remedy.

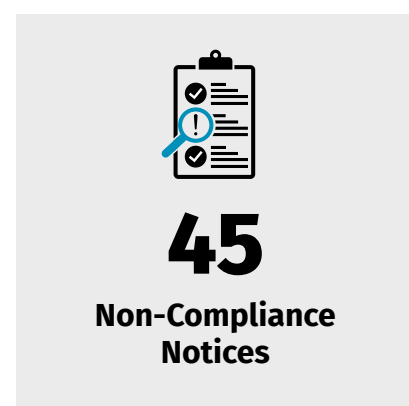


Figure 75. Number of Non-Compliance Notices the Commission issued to home care services

# Home services sector performance

January – March 2023

Most of the increase is due to more Non-Compliance Notices being issued to home services providers who have failed to comply with the requirement to submit Quarterly Financial Reports. This requirement was introduced at the start of this financial year.

Figure 76 shows the most common requirements of the Aged Care Quality Standards included in Non-Compliance Notices in Q3.

These were:

- Risk management systems and practices
- Assessment and planning
- Delivering safe and effective personal care, clinical care, or both personal care and clinical care.

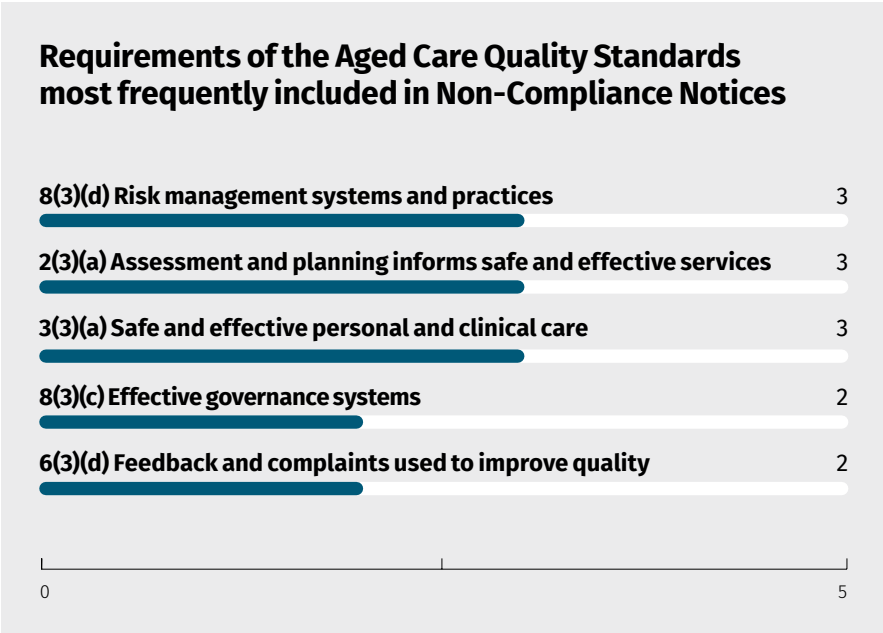


Figure 76. Requirements of the Aged Care Quality Standards most frequently included in a Non-Compliance Notice issued to a home care service

## Home services sector performance

January – March 2023

### Notice to Agree

The Commission may issue a Notice to Agree when:

- we assess the risk to consumers as high to severe
- a provider's non-compliance has meant the Commission is considering revoking a provider's approval to deliver aged care services
- a provider has failed to comply with an Undertaking to Remedy.

A Notice to Agree may include one or more requirements of the Quality Standards, or other laws. A Notice to Agree tells the provider what they need to do and by when. If a provider does not agree, the Commission can revoke their approval to provide Australian Government subsidised aged care.

The Commission did not issue any Notices to Agree in Q3.

### Sanctions

We may also issue a Notice of Decision to Impose Sanctions:

- if we are not satisfied with the provider's response to a Non-Compliance Notice
- where there is immediate and severe risk.

This tells the provider what immediate action they must take. The notice may also tell the provider that the Commission has decided to impose one or more sanctions.

Sanctions require the provider to remedy non-compliance promptly and are intended to protect consumers — both future and current.

The Commission did not issue any Sanctions in Q3.

### Revocation decisions

We may revoke approval for a provider to offer Australian Government subsidised aged care in cases of serious non-compliance where:

- the risk to consumers is severe
- a provider has failed to remedy non-compliance
- the provider is no longer suitable to provide aged care services.

When this happens, it means the Commission has no trust in the provider's suitability to provide care. The consequence for providers is that they can no longer receive Australian Government subsidies for providing care and services.

The Commission may fast-track a provider leaving the sector by issuing a revocation sanction where a provider's non-compliance is particularly:

- serious
- systematic
- repeated
- willful
- criminal.

The Commission made no revocation decisions in Q3.

# Notes

## Note on definitions

The terms 'very few', 'some', 'many/all' show how many of the requirements a provider has not met within each Quality Standard. As the number of requirements in each Standard varies, the proportions are determined according to Figure 77.

Number of requirements not met	Number of requirements in each Quality Standard				
	Standard 5	Standard 6	Standards 2, 7, 8	Standard 1	Standards 3, 4
	3 requirements	4 requirements	5 requirements	6 requirements	7 requirements
1	Very few	Very few	Very few	Very few	Very few
2	Some	Some	Some	Very few	Very few
3	Many/all	Many/all	Many/all	Some	Some
4		Many/all	Many/all	Many/all	Some
5			Many/all	Many/all	Many/all
6				Many/all	Many/all
7					Many/all

Figure 77. Number of requirements in each Quality Standard



## Note on data

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

Reported figures may be superseded as database records are updated.

As the Commission systems are updated regularly, the published numbers for previous quarters may slightly differ in this report where the same periods are quoted here for comparisons.

The information corresponding to the count of services (residential care and home services) was extracted from the Commission systems on 13 April 2023.

The consumer numbers for residential care were extracted from the Department of Health and Aged Care data warehouse for March 2023. State is based on the service state.

Home care packages consumer data was extracted from the Department of Health and Aged Care data warehouse as at 18 April 2023. HCP consumer state is based on service.

CHSP consumer data is from consumer state from the 2021–22 Financial Year, extracted from Commission systems.

Where a consumer changed services, they may be counted across multiple states. The sum of the state totals may therefore exceed the total national count. Previously the state was derived from CHSP Outlet/Service state, however this was changed to the consumer state in line with other Gen-Aged Care reporting.

Reportable incident data was extracted from Commission systems on 3 April 2023.

Reported figures may change as database records are updated.

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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### Write

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