

Aged Care Quality and Safety Commission

Sector performance report

October – December 2022



Australian Government

Aged Care Quality and Safety Commission

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Purpose of this report

This report provides information, data and insights into provider performance from 1 October to 31 December 2022 (Q2). It draws on information collected through the Commission's activities including:

- approving organisations to deliver aged care services
- independently accrediting, assessing, monitoring and re-accrediting aged care services subsidised by the Australian Government
- resolving complaints about aged care services
- responding when providers are non-compliant with their legislated responsibilities and holding them to account for their performance.

We are committed to evaluating and treating the risks to the health, safety and wellbeing of older Australians. The information and data in this report reflects our commitment. We work harder in the areas where the risk is greatest. Sometimes, we redirect resources from planned activities to matters that arise quickly and unexpectedly, such as 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

In this reporting period, new regulatory reforms came into effect in December 2022, including:

- the expansion of the Serious Incident Response Scheme (SIRS) to include home services (includes home care, Commonwealth Home Support Programme (CHSP), National Aboriginal and Torres Strait Islander Flexible Aged Care Program (NATSIFACP) and flexible care in a home and community setting)
- the introduction of a new Code of Conduct for Aged Care for the aged care workforce including aged care workers and governing persons.

On 1 January 2023, changes to administration and management charges that affect home care packages (HCP) came into effect, capping the amount a provider can charge for care management and package management at 20% and 15% of the package level, respectively.

The Commission looks forward to reporting on these reforms in future quarters.

For notes on data, see [page 62](#)

Sector performance overview

October – December 2022

Aged care services in Australia

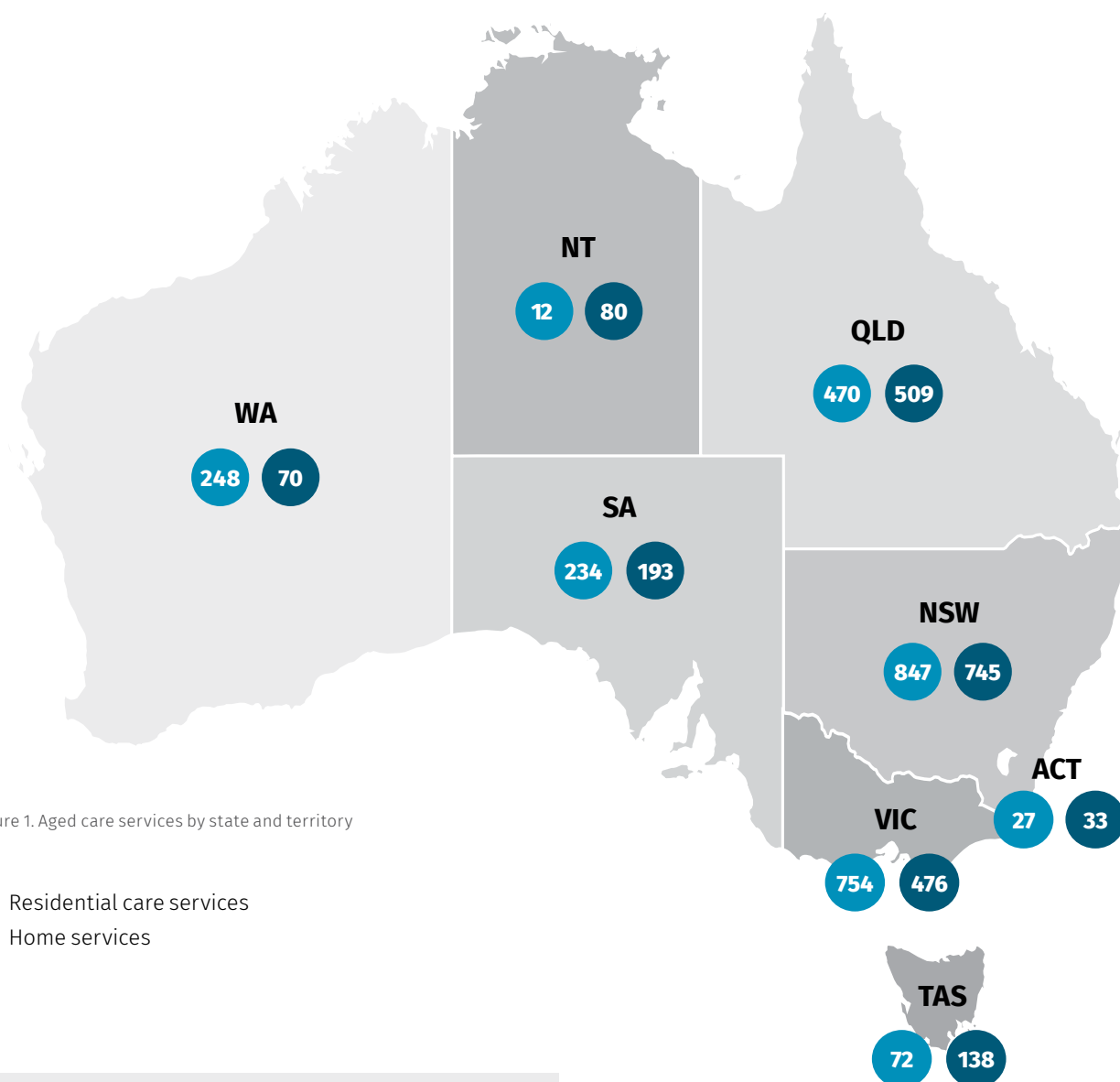


Figure 1. Aged care services by state and territory

- Residential care services
- Home services

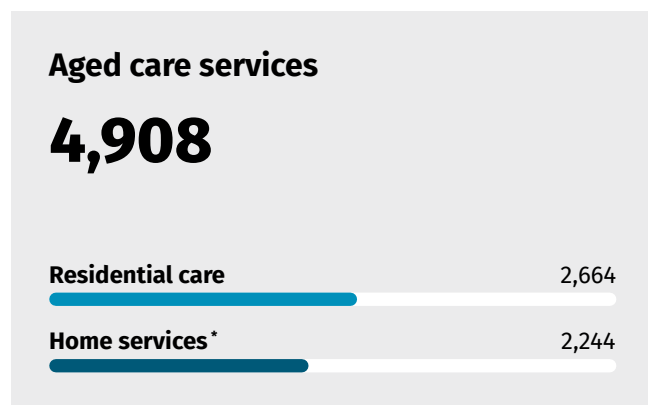


Figure 2. Aged care services

* 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

October – December 2022

Aged care consumers*

188,877

Residential care

249,429

Home care packages

818,228

Commonwealth Home
Support Programme

Figure 3. Aged care consumers

* See [page 62](#) for how consumer numbers are calculated

Provider approvals



14

Applications to become
an approved provider[†]

14

Care types approved[‡]

Residential care	0
Home Services (HCP and CHSP)*	13
Flexible care [†]	1

Accreditation and re-accreditation



12

New residential
services accredited

373

Residential services
re-accredited



Figure 4. Provider approvals

[†] An application can be for residential, home care, flexible care or any combination of these care types. For this reason, when broken down into care types, application totals are not cumulative. This also includes reconsiderations

[‡] Approved care types may include those made in previous quarters

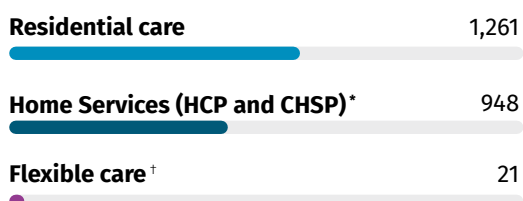
Figure 5. Accreditation and re-accreditation

Sector performance overview

October – December 2022

Complaints about aged care services

2,230
Total complaints



0.67
Complaints per
100 consumers
(residential care)

0.33
Complaints per
100 consumers
(home services – HCP)**

4,172
Issues raised ‡



5,251
Issues finalised §



Figure 6. Complaints about aged care services

* Includes home care packages and Commonwealth Home Support Programme

** Rate is derived from HCP consumers and complaints only. CHSP specific data is being considered for inclusion in subsequent publications

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

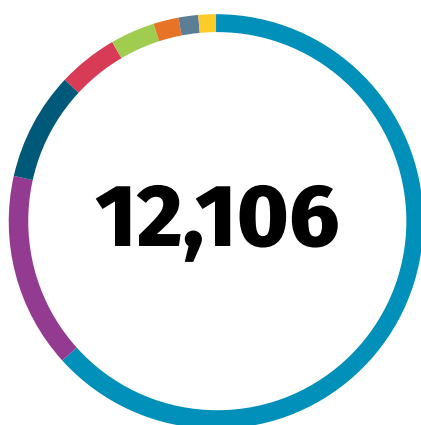
‡ Includes issues raised in complaints related to residential care, home services and flexible care

§ May include those that were raised in previous quarters

Sector performance overview

October – December 2022

Reportable Incidents Residential aged care



Unreasonable use of force 7,663

Neglect 1,844

Psychological or emotional abuse 1,023

Unlawful sexual contact or inappropriate sexual conduct 565

Unexplained absence 422

Unexpected death 237

Stealing or financial coercion 186

Inappropriate restrictive practices 166

On-site quality assessment and monitoring visits



760

Site visits*

(residential care and home services)

* Includes site visits conducted through site audits, performance assessments, monitoring contacts and quality audits for residential and home services

702

**Residential care
site visits**

58

**Home services
site visits**

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

Figure 8. Number of audits and on-site assessment visits

Sector performance overview

October – December 2022

Sector performance against the Aged Care Quality Standards

178

Services where non-compliance was found against at least one Quality Standard[†]

Most common requirement of the Aged Care Quality Standards that providers did not comply with

Residential care:

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

Home services:

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

Figure 9. Services where non-compliance was found against at least one Quality Standard

[†] Includes residential and home services

Managing non-compliance



112

Directions



78

Non-Compliance Notices



16

Compliance Notices (incident management and restrictive practices)



56

Notices to Remedy



10

Notices to Agree



5

Sanctions

Figure 10. Compliance and enforcement actions undertaken in residential care and home services

Residential care

Sector performance

October – December 2022



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Applications to become an approved provider

What were the outcomes of applications to be an approved provider of residential care?

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these.

We assess applications to determine whether the applicant is suitable to provide aged care in accordance with the specific requirements of the *Aged Care Quality and Safety Commission Act 2018*. For more information on reasons for non-approval and guidance to improve providers' chances of making a successful application see [page 11](#).

This quarter the Commission received **3** applications to become an approved residential care provider. This quarter **3** applications were not approved and **0** applications did not proceed. These outcomes may relate to applications received in previous quarters.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete, or
- withdrawn.

The outcomes of applications (for example 'did not proceed') are counted for each type of care included in the application. Outcomes may relate to applications that were received in previous quarters.

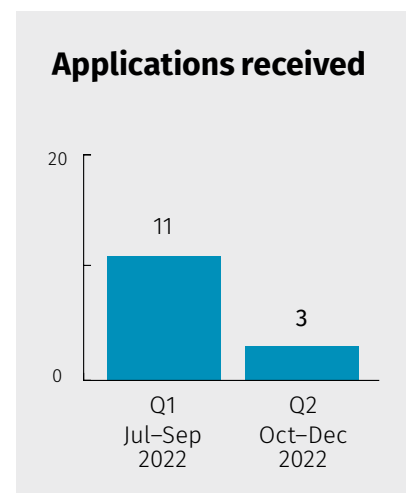


Figure 11. Applications received by the Commission

Application outcomes

	Q1	Q2
Approved	0	0
Not approved	3	3
Did not proceed	5	0

Figure 12. Provider applications and approvals
Application outcomes may relate to applications that were received in previous quarters

Residential care sector performance

October – December 2022

Improving your chance of an application being approved

The Commission undertakes a rigorous assessment process to determine whether applicants are suitable to provide aged care. Reasons for non-approval relate to failure to satisfy one or more of the suitability criteria. The key issues for applicants were:

Experience: no experience or failure to explain how their limited experience (for example, as a provider of NDIS services) would translate to the aged care sector.

Understanding of responsibilities: failure to demonstrate an understanding of their responsibilities.

Policies and procedures: applicants supplied generic policies not tailored to the proposed service.

Operational processes: business models that were insufficient to enable effective delivery of care in the home or did not explain processes for oversight of workforce or how systems would be operationalised.

Financial processes: not explaining the funding available to enable them to commence delivery of the service or maintain financial viability. Nor did they explain how their financial processes would ensure compliance with regulatory requirements.

Complaints

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints. A complainant may choose to lodge a complaint about a service with the provider directly, with the Commission, or a combination of both.

Complaints inform the Commission's understanding of consumer risk and can influence our regulatory activities, such as accreditation and compliance. All complaints are taken seriously, and the Commission works with providers, complainants and consumers to find a resolution to these matters.

We aim to help complainants resolve their concerns directly with the provider. We can use a range of approaches to help people resolve their concerns. Our focus is on reaching the best outcome for the person receiving aged care as quickly as possible and ensuring that providers comply with their responsibilities. The best result can be achieved when:

- all parties work cooperatively
- discussions are open
- information is provided in a timely way.

Each complaint may include one or more issues or concerns.

It is important to note that low or high complaint numbers are not, by themselves, a measure of good or poor service delivery. A service with a positive complaints culture will encourage feedback and use it as an opportunity to improve service delivery. Therefore, the Commission is working to improve consumer confidence in raising concerns or complaints with providers directly or with the Commission, or both.

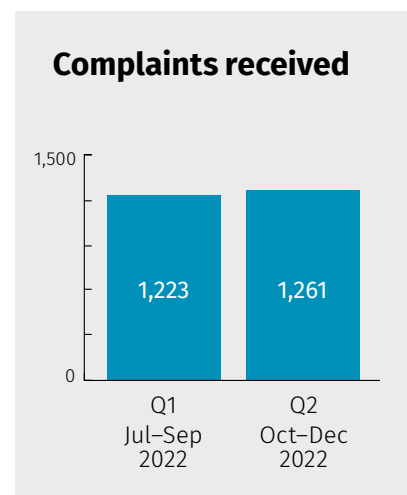


Figure 13. Complaints received by the Commission in the past 2 quarters

Residential care sector performance

October – December 2022

How many complaints were received by the Commission about residential aged care services?

This quarter, there were **188,877** residential aged care consumers and the Commission received **1,261** complaints relating to **2,708** issues. (Figures 13 and 14)

How many complaints were made in each state and territory?

The table below shows the number of complaints made about residential care in each state and territory. It also displays the total number of complaint issues (a complaint can be about more than one issue) and presents a ratio of complaints per 100 aged care residents in each state and territory.

The ratio of complaints per 100 consumers (the complaints ratio) has remained relatively unchanged (0.67 in Q2 compared with 0.65 in Q1). (Figure 14)

Complaints about residential care by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Number of residential consumers	61,018	48,628	38,070	16,607	17,049	4,572	512	2,421	188,877
Complaints received	419	342	250	121	78	31	5	15	1,261
Number of issues	1,078	618	491	268	147	49	10	47	2,708
Ratio of complaints per 100 residents**	0.69	0.70	0.66	0.73	0.46	0.68	0.98	0.62	0.67

Figure 14. Residential care complaints received by state and territory in Q2

* Ratios are calculated based on the total number of complaints received throughout the quarter and the number of consumers as of 18 January 2023

† Where there are relatively few aged care residents – such as in the Northern Territory – even a small change to the total number of complaints received in a quarter can significantly impact the ratio of complaints per 100 residents

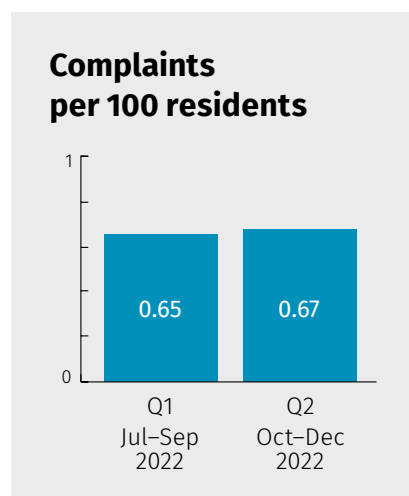


Figure 15. Complaints per 100 residential care consumers in past 2 quarters

Residential care sector performance

October – December 2022

How many services had complaints made about them?

We received complaints about **819** residential care services. There were **1,845** services that were not the subject of a complaint during Q2. (Figure 16)

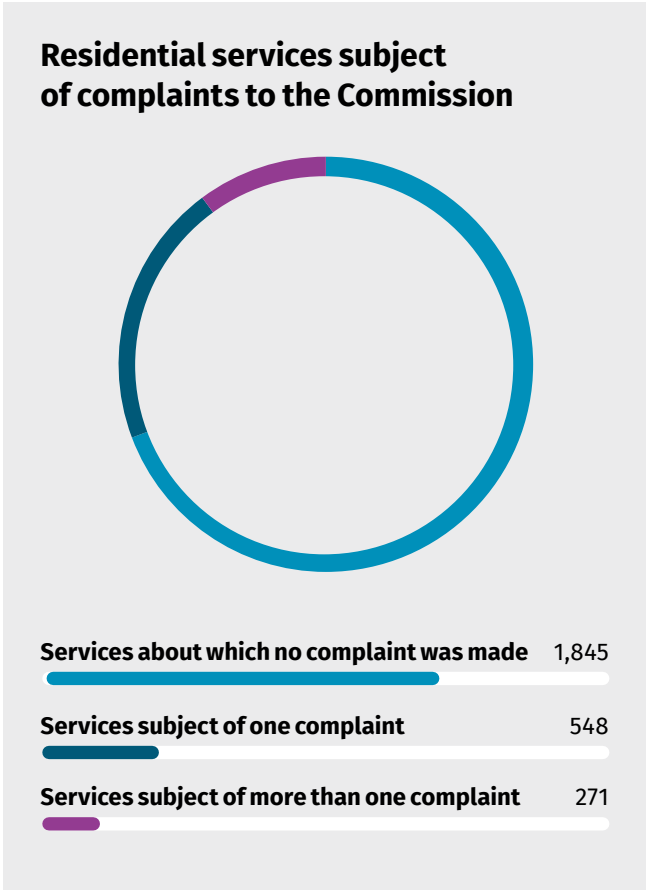


Figure 16. Complaints by service

Residential care sector performance

October – December 2022

What are complaints about?

Figure 17 shows the top 10 most frequent complaint issues about residential care during the reporting period.

Concerns about the number/sufficiency of residential care personnel was the number one issue in complaints this quarter, followed by medication administration and management, and personal and oral hygiene.

The quality and variety of food and catering fell out of the top 10 issues this quarter, while consistent client care and coordination, and wound management appeared in the top 10.

Top 10 complaint issues



Figure 17. Top 10 complaint issues

Residential care sector performance

October – December 2022

Who makes complaints?

Figure 18 provides a breakdown of the complaints received by the Commission about residential care by who made them. Representatives or family members made the most complaints about residential care services (55%), while consumers of those services made the least (12.5%).

Top 5 issues for each complainant group

Figure 19 shows the top 5 complaint issues for each complainant group.

Family members were most likely to complain about falls prevention and post-fall management, and medication management.

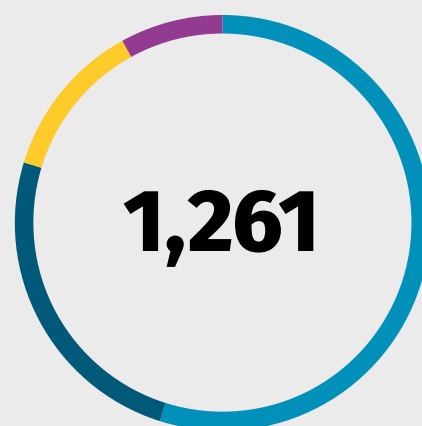
Complaints about personnel were more likely to be made anonymously.

Care recipients were more likely to complain about the quality and variety of food.

Two complaint issues (personal and oral hygiene, and medication administration and management) appeared in the top 5 for each complainant group.

As these figures show, care recipients and their representatives tend to complain about different things. This underlines the need for providers to engage directly and proactively with both consumers and their representatives about how care and services can be improved, as each brings a different perspective.

Complaints by complainant group



Representative or family member	692
Anonymous	313
Others*	155
Care recipient	101

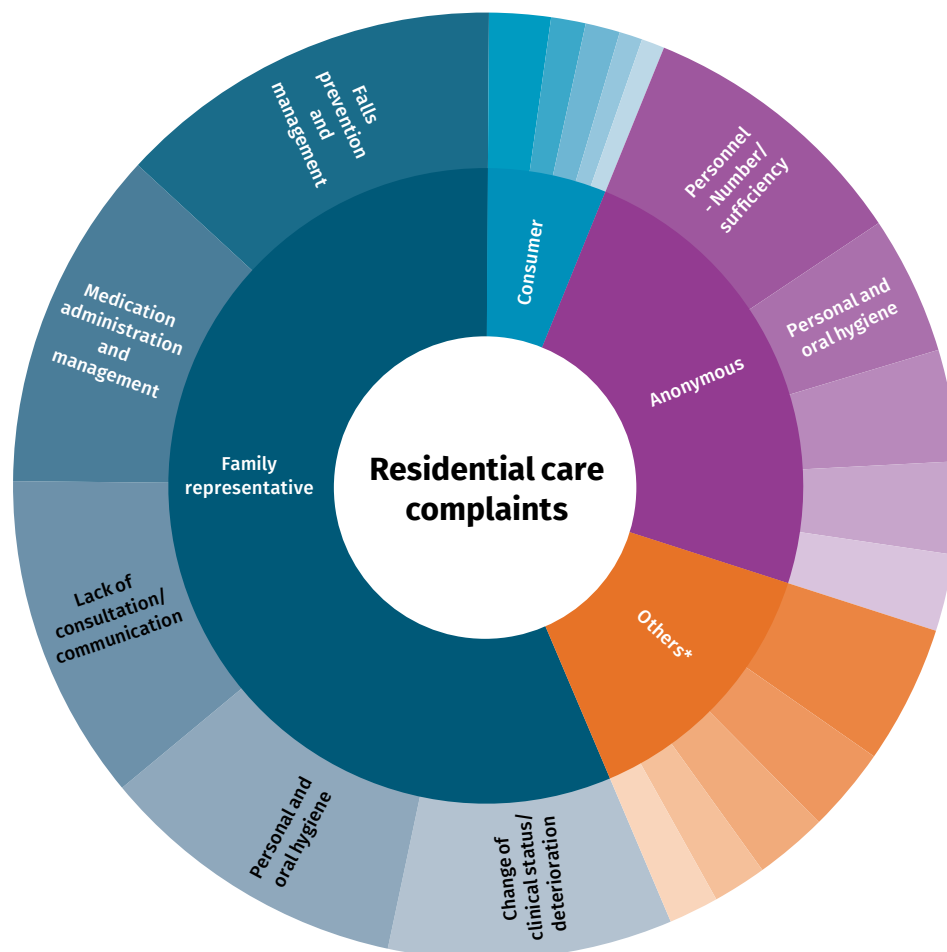
Figure 18. Complaints by complainant group

* Others include staff, external agency, media, provider or other interested person/s

Residential care sector performance

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Top 5 issues per complainant group



Representative/family member

Falls prevention and management	101
Medication administration and management	89
Representative consultation and communication	85
Personal and oral hygiene	81
Change of clinical status/deterioration	74

Others*

Personnel – Number/sufficiency	36
Medication administration and management	22
Personal and oral hygiene	19
Health Care – Wound management	14
Physical Environment – Cleanliness	13

Consumer

Quality and variety of food and catering	16
Medication administration and management	9
Personnel – Number/Sufficiency	9
Consistent client care and coordination	6
Personal and oral hygiene	6

Anonymous

Personnel – Number/sufficiency	72
Personal and oral hygiene	36
Medication administration and management	29
Health Care – Wound management	24
Personnel – Training/skills/qualifications/suitability	20

Figure 19. Top 5 issues per complainant type

* Others include staff, external agency, media, internal referrals, or provider

Residential care sector performance

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Finalised complaints

The Commission finalised a total of **1,303** residential care complaints this quarter across both the early resolution pathway and the formal resolution pathway.

The Commission worked with complainants, providers and consumers to resolve **1,236** complaints, involving **3,164** issues about residential care through the early resolution pathway.

There were an additional **67** complex complaints involving **234** issues that were addressed through a formal resolution process including:

- conciliation
- mediation
- a formal investigation by the Commission
- requiring the provider to resolve the issue within a set timeframe.



Figure 20. Residential care complaints resolved by early resolution pathway (Engaging with providers, complainants and consumers to help them resolve issues themselves.)



Figure 21. Residential care complaints resolved by formal resolution pathway (Mediation, conciliation, Commission investigation, directing the provider to rectify the issue within a set timeframe.)

Residential care sector performance

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Resolving complaint issues

Before a complaint is finalised, we talk to all parties to explain our findings and how the issues have been resolved. We also provide written feedback, unless the complainant requests otherwise. Most decisions to finalise a complaint are subject to review by the complainant or provider.

When contacted with a complaint, the Commission will endeavour to find a timely resolution by:

- understanding the complainant's preferred outcomes that will resolve the issue
- speaking to the provider about their responsibilities in relation to the issue
- supporting the complainant to understand their rights
- helping the provider to agree to a plan of action to resolve the issue
- checking back with the complainant to ensure things have improved.

Where necessary, the Commission can take action to make sure the provider improves the quality and standard of their service and meets their responsibilities.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the complainant may have expected. Sometimes the issue is not ongoing and nothing can be achieved by pursuing it or, in other cases, the issue is already being dealt with via other channels within the Commission. In a small number of cases, if it is determined that a provider has met its responsibilities, an issue may be resolved to the satisfaction of the Commission even if the complainant is not satisfied. In these cases, we will explain our reasons to the complainant.

Preventing and responding to serious incidents

Since 1 April 2021, through the Serious Incident Response Scheme (SIRS), providers have been required to notify the Commission of [8 types of reportable incidents](#). This includes incidents that occur, or are alleged or suspected to have occurred.

The aim of SIRS is to reduce the occurrence of serious incidents in residential aged care and improve providers' responses when they do occur. Reducing the chance of a serious incident occurring requires providers to identify, manage and mitigate risks to consumers, to learn from every incident, and to introduce preventative measures to avoid any re-occurrence.

The SIRS complements other provider responsibilities to prevent and manage incidents of abuse and neglect in aged care by establishing responsibilities for providers to notify the Commission of serious incidents involving consumers, and to use incident data to drive quality improvement.

The scheme provides the Commission with intelligence on provider performance that, when combined with other Commission data, assists us to better identify and manage provider and service level risk.

At a sector-wide level we also use this data to shape our initiatives including education, information and guidance for consumers and providers, to help them better understand and manage common risks that impact the quality and safety of care.

Reportable incident notifications

Providers must respond to all incidents to ensure the safety, health and wellbeing of those affected.

Priority 1 reportable incidents must be notified to the Commission within 24 hours of the provider becoming aware of the incident.

Priority 1 reportable incidents are incidents:

- that have caused or could reasonably have been expected to cause, a consumer physical or psychological injury or discomfort that requires medical or psychological treatment to resolve
- where there is alleged, witnessed or suspected 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, or a consumer's unexplained absence from the service.

Priority 2 reportable incidents are those that do not meet the criteria for a Priority 1 reportable incident. They must be notified to the Commission within 30 days of the provider becoming aware of the incident.

We review all incident notifications to assess risk of harm to consumers and take appropriate and proportionate action as required.

Residential care sector performance

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

This quarter, legislative change came into effect on 3 October 2022 that requires ‘unlawful sexual contact or inappropriate sexual conduct’ incidents to be reported as Priority 1. Consequently, only 4 of these incidents were reported as Priority 2 compared with 187 in Q1. There was an overall drop in the total reports of this incident type to **565** from 633 in Q1.

Reportable incident notifications (Priority 1 and Priority 2)

Reportable incident	Priority 1	Priority 2	Total
Unreasonable use of force	2,216	5,447	7,663
Neglect	684	1,160	1,844
Psychological or emotional abuse	168	855	1,023
Unlawful sexual contact or inappropriate sexual conduct	561	4	565
Unexplained absence [†]	419	3	422
Unexpected death [†]	236	1	237
Stealing or financial coercion	108	78	186
Inappropriate restrictive practices	24	142	166
Total	4,416	7,690	12,106

Figure 22. Priority 1 and Priority 2 reportable incidents received by the Commission

[†] By definition, notices of unexplained absences or unexpected deaths are Priority 1 and cannot be Priority 2. As of 3 October 2022, providers can only select Priority 1 for this incident type

Unreasonable use of force insights

Unreasonable use of force continued to be the most common type of reportable incident notification in Q2 – 7,663 P1 and P2 notifications combined. Since SIRS commenced in April 2021, it has accounted for just over six out of every 10 incidents notified to the Commission.

Many of the incidents are preventable. There are many contributing factors which if addressed could reduce these numbers. This includes having an effective incident management system to avoid re-occurrence, improving behaviour support for consumers and strengthening governance and board responses every time an incident occurs.

To support providers to reduce and prevent incidents, the Commission is publishing a Serious Incident Response Scheme Case Study Insights Report on

Unreasonable Use of Force looking at incidents involving residents using force on other residents, which account for 86% of notifications of this type of incident. The report draws upon the consumer experience to help providers to improve how they respond to serious incidents. This is crucial to reducing harm to consumers and preventing incidents reoccurring.

Lessons from these case studies will help providers to take measures at an operational and governance level which could significantly reduce the chance of such incidents reoccurring.

Close to 1 in 10 incidents of unreasonable use of force involve staff using force on residents. This concerns us. The Commission will be considering the causes and risk factors of staff initiated incidents, as well as how to mitigate and prevent them, in a separate Insights report.

Residential care sector performance

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Serious Incident Response Scheme notified incident rate

Analysis of sector-level data for SIRS allows the Commission to monitor trends over time. This will help us target our education and engagement initiatives to areas of highest risk to the quality and safety of care of consumers.

One way of monitoring trends is to consider the rate of notified serious incidents over a given period, and track how this rate changes from quarter to quarter. The notified incident rate puts the number of incidents in the context of all residential care delivered over time.

Using rates to inform best practice

Knowing the sector-level rate can help providers to understand their rate of reportable incidents against all other providers and use this information as part of their Incident Management System and service governance. The Commission uses these rates, combined with other information on provider performance, to focus its regulatory activity on services that have concerning rates of reportable incidents. This may be both under-reporting and over-reporting of incidents.

The number of serious incident notifications does not necessarily relate to the number of instances of harm to an older person receiving aged care. Reports might include multiple notifications of the same matter, allegations of incidents, and situations where incidents occurred but injury was avoided. As provider capability improves, we expect to see improvement in providers' identification and response to incidents, including increased and more complete reporting. In the longer term, everyone wants to see improvements in care and in the prevention of incidents, with the rate of incidents declining over time.

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

Incident type	Rate
Unreasonable use of force	3.9
Neglect	1.0
Psychological or emotional abuse	0.5
Unlawful sexual contact or inappropriate sexual conduct	0.3
Unexplained absence	0.2
Unexpected death	0.1
Stealing or financial coercion	0.1
Inappropriate restrictive practices	0.1
Total	6.2

Figure 23. SIRS notified incident rate (per 10,000 occupied bed days (OBD)) 1 January 2022 to 31 December 2022

Note: Occupied bed days (OBD) for August and September quarter have been derived from Department of Health and Aged Care estimates of residential consumers and may be revised

Data source: SIRS data as of 31 December 2022

Calculating the incident rate

In Figure 23 we have calculated the rate of notified incidents over the past 12 months (1 January 2022 to 31 December 2022) by taking the total number of notified incidents over the period for each incident type and dividing them by the total number of occupied bed days in residential aged care homes and multiplying that by 10,000 to arrive at a rate.

We have used the date the incident occurred as reported by providers. This notified incident rate depends on providers correctly reporting incidents in a timely way and therefore should not be considered a prevalence rate.

Residential care sector performance

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Commission responses in relation to reportable incident notifications

We consider all information available to us when deciding if a provider can manage risk and reduce the likelihood of an incident reoccurring. This includes reviewing all notifications at a provider and/or service level.

Where the provider fails to take required actions after reporting an incident to the Commission, or where the Commission identifies a provider's non-compliance with its responsibilities, we can respond using any of a range of regulatory powers. (Figure 24)

We may also work with the provider to address identified concerns and seek information to enable us to further understand risk and adequacy of provider actions. During this monitoring process, the provider may satisfy us that it has identified and taken appropriate actions to address risks or has improved its response to the incident.

Enforceable and regulatory actions

Figure 24 indicates the number and type of regulatory actions undertaken by the Commission in Q4:

- monitoring and engagement includes the use of powers/instruments under the Act to compel the provider to provide additional information, or an administrative request for further or missing information
- Commission directed actions include, but are not limited to, requiring the provider to take remedial action, investigate and provide a written report
- a Commission investigation can include a site visit and ongoing monitoring
- compliance and enforcement actions include the issuing of notices of non-compliance (IMCNs), Notices to Agree (NTAs) and sanctions where the provider is not eligible to receive funding for new residents for the period of the sanction.

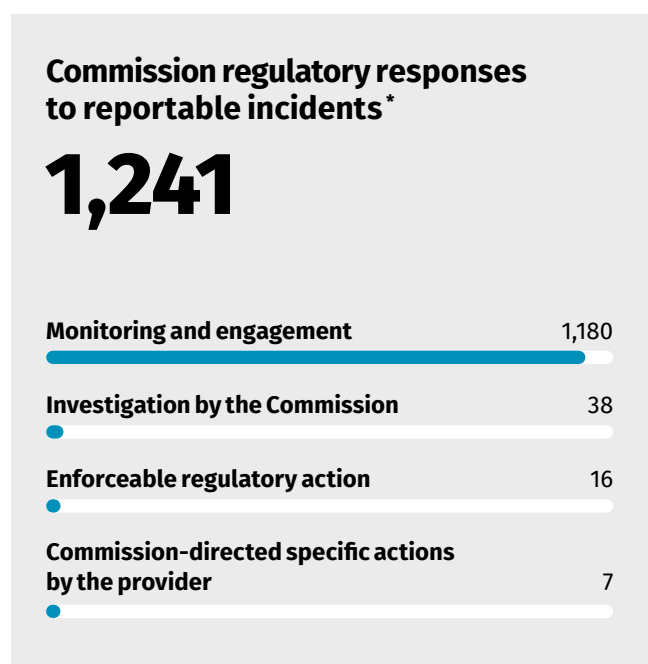


Figure 24. Commission actions in dealing with SIRS notifications in Q2

Quality assessment and monitoring

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

Accreditation seeks to assess the quality of residential care and services delivered by approved providers against the Quality Standards. The process contributes to improved safety, quality and continuous improvement of residential care services.

Residential services must be accredited to receive Australian Government subsidies. The accreditation of services includes the accreditation of commencing services and the re-accreditation of accredited or previously accredited services. Unannounced site audits of a service are conducted following an application for re-accreditation.

Accreditation is also supported by risk-based monitoring activities (assessment contacts and review audits) that check providers' ongoing compliance with their aged care responsibilities, including the Quality Standards. Some assessment contacts are carried out onsite, while others are carried out offsite and may include activities and surveys in response to risks as they arise.

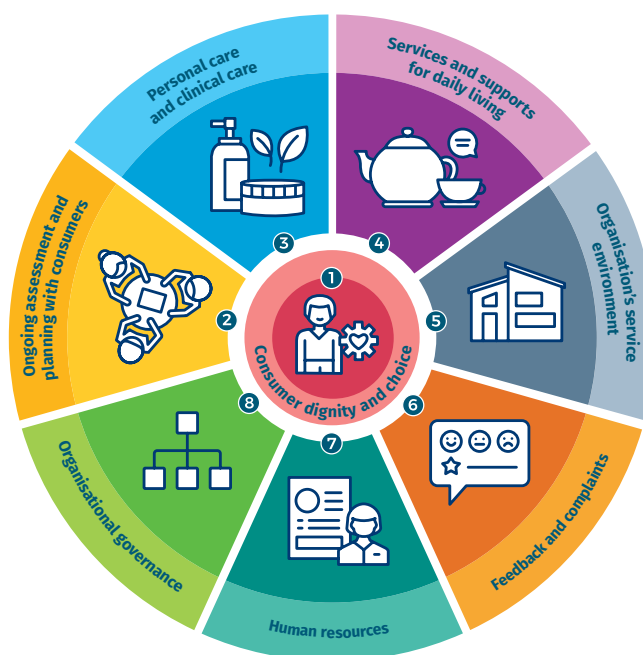


Figure 25. The Aged Care Quality Standards

Residential care sector performance

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How many site audits were carried out?

This quarter we conducted **362** site audits. (Figure 26)

Most site audits (85%) were conducted in New South Wales (143), Victoria (103) and Queensland (61), reflecting the higher number of services in these states. (Figure 27)

The table below shows the total number of site audits by state and territory conducted by registered quality assessors in Q2.

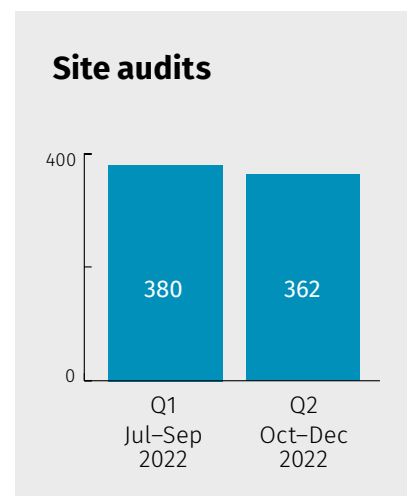


Figure 26. Site audits in the past 2 quarters

Number of site audits by state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Site audits	143	103	61	26	22	5	0	2	362

Figure 27. Site audits by state and territory in Q2

Residential care sector performance

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Risk-based monitoring activities

Assessment contacts are conducted by the Commission to monitor the quality of care and services delivered by providers of aged care services. In contrast to a re-accreditation audit, which reviews a provider's compliance with all requirements of each of the 8 Quality Standards, assessment contacts are generally focused on specific Quality Standards based on assessment of risk.

An assessment contact may involve an onsite visit. It may also be conducted offsite, such as a phone interview or requesting more information from the provider. Offsite assessment may include contacts made to providers as part of a regulatory campaign

addressing an issue of concern to the Commission, or in response to a natural disaster.

This quarter we conducted a total of **659** assessment contacts, of which **320** were offsite and **339** were onsite. (Figure 28)

This quarter we conducted one review audit, which is a comprehensive onsite assessment of a residential service provider's performance against the [Quality Standards](#). They are most commonly used when the Commissioner considers the service may not be complying with the Quality Standards. The review audit will decide whether a service's accreditation should be revoked, and if accreditation is not revoked, whether to vary the period of accreditation.

Number of assessment contacts by state and territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Total assessment contacts	311	132	81	68	33	21	4	9	659
Assessment contacts (offsite)	200	49	34	22	4	8	1	2	320
Assessment contacts (onsite)	111	83	47	46	29	13	3	7	339
Review Audits	0	0	0	1	0	0	0	0	1

Figure 28. Assessment contacts and review audits by state and territory in Q2

Onsite performance assessment activities by state and territory

This quarter, the Commission conducted **702** onsite contacts with residential services through site audits (**362**), onsite assessment contacts (**339**) and review audits (**1**), a decrease of 92 total onsite contacts compared with last quarter. The figure below shows the total number of onsite quality assessment and monitoring activities by state and territory.



Figure 29. Onsite quality assessment and monitoring activities by state and territory in Q2

Residential care sector performance

October – December 2022

How many services were accredited or reaccredited in this quarter?

Residential services must be accredited to receive residential care subsidies from the Australian Government. Accreditation is for a fixed period and a residential service must undergo a comprehensive site audit for re-accreditation.

Accreditation applies to newly commencing services, while re-accreditation applies to accredited or previously accredited services. Reaccreditation is most often for a period of 3 years.

In this quarter, the Commission reaccredited **323** services for 3 or more years, and **50** services for less than 3 years.

Figure 30 shows the total number of residential services reaccredited for the past 2 quarters.

Figure 31 provides a breakdown of the number of residential services in each state and territory that were accredited or reaccredited in Q2.

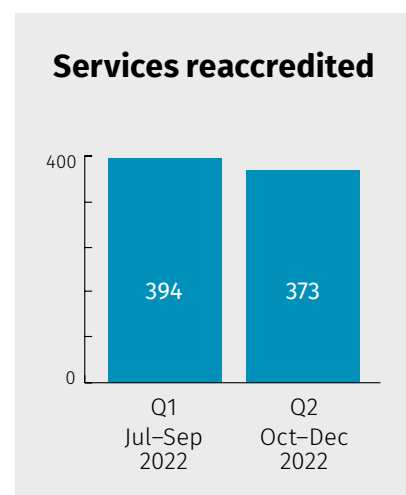


Figure 30. Services reaccredited in the past 2 quarters

Accreditation Decisions	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Newly accredited	4	4	2	1	1	0	0	0	12
Reaccredited	135	104	63	32	5	28	4	2	373
Reaccredited for 3 years or more	108	97	58	29	22	4	2	3	323
Reaccredited for less than 3 years	27	7	5	3	6	1	0	1	50
Accreditation period reduced	0	0	0	0	0	0	0	0	0

Figure 31. Accreditation and re-accreditation by state and territory

For residential services where a review audit has been completed, the Commission may decide to take compliance and enforcement action in some circumstances. This may include, for example, a reduction in the period of accreditation of the service.

Residential care sector performance

October – December 2022

Regulatory response to COVID-19 pandemic risks

The Commission continues to focus on the regulatory risks associated with the COVID-19 pandemic. To ensure that providers are keeping aged care consumers safe, we used targeted regulatory activities to monitor infection control preparedness. This included attending outbreak management team meetings (OMTs) to support providers experiencing an outbreak. These are meetings with providers convened by local health authorities. The fall in Commission attendance at OMTs in Q2 reflects the declining number of outbreak meetings held by health authorities. We attended 211 OMTs Australia-wide of which 140 were in QLD. The Commission also received fewer complaints related to COVID-19. (Figure 32)

Building infection prevention and control capability

The management of COVID-19, and the imperative to keep older Australians safe, has challenged the sector to uplift its infection prevention and control (IPC) practices, including for COVID-19, influenza and gastroenteritis. There has been demonstrable improvement but more remains to be done.

As the sector continues this transition to a 'COVID normal' operating environment, the Commission will focus on its core responsibilities to detect, prevent and respond to risk of harm to consumers from all infectious diseases.

Top 10 COVID-19 related complaint issues



Figure 32. Top 10 COVID-19 related complaint issues

This includes a sustained program of sector-wide education and communication, performance reporting, intelligence-led surveillance, targeted service level education and, as required, compliance and enforcement actions.

Number of outbreak management team meetings attended in each state/territory

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Outbreak management team meetings	41	20	140	7	0	3	0	0	211

Figure 33: Outbreak management team meetings

Residential care sector performance

October – December 2022

How did approved providers perform in relation to each of the Aged Care Quality Standards?

An approved provider may operate one or more services and can be found non-compliant with more than one Quality Standard at a single service.

The number of services found to be non-compliant (**133**) dropped by 25% this quarter compared with Q1 (**177**).



Figure 34. Non-compliance with the Aged Care Quality Standards



Figure 35. Non-compliance with the Aged Care Quality Standards in the past 2 quarters

Residential care sector performance

October – December 2022

Figure 36 provides a breakdown of the degree and frequency of non-compliance across each Quality Standard. Non-compliance continued to be most frequent in relation to Quality Standard 3 (Personal care and clinical care), Standard 7 (Human resources) and Standard 8 (Organisational governance).

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

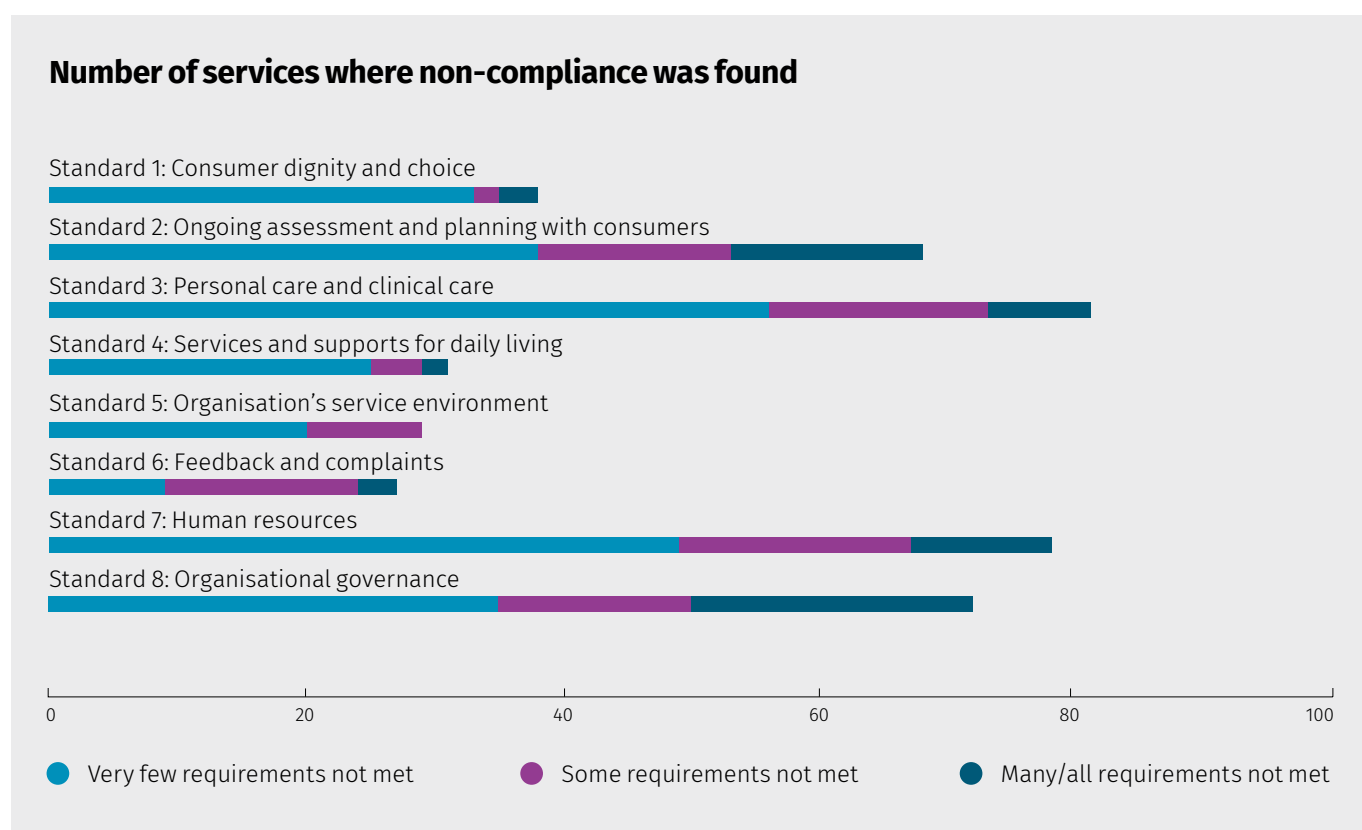


Figure 36. Total number of services where non-compliance with the Aged Care Quality Standards was found

See figure 75 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. An approved provider can be found non-compliant with more than one Quality Standard at a single service

Residential care sector performance

October – December 2022

How did approved providers perform in relation to the requirements of the Aged Care Quality Standards?

Each of the Quality Standards contain requirements to demonstrate that the Quality Standard has been complied with. Approved providers are expected to show how their approach enables them to meet these requirements at the service(s) they operate.

The figure below shows the most frequently cited Quality Standard requirements that were not complied with, ranked in descending order. It displays the number of times a decision of non-compliance was made in relation to the requirement of the Quality Standard.

Non-compliance was most commonly found in the requirements to deliver safe and effective personal and clinical care, effective governance systems, the number and mix of workforce, and the effective management of high impact or high prevalence risks.



Figure 37. Top 10 requirements of the Aged Care Quality Standards where non-compliance was found

Residential care sector performance

October – December 2022

Non-compliance was found most often against Standard 3 of the Aged Care Quality Standards

The figure below shows non-compliance with the requirements of Quality Standard 3. The data is drawn from performance assessments and is shown as a percentage of decisions.



Figure 38. Non-compliance with requirements of Aged Care Quality Standard 3

Compliance and enforcement

How does the Commission manage non-compliance?

We have the power to take regulatory, compliance and enforcement action where appropriate to address non-compliance with provider responsibilities. In determining a response to non-compliance by providers, the Commission considers the risk to the safety, health, well-being and quality of life of consumers, and the extent to which the provider will manage that risk of harm or actual harm.

Regulatory action

Regulatory action (as opposed to compliance and enforcement action) may be considered where risk to consumers is assessed as low to medium. This approach reflects the level of trust and confidence we have in the provider's motivation and capacity to manage the risk and rectify non-compliance. It signals to the provider that there has been a failure to meet responsibilities and encourages them to fix the non-compliance and take action to sustain improvement.

Compliance and enforcement actions

In cases where the risk to consumers is assessed as medium to severe, or where a provider has failed to remedy non-compliance following regulatory action, we may respond with enforceable regulatory action. This involves the use of a range of escalating regulatory powers that, if not complied with, can and will be enforced.

Enforceable regulatory actions may range from use of compulsory information gathering powers through to issuing compliance notices or non-compliance notices, applying sanctions and, ultimately, revocation of provider approval. Such actions are intended to compel the provider to act to address quality and safety risks and to comply with its responsibilities as quickly as possible.

Our Compliance and Enforcement policy is available on our [website](#). It provides more information about how we use our compliance and enforcement powers.

Residential care sector performance

October – December 2022

How many times did provider non-compliance result in issuing directions?

Where we are satisfied that a provider is not meeting its responsibilities, we may issue directions describing the actions to be taken by the provider (and the timeframes within which those actions must be taken).

These directions may be about the provider's compliance with the Quality Standards or in relation to a complaint. We could take further action against the provider if it fails to comply with directions. The number of directions related to compliance with the quality standards increased to **105** this quarter compared with **98** last quarter.

The figure below shows the 5 most frequent reasons for issuing directions. Directions notices were most commonly about the delivery of safe and effective personal and clinical care and effective organisation-wide governance systems.

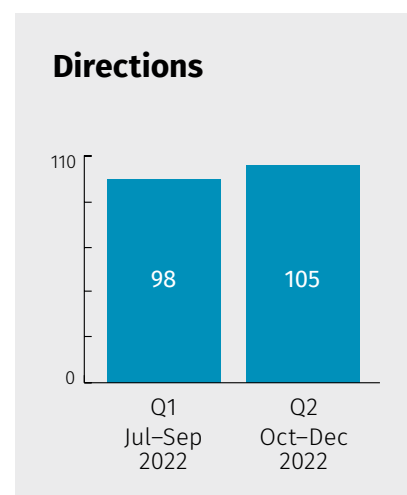


Figure 39. Directions in the past 2 quarters

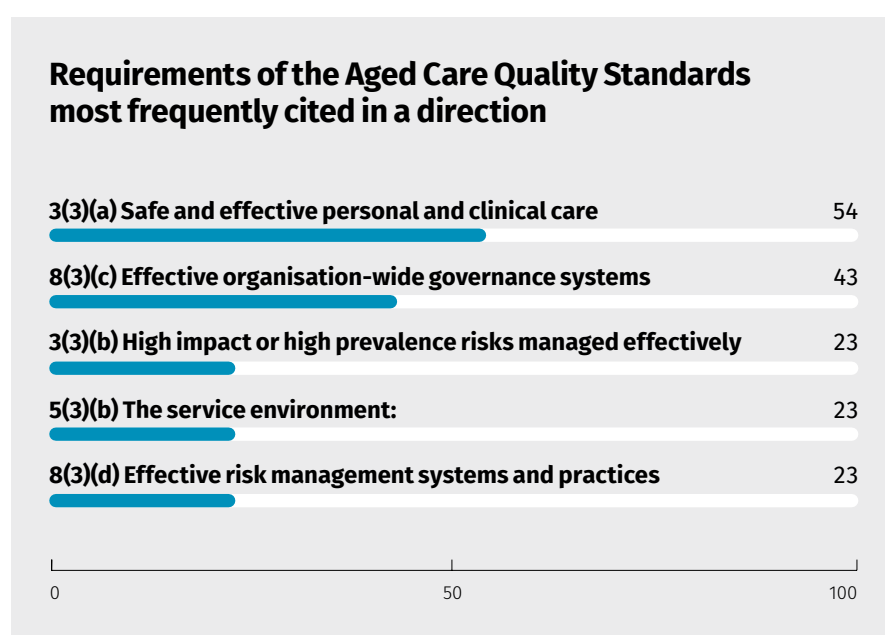


Figure 40. Requirements of the Aged Care Quality Standards most frequently cited in a direction

Residential care sector performance

October – December 2022

How many times did provider performance result in enforceable regulatory action?

Where provider performance poses a medium to severe risk to quality and safety or where they have failed to remedy non-compliance after regulatory action, we may take enforceable regulatory action. Such actions are intended to compel the provider to act to address quality and safety risks and to comply with its responsibilities as quickly as possible. In circumstances where a provider persistently fails to act or takes inadequate action to address significant areas of non-compliance, the Commission can revoke that provider's approval to deliver Commonwealth-subsidised aged care. These actions require the provider to improve its performance and ensure the safety and wellbeing of the people it cares for.

The figure below shows enforceable regulatory actions for the past 2 quarters. The overall number of such actions taken is relatively stable between quarters, but there was a greater proportion of non-compliance notices and compliance notices in Q2.

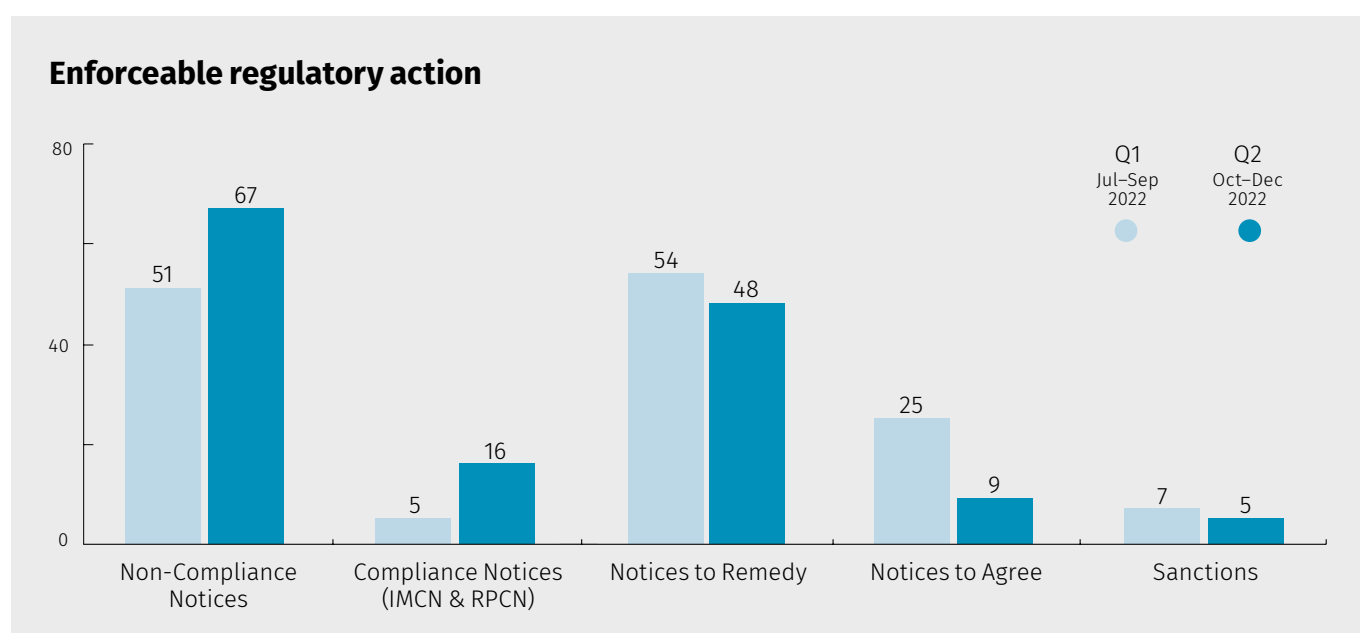


Figure 41. Enforceable regulatory actions in this quarter compared to the previous quarter

Residential care sector performance

October – December 2022

The table below shows the actions taken by the Commission in Q2, by state and territory. The regulatory activities leading to these actions may have occurred in preceding quarters.

Number of times provider performance resulted in enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Incident Management Compliance Notices	4	5	4	0	0	0	0	0	13
Restrictive Practices Compliance Notices	2	0	1	0	0	0	0	0	3
Non-Compliance Notices	27	23	7	1	4	3	0	2	67
Notices to Remedy	16	20	3	1	4	3	0	1	48
Notices to Agree	5	1	1	0	0	0	1	1	9
Sanctions	3	1	1	0	0	0	0	0	5

Figure 42. Enforceable regulatory actions by state and territory

Compliance notices

The Commission may give an approved provider a compliance notice in relation to its incident management or restrictive practices responsibilities (IMCN & RPCN), where there is a risk of harm to consumers and the provider's response is insufficient at the time the notice is issued.

The notice compels the provider to address actual or possible non-compliance within a reasonable time. The compliance notice is designed to elicit an immediate and proactive response outside the non-compliance notice and sanctions pathways. There were **13** IMCNs this quarter up from **5** in Q1. There were 3 compliance notices issued to providers in relation to their restrictive practices responsibilities.

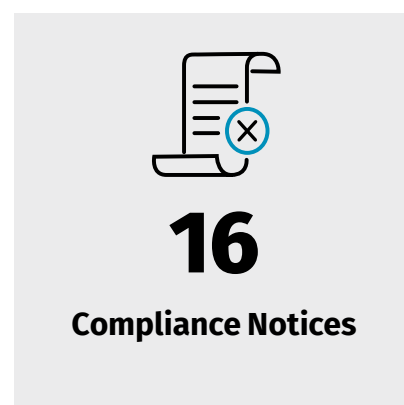


Figure 43. Number of Compliance Notices in Q2

Residential care sector performance

October – December 2022

Non-Compliance Notices and Notices to Remedy

We may issue a Non-Compliance Notice (NCN) 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* (the Act). When we issue an NCN, we must also be satisfied that the provider's non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

If the Commission is satisfied with the provider's response to the NCN (for example, the response outlines the proposed action to remedy the non-compliance, or sets out an acceptable reason for the non-compliance, or is otherwise satisfactory) a Notice to Remedy (NTR) may be issued.

An NTR requires the provider to give to the Commission, within 14 days of receiving the NCN, an Undertaking to Remedy the non-compliance in the NCN. In this quarter the Commission issued **67** NCNs and **48** NTRs.

Failure to comply with the undertaking may result in a sanction being imposed or a Notice to Agree to Certain Matters being issued.

Figure 45 shows the requirements of the Aged Care Quality Standards most frequently cited in non-compliance notices issued to providers. Delivery of safe and effective personal and clinical care, effective management of high prevalence risks and effective governance systems were most frequently cited in an NCN this quarter.



67

**Non-Compliance
Notices**

Figure 44. Non-Compliance Notices

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



Figure 45. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice during Q2

Residential care sector performance

October – December 2022

Notices to Agree

When the risk to consumers is assessed as high-to-severe and a provider’s non-compliance has resulted in the Commission considering revoking its approval to deliver aged care or a provider has failed to comply with an undertaking to remedy, the Commission may first issue a Notice to Agree (NTA).

An NTA may cite one or more requirements of the Quality Standards, or other legislation. An NTA tells the provider what they need to do and by when. If a provider fails to agree, the Commission can revoke their approval to provide Australian Government subsidised aged care. We issued **9** NTAs this quarter, down from **25** in Q1.



Figure 46. Number of Notices to Agree

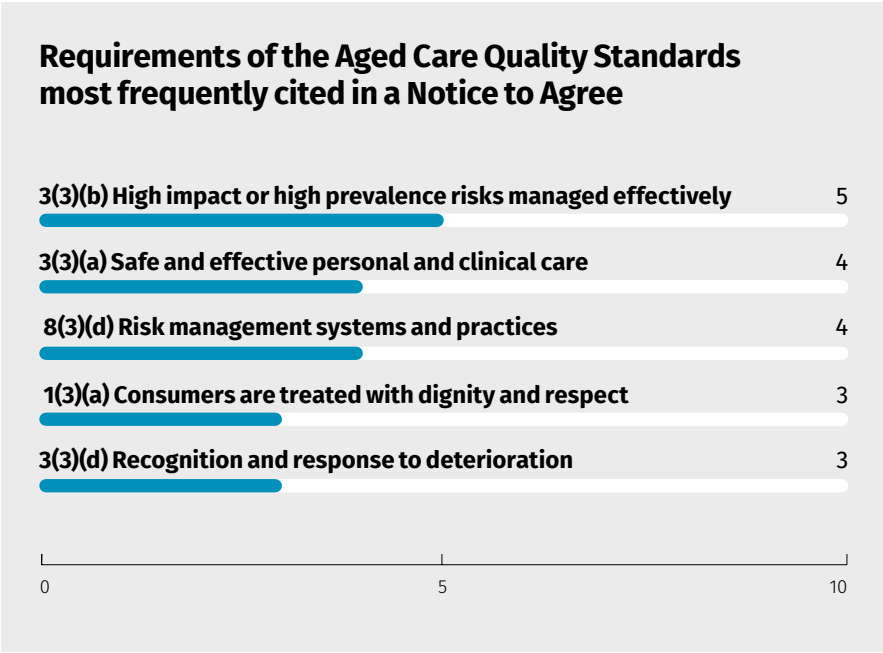


Figure 47. Requirements of the Aged Care Quality Standards most frequently cited in a Notice to Agree

Residential care sector performance

October – December 2022

Sanctions

If we are not satisfied with the provider's response to a Non-Compliance Notice or where there is immediate and severe risk, we may also issue a Notice of Decision to Impose Sanctions. This tells the provider, in writing, what immediate action we need 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 its non-compliance promptly and are intended to protect consumers – both future and current.

In this quarter, **5** Sanctions were imposed on providers which was down from **7** in Q1. These providers are not eligible to receive funding for new consumers for the period of the sanction.



Figure 48. Number of sanctions issued



Figure 49. Requirements of the Aged Care Quality Standards most frequently cited in a Sanction

Residential care sector performance

October – December 2022

Revocation decisions

In cases of serious non-compliance – where the risk to consumers is severe, where a provider has failed to remedy non-compliance, or the provider is no longer suitable to provide aged care – we may revoke accreditation of a residential aged care service and/or revoke provider approval to provide aged care.

When this happens, it means we have no trust in the provider's suitability to provide care. The consequence for providers is they can no longer get Australian Government subsidies for the provision of care and services.

Where a provider's non-compliance is particularly serious, for example systematic, repeated, wilful or criminal, the Commission may fast-track the provider's exit from the sector through issuing a revocation sanction.

There were **no** revocation decisions in this quarter.

Home services

Sector performance

October – December 2022



Australian Government

Aged Care Quality and Safety Commission

Engage
Empower
Safeguard

Applications to become an approved provider

What were the outcomes of applications to be an approved provider of home care?

An application can be made for approval to provide home care, residential care, flexible care, or any combination of these care types.

In this quarter, we received **12** applications. We approved **13** applications to become an approved home care provider and did not approve **38** applications. Outcomes may relate to applications that were received in previous quarters.

We assess applications to determine whether the applicant is suitable to provide aged care in accordance 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 **84** to **38**. However, the continued significant number of non-approvals is indicative of the rigour of our process, and the Commission's ongoing commitment to seeing providers of aged care able to deliver quality and safe care to Australia's aged care consumers.

This quarter, there were no applications that did not proceed.

An application that did not proceed is one that was either:

- returned to the applicant as incomplete, or
- withdrawn.

The outcomes of applications (for example 'did not proceed') are counted for each type of care included in the application. Outcomes may relate to applications that were received in previous quarters.

Applications received

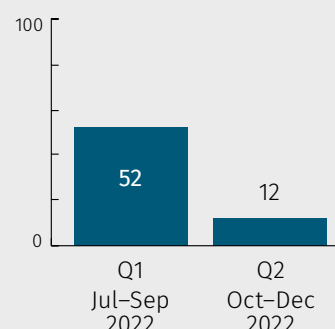


Figure 50. Applications in the past 2 quarters

Application outcomes

	Q1	Q2
Approved	28	13
Not approved	84	38
Did not proceed	11	0

Figure 51. Home care provider applications and approvals in the past 2 quarters

Application outcomes may relate to applications that were received in previous quarters

Home services sector performance

October – December 2022

Improving your chance of an application being approved

The Commission undertakes a rigorous assessment process to determine whether applicants are suitable to provide aged care. Reasons for non-approval relate to failure to satisfy one or more of the suitability criteria. The key issues for applicants were:

Experience: no experience or failure to explain how their limited experience (for example, as a provider of NDIS services) would translate to the aged care sector.

Understanding of responsibilities: failure to demonstrate an understanding of their responsibilities.

Policies and procedures: applicants supplied generic policies not tailored to the proposed service.

Operational processes: business models that were insufficient to enable effective delivery of care in the home or did not explain processes for oversight of workforce or how systems would be operationalised.

Financial processes: not explaining the funding available to enable them to commence delivery of the service or maintain financial viability. Nor did they explain how their financial processes would ensure compliance with regulatory requirements.

Complaints

Under the Aged Care Quality Standards, all providers are required to have a complaints system in place to resolve complaints locally. A complainant may also choose to lodge a complaint about a service with providers directly, with the Commission, or a combination of both.

The Commission takes all complaints seriously and works with providers and consumers to resolve the matter. Complaints to the Commission also inform our understanding of risk to consumers and can influence our regulatory activities.

Each complaint may be made up of one or more issues or concerns.

We aim to help complainants resolve their concerns directly with the provider. We can use a range of approaches 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 result can be achieved when:

- all parties work cooperatively
- discussions are open
- information is provided in a timely way.

Low or high complaint numbers are not, by themselves, a measure of good or poor service delivery. A service with a positive complaints culture encourages feedback and uses it as an opportunity to improve service delivery.

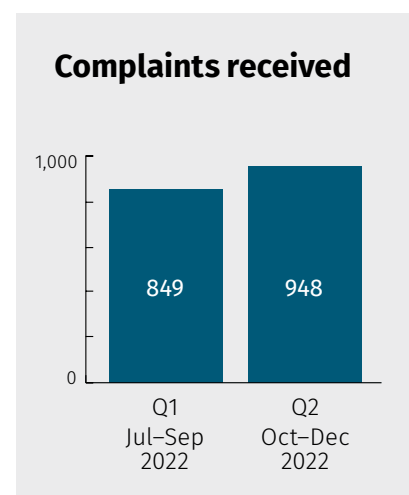


Figure 52. Home services complaints in the past 2 quarters

Home services sector performance

October – December 2022

How many complaints were lodged about home services?

This quarter, there were over one million consumers of home services, comprising **249,429** recipients of home care packages (HCP) and **818,228** recipients of Commonwealth Home Support Programme services. The Commission received **948** complaints about home services, of which **829** were about home care packages at a rate of **0.33** complaints per 100 HCP consumers.

The total number of complaints and rate of complaints has remained relatively stable compared with last quarter.

How many complaints were made in each state and territory?

This table shows the number of complaints made about home services (home care packages and Commonwealth Home Support Programme services) in each state and territory in Q2. It also displays the total 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	246	307	210	61	67	25	5	12	15	948
Number of issues	405	435	318	90	101	30	11	19	18	1,427

Figure 53. Complaints by state and territory in Q2

Home services sector performance

October – December 2022

What are complaints about?

Figure 54 shows the top 10 home services complaint issues we received during this quarter. Consistent with previous quarters, the most common complaints were about consultation and communication, fees and charges and a wide range of other financial issues.

In response to the intelligence from these common complaint issues, the Commission has produced guidance on home services pricing and agreements. (See [page 53](#) for more information.)

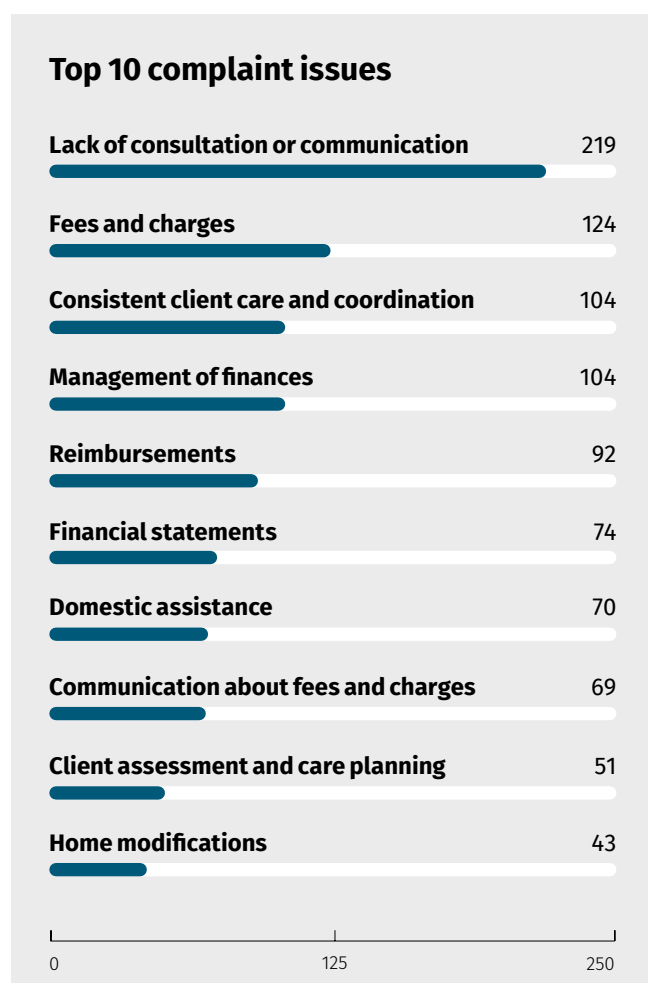


Figure 54. Top 10 complaint issues

Who makes complaints?

Figure 55 categorises the home services complaints we received by complainant group. In contrast to complaints about residential aged care services (where most complaints are made by family or other representatives), care recipients account for just under half of all complaints made about home services.

Figure 56 shows the top 5 complaint issues for each complainant group.

Family members and care recipients consistently complain about the lack of consultation/communication and a wide variety of financial matters, particularly fees and charges.

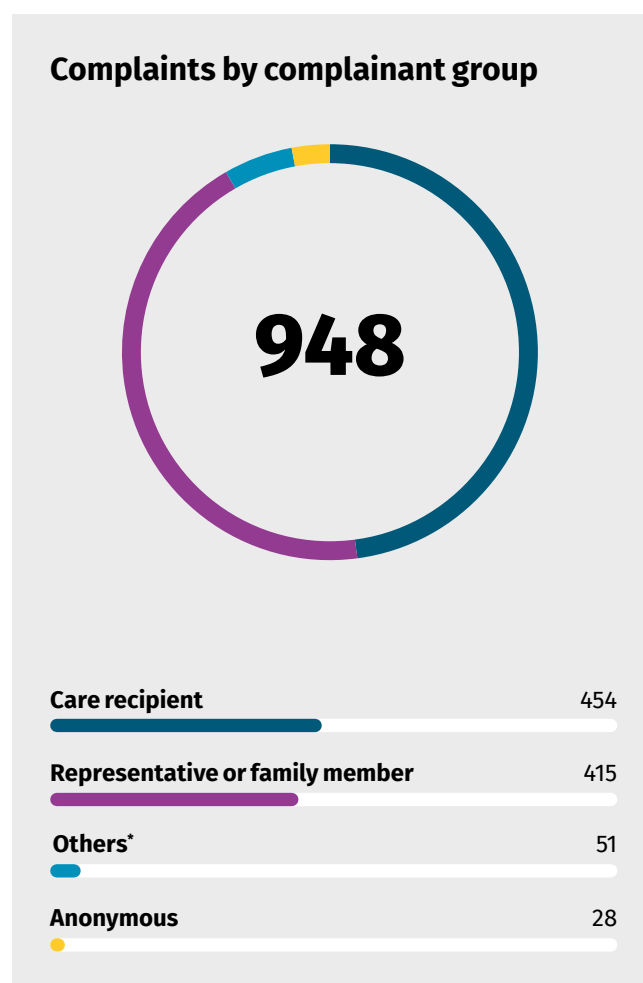


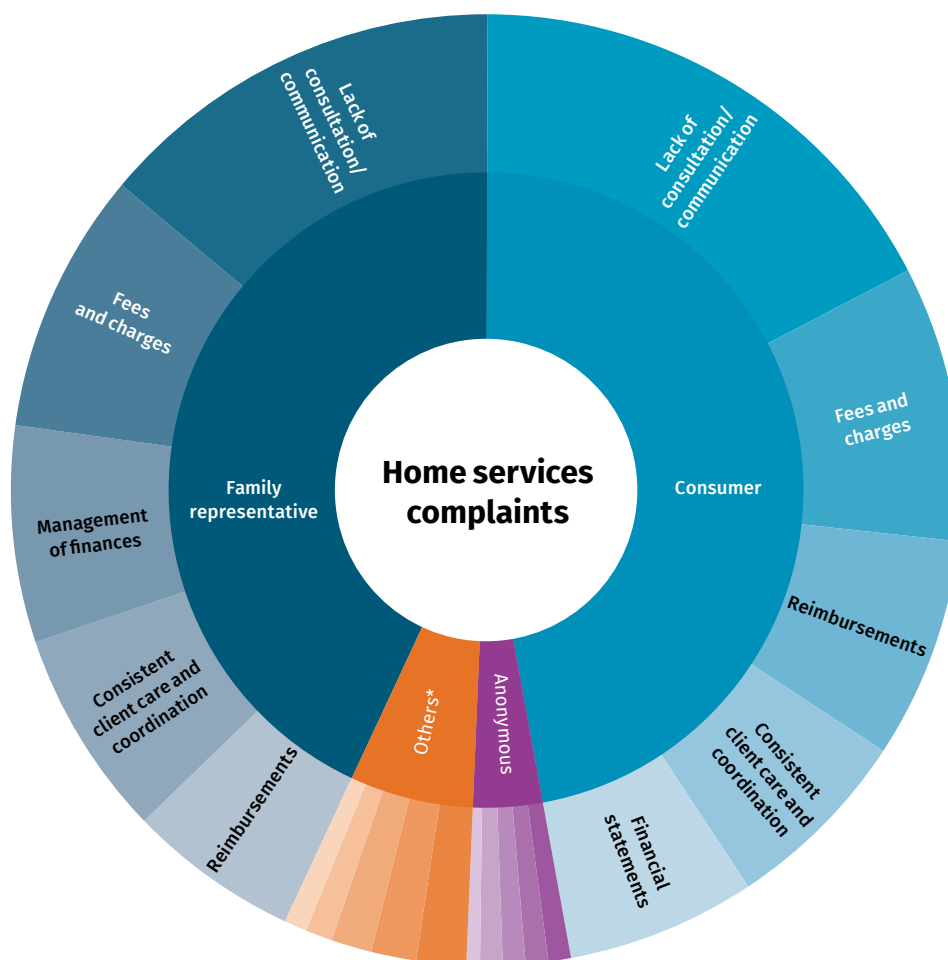
Figure 55. Complaints by complainant group

* Others include staff, external agency, media, internal referrals, provider or other interested person/s

Home services sector performance

October – December 2022

Top 5 issues for each complainant group



Family representative

Lack of consultation/communication	91
Fees and charges	58
Management of finances	48
Consistent client care and coordination	46
Reimbursements	38

Others*

Consistent client care and coordination	11
Lack of consultation/communication	10
Management of finances	9
Personnel – training/skills/qualifications/suitability	6
Domestic assistance	5

Consumer

Lack of consultation/communication	113
Fees and charges	61
Reimbursements	49
Consistent client care and coordination	42
Financial statements	42

Anonymous

Care planning	5
Consistent client care and coordination	5
Lack of consultation/communication	5
Management of finances	5
Case management	3

Figure 56. Top 5 issues per complainant group

* Others include staff, external agency, media, internal referrals, or provider

Home services sector performance

October – December 2022

Finalised complaints

The Commission finalised a total of **1,041** complaints about home services this quarter across both the early resolution pathway and the formal resolution pathway.

The Commission worked with complainants, providers and consumers to resolve **1,037** complaints, involving **1,795** issues about home services, through the early resolution pathway.

There were **4** complex complaints involving **9** issues that were addressed through a formal resolution process including:

- conciliation
- mediation
- a formal investigation by the Commission
- requiring the provider to resolve the issue within a set time-frame.



Figure 57. Home services complaints resolved through the early resolution pathway

(Engaging with providers, complainants and consumers to help them resolve issues themselves.)



Figure 58. Home services complaints resolved through the formal resolution pathway

(Mediation, conciliation, Commission investigation, directing the provider to rectify the issue within a set timeframe.)

Home services sector performance

October – December 2022

Resolving complaint issues

Before a complaint is finalised, we talk to all parties to explain our findings and how the issues have been resolved. We also provide written feedback in relation to all complaints, unless the complainant requests otherwise.

During the reporting period, the Commission continued to work with providers and complainants to resolve complaint issues in home care services. When contacted with a complaint issue, the Commission will endeavour to find a swift resolution by:

- understanding the complainant's preferred outcomes that will resolve the issue
- speaking to the provider about their responsibilities in relation to the issue
- supporting the complainant to understand their rights
- helping the provider to agree to a plan of action to resolve the issue
- checking back with the complainant to ensure things have improved.

Where necessary, the Commission can take formal action to make sure the provider improves the quality and standard of service.

There are a few reasons why a complaint issue may be finalised rather than resolved in the way the complainant may have expected. Sometimes the issue is not ongoing and nothing can be achieved by pursuing it or, in other cases, the issue is already being dealt with via other channels within the Commission.

In a small number of cases, if it is determined that a provider has met its responsibilities, an issue may be resolved to the satisfaction of the Commission even if the complainant is not satisfied. In these cases, we will explain our reasons to the complainant.

Quality assessment and monitoring

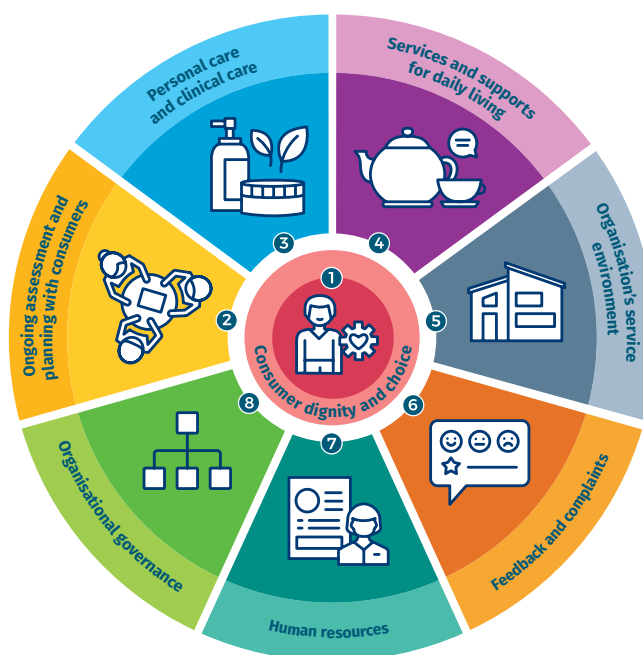
The [Aged Care Quality Standards](#) (right) are a set of 8 standards used to determine the performance of an aged care service. They focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Australian Government subsidised aged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

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

A quality review is conducted at least once every 3 years. It is the process of reviewing the quality of home services delivered against all the relevant Quality Standards. A provider can be found to be non-compliant with more than one Quality Standard at a service. The process includes an onsite quality audit, a quality audit report and a performance report.

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 conducted. This will include a template for informing consumers and their nominated representatives about the upcoming audit.

If we consider, on reasonable grounds, that the home service provider is not complying with the Quality Standards, then we do not need to give the provider prior notice of the site visit.



The Aged Care Quality Standards

Home services sector performance

October – December 2022

Onsite quality assessment and monitoring activities by state and territory

This quarter, we conducted **58** quality audits.

We also monitor the quality of care and services through assessment contacts. We conducted **98** assessment contacts in Q2.



Figure 59. Quality audits in the past 2 quarters



Figure 60. Onsite quality assessment and monitoring activities for home services 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	13	29	25	12	9	4	2	4	98
Quality audits	10	11	14	7	4	3	0	9	58

Figure 61. Quality assessment and monitoring home services in Q2

Home services sector performance

October – December 2022

How did providers perform in relation to each of the Aged Care Quality Standards?

A provider may operate one or more services. The Commission found **45** services non-compliant this quarter.

To assist home service providers to manage common risks, the Commission has released a resource 'Quality and safety in home services — 5 key areas of risk' which is available on our [website](#).



Figure 62. Services found non-compliant with the Quality Standards

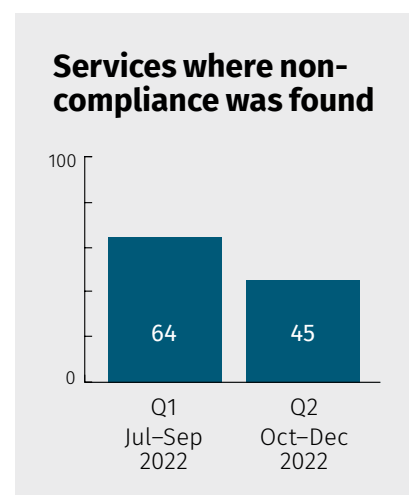


Figure 63. Home services where non-compliance with the Quality Standards was found in the past 2 quarters

Home services sector performance

October – December 2022

Home services pricing and agreement – navigating changes the right way

In February 2023, the Commission released the latest in a series of guidance papers designed to help providers better manage the changes arising from recent reforms around home care pricing, arrangements and agreements.

[‘Home services pricing and agreement – navigating changes the right way’](#) draws on the Commission’s engagement with home service providers and consumers (via assessment and monitoring activities) to identify common issues in home care pricing, arrangements and agreements (see also top 5 consumer complaints about home services, Figure 56, [page 47](#)). It focuses on four key areas:

- Reasonable and transparent pricing
- Consumer consultation and consent, including for home care arrangements
- Delivering care and services consistent with consumer needs, goals and preferences
- Ceasing home services.

The guidance paper assists providers to successfully implement these regulatory changes and help them better understand their obligation to consult and communicate effectively with consumers regarding any changes. A consumer fact sheet has been developed to assist consumers to understand their rights and the responsibilities of providers, where providers seek to make changes to their home service arrangements. Included in the fact sheet are some questions that consumers can ask providers about proposed changes and a checklist to assist their understanding.

Home services sector performance

October – December 2022

Figure 64 provides a breakdown of the degree and frequency of non-compliance across each Quality Standard. The 3 Quality Standards most commonly not met this quarter were Standard 2 (ongoing assessment and planning with consumers), Standard 8 (organisational governance) and Standard 7 (human resources).

Non-compliance with one requirement means that that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service.

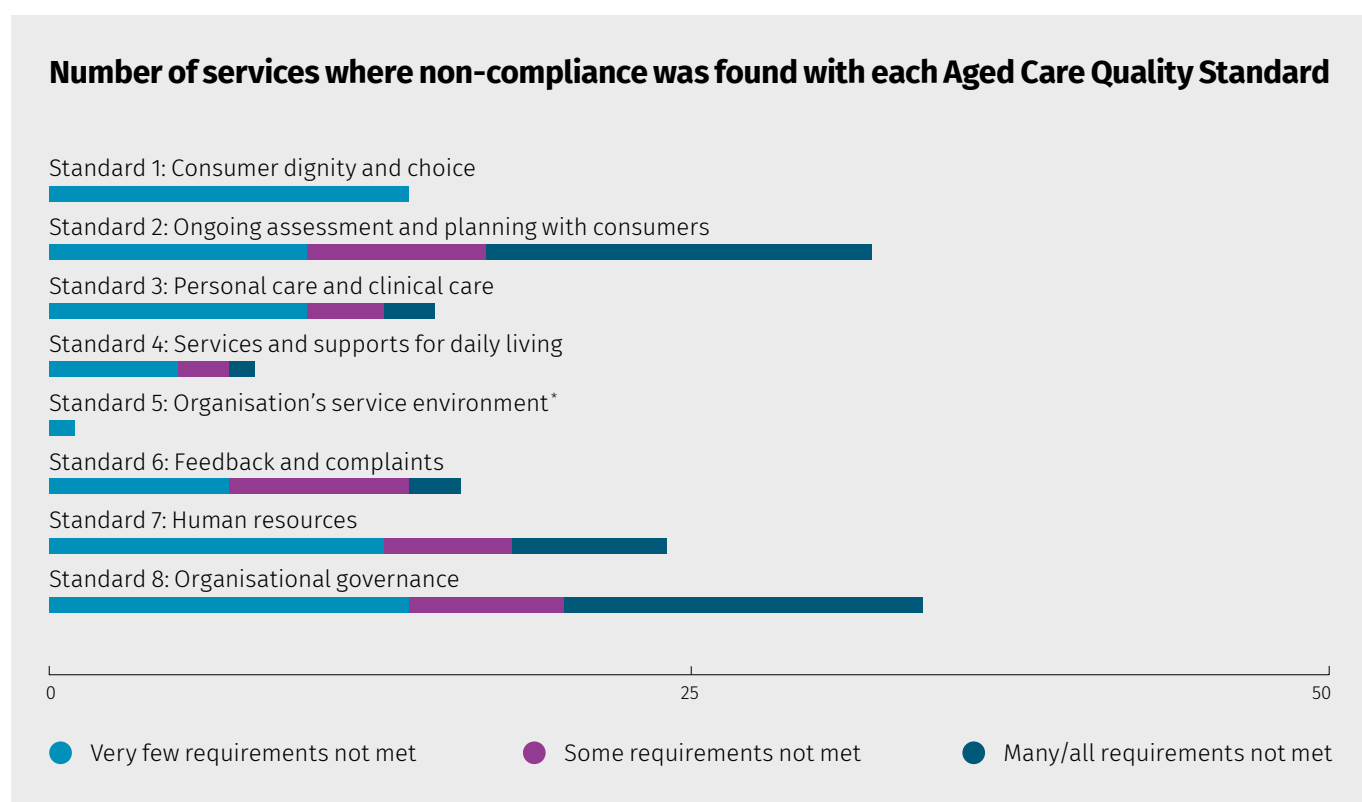


Figure 64. Number of services where non-compliance with the Aged Care Quality Standards was found

See [figure 75](#) for a note of definitions and an explanation of 'very few', 'some', or 'many/all'. Non-compliance with one requirement means that Quality Standard will not be met. An approved provider can be found non-compliant with more than one Quality Standard at a single service

* 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 where the environment is the consumer's home. It also does not apply to other environments that consumers visit, such as bowling clubs or libraries

Home services sector performance

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How did providers perform in relation to the requirements of the Aged Care Quality Standards?

Each of the Aged Care Quality Standards contains requirements to demonstrate that the Standard has been complied with. Providers are expected to show how their approach enables them to meet these requirements.

The figure below shows the most frequently cited Quality Standard requirements that were not complied with, ranked in descending order.

It displays the number of times a non-compliance decision was made about a Quality Standard requirement. Consistent with previous quarters, effective governance systems, and assessment and planning remain the requirements most frequently not complied with.

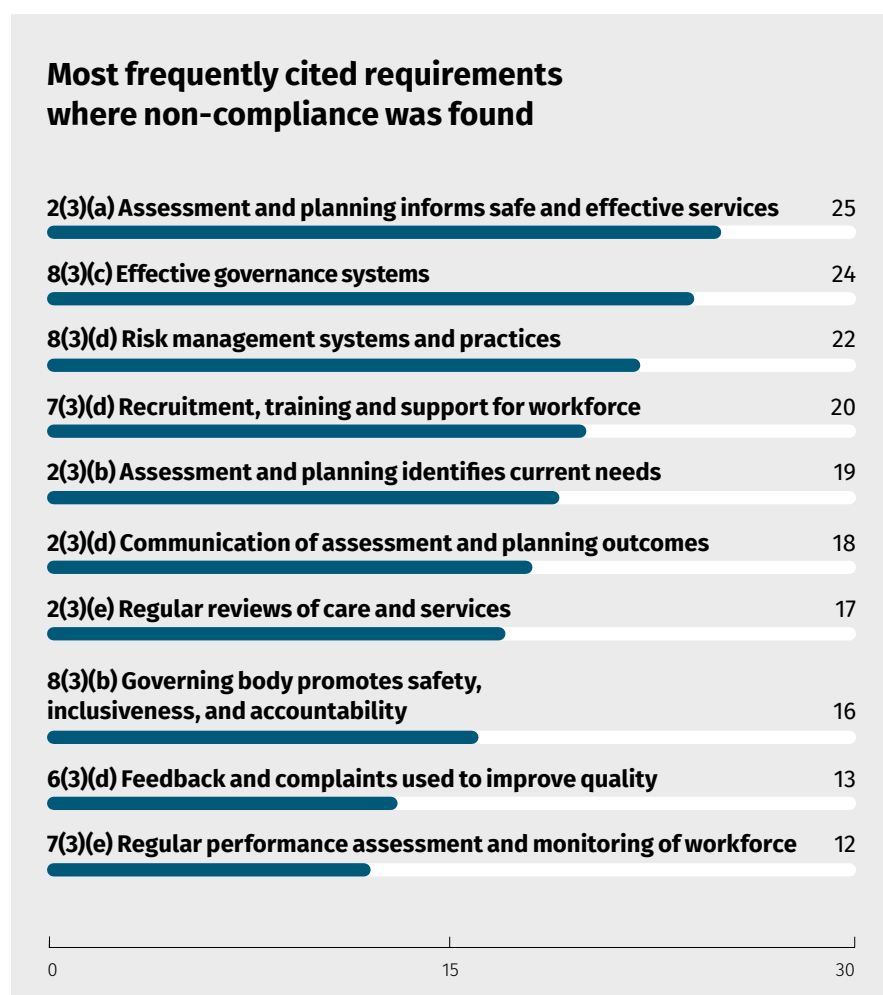


Figure 65. Number of times non-compliance was found with the requirements of the Quality Standards (top 10)

Compliance and enforcement



Figure 66. Directions

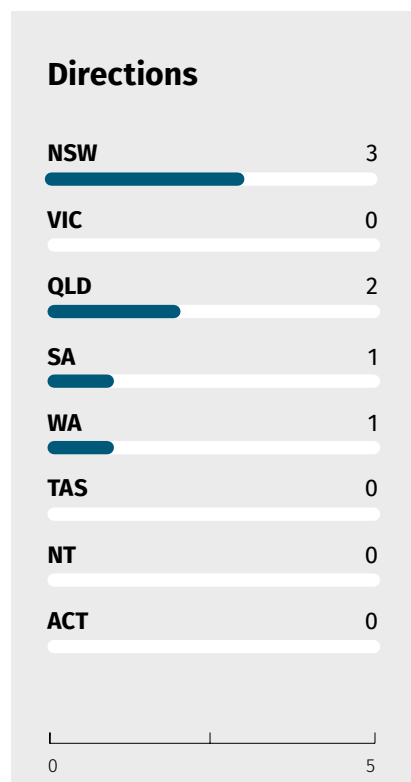


Figure 67. Directions by state and territory

How does the Commission manage non-compliance?

The Commission applies a risk based proportionate approach when responding to non-compliance. Further information about the Commission's regulatory actions and enforceable regulatory actions is in the [Residential care section](#) of this report.

How many times did provider non-compliance result in issuing directions?

The figure below shows the number of directions notices issued by the Commission in each state and territory this quarter. We issued **7** directions notices compared with **13** in the previous quarter. We most frequently issued directions related to assessment and planning, and effective risk management systems.



Figure 68. Number of services subject of directions

Home services sector performance

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How many times did provider non-compliance result in enforceable regulatory action?

The graph below shows our enforceable regulatory actions over the past 2 quarters. We issued **11** non-compliance notices this quarter. The requirements most frequently cited in a non-compliance notice were related to governance, assessment and planning, and effective management of high impact or high prevalence clinical risks.

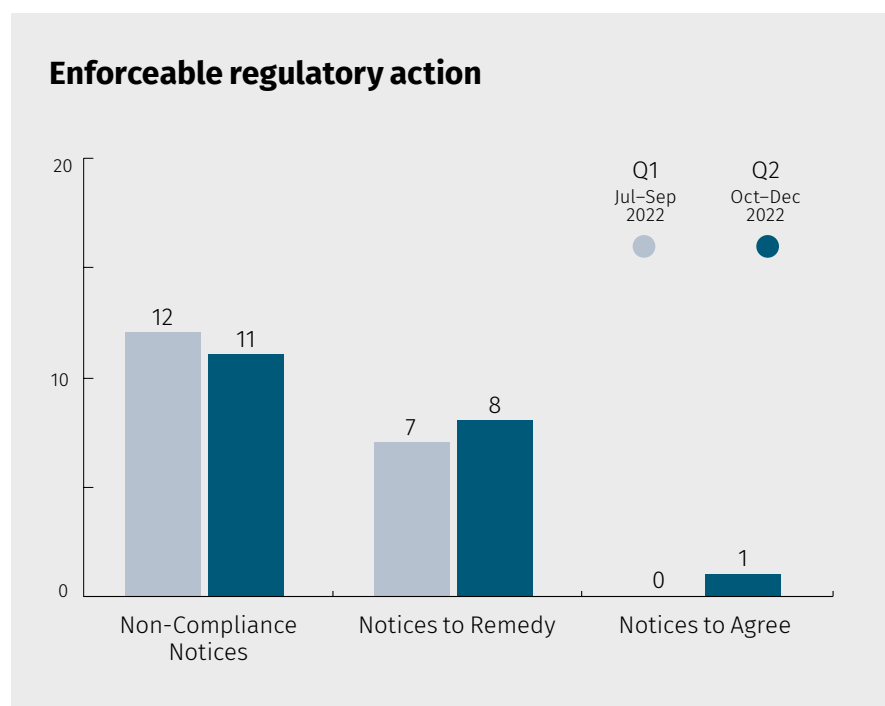


Figure 69. Enforceable regulatory actions in the past 2 quarters

The figure below shows the actions we took this quarter, by state and territory.

Enforceable regulatory action

	NSW	VIC	QLD	SA	WA	TAS	NT	ACT	AUS
Non-Compliance Notices	3	1	2	1	0	1	0	3	11
Notices to Remedy	2	3	0	1	1	0	0	1	8
Notices to Agree	0	0	1	0	0	0	0	0	1
Sanctions	0	0	0	0	0	0	0	0	0

Figure 70. Enforceable regulatory actions

Home services sector performance

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Non-Compliance Notices and Notices to Remedy

We may issue a Non-Compliance Notice (NCN) 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* (the Act). When we issue an NCN, we must also be satisfied that the provider's non-compliance does not pose an immediate and severe risk to the safety, health and wellbeing of consumers.

If the Commission is satisfied with the provider's response to the NCN (for example, the response outlines the proposed action to remedy the non-compliance, or sets out an acceptable reason for the non-compliance) a Notice to Remedy (NTR) may be issued.

An NTR requires the provider to give to the Commission, within 14 days of receiving the NCN, an Undertaking to Remedy the non-compliance specified in the NCN. In this quarter the Commission issued **11** NCNs and **8** NTRs.

Failure to comply with the undertaking may result in a sanction being imposed or a Notice to Agree to Certain Matters being issued.

Figure 72 shows the requirements of the Aged Care Quality Standards most frequently cited in non-compliance notices issued to providers this quarter. These were: effective governance systems, assessment and planning, and effective management of high prevalence risks.

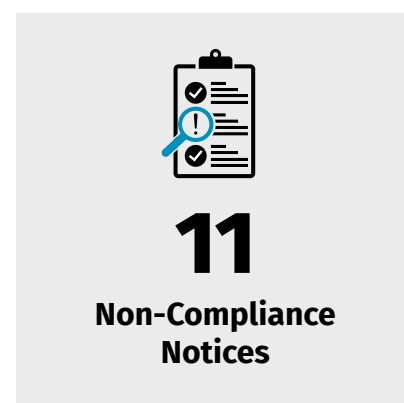


Figure 71. Non-Compliance Notices

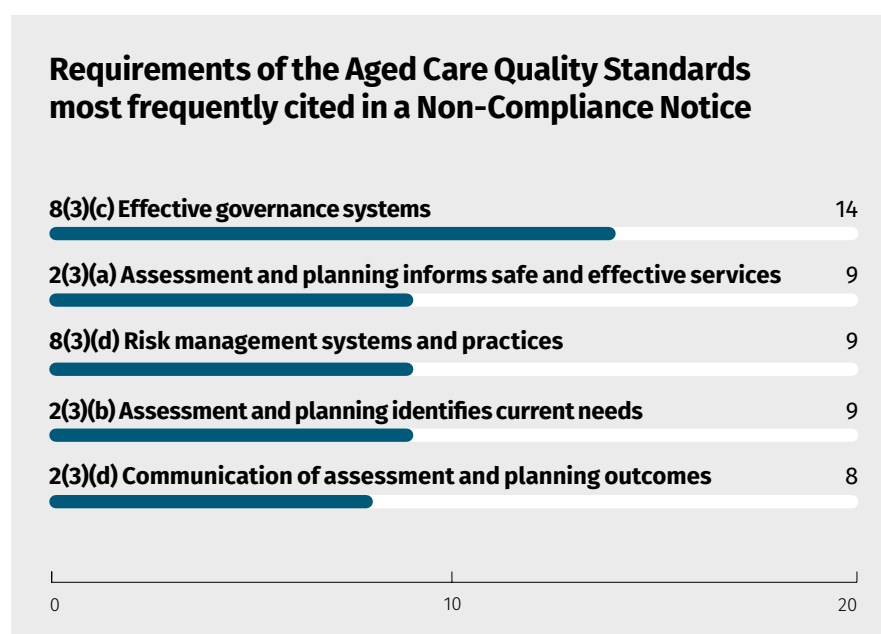


Figure 72. Requirements of the Aged Care Quality Standards most frequently cited in a Non-Compliance Notice

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Notice to Agree

When the risk to consumers is assessed as high to severe and a provider's non-compliance has resulted in the Commission considering revoking a provider's approval to deliver aged care or a provider has failed to comply with an undertaking to remedy, the Commission may first issue a Notice to Agree (NTA).

An NTA may cite one or more requirements of the Quality Standards, or other legislation. An NTA tells the provider what they need to do and by when. If a provider fails to agree, the Commission can revoke their approval to provide Australian Government subsidised aged care.

We issued **one** NTA this quarter.

Sanctions

If we are not satisfied with the provider's response to a Non-Compliance Notice or where there is immediate and severe risk, we may also issue a Notice of Decision to Impose Sanctions. This tells the provider what immediate action they must take. The notice may also tell the provider that we have decided to impose one or more sanctions.

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

We issued **no** sanctions this quarter.



Figure 73. Number of Notices to Agree



Figure 74. Number of sanctions issued

Home services sector performance

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Revocation decisions

In cases of serious non-compliance – where the risk to consumers is severe, where a provider has failed to remedy non-compliance, or the provider is no longer suitable to provide aged care – we may revoke approval for a provider to offer Commonwealth-subsidised aged care.

When this happens, it means we have no trust in the provider's suitability to provide care. The consequence for providers is that they can no longer get Australian Government subsidies for the provision of care and services.

We made **no** revocation decisions this quarter.

Sector performance overview

October – December 2022

Note on definitions

The terms ‘very few’, ‘some’, ‘many/all’ reflect the proportion of requirements not met within each Quality Standard. As the number of requirements in each Standard varies, the proportions are determined according to the table below.

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 75. Number of requirements in each Quality Standard



Note on data

Sector performance data is extracted 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 **10 January 2023**.

The consumer numbers for residential care were extracted from the Department of Health and Aged Care data warehouse as at **18 January 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 January 2023**. HCP consumer state is based on service.

CHSP consumer data is derived by 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 **5 January 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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