



Australian Government
Department of Health,
Disability and Ageing



Star Ratings Provider Manual

Manual 2.5



This publication is published by the Australian Government Department of Health, Disability and Ageing 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

Star Ratings for residential aged care was introduced by the Australian Government in response to recommendations from the Royal Commission into Aged Care Quality and Safety.

Star Ratings support older people, their families and carers to compare residential aged care homes (aged care homes) and make more informed choices about their care.

Star Ratings support providers to understand their performance and drive improvement using nationally consistent measures to monitor, compare and improve their delivery of funded aged care services.

Star Ratings are published for aged care homes, providing an Overall Star Rating between 1 and 5 stars, and 4 sub-category ratings:

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

Star Ratings are not published for aged care homes in which funded aged care services are delivered under specialist aged care programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care and Multi-Purpose Service programs, or the Support at Home program as all required data is not currently reported.

Star Ratings are displayed on the My Aged Care website via the 'Find a provider' tool and supported by a range of user-friendly resources for older people and their families and carers.

Providers have the opportunity to preview their Overall Star Ratings and sub-category ratings as new data becomes available each quarter. This excludes the Compliance rating which can change daily in response to regulatory decisions and fortnightly in response to any graded assessment of an aged care home's conformance with the strengthened Aged Care Quality Standards by the Aged Care Quality and Safety Commission (Commission).

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 Section 2 of this document.



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

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

Residents' Experience

This sub-category describes the overall experience of residents living at each aged care home. The residents' views are collected via the face-to-face Residents' Experience Survey conducted annually by an independent third-party with a qualified survey team. To ensure an appropriate representation of residents' views are captured, a minimum of 20% of residents living in each participating aged care home are surveyed. Anonymised responses are combined to inform the Residents' Experience rating.

Compliance

From 1 November 2025 the way the Compliance rating is calculated has changed. This sub-category is based on compliance information from the Commission and the Secretary of the Department of Health, Disability and Ageing as the System Governor (System Governor). The Compliance rating reflects:

- an aged care home's graded assessment against the strengthened Aged Care Quality Standards
- new regulatory decisions issued/made by the Commissioner and the department in relation to providers' obligations and requirements.

The Commission will progressively assess and grade aged care homes against the strengthened Aged Care Quality Standards from 1 November 2025. Once an aged care home has a graded assessment this will be reflected in their Compliance rating

Until an aged care home has been audited against the strengthened Quality Standards, the Compliance rating will be determined by:

- the presence of any regulatory decisions

- the period since a regulatory decision, issued prior to 1 November 2025, was resolved i.e. 1-3 years.

the period of ownership of the aged care home by the provider. The accreditation framework for aged care homes has been replaced by the new registration framework for providers. The period of time accreditation has been granted for is no longer used to determine an aged care home's Compliance rating.

Staffing

This sub-category is based on the average amount of care time residents at each aged care home received from registered nurses, enrolled nurses, personal care workers and assistants in nursing. The Staffing rating is based on the degree to which an aged care home meets or exceeds their care minute targets. The average minimum care minute targets for each aged care home will vary depending on the specific care needs of their residents, as determined by an independent assessment of each resident's care needs under the Australian National Aged Care Classification (AN-ACC) funding model.

Quality Measures

This sub-category describes the quality of care provided to residents across 5 crucial areas of care. It uses 5 quality indicators reported by providers as part of the National Aged Care Quality Indicator Program (QI Program): pressure injuries, restrictive practices, unplanned weight loss, falls and major injury and medication management. Quality indicator data is transformed and adjusted when calculating the Quality Measures rating to account for differing levels of care need across aged care homes, to allow for fair comparison. Risk adjustment is applied to pressure injuries, falls and major injury, and unplanned weight loss.

1.2 What are the objectives of Star Ratings?

Star Ratings have 3 primary objectives:

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

1.3 Star Ratings update frequency

The frequency of updates to published Star Ratings is outlined in Table 1. The Overall Star Rating automatically recalculates when new data is available.

The periodic sub-category data updates (see Table 1) provide an opportunity for providers to improve their Overall Star Rating and sub-category ratings.

Table 1: Star Ratings sub-category update frequency

Residents' Experience rating	Updated quarterly after each aged care home has completed their annual Residents' Experience Survey.
Compliance rating	Updated daily in response to regulatory decisions and fortnightly in response to graded assessment outcomes against the strengthened Aged Care Quality Standards.
Staffing rating	Updated quarterly based on care minutes reporting (i.e. direct care labour hours from registered nurses, enrolled nurses and personal care workers/assistants in nursing) in the Quarterly Financial Report submissions.
Quality Measures rating	Updated quarterly based on the QI Program data submissions.

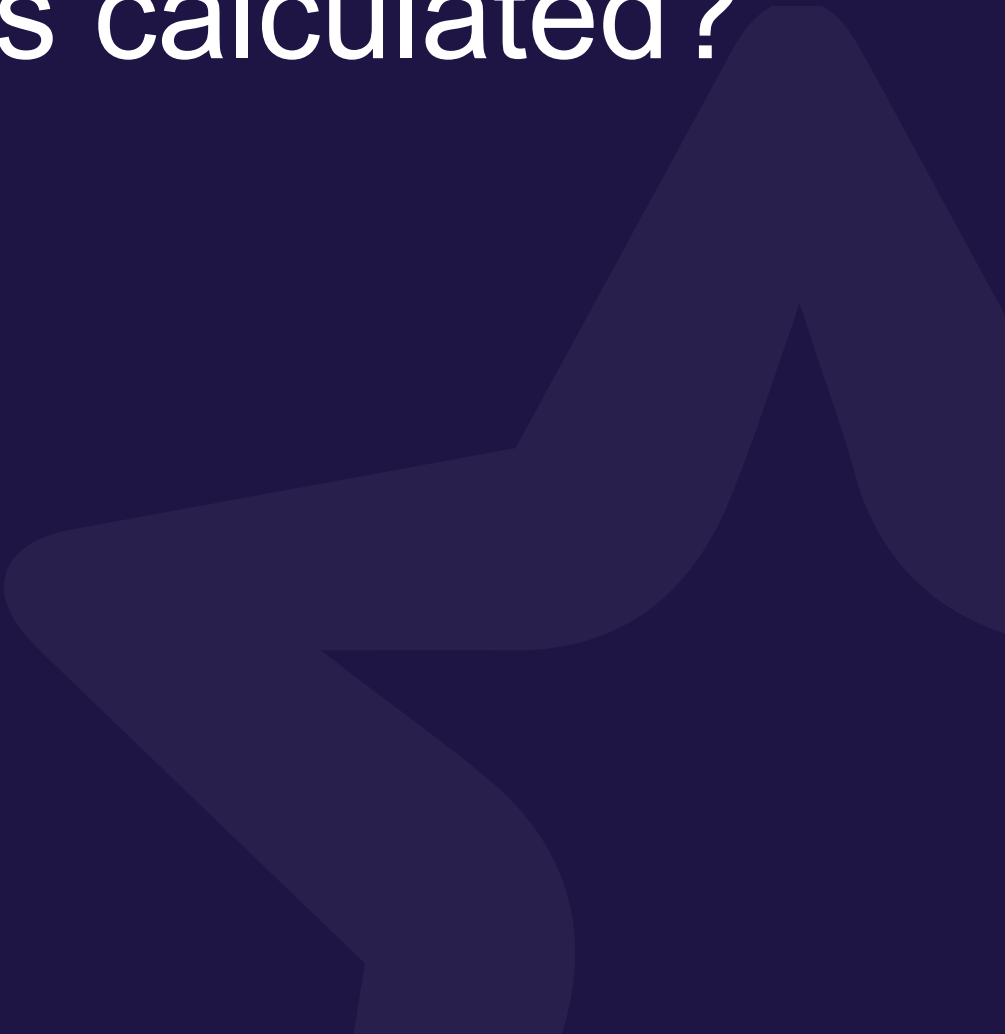


IMPORTANT NOTE

It takes approximately 3–5 months for submitted care minutes and quality indicators data sets to be available for calculation in Star Ratings. This allows time for submission, data validation by the department and where necessary, opportunity for providers to review and re-submit data to correct omissions or errors.

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 aged care home, as well as a rating for each of the 4 sub-categories:

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

Each of the sub-category ratings contribute a different weighting towards the Overall Star Rating. At the time of development, older people and providers were consulted about their views on the importance of each sub-category. In addition, the quality and maturity of the data was also considered when determining the weighting of each sub-category.

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 2).

Table 2: Star Ratings weighting

	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

An aged care home that receives a 1 star Compliance rating will receive a 1 star Overall Star Rating regardless of how they perform in other sub-categories. Aged care homes 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 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 2) 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 to 5 stars, whereas a 4.3 will be rounded down to 4 stars.

- A score of 1.00-1.49 results in an Overall Star Rating of 1 star
- A score of 1.50-2.49 results in an Overall Star Rating of 2 stars
- A score of 2.50-3.49 results in an Overall Star Rating of 3 stars
- A score of 3.50-4.49 results in an Overall Star Rating of 4 stars
- A score of 4.50-5.00 results in an Overall Star Rating of 5 stars.

2.1 Residents' Experience algorithm

The Residents' Experience rating algorithm is based on a set of rules. It uses responses from the Residents' Experience Survey.

The Residents' Experience Survey is conducted face-to-face annually by an independent third-party with a qualified survey team on behalf of the department. A minimum of 20% of residents living in each participating aged care home are surveyed each year. Residents at each aged care home are randomly selected by the survey team to participate in the annual survey. Providers are not involved in the selection of residents. A minimum participation target based on the number of residents is set for each aged care home. This ensures that the survey sample is large enough to provide representative and valid results.

For more information, please visit the [Residents' Experience Survey webpage](#).

Survey Tool

The survey includes 12 multiple-choice questions measured with a 4 point Likert scale and 2 open-ended questions.

The multiple-choice questions are:

- Do staff treat you with respect?
- 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 you like the food here?
- Do staff follow up when you raise things with them?
- Are staff kind and caring?
- Do you have a say in your daily activities?
- How likely are you to recommend this residential aged care home to someone?

Each question has 4 response options. These are:

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

The 2 open-ended questions are:

- What would you say is the best thing about this service?
- What is one thing you would suggest as an improvement at this service?

Rating calculation

A score is calculated for each resident in each aged care home 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 aged care home with the same response. This process is followed for all 12 multiple-choice questions and points summed to create a total score. This score is then given a rating. The cut-offs and the algorithm are shown in Table 3. The open-ended questions do not contribute to the score.

Table 3: 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 an aged care home chooses not to participate in the collection of the Residents' Experience Survey, and hence has no data, they will not receive a Residents' Experience rating and this will result in no Overall Star Rating.

2.2 Compliance algorithm

The Compliance rating is based on:

- graded assessment against the strengthened Aged Care Quality Standards
- new regulatory decisions issued/made by the Commissioner and the department in relation to providers' obligations and requirements.

See Table 4 for more information on how the Compliance rating is calculated.

The Compliance rating is calculated by identifying the lowest rating the aged care home qualifies for across both the regulatory decision and graded assessment columns.

Table 4: Redesigned Compliance rating from 1 November 2025

Number of Stars	Regulatory decision*	Graded assessment
1 star	• Compliance notice – significant failure and/or systemic patterns of conduct • Compliance notice – satisfied non-compliance • Enforcement of an undertaking • Injunction • Civil penalties • Criminal prosecution (against provider) • Notice of requirement to agree • Suspension of registration • Revocation of registration • Compensation order – breach of statutory duty	• Major non-conformance (major non-conformance with one or more strengthened Quality Standards)
2 stars	• Compliance notice – information suggesting non-compliance • Acceptance of an enforceable undertaking • Commission initiated conditions on registration (non-compliance/non-conformance)	• Minor non-conformance (minor non-conformance with one or more strengthened Quality Standards)
3 stars		• Major or minor non-conformance resolved post-audit
4 stars		• Conformance with all applicable strengthened Quality Standards
5 stars		• Conformance with strengthened Quality Standards and met additional criteria at assessment for exceeding grade Commission determines that the home that achieved conformance at assessment meets additional criteria for the exceeding grade**

* Regulatory decision against the registered provider of an aged care home impacts the Compliance rating of the aged care home if it relates to the delivery of funded aged care services by the registered provider in the aged care home.

** The exceeding grade is awarded by the Commission following a separate process after the completion of an aged care home's graded assessment against the strengthened Aged Care Quality Standards, and only if the aged care home has achieved full conformance with all of the strengthened Aged Care Quality Standards. If an aged care home has a 5 star Compliance rating and receives a regulatory decision, the exceeding grade is removed from publication on the My Aged Care website. Once the regulatory decision has been resolved, the aged care home will return to a 4 star Compliance rating.



IMPORTANT NOTE

An aged care home that receives a 1 star Compliance rating will receive a 1 Star Overall Star Rating regardless of how they perform in other sub-categories. Aged care homes 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.

For information about the types of regulatory decisions and when the Commission makes them, please refer to the Commission's [Compliance and Enforcement Policy](#).

The department may also make certain types of regulatory decisions and, if so, this will impact an aged care home's Compliance rating in the same way as regulatory decisions by the Commission.

Regulatory decisions

Regulatory decisions will impact the Compliance rating based on the type and severity of the regulatory decisions. Aged care homes with regulatory decisions resulting in a 1 or 2 stars in Compliance cannot receive a higher Overall Star Rating as the Overall Star Rating will be capped at 1 or 2 stars.

The Compliance rating of an aged care home will be capped when a regulatory decision has been made, or regulatory notice has been issued. This will also result in an aged care home's Overall Star Rating being capped.

Regulatory decisions will impact the Compliance rating of a specific aged care home or aged care homes, or all residential aged care homes owned by a provider, based on evidence of whether non-compliance is related to specific aged care home/s.

From 1 November 2025, the following regulatory decisions will apply under the *Aged Care Act 2024*, issued by the Commission or the department as the System Governor.

Suspension of registration

This regulatory decision indicates that the Commission has suspended a registered provider's registration. The Commission may suspend a provider's registration for up to 90 days when serious non-compliance or inappropriate practices are identified at the provider level or within a provider's aged care home(s). During suspension, providers do not receive Australian Government funding to deliver aged care services and must address

the identified issues to have their registration reinstated. Suspension may end on a specified date or once corrective actions are taken.

Revocation of registration

This regulatory decision indicates that the Commission has ended a registered provider's registration because they did not meet their obligations under the *Aged Care Act 2024*, despite extensive engagement and previous regulatory action. The Commission may revoke a provider's registration when serious and ongoing non-compliance presents unacceptable risks to older people. This decision is made when serious concerns remain unresolved, and no other action would adequately protect older people. Providers whose registration is revoked are no longer authorised to deliver Australian Government-funded aged care services.

Compensation order

This regulatory decision indicates that a court has made a compensation order against a registered provider. This occurs when a provider is found liable by a court for breaching their statutory duty of care, resulting in serious injury or illness to an individual. Providers must pay compensation by a specified date. Failure to comply may lead to further court proceedings or regulatory action.

Compliance notice (satisfied non-compliance)

This regulatory decision indicates that the Commission has found that a registered provider is not complying, or has not complied, with its obligations under the *Aged Care Act 2024*. The Commission issues a notice and sets a date for the provider to fix the issues. Providers must follow the directions by the specified date. Failure to do so may result in a financial penalty or further regulatory action.

Enforcement of an undertaking

This regulatory decision indicates that a court has found a registered provider failed to comply with an undertaking agreed between the provider and the Commission or System Governor. The court may order the provider to comply or take other appropriate actions. Failure to comply may result in further court orders or regulatory action.

Compliance notice with significant failure or systemic patterns of conduct

This regulatory decision indicates that the Commission and/or the System Governor has found a registered provider is not complying with its obligations under the *Aged Care Act 2024*, and that significant failures or systemic patterns of conduct need to be addressed. A compliance notice will require providers to undertake specific actions, and failure to comply may result in further regulatory action, including changes to registration and/or penalties.

Injunction

This regulatory decision indicates that a court has placed an injunction on a registered provider. This means the provider is legally required to prevent, stop, or fix specific issues. The Commission and/or the System Governor may seek an injunction where immediate action is needed to address or prevent serious non-compliance. Providers must comply by the specified date. Failure to do so may result in further legal or regulatory action.

Civil penalties

This regulatory decision indicates a registered provider has not complied with one or more of the civil penalty provisions in the *Aged Care Act 2024*. Civil penalty provisions are parts of the Aged Care Act that include obligations that a provider must comply with. If a court finds non-compliance, it may issue a financial penalty. Providers must pay the penalty, or face further legal or regulatory action.

Criminal prosecution (against provider)

This regulatory decision indicates that a registered provider has been found guilty by a court of breaching an offence provision under the *Aged Care Act 2024*. Providers must comply with all court orders, including payment of fines, by the required date to avoid further legal or regulatory action.

Compliance notice (information suggesting non-compliance)

This regulatory decision indicates that the Commission and/or the System Governor has information suggesting that a registered provider is not complying with one or more obligations under the *Aged Care Act 2024*. A compliance notice will require the provider to take or stop taking specific actions to become compliant. Providers must follow the directions in the compliance notice by a specified date. Failure to comply may result in a financial penalty or further regulatory action.

Conditions of registration

This regulatory decision indicates that the Commission has imposed additional conditions on a registered provider's registration to ensure that they remain compliant with the *Aged Care Act 2024*. Conditions of registration may require providers to take or avoid certain actions during their delivery of care services. Failure to comply may result in penalties and/or further regulatory action.

Acceptance of an enforceable undertaking

This regulatory decision indicates that the Commission or System Governor has agreed with a registered provider that the provider will take or avoid certain actions by agreed dates to address non-compliance with their aged care obligations. Failure to comply may result in the Commission or System Governor seeking a court order to enforce the undertaking or taking further regulatory action.

More information about the regulatory model under the Aged Care Act is available on the Commission's [website](#).

Until an aged care home has been audited against the strengthened Quality Standards, the Compliance rating will be determined by:

- the presence of any regulatory decisions
- the period since a regulatory decision, issued prior to 1 November 2025, was resolved
- the period of ownership of the aged care home by the provider.

Regulatory decisions issued before 1 November 2025 may continue to impact an aged care home's Compliance rating for up to 3 years after it has been resolved, until the aged care home has undergone a graded assessment against the strengthened Aged Care Quality Standards.

Regulatory decisions the Commission issued due to non-compliance with requirements under *Aged Care Act 1997* that may impact Compliance ratings published prior to 1 November 2025 are provided below:

Notice of Decision to Impose Sanction

The Commission may give an aged care home a sanction when there are serious compliance issues. A sanction is when an aged care home 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 aged care home'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 an aged care home a Notice to Agree when there are serious compliance issues, and the Commission is considering taking away the aged care home'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 aged care home 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 aged care home has treated someone badly for reporting an issue to the Commission. The infringement notice means that the aged care home must pay a fine.

Issuance of Infringement Notice – Compliance Notice

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

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

The Commission may give the aged care home a Notice to Remedy when there are compliance issues that they need to fix. The aged care home 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 aged care home an Incident Management Compliance Notice if the aged care home has not done the right thing when a serious incident happened at the service. The notice tells the aged care home what they need to do.

Restrictive Practices Compliance Notice (RPCN)

The Commission may give the aged care home a Restrictive Practices Compliance Notice when they have not used 'restrictive practices' in accordance with legal requirements. 'Restrictive practices' is when a service limits a person from doing what they want to do. There are laws about how and when an aged care home can use restrictive practices.

Code of Conduct Compliance Notice (CCCN)

The Commissioner may give the aged care home a Code of Conduct Compliance Notice if the aged care home's conduct is inconsistent with the Code of Conduct, or if the home 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 aged care home what they need to do.

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

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

No Notice Being Issued

A distinction is drawn between non-compliance and the issuing of formal regulatory notices. Non-compliance is defined as the failure of an aged care provider to meet one or more of the regulations and Standards as set out in the Aged Care Act 1997. Formal regulatory notices are when the Commission uses one of its formal regulatory powers in response to identified non-compliance. A finding of non-compliance will impact an aged care home's Star Rating where the Commission has found it necessary to exercise its formal powers to

require an aged care home to take corrective action through issuing a formal regulatory notice.

This means that there will be times when an aged care home on My Aged Care has non-compliance of the Standards recorded, that has not influenced their Star Ratings. Where that is the case, it does not mean that the Commission is ignoring the existence of the non-compliance. Rather, it indicates that the Commission has determined that for that provider at that time, use of a formal regulatory power is unnecessary because the provider has been responsive to the non-compliance finding and has demonstrated a genuine commitment to taking prompt remedial action. The provider's actions are monitored and if at any point this situation changes and the Commission identifies a risk to residents at an aged care home, the Commission will take further action which could include the exercise of its formal powers.

2.3 Staffing algorithm

The Staffing rating algorithm is based on whether aged care homes meet or exceed their care minute targets. The Staffing rating uses a rules-based matrix incorporating the total care minutes and registered nurse care minutes separately to determine the rating (see Table 5).

Since 1 October 2024, providers can meet up to 10% of an aged care home's increased registered nurse care minute target with care time delivered by enrolled nurses.

Since 1 October 2025, Star Ratings transitioned to a redesigned Staffing rating – see Table 6. The redesigned Staffing rating algorithm means that aged care homes need to meet both of their legislated care minute targets to receive a Staffing rating of 3 or more stars. This change will be reflected in published ratings from the second quarterly update in 2026 based on Quarterly Financial Report (QFR) data for Quarter 2 2025-26 (October – December 2025).

For more information about care minutes, including how enrolled nurse care minutes can contribute to an aged care home's registered nurse care minutes, please see the [Care minutes guide](#).

Table 5: Staffing rating and rules-based matrix for QFR data to 30 September 2025

	Total care minutes				
Registered nurse care minutes	Well below target (<90%)	Below target (90 – <100%)	Meets target (100 – <105%)	Above target (105 – <115%)	Well above target (≥115%)
Well below target (<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

When calculating the percentage of the care minutes target that has been met, the achieved care minutes delivered by an aged care home are rounded using standard rounding rules, while care minute targets are rounded down. To determine whether an aged care home has met or exceeded their minimum care minute targets, their achieved care

minutes is divided by their care minutes target and multiplied by 100 to provide a percentage.

Using example figures:

- for an aged care home's care minute targets, the total care minutes target (inclusive of registered nurses, enrolled nurses, personal care workers and assistants in nursing) of 212.66 would be rounded down to 212 minutes and the registered nurse care minutes target of 41.46 would be rounded down to 41 minutes.
- for an aged care home's achieved care minutes, the total care minutes delivered (inclusive of registered nurses, enrolled nurses, personal care workers and assistants in nursing) of 212.66 would be rounded up to 213 minutes and the specific care minutes delivered by a registered nurse of 41.46 would be rounded down to 41 minutes.

Table 6: Staffing rating and rules-based matrix for QFR data from 1 October 2025

	Total care minutes (inclusive of registered nurse minutes)				
Registered nurse care minutes (inclusive of up to 10% of registered nurse target contributed by enrolled nurse care time)	Well below target (<90%)	Below target (90 – <100%)	Meets target (100 – <105%)	Above target (105 – <110%)	Well above target (≥ 110%)
Well below target (<90%)	1 star	1 star	2 stars	2 stars	2 stars
Below target (90 – <100%)	1 star	1 star	2 stars	2 stars	2 stars
Meets target (100 – <105%)	2 stars	2 stars	3 stars	3 stars	4 stars
Above target (105 – <110%)	2 stars	2 stars	3 stars	4 stars	5 stars
Well above target (≥ 110%)	2 stars	2 stars	4 stars	5 stars	5 stars



IMPORTANT NOTE

Failure to report care minutes on time to the department through the QFR will result in no Staffing rating and this will result in no Overall Star Rating.

2.4 Quality Measures algorithm

The Quality Measures rating uses information derived from the QI Program. The QI Program requires registered providers delivering funded aged care services in aged care homes to report data across a number of crucial areas of care. Information about exclusions and risk adjustment is provided below.

Not all quality indicators reported through the QI Program are used to inform the Quality Measures rating. Stage 1 pressure injuries, consecutive unplanned weight loss, activities of daily living, incontinence care, hospitalisation, workforce, consumer experience, quality of life, enrolled nursing, allied health and lifestyle officers are currently not included. The antipsychotics medication management quality indicator has been adjusted to identify a more clinically relevant measure for public reporting.

The quality indicators contributing to the Quality Measures rating are outlined below.

Pressure injuries

Five stages of pressure injuries are included in the scoring of the pressure injuries quality measure, these are:

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

Stage 1 Pressure Injuries do not contribute to the Quality Measures rating.

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

Pressure injuries acquired outside of the aged care home during the quarter are included in the Quality Measures rating. This recognises that high quality care provided by an aged care home can reduce the severity of a pressure injury and hasten recovery.

Restrictive practices

The percentage of individuals accessing funded aged care services (individuals) in and aged care home who are subject to the use of restrictive practices other than chemical restraint is used for the scoring of the restrictive practices quality indicator. Restrictive

practice includes physical restraint, mechanical restraint, environmental restraint and seclusion, regardless of whether it occurs exclusively through the use of a secure area. This aligns with the definition of restrictive practices provided in the *Aged Care Rules 2025*, excluding chemical restraint.

Unplanned weight loss

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

Consecutive unplanned weight loss does not contribute to the Quality Measures rating as this measure is likely to cause double counting when combined with significant unplanned weight loss.

Falls and major injury

The percentage of individuals 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

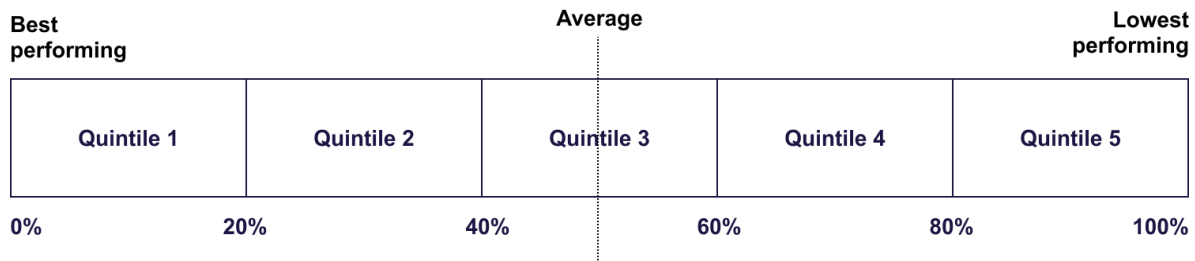
The percentage of individuals who were prescribed 9 or more medications (polypharmacy), and the percentage of individuals who received antipsychotic medications without a diagnosed condition of psychosis (antipsychotics) are included in the scoring of the medication management quality indicator. Each 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 an aged care home is as follows:

- Data is reported by aged care homes for each quality indicator. Some data reported under the QI Program is excluded for use in the Quality Measures rating.
- Risk adjustment is performed for pressure injuries, falls and major injury and unplanned weight loss. Risk adjustment enables fair comparison between aged care homes, by adjusting for the varying clinical and care needs of residents in different aged care homes.
- A statistical distribution is determined.
- The data for each quality indicator is divided into 5 equal groups referred to as 'quintiles'. Each quintile represents approximately 20% of all aged care homes.
 - Quintile 1 consists of approximately 20% of aged care homes with the lowest reported percentage of individuals for the respective quality indicator and therefore the best performing.

- Conversely, quintile 5 consists of approximately 20% of aged care homes with the highest reported percentage of individuals for the respective quality indicator and therefore the worst performing.
- If an aged care home did not report any data for a quality indicator (i.e., missing rather than 0%) the aged care home will not receive a Quality Measures rating and this will result in no Overall Star Rating.



- 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 7. Greater weighting is applied to a category where the outcome is more serious. For example, within the pressure injuries quality indicator, Stage 2 Pressure Injury is weighted x1, while Unstageable Pressure Injury is more heavily weighted x3 (refer to Table 7 for quality indicator category weightings).

Table 7: 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
Restrictive practices	
% Subject to the use of a restrictive practice excluding chemical restraint	x 1
Restrictive practices sum of weightings	Total = 1
Unplanned weight loss	
% Significant unplanned weight loss	x 1

Quality indicators and categories for each quality indicator	Weighting
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 aged care homes 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 7.
- 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 Quality Measures rating (see Table 8).

Table 8: 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 residents vary greatly between aged care homes. Consequently, the risk profile for adverse events reported in the QI Program also varies greatly between aged care homes. As such, some of the quality indicator data is risk adjusted prior to calculating the Quality Measures rating, to enable fair comparison between aged care homes.

Three of the quality indicators are risk adjusted for each aged care home using the residents' AN-ACC classes and assessment data, comprising:

- 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 (drawn from individual AN-ACC assessments)
- unplanned weight loss data, using care residents' AN-ACC classification and their frailty status (drawn from individual AN-ACC assessments)
- falls and major injury data, using care residents' mobility data (as per their individual AN-ACC assessment).

Restrictive practices and medication management are not risk adjusted.

Restrictive practices are not risk adjusted because:

- any use of a restrictive practice should only ever be a last resort, used for the shortest time, and in the least restrictive form to prevent harm to the individual or others.
- inappropriate use is considered an indicator of poor quality care.

Medication management is not risk adjusted because analyses during development did not identify any available factors that explain variation among aged care homes that are within the control of the provider.

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

2.4.3 Quality Measures risk adjustment process

During development of Star Ratings, 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 individual population.

This was applied using the following formula:
risk adjustment = observed / predicted x sector average.

Details of the risk adjustment are detailed in Table 9.

Table 9: Regression models and independent variables

Quality indicator	Category	Regression model	Independent variables
Pressure injuries	% residents with Stage 2 Pressure Injury	Ordinary Least Square regression	Braden score and AN-ACC class (grouped by mobility)
	% residents with Stage 3 Pressure Injury	Ordinary Least Square regression	Braden score and AN-ACC class (grouped by mobility)
	% residents with Stage 4 Pressure Injury, Unstageable Pressure Injury and Suspected Deep Tissue Injury (combined)	Ordinary Least Square regression	Braden score and AN-ACC class (grouped by mobility)
Restrictive practices	% residents who were subject to the use of a restrictive practice excluding chemical restraint	Risk adjustment is not undertaken	Restrictive practices
Unplanned weight loss	% residents who experienced significant unplanned weight loss	Ordinary Least Square 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	Ordinary Least Square regression	AN-ACC class and frailty data (grouped by mobility)
Medication management	% residents who were prescribed 9 or more medications	Risk adjustment is not undertaken	

Quality indicator	Category	Regression model	Independent variables
	% residents who received antipsychotic medications that was not for a diagnosed condition of psychosis	Adjusted by exclusion	



IMPORTANT NOTE

Failure to report quality indicator data on time will result in no Quality Measures rating and this will result in no Overall Star Rating.

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.

Star Ratings uses data reported quarterly by providers for the Quality Measures and Staffing ratings. Residents' Experience data is collected by an independent third party and Compliance uses data collected and reported by the Commission and department as the System Governor respectively.

It is the responsibility of providers to ensure accurate data is collected and submitted to the System Governor by their respective due dates for the Quality Measures and Staffing ratings.

3.1 Residents' Experience

The data required to calculate the Residents' Experience rating is collected by an independent third-party with a qualified survey team on behalf of the department. Aged care homes that choose not to participate in the Residents' Experience Survey will not receive a Residents' Experience rating and this will result in no Overall Star Rating.

Further guidance on the Residents' Experience Survey can be found on the [Residents' Experience webpage](#).

3.2 Compliance

The data required to calculate the Compliance rating is collected and reported by the Commission and the department as the System Governor.

The Commission reports the outcomes of its assessment of an aged care home's conformance with the strengthened Aged Care Quality Standards to the department when it completes its assessment of the aged care home.

The Commission or the department as the System Governor report any regulatory decisions against registered providers related to the delivery of funded aged care services in the provider's aged care home(s).

3.3 Staffing

The delivery of care hours is reported to the department through the QFR. The due dates for the QFR are legislated and the department has no authority to grant extensions.

Failure to submit a QFR, or to submit by the due date, will result in no Staffing rating and this will result in no Overall Star Rating.

The residential care labour cost and hours reporting section of the QFR captures the care hours delivered by specified care workers being registered nurses, enrolled nurse, personal

care workers and assistants in nursing, to residents who were in care at an aged care home during the relevant quarter.

This information will directly inform the performance of aged care homes against their mandated care minute targets for the Staffing rating.

Providers can find guidance on the types of direct care activities provided by specified care workers in section 3 of the [Care minutes guide](#) that can be counted towards care minutes. We recommend that providers keep a link to this guide handy for future reference, as this document is regularly updated.

Further QFR information and resources, including [Frequently Asked Questions](#), are on department's [webpage](#).

Figure 1: Reporting and due dates for submission of QFR





IMPORTANT NOTE

Failure to report care minutes on time to the department through the QFR will result in no Staffing rating and this will result in no Overall Star Rating.

It takes approximately 3–5 months for submitted QFR care minutes and costs data sets to be available for calculation in Star Ratings. This allows time for submission, data validation by the department and where necessary, opportunity for providers to review and re-submit data to correct omissions or errors.

Staffing Data Validation

Following submission of the QFR, the department undertakes a data validation process to check the reasonableness of submitted care minutes data. These checks include:

- care funding claimed compared with care hours reported
- care funding claimed compared with care expenses reported

- average hourly rates for registered nurses, enrolled nurses, personal care workers and assistants in nursing compared with average hourly rates reported across the sector
- consistency compared with previously submitted data to the department.

Providers will be notified in writing if data submitted needs to be reviewed and resubmitted. Where resubmission is required, this must be done by the relevant resubmission date to allow the department sufficient time to review resubmitted data.

Providers must respond to and/or action any request to review or amend data during the data validation period.

Resubmissions after the resubmission due date will not be accepted.

Since 2023 the department has undertaken care time reporting assessments to assess the accuracy of self-reported care minutes (and 24/7 Registered Nurse data that is published alongside care minutes data on My Aged Care).



IMPORTANT NOTE

If providers leave their data unchecked or re-submitted data has not met the reasonableness checks it will not be included in the next quarterly updates to Star Ratings and will result in no Staffing rating and no publication of care minutes actuals and this will result in no Overall Star Rating.

Failure to pass the reporting assessment will also result in no Staffing rating and no publication of care minutes actuals for the relevant reporting quarter/s, and this will result in no Overall Star Rating.

3.4 Quality Measures

Registered providers must collect data for each quality indicator. They enter it via the Quality Indicator application on the Government Provider Management System (GPMS) in order to make the information available to the department, unless otherwise agreed to by the department (for example, if another organisation is being engaged to do so). The quality indicator data must be collected and submitted every 3 months.

Registered providers must submit quality indicator data no later than the 21st day of the month after the end of each quarter.

Figure 2: Reporting and due dates for submission of QI Program data



IMPORTANT NOTE

Failure to report quality indicator data by the due date will result in no Quality Measures rating and this will result in no Overall Star Rating.

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



IMPORTANT NOTE

It takes approximately 3–5 months for submitted QI Program data sets to be available through Star Ratings. This allows time for assessment, calculation and data validation by the department and where necessary, opportunity for providers to correct data omissions or errors.

Section 04

The Provider

Preview



4.0 The provider preview

Prior to publication of Star Ratings on My Aged Care, providers have access to a preview of their quarterly updates to Star Ratings via the Government Provider Management System (GPMS). The provider preview is an opportunity for providers to:

- review their aged care home's updated Star Ratings before they are published on the My Aged Care website
- correct any errors in the self-reported Quality Measures data
- report any IT or technical errors
- communicate with staff and residents about their Star Ratings ahead of publication, and any planned improvement activities.

Information about provider preview and quarterly publication is communicated to providers through multiple channels, including via GPMS and the Your Aged Care Update eNewsletter. Subscription to the weekly eNewsletter is through the department's [website](#).

4.1 Who can preview an aged care home's Star Ratings

Organisation Administrator/s and Star Rating reviewers within the My Aged Care Service and Support Portal can log in to GPMS [here](#). Organisation Administrators can set up members of their organisation with Star Ratings 'reviewer' access to all aged care homes or a specific aged care home in GPMS.

For assistance in confirming an aged care home's Organisation Administrator/s accessing GPMS, call the My Aged Care service provider and assessor helpline on 1800 836 799.

More information on GPMS and resources such as self-help tools, a quick reference guide for users and video demonstrations, is available on the department's [website](#).

4.2 Reporting IT and data errors with preview Star Ratings

If an aged care provider is concerned that the Staffing data available for preview via GPMS is inconsistent with care minutes information submitted in their QFR they should check self-reported data for the relevant reporting period and report any errors to the My Aged Care service provider and assessor helpline on 1800 836 799 and select option 5, to request a review of the Staffing 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 a provider is concerned that QI Program data is inconsistent with the QI Program data submitted they should check self-reported data for the relevant reporting period using the quality indicators tile via GPMS and report any errors to the department via QPSec@health.gov.au.

If a provider is concerned that incorrect data was used to calculate their Star Ratings, they can call the My Aged Care service provider and assessor helpline on 1800 836 799 to request a review of the rating.

Residents' Experience Survey responses and Compliance ratings cannot be contested, however, IT and data errors can be investigated by contacting the My Aged Care service provider and assessor helpline on 1800 836 799.



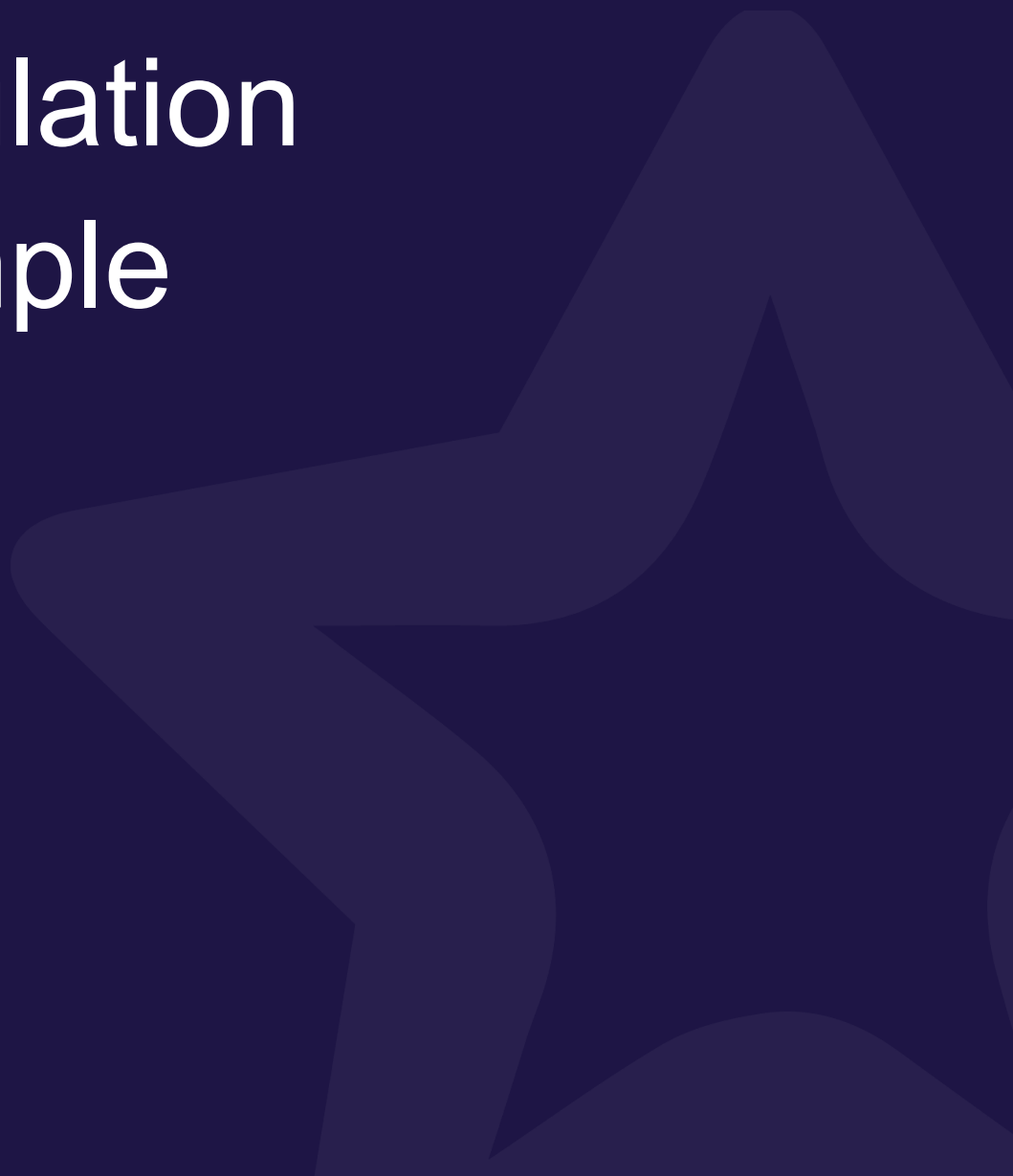
IMPORTANT NOTE

The provider preview period is not an opportunity to further amend the self-reported data for specified care workers or QI Program data for the purpose of changing an aged care home's Staffing or Quality Measures rating outcome, respectively.

Section 05

Calculation

Example



5.0 Calculation example

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

5.1 Residents' Experience rating example

Table 10 shows the Residents' Experience Survey 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 Residents' Experience Survey score.

Table 10: Residents' Experience Survey 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 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 you like the food here?	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
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
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
How likely are you to recommend this residential aged care home to someone?	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 Residents' Experience Survey score for this aged care home is 44.4, based on adding all point scores (0 + 2.4 + 3.6 + 38.4). Therefore, based on the current algorithm this aged care home is within the lower bound (points) of 41 and higher bound (points) of 45 and has a 4 star Residents' Experience rating (refer to Table 3).

5.2 Compliance rating example

In this example, the aged care home has been assessed against the strengthened Quality Standards and found to have conformance against all standards but did not meet the additional criteria for exceeding. As it does not currently have any current regulatory decisions relating to the delivery of funded aged care services in the aged care home it has a 4 star Compliance rating (refer to table 4).

5.3 Staffing rating example

Care minute targets for each day a service was operational in the previous quarter are based on the care needs for each resident who was in care in the service over the previous quarter, based on their AN-ACC class. Information on how care minute allocations for each AN-ACC class are available in the [Care minutes guide](#). 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.

On 1 October 2024, the care minute requirements increased from a sector-wide average of 200 minutes of care per resident per day to 215 minutes per resident per day, with 44 of those minutes provided by registered nurses.

Providers can meet up to 10% of the registered nurse care minute target with care time delivered by enrolled nurses.

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 11 provides an example of an aged care home’s average care minute targets. Each resident in the example has different care minute targets based on their AN-ACC classification for the days spent in care.

The average care minute targets 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 minute targets

Resident and class	(a) Total care minute allocation per day for class	(b) Registered nurse minutes allocation per day for class	(c) No of occupied bed days for class in calculation period	(a) x (c) Total care minutes for class	(b) x (c) Total registered nurse care minutes for class
Mary (Class 5)	185	41	90	16,650	3,690
Fred (Class 10)	254	50	80	20,320	4,000
Martha (Class 3)	169	35	30	5,070	1,050
Total	-	-	200	42,040	8,740
Target				210	43

Based on this example, the aged care home’s target is to deliver an average of 210.20 care minutes (42,040 total minutes ÷ 200 care days), including an average of 43.70 registered nurse care minutes (8,740 registered nurse minutes ÷ 200 care days) for the quarter.

With a target established, the aged care home 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 nurses (registered with the NMBA) care minutes per occupied bed day	69
Personal care workers and assistants in nursing care minutes per occupied bed day	97
Total care minutes (worked) of registered nurses, enrolled nurses (registered with the NMBA), personal care workers and assistants in nursing per occupied bed day	212

This aged care home's total care minutes is 100.95% of their target (212 total care minutes divided by their target total care minutes of 210 multiplied by 100). It therefore meets target (100 – ≤105%) for their total care minutes (inclusive of registered nurse care minutes).

As the aged care home is able to meet up to 10% of its registered nurse care minutes target with care time from an enrolled nurse, 4.3 minutes delivered by an enrolled nurse (equal to the maximum 10% of the registered nurse target of 43 minutes) will be attributed to towards the aged care home's performance against its registered nurse care minutes target.

This aged care home's registered nurse care minutes is 116.27% of their target (50 total minutes (46 registered nurse minutes plus 4.3 minutes contributed by an enrolled nurse) divided by their target of 43 multiplied by 100).

This example aged care home's total care minutes is 100.95% of their target and registered nurse care minutes (including up to 10% of care time contributed by an enrolled nurse) is 116.27% of their target and therefore has a 4 star Staffing rating.

It is important to note that when calculating the percentage of care minute target met, the actual care minutes delivered by an aged care home are rounded using standard rounding rules, while care minute targets are rounded down.

Further examples are available in the [Care minutes guide](#).

5.4 Quality Measures rating example

Table 13 shows the value (raw % reported by the aged care home), the quintile the aged care home is in, the weighting of the quintile and the score. The value indicates the individual raw percentage score reported by the aged care home, for the respective quality indicator, i.e., pressure injuries (Stage 3 Pressure Injury) is 5%. The quintile the aged care

home is in, i.e., quintile 1, indicates it is in the 20% of aged care homes with the lowest reported percentage of residents for the respective quality indicator and therefore the best performing.

For each quality indicator and each aged care home, the score is calculated by the aged care home'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 rating is the sum of all quality indicator scores.

Table 13: Quality Measures example

Quality indicators and categories	Raw reported value %	Risk adjusted %	Quintile the aged care home 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)					
Restrictive practices					
% Subject to the use of a restrictive practice excluding chemical restraint	0%	n/a	1	x 1	1
Restrictive practices quality indicator score = 1 (total score ÷ total weight)					
Unplanned weight loss					
% Significant unplanned weight loss	10.14%	10.01%	2	x 1	2

Quality indicators and categories	Raw reported value %	Risk adjusted %	Quintile the aged care home is in	Weighting	Weighted score (quintile x weighting)
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 and major injury 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 aged care home is **8.75 (1.25 + 1 + 2 + 1.5 + 3)** (Table 14).

Table 14: Quality Measures example quality indicator scores

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

This example aged care home is within the lower bound (points) of 5 and higher bound (points) of <10 (refer to Table 8) and therefore has a 5 star Quality Measures rating.

5.5 Overall Star Rating example

Table 15 shows the weighting applied to each sub-category rating. Based on this example, this aged care home has an Overall Star Rating of 4 stars ($0.75 + 1.65 + 1.2 + 0.88 = 4.48$, rounded down to 4 stars).

Table 155: Weighting applied to each sub-category

	Quality Measures	Residents Experience	Compliance	Staffing
Star Rating	5	5	4	4
Weighting	15%	33%	30%	22%
Weighting applied	$5 * 15\% = 0.75$	$5 * 33\% = 1.65$	$4 * 30\% = 1.2$	$4 * 22\% = 0.88$



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 15) 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 0.50 to 0.99 inclusive, will be rounded up to the nearest whole number.

For example, a 4.60 will be rounded up to a 5 Overall Star Rating, whereas a 4.30 will be rounded down to a 4 Overall Star Rating.

- A score of 1.00-1.49 results in an Overall Star Rating of 1 star
- A score of 1.50-2.49 results in an Overall Star Rating of 2 stars
- A score of 2.50-3.49 results in an Overall Star Rating of 3 stars
- A score of 3.50-4.49 results in an Overall Star Rating of 4 stars
- A score of 4.50-5.00 results in an Overall Star Rating of 5 stars.

Section 06

Exemptions



6.0 Star Rating exemptions

This section provides detailed information for different Star Rating exemptions. There are five exemption categories for the display of Star Ratings on the My Aged Care website for a defined period of time or quarterly reporting period. These relate to:

1. new, transferred and re-opened aged care homes
2. insufficient data to publish Star Ratings for one or more sub-categories
3. exceptional circumstances — access to premises
4. exceptional circumstances — environment
5. technical or data issues.

Star Ratings exemptions for the display of sub-category ratings will be applied to the affected quarter permanently i.e., will display in the history pages of both the relevant sub -category/s and the Overall Star Ratings following subsequent quarterly updates to Star Ratings – see section 6.6.

Granting of Star Ratings exemptions for exceptional circumstances are at the department's discretion.

6.1 New aged care homes, aged care homes that have a change in ownership or recently re-opened aged care homes returning to operations

For newly approved aged care homes, aged care homes that have had a recent change in ownership or recently re-opened aged care homes, no sub-category and Overall Star Rating will be displayed for a period of up to 12 months or until the Residents' Experience Survey has been conducted. This exemption period gives the aged care home time to collect at least two full, consecutive quarters of QI Program data and care minutes data through QFR, and for their annual Residents' Experience Survey to be conducted.



IMPORTANT NOTE

Where an audit against the strengthened Aged Care Quality Standards has not yet occurred, new aged care homes, aged care homes that have had a change in ownership and recently re-opened aged care homes will receive a 4 star Compliance rating after their initial 12 months, provided they had no regulatory decisions in place in relation to the home during that time.

6.2 Insufficient data to publish Star Ratings

Aged care homes will be exempt from displaying the Residents' Experience rating, and subsequently the Overall Star Rating, until the next survey if there were not enough surveys conducted at the aged care home to ensure resident anonymity. For more information on the Residents' Experience survey please visit the [Residents' Experience webpage](#).

Aged care homes classified as ‘operational respite and residential permanent services residential’ will also be exempt from displaying the Residents’ Experience and Quality Measures ratings, and the Overall Star Rating, if the aged care home has had respite residents only in the relevant quarter and no permanent residents.

6.3 Exceptional circumstances — access to premises

Aged care homes may be exempt from displaying the Residents’ Experience rating for the relevant quarter in exceptional circumstances where the department’s independent Residents’ Experience Survey team is unable to access an aged care home due to a severe health outbreak and the survey is unable to be rescheduled prior to the close of the annual survey round.

6.4 Exceptional circumstances — environment

Aged care homes may be exempt from displaying the Residents’ Experience rating for the relevant quarter in exceptional circumstances impacting their environment. This may include damage to facilities and/or evacuation due to natural disaster and/or severe health outbreaks and the event has impacted the reporting and/or collection of data used to calculate Star Ratings.

Providers may seek consideration for an exemption due to exceptional circumstances — environment by contacting StarRatings@health.gov.au and submitting a request to the department for assessment and evaluation.

6.5 Technical or data issue

Aged care homes may be exempt from displaying the Residents’ Experience, Staffing and/or Quality Measures ratings for the relevant quarter where there is a department-system data issue, other administrative error, or data reporting error resulting in an incorrect calculation of Star Ratings.

Exemptions for a technical or data issue may be offered to providers by the department following assessment and evaluation of a technical or data issue affecting calculation of a Residents’ Experience, Staffing or Quality Measures rating.

In approving a technical or data issue exemption, the department has the option to publish or not publish the impacted sub-category rating/s. The option to not publish a sub-category rating would be applied where the department has offered a provider an exemption to publish a rating due to a decrease in the aged care home’s sub-category rating as a result of amendment and correction of a department-system data issue or other administrative error. The department also has the option to display explanatory text to accompany the technical or data issue exemption on My Aged Care.

6.6 Impact of approved exemptions on the Overall Star Rating

When applying an approved exemption to one or more sub-category ratings this will result in no Overall Star Rating being published for the relevant quarter as calculation of the Overall Star Rating requires a rating for each of the four sub-categories.

Approved exemptions will not apply to an aged care home's Overall Star Rating where they have received a 1 star or 2 star Compliance rating. These aged care homes will receive a 1 star or 2 star Overall Star Rating respectively, regardless of their rating or the application of an approved exemption/s in other sub-categories – see 'Important Note' under section 2.0 How are Star Ratings calculated.

Section 07

Frequently asked questions and further information



7.0 Frequently asked questions and further information

7.1 No Overall Star Rating is displayed

Why has an aged care home not received an Overall Star Rating?

No Overall Star Rating will be displayed where there is no rating for one of the 4 sub-categories. Reasons for no Overall Star Rating include an aged care home being new (within 12 months of operating as an aged care home), an aged care home having recently had a change in ownership (within 12 months of operating as an aged care home) or an aged care home having recently re-opened and data not yet being available for one or more sub-categories.

7.2 Missing sub-category ratings

Why doesn't an aged care home have a Residents' Experience rating?

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

- the aged care home is new, recently transferred or re-opened and surveys have not yet been conducted
- the aged care home was given an exemption from the survey round due to exceptional circumstances
- the aged care home was not operational during the survey round
- there were not enough surveys conducted at the aged care home to ensure resident anonymity
- the aged care home chose not to participate in the annual Residents' Experience Survey. These providers have not been granted an exemption.

Why doesn't an aged care home have a Compliance rating?

An aged care home may not have a Compliance rating if the aged care home is new, it has recently had a change in ownership (within 12 months of operating as an aged care home) or has recently re-opened after a period of time offline and currently has no decisions of non-compliance.

Why doesn't an aged care home have a Staffing rating?

There are several reasons why an aged care home may not have a Staffing rating:

- the aged care home is new or recently re-opened and has not been operating for two full QFR reporting quarters
- the aged care home recently transferred to a new owner and has not been operating for two full QFR reporting quarters, with its current owner

- the aged care home has a Staffing rating that is under review by the department
- the aged care home has been granted an exemption from the determination of the Staffing rating for a given period, due to exceptional circumstances
- the aged care home's status is currently not 'Operational'
- the aged care home reported the QFR late or failed to submit the QFR for the displayed quarter. These aged care homes have not been granted an exemption.

Why doesn't an aged care home have a Quality Measures rating?

There are a range of reasons why an aged care home may not have a Quality Measures rating, including:

- the aged care home is new or recently re-opened and has not been operating for two full QI Program reporting quarters
- the aged care home recently transferred to a new owner and has not been operating for two full QI Program reporting quarters, with its current owner
- the aged care home has a Quality Measures rating that is under review by the department
- the aged care home has been granted an exemption from the determination of the Quality Measures rating for a given period, due to exceptional circumstances
- the aged care home's status is currently not 'Operational'
- the aged care home reported the quality indicator data late or failed to submit its quality indicator data for the displayed quarter. These aged care homes have not been granted an exemption.

7.3 Star Ratings are not visible

Why was an aged care home's Star Ratings available on the My Aged Care website yesterday, but there are no published ratings today?

There are several reasons that Star Ratings may be unavailable for an aged care home such as because it has recently transferred to a new owner, or has had a recent re-opening, has a temporary exemption, chose not to participate in the Residents' Experience Survey, submitted self-reported QI Program data and/or QFR data late or not at all, or a data or IT issue is being investigated.

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

The aged care home 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:

- The aged care home is new or recently re-opened and has not been operating for two full QI Program reporting quarters

- the aged care home recently transferred to a new owner
- the aged care home's Quality Measures and/or Staffing rating is under review by the department
- the aged care home chose not to participate in the annual Residents' Experience Survey
- one or more sub-category ratings have not been determined due to unavailability of data, for example the aged care home may have failed to submit its quality indicator data or QFR for the displayed quarter by the due date.

Why do some ratings have additional information displaying?

An aged care home's sub-category and/or Overall Star Rating may be accompanied by text to provide additional information or context. For example, if the Staffing rating has been re-calculated based on corrected data (published care minute target or QFR actual data) and as a result has received a decrease or increase in their rating for that quarter.

7.4 Star Ratings labels

What does the "Transfer of ownership" label mean?

"Transfer of ownership" means that an aged care home has a new owner and is within 12 months of new ownership. See also section 6.1 regarding Star Ratings exemptions for new and transferred aged care homes.

What does the "New service" label mean?

"New service" means that an aged care home is new and within 12 months of operating as an aged care home or has recently re-opened. See also section 6.1 regarding Star Ratings exemptions for new aged care homes.

What does the "Business exemption" label mean?

"Business exemption" means that an aged care home rating is under review by the department or the aged care home was exempt from one or more Star Ratings sub-categories due to insufficient data to calculate a rating or exceptional circumstances. See also section 6.1 – 6. regarding Star Ratings exemptions for aged care homes due to insufficient data or exceptional circumstances.

What does the "Technical Issue exemption" label mean?

"Technical Issue exemption" means that an aged care home was exempt from one or more Star Ratings sub-categories due to a department-system data issue or other administrative error, or data reporting error resulting in an incorrect calculation of Star Ratings. See section 6.5 regarding Star Ratings exemptions for aged care homes due to a technical or data issue.

What does the “No rating available” label mean?

“No rating available” means that an aged care home’s rating is currently unavailable this could be for any of the following reasons:

- the rating has been placed on hold by the department pending investigation
- the aged care home chose not to participate in the annual Residents’ Experience Survey. These providers have not been granted an exemption.
- the aged care home reported the QFR or quality indicator data late or failed to submit its QFR or quality indicator data for the displayed quarter. These aged care homes have not been granted an exemption.

What does the “No data available” label mean?

The “No data available” label means that an aged care home has not submitted the required data or their data has not passed the department’s QFR care minutes reasonableness checks and/or has had outcomes from the care time reporting assessment.

7.5 General questions

How frequently will Star Ratings be updated?

Star Ratings are updated at different frequencies:

- Residents’ Experience is updated quarterly for recently completed annual Residents’ Experience Surveys
- Compliance is updated daily in response to regulatory decisions and fortnightly in response to graded assessment outcomes against the strengthened Aged Care Quality Standards
- the Staffing and Quality Measures ratings are updated quarterly.

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

Will all aged care homes have Star Ratings?

Star Ratings are not published for aged care homes in which funded aged care services are delivered under specialist aged care programs such as the National Aboriginal and Torres Strait Islander Flexible Aged Care and Multi-Purpose Service programs, or the Support at Home program as all required data is not currently reported.

How can aged care homes improve their Star Ratings?

The Star Ratings Improvement Manual is available to help providers improve their care quality, care outcomes and Star Ratings.

An aged care home 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 supports 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.

Does the average monthly 24/7 registered nurse coverage and/or the average care from an enrolled nurse in the last quarter contribute to the Staffing rating?

The average monthly 24/7 registered nurse coverage and the average care from an enrolled nurse in the last quarter are also published on the Staffing page to provide transparency to older people and their representatives about care delivery, however, they do not contribute to the Staffing rating.

7.6 More information and assistance

For more information on preview and published Star Ratings or to report IT or data issues, providers should contact the My Aged Care service provider and assessor helpline on 1800 836 799 and select option 5. The helpline is available from 8:00am to 8:00pm Monday to Friday and 10:00am to 2:00pm Saturday, local time across Australia.

