

**Sapphire Coast Community Aged Care  
Quality Care Advisory Board (QCAB)**

*Consumer Representative Six-Monthly Report to Governance Subcommittee*

<b>Reporting Period</b>	March 2026 & September 2026
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<b>Submitted To</b>	Governance Subcommittee
<b>Meetings Held</b>	18th Feb – 15th April- 20th May -15th July – 16th Sept -18th Nov

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As the consumer representative and a member of the committee, I am pleased to present this six-monthly report to the Governance Subcommittee on behalf of the Quality Care Advisory Board. As the daughter of a current resident, this service is one I care about — and that connection drives how I approach this role and the standard I hold myself to in representing the consumer voice.

The QCAB meets bimonthly and I'm satisfied that our discussions have been open and genuinely focused on the quality of care and experience of residents and clients across all services.

I bring a dual perspective to this role — as the daughter of a current resident, and as a Registered Nurse and Care Navigator at Southeastern Regional Hospital. That combination of personal experience and clinical background has shaped how I've engaged with the board throughout this period, and I believe it has strengthened both the quality of discussion and the connection between consumer voice and clinical governance. I want to acknowledge how openly the SCCAC team has engaged with me, and their genuine commitment to getting things right.

### **Safety and Quality of Care**

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Across the reporting period, I've been satisfied that SCCAC has maintained a consistent focus on resident safety. The key clinical risks — falls, medication management, infection, and pressure injury — have all been actively monitored, regularly reviewed by the board, and acted on when issues have come up.

Falls remain the most significant safety risk across the service. SCCAC has continued to improve the consistency of post-incident reviews, the involvement of allied health, the close monitoring of frequent fallers, and alignment with NSW Health protocols. Having reviewed the clinical data across this period, I'm satisfied that their approach reflects both sound governance and genuine care for individual residents.

Medication has been an area of focus this period. There was an increase in medication incidences, and the team investigated and reported back to QCAB on the contributing factors. We engaged with the pharmacy directly and provided an error report, which has improved communication lines and strengthened pharmacy oversight. Team leader education and

training was also provided to improve medication management and set clear expectations. The introduction of new medication management reporting has supported more timely clinical decision-making.

Infection prevention and control was tested during this period, most notably by an Influenza A outbreak at Imlay House that affected sixteen residents across October and November. The response was prompt and well-coordinated, and all residents recovered. By December there were no active outbreaks and IPC compliance was strong across both sites. As someone familiar with NSW Health's approach to antimicrobial stewardship, I've been pleased to see SCCAC's practices in this area reflect current best-practice standards.

## **Incident Management**

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The management of serious incidents has been a focus throughout this period. SIRS notifications dropped significantly from September through to December — from ten incidents in September to one each in November and December. We see this as a clear sign that corrective actions are working and that prevention is genuinely embedded in SCCAC's processes. The team was transparent about incidents and their responses at each meeting, which created real opportunities for reflection and continuous improvement.

The December Priority 1 incident, for example, was handled with immediate family engagement and same-day involvement of senior leadership — a response that reflects a strong culture of accountability.

## **Consumer Representative**

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The consumer representative role exists to make sure the experience of residents and their families doesn't just get acknowledged — it actively shapes how the organisation thinks about quality. Across this period, I've tried to fulfil that role not just by attending meetings, but by bringing the perspective of someone with a loved one in the service. Someone who notices the small things, asks questions a clinician might not think to ask, and holds the organisation to account from the inside.

Through my work at SERH, I see firsthand what good and poor transitions look like. I'm pleased to say that SCCAC's relationships with care navigators reflect a genuine commitment to continuity of care and clear communication across services.

Family feedback across the period has been largely positive, with recognition for the kindness and consistency of staff. Where concerns have been raised — around food, communication, and the impacts of funding changes on home care — the QCAB is satisfied they've been taken seriously and responded to appropriately.

## **Governance**

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Much of this reporting period has been shaped by the organisation's preparation for accreditation re-registration. As one of the first rural providers to go through this new process, SCCAC has approached it seriously. I've observed a real strengthening of governance

structures across the period — including a new multidisciplinary case review process, a comprehensive resident risk register, and a structured workforce training program ahead of the commission visit. These aren't just compliance exercises; they reflect a genuine investment in quality.

There has also been meaningful progress in clinical governance. Restraint governance, end-of-life care oversight, delirium screening, and behaviour support planning are all areas where the leadership team has been working to embed practice. There is still work to do in some of these areas, which the QCAB has noted openly in this report.

At the December meeting, I was able to contribute directly to QCAB's thinking on a current NSW Health policy initiative around on-site pharmacy models, and to share the NSW Health Transitions of Care framework as a tool to strengthen medication safety following hospitalisation. My clinical role lets me bring that kind of current sector knowledge to the board, and I think it adds practical value to SCCAC's governance work.

## **Workforce**

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The graduation of four staff members with their Bachelor of Nursing from the University of Wollongong in December was worth celebrating. It's a reflection of the culture SCCAC is building — one that invests in its people and supports them to grow.

The RN Leadership Training program, specialist training opportunities, and the development of clinical champion roles all point to an organisation that understands quality care starts with a capable, confident, and supported workforce. We're also aware of the pressures the sector is facing, including the administrative burden of new home care funding requirements.

The Governance Subcommittee can be confident that QCAB is doing what it's there to do — bringing genuine scrutiny, a consumer perspective, and a commitment to continuous improvement to its oversight of quality care. I look forward to continuing our work together.



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**Robin Greneger**  
*Consumer Representative*



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**Jo Deacon**  
*Chief Operations Officer*