



Star Ratings Provider Manual

Manual 1.0



aged care
Star Ratings

This publication is published by the Australian Government Department of Health and Aged Care as a manual for providers regarding the Aged Care Star Ratings.

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Section 01

Introduction to Star Ratings for residential aged care



1.0 Introduction to Star Ratings for residential aged care

In response to recommendations of the Royal Commission into Aged Care Quality and Safety, the Australian Government has developed Star Ratings for residential aged care.

Star Ratings will support older Australians and their representatives to compare aged care services and make choices about care that is right for them, based on an overall Star Rating and 4 sub-categories.

Star Ratings will provide benefits for providers:

- opportunity to understand performance and drive improvement using nationally consistent measures
- continuing to drive the delivery of high-quality care to older Australians by a high performing sector
- increased community trust in the quality of aged care services, based on enhanced transparency about quality of care.

From December 2022, all aged care services in Australia will receive an overall Star Rating between 1 and 5 stars, and ratings for 4 sub-categories:

- Residents' Experience.
- Compliance.
- Staffing.
- Quality Measures.

Star Ratings will be displayed on the My Aged Care website through the "Find a provider" tool and supported by a range of simple information for older Australians and their representatives.

Aged care services will have the opportunity to preview overall Star Ratings and sub-category ratings as new data becomes available each quarter. This excludes compliance which can change daily.

Star Ratings are determined by a combination of rules for each of the 4 sub-categories, and for the overall Star Rating. The rules used for each sub-category are specific to the type of information presented in pages 8 – 22 of this document.



Star Ratings will be measured on a scale of 1 to 5 stars:

- A **1 Star Rating** indicates 'significant improvement needed'.
- A **2 Star Rating** indicates 'improvement needed'.
- A **3 Star Rating** indicates an 'acceptable' quality of care.
- A **4 Star Rating** indicates a 'good' quality of care.
- A **5 Star Rating** indicates an 'excellent' quality of care.

Residents' Experience

This describes the overall experience that residents receive from their residential aged care service. It uses Consumer Experience Report information conducted from face-to-face interviews by a third-party vendor with at least 10 per cent of residents per service, across all residential aged care services.

Compliance

This information is based on regulatory decisions by the Aged Care Quality and Safety Commission including compliance with the Aged Care Quality Standards. The Compliance Rating reflects a service's current compliance status. It is based on the type of compliance action or period without a non-compliance decision.

Staffing

This measures the average amount of care time residents at each residential aged care service receive, based on care minutes delivered by registered nurses, enrolled nurses or personal care workers, compared with the minimum average care targets set by the Australian Government. The average care minutes targets for each residential aged care service will vary depending on the specific care needs of their residents, as determined by an independent assessment of resident care needs. The target is determined by the Australian National Aged Care Classification (AN-ACC) funding model. The Staffing Rating is based on whether services meet or exceed their care minutes target.

Quality Measures

This describes the quality of care provided to residents across 5 crucial areas of care. It uses 5 measures reported by providers as part of the National Aged Care Mandatory Quality Indicator Program (QI Program) — pressure injuries, physical restraint, unplanned weight loss, falls and major injury, and medication management, transformed for Star Ratings.

1.1. What are the benefits of Star Ratings?

Star Ratings have 3 primary objectives:

- empowering older Australians and their representatives with greater information to make choices about their aged care
- incentivising provider engagement in continuous quality improvement and delivery of high-quality care to older Australians
- supporting government to provide transparent information about the quality of aged care at a system-level.

Section 02

How are Star Ratings calculated?



2.0 How are Star Ratings calculated?

Star Ratings consists of a combination of rules that determine an overall Star Rating for each residential aged care service, as well as a Star Rating for each of the 4 sub-category ratings:

- Residents' Experience
- Quality Measures
- Compliance
- Staffing

Star Ratings are clear, transparent, and fair. There are rules and clear requirements to attain each Star Rating.

Each of the sub-category ratings makes a different weighting contribution to the overall Star Rating, depending on how important it was considered by older Australians and providers, and the quality, or maturity, of the data included.

To determine data maturity, experts assessed the Star Ratings data and considered how it should be weighted based on potential improvements in collection and reporting over time.

To do this, each measure was given a score out of 100 for importance and a score out of 100 for maturity. These scores were combined to determine the size of its contribution to the overall Star Rating (see Table 1).

Table 1: Overall Star Ratings weightings

		Residents' Experience	Compliance	Staffing	Quality Measures	Total
A	Priority (relative importance)	100	67	67	67	
B	Data maturity	70	90	50	10	
C	Total (A+B)	170	157	117	77	521 (D)
	Weight (% , C/D)	33%	30%	22%	15%	100%



IMPORTANT NOTE

The overall Star Rating is a single whole number from 1 to 5. No half stars or decimals are included.

The calculation of the overall Star Rating (using the weightings described in Table 1) may result in a score with a decimal. In this instance, the overall Star Rating is rounded to the nearest whole number. All decimals up to and including 0.49 will be rounded down to the nearest whole number. All decimals above 0.5 to 0.99 inclusive, will be rounded up to the nearest whole number.

For example, a 4.6 will be rounded up a 5 Star Rating, whereas a 4.3 will be rounded down to a 4 Star Rating.

- A score of 0-1.49 results in an overall Star Rating of 1
- A score of 1.50-2.49 results in an overall Star Rating of 2
- A score of 2.5-3.49 results in an overall Star Rating of 3
- A score of 3.5-4.49 results in an overall Star Rating of 4
- A score of 4.5-5.5 results in an overall Star Rating of 5



IMPORTANT NOTE

A service that receives a 1 Star Compliance Rating will receive a 1 Star overall Star Rating regardless of how they perform in other sub-categories. Services that receive a 2 Star Compliance Rating cannot receive an overall Star Rating higher than 2 stars regardless of how they perform in other sub-categories.



IMPORTANT NOTE

The Service Compliance Rating, in place since July 2020, provided information on the performance of each residential aged care service and had a dot rating between 1 and 4 dots.

The following sections explain the algorithms for each of the 4 Star Ratings sub-categories.

2.1. Residents' Experience algorithm

The Residents' Experience algorithm is based on a set of rules. It uses a Consumer Experience Report Score generated from the Consumer Experience Interviews. These interviews use a simple set of questions intended to understand the lived experience of older Australian residents. The interview has 12 Likert scale questions used to generate the Consumer Experience Report score.

The included questions are:

- Do staff treat you with respect?
- Do you like the food here?
- Do you feel safe here?
- Is this place well run?
- Do you get the care you need?
- Do staff know what they are doing?
- Are you encouraged to do as much as possible for yourself?
- Do the staff explain things to you?
- Do staff follow up when you raise things with them?
- Are staff kind and caring?
- Do you have a say in your daily activities?
- Do you feel at service here?

Each question has 4 response options. These are:

- Never.
- Some of the time.
- Most of the time.
- Always.

Scores of all residential aged care services were plotted and statistical distribution cut-offs were applied to allocate Star Ratings.

A score is calculated for each care resident in each residential aged care service by assigning a value to each response option (i.e. 1 point for *never*, 2 points for *some of the time*, 3 points for *most of the time*, and 4 points for *always*). For each question, the point value of the response is multiplied by the percentage of residents in the same service with the same response. This process was followed for all 12 questions and points summed to create a total score. This score is then given a rating. The cut-offs and the algorithm are shown below in Table 2.

Table 2: Residents’ Experience cut-offs and algorithm

Lower bound (points)	Upper bound (points)	Number of stars
12 (possible min)	<30	1 star
30	<36	2 stars
36	<41	3 stars
41	<45	4 stars
45	48 (possible max)	5 stars



IMPORTANT NOTE

If a service refuses to participate in the collection of the Consumer Experience Report, and hence has no data, they will receive a 1 Star Rating.

2.2. Compliance algorithm

The Compliance Rating provides information on the extent to which a residential aged care service is meeting its responsibilities, including the Aged Care Quality Standards (see Table 3 below).

The 4 dot Service Compliance Rating was replaced by the 5 Star Compliance Rating for Star Ratings, to create a better rating system for residential aged care services.

Table 3: Non-compliance decisions

Regulatory non-compliance decision	Number of stars
<ul style="list-style-type: none"> • Notice of Decision to Impose Sanction (NDIS) • Notice of Requirement to Agree (NTA) • Issuance of Infringement Notice – Victimisation • Issuance of Infringement Notice – Compliance Notice 	1 star
<ul style="list-style-type: none"> • Notice to Remedy (NTR) • Compliance Notice – Code of Conduct (CCCN)* • Compliance Notice – Incident Management (IMCN)* • Compliance Notice – Restrictive Practices (RPCN)* 	2 stars
<ul style="list-style-type: none"> • Directions: To revise Plans for Continuous Improvement (PCI) • Directions: Complaints / provider responsibility information • Service with no non-compliance for up to 1 year 	3 stars
<ul style="list-style-type: none"> • Service with no non-compliance for 1-3 years 	4 stars
<ul style="list-style-type: none"> • Service with 3 years or more absence of non-compliance history / regulatory activity and service's accreditation period based on a site audit is 3 years or more** 	5 stars

* Only Compliance Notices issued under paragraph (a) of the relevant subsection in Section 74EE of the Commission Act will be published.

** Where the accreditation decision was from a site audit.



IMPORTANT NOTE

A service that receives a 1 Star Compliance Rating will receive a 1 Star overall Star Rating regardless of how they perform in other sub-categories. Services that receive a 2 Star Compliance Rating cannot receive an overall Star Rating higher than 2 stars regardless of how they perform in other sub-categories.



IMPORTANT NOTE

The Service Compliance Rating, in place since July 2020, provided information on the performance of each residential aged care service and had a dot rating between 1 and 4 dots.

For information about these non-compliance decisions and when the Commission makes them, please refer to the Commission's Compliance and Enforcement Policy <https://www.agedcarequality.gov.au/sites/default/files/media/compliance-and-enforcement-policy-14-july-2021.pdf>. A short summary is provided below.

Notice of Decision to Impose Sanction

The Commission may give a service a sanction when there are serious compliance issues. A sanction is when a service must fix any issues quickly to protect residents receiving care. The sanction may include different conditions depending on the type of compliance issue. This may include restricting the service's approval to take on new residents, limiting the fees they can charge, making them repay fees.

Notice of Requirement to Agree (NTA)

The Commission may give a service a Notice to Agree when there are serious compliance issues, and the Commission is considering taking away the service's approval to provide aged care. A Notice to Agree means the provider must agree to take actions set out by the Commission. For example, requiring them to employ an expert advisor to help them fix the issues. If the service does not agree, the Commission may take away their approval to provide aged care services.

Issuance of Infringement Notice – Victimisation

The Commission can give a service an infringement notice if they believe the service has treated someone badly for reporting an issue to the Commission. The infringement notice means that the service must pay a fine.

Issuance of Infringement Notice – Compliance Notice

The Commission can give a service a compliance notice. If the service had not done what the notice requires then the Commission can issue an infringement notice. The infringement notice means the service must pay a fine.

Notice to Remedy (NTR), formerly published as Notice of Non-Compliance (NCN)

The Commission may give the service a Notice to Remedy when there are compliance issues that they need to fix. The service must tell the Commission how they are going to fix the issues by a certain date. If they do not fix the issues, the Commission can give them a sanction.

Incident Management Compliance Notice (IMCN)

The Commission may give the service an Incident Management Compliance Notice if the service has not done the right thing when a serious incident happened at the service. The notice tells the service what they need to do.

Restrictive Practices Compliance Notice (RPCN)

The Commission may give the service a Restrictive Practices Compliance Notice when they have not used 'restrictive practices' properly. 'Restrictive practices' is when a service limits a person from doing what they want to do. There are laws about how and when a service can use restrictive practices.

Code of Conduct Compliance Notice (CCCN)

The Commissioner may give the service a Code of Conduct Compliance Notice if the service's conduct is inconsistent with the Code of Conduct, or if the service has not taken reasonable steps to ensure that their aged care workers and governing persons comply with the Code of Conduct. The notice tells the service what they need to do.

Direction to revise a Plan for Continuous Improvement (PCI Directions)

The Commission may give a service a Direction to make improvements when there are compliance issues. The service must give the Commission a plan for how they will meet all the Aged Care Quality Standards.

Directions: Complaints / provider responsibility information

The Commission may issue a direction when undertaking a complaints resolution process. If the Commission is concerned that a provider is not complying with its responsibilities, it will notify them through a Notice of Intention to Give Directions of the Commission's concerns and provide them with an opportunity to respond to those concerns. If a provider does not respond or does not satisfy the Commission that it is compliant with its responsibilities, the Commission may then issue the provider with directions.

2.3. Staffing algorithm

The AN-ACC care funding model was introduced on 1 October 2022, replacing the Aged Care Funding Instrument (ACFI) as the key funding mechanism for care costs. The AN-ACC funding model specifies care minutes requirements for each service, to be provided by registered nurses, enrolled nurses and personal care workers, based on an independent assessment of resident care needs.

The AN-ACC care funding model distributes funding to enable services to meet a minimum average care minute target of 200 minutes per day, including 40 minutes registered nurse time, from 1 October 2022. This target will become mandatory from 1 October 2023, and increase to 215 minutes, including 44 registered nurse minutes, from 1 October 2024.

The average care minutes target for each aged care service varies depending on the specific care needs of their resident casemix. Care minutes targets are determined from the AN-ACC classification assigned to each resident after an independent assessment of their care needs. Each AN-ACC classification has a specific care minutes requirement based on

the care characteristics of that resident. Services with residents with mainly higher care needs will have a higher average care minute target than services with residents that have mainly lower care needs.

Targets are indicative of the average care minutes that must be delivered in a service. They are updated every 3 months, based on the resident casemix in the previous quarter.

The algorithm developed for the Staffing Rating is based on whether residential aged care services meet their care minutes target or are above or below their target. Star Ratings are assigned using a rules-based matrix that combines the total care minutes and registered nurse care minutes to determine a rating (see Table 4).

Table 4: Staffing Rating and rules-based matrix

Registered nurse care minutes	Total care minutes (inclusive of registered nurse minutes)				
	Well below target (below <90%)	Below target (90 ≤ 100%)	Meets target (100 ≤ 105%)	Above target (105 ≤ 115%)	Well above target (>115%)
Well below target (below <75%)	1 star	1 star	2 stars	2 stars	3 stars
Below target (75 ≤ 100%)	2 stars	2 stars	2 stars	3 stars	3 stars
Meets target (100 ≤ 115%)	2 stars	3 stars	3 stars	3 stars	4 stars
Above target (115 ≤ 125%)	3 stars	3 stars	4 stars	4 stars	4 stars
Well above target (>125%)	3 stars	4 stars	4 stars	5 stars	5 stars

Failure to report care minutes to the department will result in a 1 Star Staffing Rating and will subsequently affect the residential aged care service’s Overall Star Rating.

2.4. Quality Measures algorithm

The Quality Measures Rating uses information derived from the National Quality Indicator Program. The QI Program requires providers of aged care to report data across crucial areas of care. Information about exclusions and risk adjustment is provided below.

Not all indicators reported through National Quality Indicator Program are used to inform the Quality Measures Rating. Stage 1 pressure injuries and consecutive unplanned weight loss are not included. The antipsychotic medication management indicator has been changed to identify a more clinically significant measure for public reporting.

The quality indicators contributing to the Quality Measures Rating are:

Pressure injuries

Five stages of pressure injuries are included in the scoring of the pressure injuries quality indicator. The stages of pressure injury contributing to the Star Rating are:

- Stage 2 Pressure Injury
- Stage 3 Pressure Injury
- Stage 4 Pressure Injury
- Unstageable Pressure Injury, and
- Suspected Deep Tissue Injury.

Stage 1 Pressure Injuries do not contribute to the Star Rating following consultation with clinical experts, as they result in double counting when included with all other pressure injuries.

Each pressure injury stage is weighted, with more serious injuries (e.g. Stage 4 Pressure Injury, Unstageable Pressure Injury and Suspected Deep Tissue Pressure Injury) making a larger contribution to the score for the pressure injury quality indicator.

Physical restraint

The percentage of care recipients who are physically restrained is used for the scoring of the physical restraint quality indicator. This incorporates any physical restraint regardless of whether it occurs exclusively through the use of a secure area. This aligns with legislation regarding the use of restrictive practices.

Unplanned weight loss

The percentage of care recipients who experienced significant unplanned weight loss is used for the scoring of the unplanned weight loss quality indicator. Significant weight loss as indicator is more internationally established and aligned to malnutrition diagnostic criteria.

Consecutive weight loss does not contribute to the Star Rating as this measure is likely to cause double counting when combined with consecutive weight loss.

Falls and major injury

The percentage of care recipients who experienced one or more falls; and the percentage of care recipients who experienced one or more falls resulting in a major injury are included in the scoring of the falls and major injury quality indicator. Each category is weighted, with falls resulting in major injury making a larger contribution to the score.

Medication management

The percentage of care recipients who were prescribed 9 or more medications (polypharmacy); and the percentage of care recipients who received antipsychotic medications without a condition of psychosis (antipsychotics) are included in the scoring of the medication management quality indicator. Each category is weighted equally and contributes to the score for the medication management quality indicator.

2.4.1 Quality Measures algorithm

The process to calculate a Quality Measures Rating for a residential aged care service is as follows:

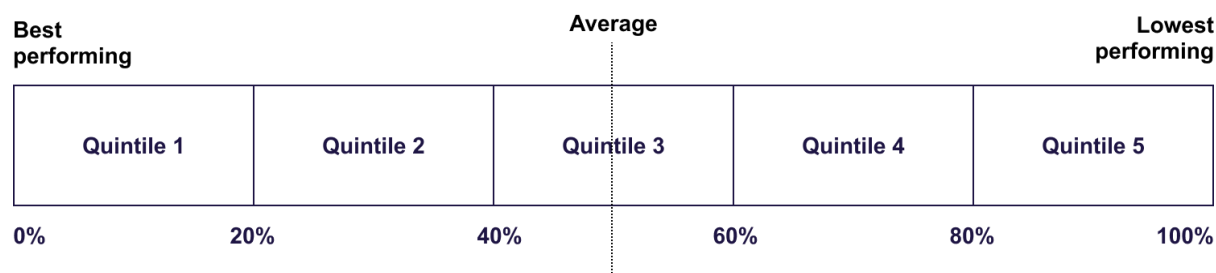
1. Data is reported by residential aged care services for each quality indicator. Some data reported under the QI program is excluded for use in Star Ratings.
2. Risk adjustment is performed for pressure injuries, falls and major injury and unplanned weight loss. Risk adjustment enables a fair comparison between the clinical and care needs of residents in different services. Further information on the risk adjustment process can be found in Appendix A.
3. A statistical distribution is determined.
4. The data for each quality indicator is divided into 5 equal groups referred to as 'quintiles'. Each quintile represents approximately 20 per cent of all residential aged care services.

Quintile 1 consists of 20 per cent of services with the lowest reported percentage of care recipients for the respective quality indicator and therefore the best performing.

Conversely, quintile 5 consists of approximately 20 per cent of services with the highest reported percentage of residents for the respective quality indicator and therefore the worst performing.

If a service did not report any data for a quality indicator (i.e. missing rather than 0 per cent) the service is automatically placed into quintile 5 and allocated a score of 5 as a penalty for non-compliance with legislated reporting obligations.¹

¹ Pursuant to section 26 of the Accountability Principles 2014 (Accountability Principles).



- The 5 quality indicators are equally weighted. Where there is more than one category within a quality indicator these categories are weighted as described in Table 5. Greater weighting is applied to a category where the outcome is more serious. For example, within the pressure injury quality indicator, Stage 2 Pressure Injury is weighted x1, while Unstageable Pressure Injury is more heavily weighted x3 (refer to Table 5 for quality indicator category weightings).

Table 5: Quality indicator category weightings

Quality indicators and categories for each quality indicator	Weighting
Pressure injuries	
% Stage 2 Pressure Injury	x 1
% Stage 3 Pressure Injury	x 2
% ≥ Stage 4 Pressure Injury	x 3
% ≥ Unstageable Pressure Injury	x 3
% ≥ Suspected Deep Tissue Injury	x 3
Pressure injuries sum of weightings	Total = 12
Physical restraint	
% Physically restrained	x 1
Physical restraint sum of weightings	Total = 1
Unplanned weight loss	
% Significant unplanned weight loss	x 1
Unplanned weight loss sum of weightings	Total = 1
Falls and major injury	
% One or more falls	x 1
% One or more falls resulting in major injury	x 1
Falls and major injury sum of weightings*	Total = 2
Medication management	
% Prescribed 9 or more medications	x 1
% Received antipsychotic medications not for a diagnosed condition of psychosis	x 1
Medication management sum of weightings	Total = 2
* % One or more falls and % One or more falls resulting in major injury are equally weighted x1. This is because % One or more falls resulting in major injury are already counted in the % One or more falls.	

- For each category, a weighted score of 1 is allocated to quintile 1, up to a weighted score of 5 for services in quintile 5. Where relevant, scores are multiplied by their weighting, for example x3 for Stage 4 Pressure Injuries.
- For each quality indicator, the sum of weighted scores is totalled.

- The weighted sum of each quality indicator is then converted into a quality indicator score between 1 and 5. This is achieved by dividing the sum of weighted scores by the sum of weightings for each quality indicator.

For example, the unplanned weight loss quality indicator score has only one category, significant unplanned weight loss, and is therefore divided by 1. Quality indicators with two or more categories are divided by the sum of weightings to achieve a 1 to 5 scale. The weightings for each quality indicator are provided in Table 2.

- Scores for each quality indicator are summed to generate an overall score (range 5-25). Cut-off points are then applied to the overall score to assign a star rating (see Table 6).

Table 6: Quality Measures cut off points and algorithm

Lower bound (points)	Upper bound (points)	Number of stars
5 (possible min)	<10	5 stars
10	<12	4 stars
12	<16	3 stars
16	<18	2 stars
18	≤ 25 (possible max)	1 star

2.4.2 Quality Measures risk adjustment

The clinical and care needs of individual residential aged care residents vary greatly between services. Consequently, the risk profile for adverse events reported in the QI Program also vary greatly between services. As such, **quality indicator data is risk adjusted prior to calculating Quality Measures**, to account for this variation and enable fair comparison between services.

Three of the quality indicators are risk adjusted for each service using the most recent AN-ACC classes and stratification data given the variation in care needs for aged care residents for higher or lower than average care needs. They are:

- Pressure injuries data, using care residents' Braden Scale scores (a validated tool used to measure elements of risk that contribute to pressure injuries) and their mobility (as per their individual AN-ACC assessment).
- Unplanned weight loss data, using care residents' AN-ACC classification and their frailty status (also drawn from individual AN-ACC assessments).
- Falls and major injury data, using care residents' mobility data (as per their individual AN-ACC assessment).

Physical restraint and medication management are not risk adjusted.

Physical restraint is considered an indicator of poor quality care and limited justification is provided for its use and therefore not risk adjusted.

Medication management is not risk adjusted because preliminary analyses did not identify any available factors that explain variation among services that are within the control of the provider.

Antipsychotic medications received for a diagnosed condition of psychosis is appropriate, therefore adjusted is applied by the method of exclusion.

2.4.3 Quality Measures risk adjustment process

Regression testing was undertaken to identify the covariates that were found to increase the risk of an outcome without impacting the quality of care.

Beta-coefficients are used to calculate the expected prevalence based on the care recipient population.

This was applied using the following formula:

$$\text{Risk adjustment} = \text{observed} / \text{predicted} \times \text{sector average.}$$

Details of the risk adjustment are detailed in Table 7.

Table 7: Regression models and independent variables

Quality indicator	Category	Regression model	Independent variables
Pressure injuries	% residents with Stage 2 Pressure Injury	Average finite mixture model regression	Braden score and AN-ACC class (grouped by mobility)
	% residents with Stage 3 Pressure Injury	Average finite mixture model regression	Braden score and AN-ACC class (grouped by mobility)
	% residents with Stage 4 Pressure Injury, Unstageable Pressure Injury and Suspected Deep Tissue Pressure Injury (combined)	Average finite mixture model regression	Braden score and AN-ACC class (grouped by mobility)
Physical restraint	% residents who were physically restrained	Risk adjustment is not required	Physical restraint
Unplanned weight loss	% residents who experienced significant unplanned weight loss	Average finite mixture model regression	AN-ACC class and frailty data (grouped by mobility)
Falls and major injury	% residents who experienced one or more falls	Ordinary Least Square regression	AN-ACC class and frailty data (grouped by mobility)
	% residents who experienced one or more falls resulting in major injury	Average finite mixture model regression	AN-ACC class and frailty data (grouped by mobility)
Medication management	% residents who were prescribed 9 or more medications	Risk adjustment is not required	
	% residents who received antipsychotic medications that was not for a diagnosed condition of psychosis	Adjusted by exclusion	

Section 03

Reporting Requirements



3.0 Reporting requirements

No additional reporting is required by providers for Star Ratings as all data contributing to Star Ratings is existing data that will feed into the Star Ratings.

Star Ratings uses quarterly reported data for Quality Measures and Staffing. Residents' Experience and Compliance are reported through a third party and the Commission respectively.

It is the responsibility of services to ensure accurate data is collected and submitted to the department by their respective due dates for Quality Measures and Staffing.

3.1. Residents' Experience

The Australian Government has reinstated the Consumer Experience Interviews (CEIs) which were formerly undertaken and published by the Commission. IQVIA in a consortium with Access Care Network Australia and Health Consult conduct the interviews. For the 2022 round, interviews were undertaken from April to October 2022.

Interviews are scheduled each year across approximately 2700 Commonwealth-funded residential aged care services with at least 10 per cent of older Australian residents interviewed per service.

Residential aged care services that refuse to participate in the interview process will result in a 1 Star for the Residents' Experience sub-category and will subsequently affect their overall Star Rating.

Further guidance on Consumer Experience reporting requirements can be found at <https://www.health.gov.au/initiatives-and-programs/consumer-experience-interviews>.

3.2. Compliance

The Commission monitors the quality of care and services provided by aged care services. When the Commission determines that the service is non-compliant with their responsibilities under the *Aged Care Act 1997*, the related Rules and Principles, the Commission will notify the service of the non-compliance and any regulatory actions taken in response to the non-compliance. For more information, please visit the Aged Care Quality and Safety Commission website at <https://www.agedcarequality.gov.au/>.

3.3. Staffing

The delivery of care hours are reported through the Quarterly Financial Report (QFR). The residential care labour cost and hours reporting section of the QFR captures the direct care related labour expenses and hours at the service level.

This information will directly inform the performance of services against their care minute targets and will inform the Staffing Rating.

The QFR must be submitted 4 times throughout the financial year. Legislated submission dates for the 2022/23 financial year are as follows:

			
1 July to 30 September	1 October to 31 December	1 January to 31 March	1 April to 30 June
DUE DATE 4 November	DUE DATE 15 February	DUE DATE 5 May	DUE DATE 4 August

The data submitted for care hours and labour costs will be checked by the department to ensure that what has been reported is within a reasonable range. This check will include 4 data quality checks around the reasonableness of the data submitted for the following:

- care funding claimed compared with care hours reported
- care funding claimed compared with care expenses reported
- average hourly rates for registered nurses, enrolled nurses and personal care workers compared with average hourly rates reported across the sector
- consistency compared with previously submitted data in the Aged Care Financial Report.

Services are notified if data submitted is outside the expected range and provided with an opportunity to re-check their data and resubmit if required within 5 business days of the notification. It is important to note that the Staffing Rating and, as a result, the overall Star Rating outcomes may be affected if services decide to leave their data unchecked.

Further guidance on care minutes reporting requirements can be found at <https://www.health.gov.au/initiatives-and-programs/an-acc/providers/care-minutes>

Failure to submit a QFR will result in a 1 Star Staffing Rating and will subsequently affect the residential aged care service's overall Star Rating.

3.4. Quality Measures

Approved services must collect data for each quality indicator and enter it via the provider portal in order to make the information available to the Secretary, unless otherwise agreed by the Australian Government Department of Health and Aged Care (for example, if another organisation is being engaged to do so). The quality indicator data must be collected and submitted 3 months based on the financial year calendar.

Approved services must submit quality indicator data no later than the **21st day of the month after the end of each quarter.**

Dates for submission of quality indicator data



1 July to
30 September

DUE DATE
21 October



1 October to
31 December

DUE DATE
21 January



1 January to
31 March

DUE DATE
21 April



1 April to
30 June

DUE DATE
21 July



IMPORTANT NOTE

Failure to submit quality indicator data will result in a 1 Star Quality Measures Rating and will subsequently affect a residential aged care service's overall Star Rating.

Further guidance relating to quality indicator data submission can be found in the [National Aged Care Mandatory Quality Indicator Program Manual](#).

Section 04

The Provider Preview



4.0 The Provider Preview

Providers will have access to a preview of their Star Ratings, prior to this being published on My Aged Care. Providers will have up to a week to review ratings and allow for early remediation if an IT or data problem is detected.

If an aged care service believes the data submitted for the Staffing Rating or Quality Measures Rating is not consistent with the information submitted, the first step should be to check the submitted data. Residents' Experience survey responses cannot be contested, however IT and data errors can be investigated by the department.

If you are concerned that incorrect data was used to calculate your Star Rating, you can call the My Aged Care service provider and assessor helpline on 1800 836 799 to request a review of the rating. The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.

If you believe data used for the Compliance Rating is incorrect, please contact the Aged Care Quality and Safety Commission on 1800 951 822 or email info@agedcarequality.gov.au.

Section 05

Calculation

Example



5.0 Calculation example

Please note, any estimates created using this example are only a point in time estimate. This is an example and should only be treated as indicative.

5.1. Residents' Experience Rating example

Table 8 shows the Consumer Experience Interview questions, and the percentage responded with 'never', 'some of the time', 'most of the time', and 'always'. These are multiplied by their related point score: 1 point for never, 2 points for some of the time, 3 points for most of the time and 4 points for always. These are then summed for an overall Consumer Experience Report score.

Table 8: Consumer Experience Interview questions and example % response

Question	% responded 'never' x 1 point = point score	% responded 'some of the time' x 2 points = point score	% responded 'most of the time' x 3 points = point score	% responded 'always' x 4 points = point score
Do staff treat you with respect?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do you like the food here?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do you feel safe here?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Is this place well run?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do you get the care you need?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do staff know what they are doing?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Are you encouraged to do as much as possible for yourself?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do the staff explain things to you?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do staff follow up when you raise things with them?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2

Question	% responded 'never' x 1 point = point score	% responded 'some of the time' x 2 points = point score	% responded 'most of the time' x 3 points = point score	% responded 'always' x 4 points = point score
Are staff kind and caring?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do you have a say in your daily activities?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Do you feel at home here?	0% x 1 = 0	10% x 2 = 0.2	10% x 3 = 0.3	80% x 4 = 3.2
Total point score	0	2.4	3.6	38.4

The Consumer Experience Report score for this service is **44.4, based on adding all point scores (0 + 2.4 + 3.6 + 38.4)**. Therefore, based on the current algorithm this service is within the lower bound (points) of 41 and higher bound (points) of 45 and **has a 4 Star Rating for Residents' Experience** (refer to Table 5).

5.2. Compliance Rating example

In this example, it has been 1-3 years since the end of the last non-compliance decision for the service, therefore has a **4 Star Rating for Compliance** (refer to Table 3).

5.3. Staffing Rating example

For each day a service was operational in the previous quarter, the system calculates the 'total care minutes' and 'registered nurse care minutes' for each resident who was in care that day, based on their AN-ACC class (see tables 9 and 10 below). The minutes for each resident are summed to a daily total, and the daily totals are summed over each day in the quarter to arrive at a total care minutes requirement and a registered nursing care minutes requirement for the quarter.

The average care minute targets are calculated by dividing the totals from above by the total number of days of care delivered in the quarter. Only those residents with classes based on an AN-ACC assessment are included in the calculation (residents with a "default class" at the time of the calculation are not included).

Residents who are on leave are considered to be in care and are included in the calculation.

Table 9: Care minutes targets for each AN-ACC class

AN-ACC Class	Total minutes per day	Registered nurse minutes per day
Class 1	284	53
Class 2	135	32
Class 3	157	34
Class 4	139	30
Class 5	169	39
Class 6	166	35
Class 7	189	37
Class 8	200	38
Class 9	200	44
Class 10	261	52
Class 11	254	41
Class 12	250	42
Class 13	284	53

Table 10: Care minutes targets for each respite class

Respite Class	Total minutes per day	Registered nurse minutes per day
Class 101	151	34
Class 102	185	39
Class 103	282	49

Below is an example of a residential aged care service’s average care minute targets. Imagine a residential aged care service has the following residents. Each of these residents have different care minute targets based on their AN-ACC classification and have a different number of days spent in care.

The average care minutes target for the resident cohort can be determined by calculating the sum of the residents’ care minutes divided by the sum of the residents’ total number of days in care during the quarter, as shown in Table 11:

Table 11: Example of care minutes target

Resident and class	Total care minutes target per day	Registered nurse minutes target per day	No of occupied bed days	Total care minutes	Total registered nurse minutes
Mary (Class 5)	169	39	90	15,210	3,510
Fred (Class 10)	261	52	80	20,880	4,160
Martha (Class 3)	157	34	30	4,710	1,020
Total	-	-	200	40,800	8,690
Target				204	43.45

Based on this example, the residential aged care service's target is to deliver an average of 204 care minutes (40,800 total minutes ÷ 200 care days), including an average of 43.45 registered nurse minutes (8,690 registered nurse minutes ÷ 200 care days) for the quarter.

With a target established, the residential aged care service reports their quarterly care minutes via the QFR submission process, as shown in Table 12.

Table 12: Example of care minutes QFR submission

Total care minutes (worked) per occupied bed day	
Registered nurse care minutes per occupied bed day	46
Enrolled and licensed nurses (registered with the NMBA) care minutes per occupied bed day	64
Personal care staff/Assistants in Nursing care minutes per occupied bed day	97
Total care minutes (worked) of RN, Enrolled and licensed nurses (registered with the NMBA) and Personal care staff/Assistants in Nursing per occupied bed day	207

This residential aged care service's total care minutes is **101.47% of their target** (207 total care minutes divided by their target total care minutes of 204 multiplied by 100). It therefore **meets target** ($100 \leq 105\%$) for their total care minutes (inclusive of registered nurse minutes).

This residential aged care service's registered nurse case minutes is **105.87% of their target** (46 divided by their target of 43.45 multiplied by 100). It therefore **meets target** ($100 \leq 115\%$) for their registered nurse minutes.

As both the total care minutes and register nurse minutes **meets target, this residential aged care service has a 3 Star Rating for Staffing** (refer to Table 4).

5.4. Quality Measures Rating example

Table 13 below shows the value (raw % reported by the residential aged care service), the quintile the service is in, the weighting of the quintile and the score. The value indicates the **individual** raw percentage score reported by the service, for the respective quality indicator, e.g., pressure injuries (Stage 3 Pressure Injury) is 5%. The quintile the service is in, e.g., quintile 1, indicates it is in the 20% of services with the lowest reported percentage of recipients for the respective quality indicator and therefore the **best** performing.

For each quality indicator and each service, the score is calculated by the service's quintile multiplied by the quality indicator category weighting. The aggregate score for each quality indicator is the sum of the individual category scores (total score) divided by the total weighting. The overall score for the Quality Measures is the sum of all quality indicator scores.

Table 13: Quality Measures example

Quality indicator	Raw reported value %	Risk adjusted %	Quintile the service is in	Weighting	Weighted score (quintile x weighting)
Pressure injuries					
% Stage 2 Pressure Injury	5.14%	4.52%	2	x 1	2
% Stage 3 Pressure Injury	4.43%	4.81%	2	x 2	4
% Stage 4 Pressure Injury	0.07%	0.05%	1	x 3	3
% Unstageable Pressure Injury	0%	0%	1	x 3	3
% Suspected Deep Tissue Injury	0%	0%	1	x 3	3
				Sum of weighting = 12	Sum of weighted score = 15
Pressure injuries quality indicator score = 1.25 (total score ÷ total weight)					
Physical restraint					
% Physically restrained	0%	n/a	1	x 1	1
Physical restraint quality indicator score = 1 (total score ÷ total weight)					
Unplanned weight loss					
% Significant unplanned weight loss	10.14%	10.01%	2	x 1	2
Unplanned weight loss quality indicator score = 2 (total score ÷ total weight)					
Falls and major injury					
% One or more falls	2.19%	2.24%	1	x 1	1
% One or more falls resulting in major injury	5.49%	5.58%	2	x 1	2
				Sum of weighting = 2	Sum of weighted score = 3
Falls quality indicator score = 1.5 (total score ÷ total weight)					
Medication management					
% prescribed 9 or more medications	30%	n/a	5	x 1	5
% received antipsychotic medications not for a diagnosed condition of psychosis	0%	n/a	1	x 1	1
				Sum of weighting = 2	Sum of weighted score = 6
Medication management quality indicator score = 3 (total score ÷ total weight)					

In the example (Table 13), the sum of all the quality indicator scores for this service is **8.75 (1.25 + 1 + 2 + 1.5 + 3)** (Table 14).

Table 14: Quality Measure example quality indicator scores

Quality indicator	Score
Pressure injuries	1.25
Physical restraint	1
Unplanned weight loss	2
Falls and major injury	1.5
Medication management	3
Overall Score	8.75

This example service is within the lower bound (points) of 5 and higher bound (points) of <10 (refer to Table 3) and therefore has a **5 Star Rating for Quality Measures**.

5.5. Overall Star Rating example

Table 15 shows the weighting applied to each sub-category rating. Based on this example, this service has **an overall Star Rating of 4 stars**. ($0.75 + 1.65 + 1.2 + 0.66 = 4.26$, rounded down to 4 stars).

Table 15: Weighting applied to each sub-category

	Quality Measures	Residents Experience	Compliance	Staffing
Star Rating	5	5	4	3
Weighting	15%	33%	30%	22%
Weighting applied	$5 * 15\% = 0.75$	$5 * 33\% = 1.65$	$4 * 30\% = 1.2$	$3 * 22\% = 0.66$

Section 06

New Services, Change in Service Ownership and FAQs

6.0 Star Rating Display Scenarios

The following sections provides detailed information for different star rating display scenarios. Section 6.1 to 6.3 provides information regarding instances where no star rating is displayed for either an overall Star Rating, ratings for sub-categories or a combination. Sections 6.4 onwards describes other possible display scenarios the service may encounter.

6.1 New services and services that have a change in service ownership

For new services, or services that have had a change in service ownership, no overall Star Rating will be displayed for a period of approximately 12 months. This period gives the service time to provide at least 2 full quarters of quality indicator data and care minutes through quarterly financial reporting, and for their annual CEIs and Commission assessments to be conducted.



IMPORTANT NOTE

After their initial 12 month period, new residential aged care services or those that have had a change in ownership will receive a 4 Star Compliance rating provided they have no non-compliance decisions.

6.2 No overall Star Rating is displayed

Why has a residential aged care service not received an overall Star Rating?

No overall Star Rating will be displayed unless all 4 sub-categories have a rating. Reasons for no overall Star Rating include a service being new (within 12 months of operating as a residential aged care service) or a service having recently had a change in service ownership (within 12 months of operating as a residential aged care service), and data not yet being available.

6.3 Missing sub-category ratings

Why doesn't a residential aged care service have a Residents' Experience Rating?

There are several reasons why a Residents' Experience Rating may not be displayed, including:

- a) The service is new and was not included in the survey.
- b) The service was given an exemption from the survey due to extenuating circumstances.
- c) The service has a Residents' Experience Rating that is under review by the department.

- d) The service was not operational during the survey period.
- e) The service has a resident population that is below 5 .

Why doesn't a residential aged care service have a Compliance Rating?

A service may not have a Compliance Rating if the service is new or it has recently had a change in service ownership (within 12 months of operating as a residential aged care service), and currently has no decisions of non-compliance.

Why doesn't a residential aged care service have a Staffing Rating?

There are several reasons why a service may not have a Staffing Rating:

- a) The service is new and has not been operating for two full care minutes reporting quarters.
- b) The service recently transferred to a new owner and has not been operating for two full care minutes reporting quarters, with its current owner.
- c) The service has a Staffing Rating that is under review by the department.
- d) The service has been granted an exemption from the determination of the Staffing Rating for a given period, due to extenuating circumstances.
- e) The service's status is currently not 'Operational'.

Why doesn't a residential aged care service have a Quality Measures Rating?

There are a range of reasons why a service may not have a Quality Measures Rating, including:

- a) The service is new and has not been operating for two full QI Program reporting quarters.
- b) The service recently transferred to a new owner and has not been operating for two full QI Program reporting quarters, with its current owner.
- c) The service has a Quality Measures rating that is under review by the department.
- d) The service has been granted an exemption from the determination of the Quality Measures Rating for a given period, due to extenuating circumstances.
- e) The service's status is currently not 'Operational'.

6.4 Star Ratings

Why does a residential aged care service have a 1 Star Residents' Experience Rating?

A service will receive a 1 Star Residents' Experience Rating if:

- a) The service refused to participate in the survey.
- b) The survey was not conducted as the residential aged care service repeatedly cancelled the scheduled appointments with the vendor conducting the survey without a valid reason.

Why does a residential aged care service have a 1 Star Quality Measures Rating?

A service will receive a 1 Star Quality Measures Rating if the service has failed to submit its

quality indicator data for the displayed quarter by the due date. Late submissions will not be used in the calculation of Star Ratings.

Why does a residential aged care service have a 1 Star Staffing Rating?

A residential aged care service will receive a 1 Star Staffing Rating if the service has failed to submit its QFR report for that quarter by the due date. Late submissions will not be used in the calculation of Star Ratings.

6.5 Star Ratings are not visible

Why was a service's Star Rating available on the My Aged Care website yesterday, but there is no published rating today?

There are several reasons that a Star Rating may be unavailable for a service such as because it is new, has recently transferred to a new owner, has had a recent re-opening, has a temporary exemption or a data or IT issue that is being investigated.

Why does a residential aged care service have a "No rating available" label on the 'Overview' page?

The residential aged care service does not currently have an overall Star Rating as one or more sub-category is missing information. This can be due to any of the following reasons:

- a) The service is new and has not been operating for two full quality indicator reporting quarters.
- b) The service recently transferred to a new owner.
- c) The service's Quality Measures and/or Staffing Rating is under review by the department.
- d) One or more sub-category ratings have not been determined due to unavailability of data.

6.6 Star Ratings labels

What does the "Change of ownership" label mean?

"Change of ownership" means that a service has a new owner and is within 12 months of new ownership.

What does the "New service" label mean?

"New service" means that a service is new and within 12 months of operating as a residential aged care service.

6.7 Frequently Asked Questions

How frequently will Star Ratings be updated?

Star Ratings are updated at different time periods:

- Residents' Experience is updated yearly.
- Compliance is updated daily.
- The Staffing and Quality Measures ratings are updated every three months.

The overall Star Rating automatically recalculates when new data is available.

Will all residential aged care services have Star Ratings?

Star Ratings will not be published for residential aged care homes providing in-home care, National Aboriginal and Torres Strait Islander Flexible Aged Care and Multi-Purpose Services Program services, as all required data is not currently reported by these service types.

What other resources are available to help support improvement?

A continuous improvement process guide will be available to help services improve Star Ratings.

A service can improve their overall Star Rating and sub-category ratings by:

- Understanding the information that is used to calculate Star Ratings.
- Reflecting on their performance and identifying opportunities for improvement.
- Accessing existing improvement resources relevant to the reporting area.
- Making targeted changes to improve the quality of care across the 4 sub-categories.

A provider preview period will support providers in previewing their rating before go-live. Providers will also have access to a dashboard that supports comparison of data over time and with similar services.

7.0 More information and assistance

For help with Star Ratings, the My Aged Care system or technical support for providers and assessors, phone: **1800 836 799**. The helpline is available from **8:00am to 8:00pm Monday to Friday** and **10:00am to 2:00pm Saturday**, local time across Australia.

