Summary Report and Recommendations for Quality Care Advisory Body Cycle 5 | March - April 2026

Prepared for the Board on behalf of the Residential Aged Care QCAB

Summary Report

Overview

The Residential Quality Advisory Body (QCAB) held its fifth review cycle in March-April 2026 to assess Catholic Healthcare's (CHL) quality and safety. Discussions focused on performance data, strengths, areas for improvement, and actionable recommendations. Key topics included incident and complaint management, food and dining, compliance, quality indicators, workforce, and updates on previous recommendations.

Recommendation to the Board

The Quality Care Advisory Body recommends three initiatives to the Board:

- **Strengthen Care Manager Capability:** Support Care Managers and leadership teams during transitions and early career development, with clear criteria to assess effectiveness.
- **Improve Complaints Management:** Enhance follow-up and communication with complainants to build trust, and review past initiatives for improvement.
- **Finalise Open Recommendations:** Complete and evaluate all outstanding initiatives from previous cycles.

Summary

Topic 1: QCAB Initiatives Progress and Incidents and Complaints

The meeting discussed the progress on recommendations from previous cycles, highlighting completed actions, ongoing initiatives, and areas that require further attention. QCAB has made 35 recommendations over five cycles; 22 are completed, and the remainder are on track for completion by June 2026. Achievements include buffet-style dining and improved systems for incident and complaint handling.

Topic 1 centred on incidents, complaints, and feedback, providing a detailed review of organisation-wide incident and complaints data, along with the effectiveness of

current management systems. During the session, the last six months of incident and complaint data and emerging trends were presented and discussed among QCAB members.

- **Incident Management Performance:** Strong performance was observed in incident closure rates, with approximately 94% of incidents closed in 28 days. There was also a notable reduction in incidents remaining open beyond 28 days.

  This improvement was attributed to the implementation of the new ERICS incident and complaints management system, which features enhanced dashboards and oversight mechanisms to support timely escalation and resolution. Key incident trends included falls and post-fall management, wound management, and medication management.

  "It's good to see incidents being captured properly and actually followed through."

- **Data Interpretation and Risk Management:** The committee emphasised the importance of analysing incidents beyond raw volume, recognising that a small number of residents with complex or deteriorating clinical needs may account for multiple incidents. Members agreed that future reporting should be enhanced to better distinguish incident numbers per resident, enabling more meaningful interpretation and targeted risk management.
- **Complaint Management and Communication:** Primary complaint themes remained consistent, relating to service delivery and clinical care, food and catering, and communication. Committee members highlighted the importance of proactive communication and open disclosure to reduce escalation and build trust with residents and families.

"It is nice to see that the numbers are changing and improving, and that what's being put in place is actually working."

Meeting Assurance and Opportunities: Overall, the meeting provided assurance that incident and complaints management processes are operating effectively, while also identifying clear opportunities to further enhance data interpretation, communication practices, and preventative strategies.

Key Highlights

- The importance of analysing incidents per resident rather than just total numbers, highlighting that residents with complex needs can skew incident data. More granular tracking can improve understanding and inform interventions.
- Increased accessibility to the ERICS system has led to more incident reporting, viewed as positive for safety and risk management.
- Emphasising the need not to take complaints personally but to focus on how feedback affects residents' care, reinforcing a resident-centred approach.

- One resident observed that those with cognitive impairment may not be able to lodge complaints themselves, underlining the need for advocacy and alternative feedback mechanisms.
- Consideration for a resident's individual preferences on balancing safety and dignity, when looking at incident trends noting the challenge of encouraging independence while minimising risk.
- Suggested tracking themes in compliments, not just complaints, to better understand and reinforce what is working well.
- Emphasised the value of all employees and residents as "eyes and ears" for identifying risks and opportunities for improvement, advocating for a culture of shared responsibility in safety and quality.

Meeting 2: Food and Dining

The QCAB received an update on the implementation of the refreshed Volunteer Program (Cycle 2 recommendation) and were interested in how numbers may be improving and what recognition programs are in place.

The session centred on the Food and Dining experience and CHL's "Food First" philosophy, highlighting mealtimes as an essential aspect of care delivery. Members emphasised the significance of collaboration among dietitians, chefs, and care teams to provide meals that not only enhance the dining experience but also contribute to better clinical outcomes. This includes improved weight management, wound healing, and overall nutrition, with a goal of reducing reliance on supplements (currently 30% of residents are prescribed some form of supplement) by increasing intake through appealing and nutritious food.

Members were presented with an evaluation of Buffet Dining with early indications of improved nutrition and reduced weightless. Members noting strong positive feedback and a desire to maintain momentum—encouraging the Hospitality team to "go hard, go faster".

"I can't wait for buffet dining to happen – I like the idea!"

- **Buffet dining model** – strong support and momentum: Members consistently reported positive experiences with buffet-style dining, including increased resident choice, enhanced social interaction, and the opportunity for residents to return for seconds if desired. Members encouraged further expansion of the model and called for ongoing reviews of outcomes and implementation learnings across different homes.
- **Inclusive dining experience** (mobility, cognition, ambience and noise): The need for inclusivity in dining was discussed, especially for residents who may have reduced mobility, live with cognitive impairment, or are affected by environmental factors. Suggestions included introducing flexible mealtimes, providing supportive

staff facilitation in dining rooms, and adopting practical strategies to manage noise and ambience, so all residents can participate comfortably.

- **"Food First" as a whole-team priority during mealtimes:** Members reinforced that achieving the intended benefits of the Food First initiative and buffet dining relies on visible support during meals. This includes catering teams, chefs, PCAs, and nurses working together in dining rooms to assist residents, encourage food intake, and maintain a positive dining environment.
- **Menus and diet designations** – improving clarity and readability: The importance of menus being easy to read and clearly identifying relevant diet designations was highlighted. Menu design should balance accessibility (readability) with providing the practical information residents and employees require to make safe and suitable choices. Members noted that the menu is now available on the CHL App.

Key Highlights

- Data and feedback – building stronger measurement: Members expressed interest in collecting more robust data to better understand the impact of dining changes and Food First initiatives. This includes outcome tracking, such as monitoring falls and weight-related data over time.
- The discussion also underscored the value of obtaining feedback in ways that are straightforward for residents, supporting actionable insights for ongoing improvement and the new survey tool.

Topic 3: Workforce

Topic 3 focused on staffing and workforce matters, session built on previous discussions and provided a more targeted examination of workforce strategy, recruitment, retention, and overall workforce health. A focus discussion was held on the Care Manager role, as the key role that influences quality safety, not just in the leading of teams, but the trust and relationship they have with families and GPs.

- **Workforce Strategy:** CHL has an overarching workforce strategy, which is currently being refreshed to guide organisation-wide priorities. Within that strategy workforce approaches are adapted to respond to the specific context and more local tactical needs of each Home. Factors such as geographic location, access to public transport, and local demographic profiles significantly influence recruitment and retention outcomes, requiring targeted local workforce planning aligned to the broader strategy.
- **People Engagement:** An update was provided with recent employees' engagement survey results showing continued improvement and high levels of employee engagement across the organisation above 85%. These results were highlighted as a sector leading and positive indicator of workforce morale and organisational culture.
- **Turnover and Key Position Attrition:** Employee turnover remains below the sector average at 17.4% and noted that agency usage is less than 0.5%. Main reasons for

leaving include personal reasons, end of casual contracts, career moves, and relocation. Regional differences and management changes are noted, while efforts continue to improve exit and stay surveys for better retention insights. Members observed the negative impact on quality performance when there is changes in leadership.

- **Unplanned Leave and Absenteeism Management:** Members considered reviewed unplanned leave data, discussing its use as a lag indicator for absenteeism, the impact on overtime and agency usage, and strategies for monitoring and addressing excessive leave.
- **Mandatory Training Compliance and Outstanding Topics:** It was noted the high compliance rates for mandatory training across all regions, with ongoing efforts to address outstanding topics such as hand hygiene, PPE, dysphagia, and NDIS worker orientation.
- **Multicultural Workforce Integration:** A member highlighted the successful integration of multicultural employees, attributing this achievement to effective management and suggested further investigation into factors contributing to workforce happiness and cohesion in future cycles.
- **Employee Wellness and Human Factors:** Members raised points about employee wellness, infection prevention, and the human side of workforce management, including travel challenges, personal responsibilities, and infection control practices and how this can impact quality and safety.

Key Highlights

- External recognition supports employer brand: Being a finalist for an AFR "best places to work" award was noted as a positive signal and a potential recruitment/retention asset.
- Management was challenged to define "workforce health" more broadly and include wellness, commitment, willingness to stay, and the culture people want to work in.
- Members noted a predictable dip in performance during periods of manager turnover and emphasised the need for more proactive strategies to minimise disruption and mitigate any decline in performance.
- Members noted that quality and safe care is inextricably linked to employees being safe, proposing that health and safety data be included alongside workforce discussions for future cycles.

Focus – Care Manager

An agreed action from Cycle 4 was to identify a specific workforce cohort whose role has a significant influence on quality and safety outcomes. Members agreed that the focus should be on the **Care Manager role**, given its central responsibility for clinical governance and its critical role in driving safe, high-quality care.

The Care Manager role is widely recognised as **demanding and complex**. Members heard that feedback from recent conference discussions and exit surveys indicates that Care Managers frequently experience high levels of stress. This is largely driven by **heavy workloads** and the need to balance multiple responsibilities, including direct clinical oversight, documentation, compliance activity, and ongoing regulatory requirements.

A recurring issue identified was **lack of role clarity**. Care Managers are often required to undertake tasks outside their core scope, such as administrative work, IT troubleshooting, and other operational duties. This diversion from clinical leadership and care coordination reduces their capacity to focus on residents and contributes to dissatisfaction, fatigue, and turnover.

Members also noted that many Care Managers are **appointed early in their nursing careers**, which can amplify role stress and complexity. Without adequate mentoring and structured support, early-career Care Managers may struggle to navigate the breadth of clinical, governance, and leadership expectations associated with the role.

Members agree that despite these challenges, the Care Manager role remains critical to care quality and safety and strengthening the Care Manager role through **clearer expectations, appropriate supports, and ongoing professional development** is seen as essential to sustaining quality care and improving workforce stability.

"The Care Manager role is a key position, key role that really has the most amount of impact on Care and Service delivery."

Opportunities Identified

In response to these challenges, members discussed a range of strategies to better support Care Managers and strengthen the role, with a strong emphasis on refocusing the position on its **primary clinical and coordination functions.** Strategies discussed by members included:

- Establishing **mentoring programs** to provide ongoing guidance from experienced Care Managers or senior clinicians
- Enhancing **induction and orientation processes**, including targeted development pathways for early-career Care Managers
- **Redefining and reinforcing role boundaries** so Care Managers can prioritise clinical leadership and care coordination rather than non-clinical or operational tasks
- **Support for New Care Managers in Single-Manager Homes by** explore the feasibility of assigning a roving care manager or additional support for homes with only one care manager during onboarding periods.

Topic 4: Quality Indicators and Compliance

Topic 4 covered trends in quality indicators, compliance, STAR ratings, and Consumer Advisory Body and continuous improvement. Members noted the linkages between continuous improvement and actions and improved quality indicators.

- **Quality Indicators**: Data from Catholic Healthcare Homes surpassed sector benchmarks in areas including new wounds, medication incidents (primarily non-signing), urinary tract infections (associated with hot weather), and choking cases. Although significant weight loss rates remain below benchmark, there is an upward trend in unplanned weight loss. Buffet dining was implemented in 12 homes, yielding initial improvements in food intake.

"The indicators are showing improvement, which tells me the strategies being put in place are having a real impact."

Falls rates continue to be lower than industry averages, with routine reviews ongoing. Increased resident assistance requirements are attributed to greater frailty, health changes, and hospital admissions. Whilst Polypharmacy and antipsychotic usage are below benchmark levels, guided by a medication advisory committee and Meditrax oversight. Emergency department presentations are minimal, supported by early identification practices and initiatives such as the Rapid Access Clinic.

- **Compliance:** Homes conduct self-audits and are assessed by the quality team. Sixteen mock audits were conducted and highlighted areas for improvement in care plans quality and documentation, particularly when key team members changed. Regulatory bodies examined care minutes and data accuracy at four homes, and compliance is still maintained at 100%.
- **Star Ratings:** According to the most recent Star Ratings update, all CHL Homes are currently meeting or surpassing the expected standard of care, which is rated at 3. The average rating for CHL stands at 4.1.
- **Consumer Advisory Body Updates:** The QCAB examined 2025 feedback highlighting the need for better communication, handovers, and family updates. These issues are currently being managed through case conferencing and enhanced complaints procedures. Suggestions emphasized recording residents' personal stories and preferences, as well as offering customized programs for those who are bedridden or have limited mobility.
- **Continuous Improvement:** The homes focused on developing PCIs in areas like clinical documentation, education compliance, and medication management. At an organisational level Pain Check was implemented, to better recognise and respond to pain as well as preventable harm initiatives for equipment and safety and environment following some incidents related to slings or lifters.

Reflections from Members

Members reflected on the importance of approaching performance discussions with balance and respect, recognising that results can shift over time and should be interpreted in context. Several comments also highlighted the value of the process itself—building shared understanding, strengthening collaboration, and increasing confidence to advocate and guide others to use feedback pathways.

Key takeaways include:

- Reframe 'low performance' as a chance to improve and learn, not to assign blame. Comparing with the sector can provide perspective and reveal that performance is often within normal ranges. Members emphasised recognising employees' efforts and good intentions, even if results vary.
- Members expressed appreciation for the responsive, collaborative way the QCAB is being undertaken. A founding Member reflected that their understanding and confidence had increased through the process and through how questions and feedback were addressed and encouraged new members to ask questions.
- Increased advocacy by Members who shared that they had applied their QCAB learning by guiding others to take action, such as using feedback forms or surveys, thus fostering new advocates.
- Commitment to not losing ideas: Members supported capturing suggestions even when they do not make the final report, via a continuous improvement log.

Recommendations

1. Strengthen Care Manager capability and sustainability

Develop a proposal to strengthen support for Care Managers and leadership teams during leadership transitions and early career development, with clear criteria to assess effectiveness.

2. Complaints Management and Closing the Loop:

Develop a proposal to strengthen complaint resolution by improving consistent follow-up and communication with complainants and review previous QCAB initiatives to identify why the issue has persisted.

3. Continue to focus on closing out open recommendations

Complete and evaluate outstanding initiatives from previous cycles.

Management Actions:

1. Develop a standard evaluation template for all recommendations to support consistent measurement of their effectiveness.

2. Consider requests for new or expanded data and, where feasible, include them in Cycle 6 reports.
3. Further explore proactive strategies to mitigate performance dips in Homes experiencing leadership turnover.

Conclusion and Key Messages

Cycle 5 confirmed that core quality and safety governance is effective and highlighted ways to better implement and measure improvements. Key points included enhanced incident and complaint management via the ERICS system, the need for clearer trend analysis to inform prevention, and a focus on resident experience through initiatives like “Food First” and buffet dining.

“Unresolved complaints, highlight how closing the loop is a proxy for organisational trust and confidence”

Workforce topics stressed adapting recruitment and retention strategies locally and broadening workforce health metrics.

QCAB underscored the importance of prioritising existing recommendations and ensuring improvements are embedded through clear change management and communication.

Appendix

Table 1. Advisory Body Membership and Attendance Table

Requirements	Number of Positions	Name and Role	Returning QCAB Member	Attendance at meetings (Orientation, Meeting 1A, 1B, 1C & 1D)
Chair	1	**Chief Quality Officer** Lana Richards	Y	4
Key Personnel	1	**Chief Residential Officer** Deborah Karam	Y	3
		Delegate Nishi Rana (Topic 1)	N	1
Employees are directly involved in the provision of care delivery, including clinical support.	Minimum 2	**Care Manager** Kalyani Bartaula	Y	2
		Registered Nurse Judi Loughnan	N	3
		Chef Manager Claudine Boydell	Y	2
		Workplace Educator Lynelle Schotter	Y	3
Consumer Representatives	Minimum	Abel MacDonald Michael Sibley Irene Hancock Roger Fisher Margaret Baldwin Sr Patricia Malone Fr Gerry Arbuckle	Y Y Y N N N N	3 3 2 3 3 2 2
Secretariat Support	1	Nicky Lord Elizabeth Hennessey	N/A N/A	3 4
Guests	Sharmane Azurin, Quality Manager (Topic 1 and 4) Tony Kofin Incident, Investigations and Complaints Manager (Topic 1) Tom Rebetzke, Investigations Officer (Topic 1) Catherine McGoldrick, Senior Hospitality and Housekeeping Services Manager (Topic 2) Michael Murgolo, Senior Wellbeing and Leisure Manager (Topic 2) Lauren Dewsnap, People and Performance Manager (Topic 3)			

Table 2. Summary of Cycle 5 recommendations

Priority	Topic	Proposal	Measure of Success	Recommendation to Board	Selection Criteria score out of 18	Timeframe
1	Strengthen Care Manager capability and sustainability	Develop a proposal outlining ways to enhance support for Care Managers and leadership teams during periods of leadership transition or early career development and include criteria to assess how effective these measures are.	Reduced early attrition in Care Manager roles. Care Managers build the capability to relieve Residential Managers during leave or other absences. Improved Care Manager confidence and role clarity Greater supervisor confidence in Care Managers' ability to manage complex resident issues, including confidence from residents and families in approaching Care Managers directly.	Full Adoption	16	**0-3 months**
2	Closing the loop in complaints	Draft a proposal to improve the process of closing the loop on complaints, ensuring communication and follow-up with complainants is consistent and builds trust in the system and revisit previous initiatives recommended by QCAB to understand why these have been unsuccessful in addressing the issue.	Greater resident and family confidence in the complaints management process. Improved communication with residents and families.	Full Adoption	14	**3-6 months**
3	Continue focusing on the current list of QCAB recommendations	Significant progress has already been made, and there are ongoing initiatives that require attention, especially around the service communication	Implementation and evaluation of outstanding service improvements, with clear identification of what is most effective.	Full Adoption	N/A	**0-3 months**