



Investigation focus: Review into the provision of patient care in a mental health facility (February 2026)

Wider learnings and recommendations for service improvements

The investigation identified opportunities for improvement and proposed recommendations relating to:

- Trend analysis of complaints and incidents with provision of feedback to staff to further facilitate shared learnings.
- Improvements to visitor spaces, seclusion and medication rooms at the facility.
- Continued administration of surveys and development of action plans to assess and monitor the ongoing social climate of the facility.
- Review and update of an outdated medication procedure and implementation of a local work instruction for managing escalating consumer behaviour and the use of 'when required' medications.
- Review of the implementation of training recommendations for staff arising from a particular clinical incident.

Background

The Office of the Health Ombudsman (OHO) received complaints in relation to a mental health facility in Queensland. The complaints related to concerns about patient care including allegations of patient assaults, improper use of seclusion and inappropriate medication administration.

The overarching Hospital and Health Service (HHS) for the facility engaged an external party to conduct an investigation into some of the issues arising, as well as undertaking various internal reviews relating to patient care and restrictive practices. The HHS, as a result of these reviews, commissioned a Clinical Practice Improvement Project which collated the recommendations arising from all reviews and subsequently developed action plans to provide a coordinated approach to implementation and prioritisation of the various recommendations made.

The facility proactively engaged with the OHO during the investigation, facilitating a site visit, staff interviews and provision of regular updates to the OHO regarding the facility's implementation of recommendations from the HHS's Clinical Practice Improvement Project.

The OHO was encouraged by the work already undertaken by the facility and its governing HHS, and noted improvements in clinical practice and workplace culture as a result. The HHS has also demonstrated its commitment to implementing the OHO's suggestions and recommendations.

Issues investigated

The investigation examined incidents and corresponding processes that occurred between January 2018 and December 2024.



The investigation made inquiries regarding whether the facility had:

- an adequate clinical governance framework for the reporting and management of incidents.
- incidents or risks to patient safety that had not been reported which could be attributed to issues relating to workplace culture and practices.
- adequate medication safety policies and procedures with appropriate mechanisms to identify and address medication management breaches.

Key findings

- The facility was found to have adequate clinical governance frameworks for the management of incidents. The OHO did, however, suggest that exploring additional means for relaying identified trend analysis or feedback regarding incidents may improve shared learnings for all staff.
- Documentation from the facility demonstrated appropriate escalation of various concerns raised by staff, consumers and their families, which indicated that staff had appropriate knowledge and awareness of the various reporting avenues available when an incident or risk to patient safety was identified.
- Inquiries with staff at the facility demonstrated that management culture operates in a manner that is both transparent and approachable.
- The facility has taken steps to measure the staff social 'climate' through the use of surveys and has acknowledged the need for continuing work to improve services. This is already being addressed through the Clinical Practice Improvement Project. The HHS has committed to evaluating the success of proposed changes.

- The facility has policies and procedures in place in relation to medication safety, and appropriate mechanisms to identify and address medication management breaches.
- The facility was recently accredited against the National Safety and Quality Health Service Standards, and concerns noted in that process have been addressed and rectified.
- The facility advised that they would review a local work instruction that governs the management of escalating consumer behaviour and the use of 'when required' medications.

Recommendations

The OHO will continue to work with the HHS in monitoring the facility's implementation of recommendations from the HHS's Clinical Practice Improvement Project, into which the facility has incorporated suggestions and recommendations made by the OHO.