



PLAN FOR CONTINUOUS IMPROVEMENT 2025 -2026

Prepared on:	29/04/2025
Updated on:	

Service name:	Commonwealth Home Support Program and Home Care Package Program
Provider name:	Longreach Home & Community Care Inc.

Planned action <i>This must include actions, tasks and person responsible for implementing the improvement</i>	Person responsible	Planned completion date	Outcomes <i>This includes the results, achievement, impact, what you have measured</i>
STANDARD 1 – Person-Centred Care			
- A digitised Help Plan for every consumer on Lookout CMS - Staff use platform for recording observations - Algorithm triggers observations requiring investigation	Coordinator	30 June 2025	100% of consumers have a digital profile. Lookout Help Plan to support evidence of the delivery of quality person-centred care and reporting obligations
Consumer Rights booklet to reflect new Act obligations and responsibilities, Inclusion and diversity statements to be included on Care Plan documents	Co-Ordinator and Care Manager	30 June 2025	100% of participants have a copy of the new Statement of Rights Service Agreement is current, reflecting the new Aged Care Act and Quality Standards
Update communication artefacts to align with Support at Home program: CHSP changes included	Co-Ordinator	When new consumer is referred, and commencement meeting is held or with re-assessment as of 1 July 2025	HACC policies are updated to align with new aged care system responsibilities and obligations Care Planning document aligns with Support Plan and Notice of Decision services. Transparency with pricing and co-contributions evident in budget planning



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Staff complete assigned online Cultural Awareness training modules. ALIS training module assigned to staff. Completion record of staff members is verified by ALIS data	Coordinator assign online learning modules	30 June 2025 Review : May 2025	100% direct care workers complete cultural training to ensure delivery of care and services are culturally safe, trauma aware and healing informed, in accordance with contemporary and evidence-based practice
HACC website updated with Support at Home scheduled fee pricing and service categories. ADA Advocacy details to be easily accessible on all HACC documents and digital platforms. Lookout Way finance platform update: budget tracking, Budget planning tool creates transparency during budget planning meetings with Care Partners	Coordinator	Ongoing 30 June 2025 SaH information to be current for grandfathered and transitioning clients August 2025 – information current for new Support at Home participants	Consumers and families can access current and relevant information from the Longreach Home and Community Care website, social media platforms and at office to support informed decisions. Meet financial obligations under new standards Older people can exercise choice and make decisions about their care and services during budget planning
Maintaining a skilled workforce • Code of Conduct & new Quality Standards • SIRS reporting • CMS app training • Defensible Documentation - report writing • New Aged Care Act and other laws and regulations associated with roles and responsibilities for SaH & CHSP clients • First Aid & CPR • Culturally Safe practices supported by online education ALIS modules • Influenza vaccination program	Co-Ordinator Care Manager	On-going Online ALIS modules Lookout App updates and training of finance staff to meet SaH obligations and compliance	• Training compliance recorded and monitored to ensure all staff complete essential modules • New Staff Training and Induction folder updated • Audit of staff qualifications / certifications to inform training plan • Individual staff appraisals conducted • Assigned ALIS training is compulsory • Contact other organizations re their training schedule if we can participate as well



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• Update Manual Handling policy • CMS data to inform clinical response and rostering efficiency			• Training in CMS app ongoing / intervals • Match skill / experience to consumer
Schedule of Fixed Fees for SaH categories published – transparency for all consumers / family members / staff / community members Purchase Lookout Way financial platform update to support business viability and sustainability by providing • greater transparency with invoicing • allow participants to understand their quarterly budget and service allocation • tracking co-contribution rates and payments • tiering of SaH participants • support CHSP transition in 2027 Conduct unit pricing full-cost analysis using CHSP assessment tool—to ensure pricing support business viability + sustainability. Stewart Brown unit costing tool used to calculate efficiency of workforce and management of rosters Update documents aligned SaH service categories	Co-Ordinator / Care Partner / Finance Officer	30 June April 2025 30 June 2025	SaH schedule of service fees per category of services delivered published on consumer accessible sites: HACC website, newsletter, FaceBook, letters mailed to clients Use of grant funding to update Lookout Finance platform: Early Adopter Program Tracking of tiered clients transitioned to SaH Invoicing linked to Services Australia Invoicing fortnightly to participants Transparency of co-contribution rate and payments Quarterly Care Budget developed and tracked per participant Budget planning tool with care partner provides immediate insight into available funding, cost of services and budget management Stewart Brown Accountancy tool acquired to conduct a direct service labour unit cost analysis and the impact it has on financial margins. This will provide accurate costing data for participants and DoHAC; whereby meeting our SaH financial obligations. Ensure participants are able to access our documents and make informed choices.



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Using language that promotes accessibility for all consumers Utilise Time + Motion program to initially identify percentage of time spent on billable and unbillable care management activities: identify time aspects associated with each task undertaken by the Care Partner and record activities associated with care planning. Time + Motion care management data will feed into individual budget tracking on Lookout Way platform.	Care Partner records daily activities on time + motion database	On-going	Time + Motion data readily creates transparency of billable hours of care management activities for individual participants. This data is recorded and used as evidence for invoicing to Services Australia. This recordkeeping also provides evidence of meeting provider obligations associated with delivering care management activities to individual participants per month. Tracking care management service activities provides a transparent, justifiable record of the utilisation of care management pooled funds for audit purposes. This data can also be used by the Care Partner to support a request for participant reassessment, by justifying care management activities taken to meet increased care planning and services. Additionally, analysis of the time + motion summary data provides insight into where there may be income opportunity outside the 10% billable services. This analytical tool complements the Stewart Brown unit/service cost data; whereby, tracking workforce efficiencies and 'gaps'. This information feeds into the continuous improvement planning process to ensure business viability and sustainability.



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Data management implemented, limited staff access – assigning access roles. To aid in strengthening privacy and limiting access to sensitive information. Testing of cyber security – intermittent throughout the year by Mercury Business IT staff. Reporting of issues that may compromise consumer information / hacking Budget for ongoing security upgrades – 2025-2027	Co-ordinator/Finance Officer	May 2025 May 2025 October 2025	Data Management Plan Reviewed Updated Compliant with SaH requirements Cyber Security testing and reporting (bi-annual) to mitigate threats
Emailing of Consumer Surveys to increase – timely dissemination and feedback Mailed surveys to include a return paid envelope – 87% returned in 2024 Lookout Analytics to identify trends in high-risk areas.	Co-Ordinator	October 2025	Annual survey is completed, and survey results are posted on all communication mediums for transparency to consumers, Board members, staff and community. Increasing consumer engagement and empowerment by embedding systems that encourage consumers to provide feedback and complaints using diverse communication systems. Quantitative and qualitative data to inform the allocation of clinical care services, rostering of staff to best meet participant care needs and improve response times to prevalent high-risk areas.. Algorithm triggers observations requiring investigation. Additionally, this notification tracks response time to recorded incidents to be investigated. This data informs continuous improvement and identifies 'gaps' in risk management. Recording of observations in real time is a functionality used daily by direct care staff to communicate with care partners and nursing



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			staff to mitigate risk and deliver safe quality care.
Privacy Management Plan reviewed and updated to include the functionality of the CMS app as it applies to domestic service staff, personal care workers and admin. Cyber security diligence with digital storage of consumer information and mitigate risk of 'hacking' data. Training staff in cyber security responsibility to mitigate threats of hacking and ensure consumer information is not compromised Staff data authentication & multi-factor authentication for computers and laptops reviewed and monitored for security	Co-Ordinator / Mercury Business ICT staff	April-June 2025	The management of client confidentiality and privacy of information is securely stored on a digital platform. Due diligence with security and storage is complete with data breach testing conducted twice a year. Lookout Way platform developers regularly conduct security checks associated with their digital platform. This is a part of the contractual agreement over the next 2 years. Mitigating data threats with consumer information and financial threats to the business via hacking, Staff are trained and aware of their pivot role in maintaining data security while using their mobile device.
Longreach HACC website - reviewed to ensure gender neutral language and evidenced of inclusion. - Operational Plan updated to reflect new Aged Care Act, Quality Standards and Code of Conduct alignment with business practice. - Data Management Plan / statement to consumers - News section updated. - Accessibility options – email invitations to family members and care givers / consumers with email addresses	Co-Ordinator	Reviews: April 2025 July 2025 October 2025 December 2025	Ongoing updates of information to ensure current and accurate information supports clients to understand relevant information about the new Aged Care Act, Support at Home program and the Statement of Rights. The provision of information accessible to family and loved ones aims to assist elderly people to make informed choices about their care and services.



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STANDARD 2 – The Organisation			
Consumer Advisory Body. Continuance of Advisory Body as an integral part of the organizational structure and meets our provider obligations under Quality Standards 1,2 and 3.	Coordinator /Care manager / Board Chair	April 2025 June August October December	Embedding and valuing the lived experiences and voices of our consumers in our decision-making while preparing for transition from CHSP to SaH and for HCP clients transitioning to SaH. Meetings are held every two months to support continuity of discussions and monitoring of input to the governing board.
Quality Care Advisory Body recruitment. Membership recruitment – Key personnel with experience in Aged Care service delivery, Clinical staff member, Personal Care Worker, Representatives of consumer group Continued knowledge and skill development of staff/ Board members to meet SaH reform compliance in clinical governance.	Personal Care Worker / RN/ Consumer representatives Quality Care Advisory Body	April - June 2024.	Quality Care Advisory Body is established aligned with new aged care obligations and clinical governance framework. Clinical governance framework policies amended to reflect quality care advisory body input. Biannual written report to the governing body about the quality of aged care services delivered by direct care workforce. Lookout Way analytical data on incidents and clinical investigations is used to inform discussions and reporting to the Board.



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Workforce roles and responsibilities guidelines – explicitly stated for all workforce members across sectors	Coordinator	January 2025	Transparency with roles and responsibilities, communication + expectations with scope of practice explicitly outlined to mitigate delivery of services outside of qualifications/ role. Disseminated to staff.
End-of-life palliative care service delivery via WQPHN funding Jan – Dec 2025	RN EEN	As required	Liaise with CW Pal Care team to deliver palliative care services social and unsociable hours. Referrals from external agencies accepted Delivery of in-home palliative care to consumers who wish to remain in their home. Social and unsocial hours of service delivered. Online PalliAge learning modules assigned to clinical care staff to reflect professional standards and delivery of quality end-of-life care
Risk assessments digitized – Nursing clinical care Conduct and record all assessments using digital format on digital devices Conversion of Word and PDF clinical care documents to editable format for all nursing staff. Training of clinical care staff to use iPads and/or laptop- efficacy and efficiency with recording information to support business viability Ongoing training and refresher training of Client Management System app functionality to record risks /	Co-Ordinator Registered Nurse Clinical Advisory Committee Care Manager	CMS app ongoing daily routine May 2025- all clinical care documents converted to editable format 30 June	Conversion of all clinical care assessment documents to editable format on digital devices, for nursing staff, to increase efficiency with completing assigned care duties, uploading care plans, wound management plans and completing assessments. Additionally, this will allow timely access to care plans for direct care workers, participants and their supporters. 100% staff compliant with assigned training on client management system and defensible



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incidents / near misses / client condition and delegate to appropriate care manager. Incident reports and observations monitored daily and responded to in a timely manner by care managers. Staff training in defensible documentation writing / reporting Staff training in legislative compliance Staff training in using the reporting system (SIRS) and CMS app function Training of staff in assessment of risk / harm and evaluation of practices to mitigate recurrence. Risk Management Registers: - Heatwave - list of vulnerable clients, planning of rosters and support during extreme heatwave conditions - Disaster Planning – Flooding / Fires / Contagion - Data Breach – cyber security - SIRS - Financial Risk Management Plan	Coordinator	Annual	documentation, reporting and recording of risks. Daily monitoring of data reports to inform decision-making processes using evidence-based practice. The use of analytics to identify trends for risk mitigation. Immediate access to current accurate clinical care plans informs rostering; whereby ensuring suitably qualified staff are assigned to participants with complex clinical care needs. Compliance with new Aged Care Quality Standards and provider obligations is evidenced on the digital platform. Time stamp response supports evidence of timely actioning of investigated observations. 100% direct care staff have sound knowledge and understanding of reporting obligations, accountability and responsibilities when using CMS Ongoing annual education and training to build staff capability, competency, and capacity with conducting risk assessments Representation and participation in the Emergency Services/Community Services meetings, as scheduled to work in collaboration with emergency response teams to support vulnerable elderly in our community. Provision of flood maps by the Longreach Regional Council Disaster Management team

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Develop a written accountabilities and responsibilities guideline for financial and prudential governance across differing roles. Review of financial and prudential management framework to be conducted twice yearly – June and January to monitor financial risk, conducted by Finance team. Monthly report to governing board prepared by Finance Officer to show oversight and ongoing management of finances to support			As a registered provider in categories 4 & 5, delivering personal care support in the home setting, in the likelihood of a risk event, HACC will then have an explicit operational + financial governance strategy and planning, to reduce disruptions and maintain the impact of the risk event at a tolerable level; whereby, meeting the new Financial and Prudential Management Standards for registered providers. Monthly financial reports to the governing board provides transparency of financial management and its effectiveness with supporting decisions surrounding continuity of quality care to the elderly in our community. Budget review of KPIs to be set to support efficiency with service productivity vs output costs. All staff are informed of KPIs relevant to their work output and understand the intention of the KPIs. Digital platforms are maintained as a critical part of effective daily operations. HACC is confident with sustaining quality evidence-based practices that meet Aged Care compliance standards.
Digital transition - Emergency Care Plans completed by nurses on iPad, in-home, and uploaded to participant's digital Help Plan.	Reg. Nurse EEN RN / EEN	Ongoing 3 monthly reviews	Accessible copies of Emergency Care Plans that are digitally completed and uploaded onto participant's Help Plan, in a timely manner. Creating editable PDF documents allows the maintenance of current and accurate information for each consumer.



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Review of Clinical Emergency Care plans – iPad to support review in-home with client. Upload to consumer file Help Plans created for consumers on Lookout Way digital platform. Investigation alerts are monitored daily by the care manager, coordinator and nursing staff to enable an efficient and timely response. with the rostering of the most suitable staff members to deliver responsive quality care	Coordinator	June 2025 ongoing	The use of digital devices to complete clinical care plans supports KPI of 85% productivity for direct clinical care staff and allows real time access to information for direct care workers. Fortnightly staff meetings focus on the education of staff with a particular focus on the value of familiarisation with participants' digital Help Plans and care plans. The regularity of this focus ensures staff are aware of their obligations and clinical expectations regarding person centred care, aligned with quality standards 1, 3 and 5. Staff knowledge of individual participants and their care needs is the kept as the 'latest and fullest.' Check-out notes and observations are completed by all direct care staff, for all rostered services, per day. This functionality allows for a timely response to changes in a participant's condition. At the completion of an observation an investigation alert may be sent to appropriate administration for rostering of clinical care. Monitoring of alerts is a duty of the care manager administration team. Each care manager is responsible for responding to observations within their scope of practice; whereby, ensuring a response is appropriately managed by experienced and trained aged care workers. The clinical care manager is the registered nurse who can make decisions on more complex care needs and help staff to respond appropriately to participant needs.



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Digital Initiative 2025 Lookout Way Update: • Use of analytics to inform practice and decision making regarding clinical care / rostering / efficiency of service delivery/ invoicing / tracking client budget and payments • Provides continuity of care for the consumer • Allows for timely response to changing needs of clients throughout their aged care journey • Has capacity to capture client feedback in real time – evolution of clients who are tech savvy and expect the use of digital technology • Embedded protection systems for organization data and client information – regularly tested and updated, mitigating cyber threats • Multi factor authentication are in place for set-up Governance Platform developed: • Ensures compliance across the organization and fills identified ‘gaps’ • Documents are aligned with Quality Standards with hyperlinks to required forms, allowing ease of access for all staff using digital / mobile devices • Builds staff confidence with governance, roles and responsibilities and reduces manual efforts of reporting which are time consuming and unbillable • Reduces manual time of updating and monitoring documents for compliance, allowing more time for client centered business practices	Coordinator Staff Finance Officer Governing Body Clinical Advisory Body	Analytic function periodically reviewed to capture progress / impact on business efficiency and financial viability – risk management and report to Board and whole staff June 2025	Board Endorsed – Grant funding for ICT upgrade Apply of ICC funding for Governance Platform- CompliSpace to reduce hours of administrative time and ensure compliance with registration audit for SaH deeming Digital strategies to use both qualitative and quantitative data to make more informed decisions at strategic and operational levels – purposeful and measurable outcomes Data to inform continuing improvement focus – operational efficiency, workforce capacity and capability, financial management, quality of service delivery Data capture can be – consumer feedback, clinical data, complaints, incident and risk data, workforce and financial information Monitor Grant funding opportunities to purchase expert support with the development of a governance platform, accessible to the workforce – at an assigned level of access. Platform is set-up and access levels are assigned to all members of the workforce to ensure compliance for registration audit. Workforce training is mapped to a training calendar updated / revised throughout the year, to increase confidence and build capability with use



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• Embeds consistency of information management across all levels of HACC • Staff training is included in establishment / set-up phase and will continue face-to-face at fortnightly staff meetings, induction of new staff and refresher at annual training days. • Ease of access to information / policies / documents for direct care staff and administration			Administrative time of manual upgrade and review of policies is reduced to a more manageable level.
Trilogy Care partnership cessation Support at Home application for registration and audit are successful Creation of new Service Agreement documents to reflect new Aged Care Act provider obligations and responsibilities for service delivery. Development and implementation of new communication documents to support participant knowledge of Statement of Rights and service delivery. Implementation of invoices to reflect provider financial obligations under Support at Home	Coordinator / Board	August 2025	Brokerage Agreement is terminated with 10 days' notice, following registration approval for SaH service provision Longreach Home and Community Care completes registration audit and is eligible for registration as a Support at Home service provider. Communication to all participants of registration status and onboarding of participants to Longreach Home and Community Care services. All governance policies and communication artefacts are aligned with provider registration status under Support at Home.
	Coordinator/ nurses	On-going	



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Recruitment of RN / Enrolled nurses – workforce planning Weekly clinical handover meeting	Coordinator Clinical Advisory Body Coordinator Clinical Care Partner		Advertising for RNs to build quality workforce capacity and mitigate loss of service in the event of staff absence/ retirement / leave Weekly clinical care meeting held with qualified clinical staff for handover purposes, to ensure information is accurately relayed, mitigate misinformation and allow clarification of clinical care.
Staff training at staff meetings to build competency and capability, knowledge and understanding of the new Aged Care Act, Quality Standards, Statement of Rights and Service Categories under the Support at Home program.	Care Manager/ RN / Coordinator Coordinator	Ongoing	Training is aligned with reported observations / compliance requirements. Evidence-based practice drives staff training foci. Lookout Way analytics helps to identify trends in high prevalent risks, participant care needs and 'gaps' in practice and service delivery. Fortnightly direct care staff meetings are rostered to ensure direct care staff are receiving a consistent message and information about the new Aged Care Act, and its influence on policies, protocols, procedures, expectations and operational requirements for transitioning to Support at Home program. The frequency of information sharing and dissemination of information fosters confidence that staff understand the purpose of reform changes and are able to communicate shared knowledge with participants as required.



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RN to complete annual clinical competency assessments for personal care workers -within scope of practice A workforce that is compliant with Aged Care Quality Standards. Government Provider Management System (GPMS) portal is maintained with accurate information about the organization and personnel. Longreach Home and Community Care Inc will continue to proactively meet provider obligations under the new regulatory model.	Registered Nurse / Clinical Care Partner Coordinator Coordinator	Annual – January As required	Clinical care workforce assessments are completed annually with personal care workers by the registered nurse. All documents are digitally uploaded to staff profiles for verification and audit purposes; meeting compliance requirements under Support at Home. 100% of the workforce is compliant with the new Aged Care Act expectations and obligations. Lookout Way platform supports monitoring of verifications through the Helper Profile alerts. A 90 day expiration alert is sent to the staff member and HACC administration. Ready access to alerts allows administration to maintain compliance at 100%. Coordinator provided with GPMS portal access and uploads and maintains organisational information compliant with provider registration standards. Coordinator ensures that aged care workers and responsible persons have either a police check certificate or NDIS worker screening clearance. No worker will have a National Police Check that is more than 3 years old. 2026 - A new worker screening process will be introduced.



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Staff, at varying levels, are assigned online training modules – Aged Care Commission website (ALIS) to meet workforce competency expectations and obligations associated with the strengthened quality standards. ALIS online modules are assigned to direct care workers and administration staff, to ensure compliance with aged care workforce standards. Workforce compliance is digitally mapped to Helper profile and expiration of qualifications is alerted via email and visible on Helper dashboard. Roles and Responsibilities clearly documented for each workforce sector, aligned with new Aged Care regulatory model.	Coordinator	January – April May January / as required at induction of new staff members	ALIS modules are assigned to staff members, aligned with their roles and responsibilities within the organisation. Completion of each module is mapped and audited to track individual worker compliance. It is expected that 100% of personal care workers and nursing staff complete all assigned mandated modules within 12 weeks. Rostered time will be allocated to members of the workforce to complete set modules; whereby ensuring KPI of 100% is met. Additional modules are to be completed as self-learning within 16 weeks of assignment. Nursing staff are to complete 20 hours of Continuous Professional Development (CPD) aligned with AHPRA registration requirements. All learning is to be logged and verified by the coordinator prior to the 30 May each year. CPD records are to be uploaded on Helper profiles. 100% direct care workers have a copy of their roles and responsibilities explicitly stated on a handout, provided at beginning of year, and as required.



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Advanced Care Planning training Clients requiring in-home palliative care have consistency of care with known workforce as is their preference. HACC nurses participate in online learning modules and face-to-face training in the delivery of palliative care, to ensure HACC nurses are confident, competent and capable of delivering quality safe palliative care to referred clients across our region, during social and unsocial hours, compliant with funding guidelines and service agreement.	Palliative Care Coordinator CW Health Palliative Care Palliative Care Funding - WQPHN Coordinator Care Manager	Ongoing throughout the year Palliative Care Funding service agreement Executed March 2025	CW Health Palliative Care nurses provide training on Advanced Care Planning for staff and consumers Information is published on social media and website HACC nurses attend End-of-Life training courses as offered in Longreach PalliAge learning modules are assigned for nursing staff delivering palliative care services to maintain skills and knowledge to meet compliance requirements WQPHN funding to support delivery of palliative care unsocial hours and social hours.
Effective governance – members of the Management Committee are to demonstrate curiosity, foresight, insight and ambition for care improvement by meeting with consumers to discuss organization services, feedback from survey and forthcoming reform challenges. Encourage open communication to inform strategic direction in changing aged care landscape. Chair of Board to attend Consumer Advisory Body and Clinical Advisory Body meetings Committee members to attend Information Sessions with consumers and family members as scheduled throughout Jan-June to support consumers understanding of changes to SaH and the new aged care system.	Management Committee Coordinator Care Manager	ongoing October 2025 – June 2026 May - June 2027	Management Committee to actively engage with Consumer Advisory Body, at least twice a year, for oversight and insight into the provision of responsive care and identify areas for systemic improvement. Engagement by Chair of Board with consumers to reflect organisational culture that is supportive and proactively responsive to the changes in model of service due to reform transition and SaH registration requirements. Regular small group information sessions are to scheduled to support consumers and their families to understand changes to the new aged care system, Support at Home and CHSP services 2026-2027 Flyers and newsletter notices to encourage participation in scheduled meetings.

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• Conduct staff meetings and attend hand-over meetings with the EEN on a weekly basis - Regularly monitor and respond to the recorded observations on the digital platform as assigned. - Notations, photos and clinical assessment are updated on the client's Help Plan in a timely manner to ensure accuracy of clinical care rosters and service delivery. - Liaise with the care manager and coordinator for rostering of qualified staff to complex clients		Weekly ongoing	Communicating effectively & sharing current information with the EEN to ensure all care plans and services accurately respond to, and meet the healthcare needs of clients. Lookout investigation notices are automatically uploaded in real time, by the clinical algorithm, to alert care managers of observations requiring further investigation and/or reporting on My Aged Care SIRS portal. RN liaises with the coordinator and care manager to have input into the rostering of clinical care services to suitably qualified staff, who are working within their scope of practice, to deliver safe quality care to meet the changing needs of clients.
Assessment and Planning Support staff / PCW to meet with Registered Nurse fortnightly, to discuss consumers' health and wellbeing, wound management, medication management and any other issues reported on the Lookout dashboard notices. - identify any risks associated with consumer care in a timely manner -support the delivery of person-centred care. -use Lookout platform to review clinical care updates required and track client journey on Help Plan. -liaise with external healthcare professionals and allied health agencies to support the development of a holistic healthcare plan for clients, -refer clients to appropriate healthcare professionals in a timely manner	Registered Nurse/Personal Care staff	Weekly - January 2023 – December 2023	On-going regular meetings held with PCW and nurses on duty. Use of digital platform to conduct assessments and update client's Help Plan. Assessment tools on Lookout platform are uploaded to client profile and immediately accessible to all direct care staff working with that client. Photographs of wound care are uploaded to accompany wound management plan – evidence of care delivered and client response to care service / medication reaction monitored and recorded.



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			Handover folder used to record anecdotal information / clinical notes to keep staff updated with any consumer issues. Digital Help Plan is updated in a timely manner, of relevant information / changes to clinical care / provide response to observation by care worker, when responding to notification on dashboard. Use of digital platform when recording risks and incidents in appropriate registers – SIRS / Incident Management. Appropriate reporting procedures and processes followed to meet obligations and responsibilities of new Aged Care Act and Quality Standards under SaH. Support of consumer understanding their clinical and personal care needs
Infection Control strategies to be implemented to ensure consumers, staff and community safety and wellbeing.	Registered Nurse/Support Staff/Co-Ordinator	On-going	Explicitly focused on delivery of safe and effective clinical and personal care. Completion of assigned ALIS training modules in clinical care and infection control for all personal care workers and nursing staff.
Digital platform – individual Helper Profile on Lookout Way are set up to record / upload all vaccination certificates and qualifications.	Coordinator/Admin	Annually Feb 2025	Influenza vaccinations available for all staff – LFMP Copies of all qualifications and immunization records are uploaded onto the digital platform – individual Helper profiles. Alerts are given 90 days in advance of expiration to ensure staff maintain compliance with aged care workforce mandates. Administration officer to monitor verification and expiration notices to staff.



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IT consultant at Mercury Business engaged to review nursing documents to allow use of digital tools to complete all records on iPad.	IT Consultant/Coordinator/ Reg nurse	April 2025	All clinical care documents will be digitised allowing nurses to complete assessments and upload to client file more efficiently, reducing manual administration time. Providing greater accessibility to relevant staff. Updating Health Plans in real time.
Staff Training in - Obligations for reporting – SIRS platform - CMS app recording and reporting function - SaH obligations, roles and responsibilities - SaH categories and services - New Aged Care Act - New Aged Care Quality Standards - Code of Conduct - Clinical care - Digital platform – rostering, recording travel for invoicing for clients - Data safety / cyber security responsibilities	Co-Ordinator	On-going when training is available March 2024 April 2024	COVID and infection control training completed in 2021-2022 for all staff Training in obligations to report incidents in SIRS Training in consumer-centred care – needs and goals of consumer drive clinical care
STANDARD 3 – The Care and Services			
Update Policies and Procedures. New Aged Care Act Quality Standards / Code of Conduct Charter of Rights Financial Standards SaH Registration Guidelines New Service Agreement	Co-Ordinator & Administrative Assistant	On-going 06 Jan-30June	Review and update all policies and procedures to align with the new aged care system, roles and responsibilities of providers and new terminology Attend webinars and online training to ensure accurate and current information guides organisation transition to SaH Provide current and accurate information to clients, their families and caregivers Complete online surveys as requested by Department of Health and Aged Care to have



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			input into the new system policies regarding pricing, digital maturity
Review CHSP Care Plan & onboarding documents to ensure they are aligned with new Quality Standards and regulatory model Create digital copies of all care plan documents – editable and ready for completion using laptop / iPad Support at Home Care Plan and Budget Care planning and budget planning for services and supports will be undertaken within 28 days of services commencing.	Registered Nurse/Co-Ordinator/ Care Manager Engaged IT representative from Mercury Business, Longeach Care Partner and Clinical Care Partner	30 June 2025 Within 28 days of service commencement for participant	Digitise CHSP care plan documents to support digital record of care plan completed at home visit, capturing client journey in aged care. Each care plan is a collaboration with the participant to document the participant's needs, goals preferences and how funded services will help the participant realise their goals. The care plan will provide explicit details of the types of services to be delivered including when services are deliver, who will deliver the services and the frequency. Review dates will be clearly noted on the service agreement and care plan and be within 12 months of the initial date of planning. The care plan will be developed by the Care Partner or Clinical Care Partner and the participant. Each participant will receive a copy of their care plan and budget plan.



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Lookout Way budget tool will be used to support budget planning; whereby ensuring there is transparency with the allocation of funding to services required to meet participant needs. The development of a budget plan in real time supports participants' understanding of their funding allocation and contribution rates. This feature will be mitigating overspending per quarter.			The budget plan will be developed alongside the care plan and will outline how the allocated funding will be spent in relation to the types and frequency of service, as outlined in the care plan. The budget plan will be reviewed 12 monthly and will be tracked by the analytics function on Lookout Way budget tool platform. The budget tool platform will be utilised to create a quarterly budget plan aligned with eligible services, in real time with the participant, to ensure there is understanding and agreement of funding allocation, services and frequency that meets the participant's needs, as well as co-contribution rates per service type as directed by Services Australia. The budget tool will make transparent the allocation of funding and mitigate a participant exceeding their quarterly funding allocation. A copy of the budget plan will be provided to the participant once completed. Participants will receive invoices for contributions per fortnight. Contribution rates will be known as it will be an essential part of discussions during the budget and care planning process.
Development and endorsement of a Service Agreement under Support at Home program guidelines and the new Aged Care Act, by the governing body.	Coordinator Member of the governing body	30 June 2025	Creation of a Service Agreement compliant with the Rules of the new aged care system under the Support at Home program. The Service Agreement will outline the rights and responsibilities and what services will be provided to the participant under their



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			classification. The agreement will be readily accessible and written in a way that the participant can understand and will not unfairly disadvantage a participant in any matter than they would be treated under Australian law. The Service Agreement will state confirmed registered supporters, who may act as a substitute decision-maker under Qld law. The Service Agreement will be a negotiated contract between the provider and participant / supporter, outlining the delivery of care and services at set prices, with known participant co-contribution rates per service. The Service Agreement will be signed / in mutual agreement prior to the commencement of services. The governing board will have oversight and input into the development of the Service Agreement prior to endorsement.
Strategic and Operational Plans to be updated with accurate terminology aligned with Support at Home and the new Aged Care Act and Rules	Co-Ordinator/Management Committee	30 June 2025	Meet legislative obligations, regulatory frameworks, effective governance to achieve safe, high quality clinical care aligned with SaH. Operational and Strategic Plans capture an accurate plan for securing registration as a SaH provider and all documents are meet the registration audit. No restrictions on registration with SaH,
Client Management System -digital platform Lookout Way check-out note is the preferred communication system to relay care and service information between workers. Information is delivered in	Coordinator	Ongoing	The digital client management system supports effective and efficient provision of information between workers, the older person,



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real time and mitigates risks associated with deterioration and/or SIRS reporting. Algorithm alerts investigation of reported observations and tags reports to increase awareness of content in observation. This is monitored daily. Mobile phone numbers for all workforce members are disseminated to staff and may be used in emergency situations to alert the nurse on duty. Nurses are provided with a HACC phone and iPad to support response to critical care being documented in a timely manner. Reporting on CMS feeds into platform's analytics and supports reporting to Board on delivery of care and services. Clients, their family members and carers, who have an email address are invited to access the digital platform to view their scheduled services, provide feedback, receive surveys and communicate critical information involving the older person's care. CMS supports the rostering of care services with the most appropriate staff member to a client.	RN Care Manager		their family members and other health professionals – supporting the maintenance of safe quality care. It is a structured platform and staff have ongoing training in the use and purpose of functionality to ensure they feel confident, capable and competent with using the digital system when notifying of an older person's care needs, goals or preferences. Staff rosters are created and managed through the digital platform, allowing for alignment of a client's care needs with the most appropriate staff member. CMS Help Plan supports the documentation of a client's journey in aged care, demonstrating a planned and coordinated delivery of care and services, involving input from other health care providers as required. Transitioning to residential care is documented on Help Plan – transparent access for family.
Client Management System (CMS) cont'd Consumers / advocates to be trained in use and function of the app on their mobile device.	Coordinator Finance Officer PCW	Ongoing	CMS Client app will be used to communicate with individual consumers or their authorized person to: • Access their service schedule • See who will be delivering service and when • Review past service delivery • Receive notifications / information



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Update Financial functionality on CMS Functionality of CMS Finance to align with compliance required for transition to SaH. -Tracking client co-contribution rates - Invoicing requirements aligned with quarterly budgets - Individualised budget plans - Link with Services Australia to reduce error and non-payments		June 2025	• Receive statements / billing invoices This functionality will increase transparency for consumers and their advocates and provide a more expedient and efficient communication experience Lookout Way Finance aligned with transition to SaH compliance. Attending webinar and online meetings with Lookout Way to increase awareness of changes to finance functions on the CMS Efficiency with invoicing is maintained Transparency for clients – invoices are easy to understand and provide relevant details. Statements are clear and accurate- service rates and contributions pre-calculated allowing greater confidence with service delivery.
STANDARD 4 – The Environment			
Facility to be kept in a clean, safe and easily accessible environment for our social activities group, consumers and staff. Infection Control in the workplace policy is accessible to all staff and is a part of workplace training and induction.	Cleaning staff/Workplace Health & Safety person.	On-going - weekly	



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Facility to be cleaned weekly and after each group social activity.			
Electrical equipment to be tagged and checked by local electrician.	Co-Ordinator/Administrative staff	Yearly	Completed 2023 Annual date for retesting noted
Brochures and reading materials kept up to date	Admin	6 monthly	Transparency of communication regarding – fee schedules, service delivery, activities
Ensure all vehicles services are up to date and kept in clean condition. All registers to be kept up to date.	Finance Officer/Administrative staff/cleaner.	On-going	On-going Vehicle maintenance register monitored
Fire Safety training. As there is no-one local to do the training will contact QFES for the training.	Finance Officer	Yearly	Have been doing in conjunction with the North West Remote Health team.
Complete staff performance appraisals and arrange for a Committee member to be present also during interview. Identify 'gaps' in workforce skills / training Embed in organizational culture the celebration of staff diversity and capability Provide opportunity for career development	Co-Ordinator/ Management Committee member.	Yearly	Performance Reviews provide the opportunity for staff to provide feedback and input into service improvement / operational focus to allow for more informed decision-making Performance Review allows for celebration of staff achievements Performance reviews provide data – insight into trends / staff compliance with agreed protocols / obligations and responsibilities Allows staff opportunity to identify: - career pathway development - skill deficits / training updates



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			A workforce that is rewarded and acknowledged for achievements and provision of quality care. Building a workforce that is qualified, confident and capable of meeting the needs of individual consumers across CHSP and SaH service delivery.
Organisational governance			
Maintain organisation website as a platform to engage with consumers, stakeholders and the broader community.	Co-Ordinator	ongoing	Site will continue to provide organisational information such as services, access, eligibility, referral pathways and links to relevant information for the target audience such as CHSP, Advocacy and Home Assist Secure, transition to Support at Home information and updates.
Monthly meeting with the governing Management Committee to report on: finances and grant funding, Continuous Improvement focus, staff training, Incident/Accident reports, SIRS report, consumer complaints, Home Assist Program data, transport output/activities, HCP data, transitioning to SaH and General Business.	Finance Officer/Co-Ordinator	2 nd Tuesday of each month Ongoing	A governing body, comprised of 7 members, that understands their role and responsibilities, obligations and accountability for high quality care and safe delivery of services. Continuous monitoring of organisation to ensure compliance with the new Aged Care system, legal duties and clinical care. The governing body maintains an ambitious and supportive approach to Support at Home challenges providing constructive and open appraisal, feedback on service partnerships/funding/ 'thin' market impacts and interaction with consumers.



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Ensure adequate staff capabilities are in line with the requirements of the CHSP, SaH and HAS programs. Prepare and plan for future organizational requirements. Advertising for RN and EN positions to maintain clinical care service	Co-Ordinator, Finance Officer and Management Committee.	On-going	Succession planning for long-term staff retirement Provision of flexible working agreements to provide incentive for workforce growth. Recruitment of Clinical staff to maintain capacity of service delivery.
Apply for grants to ensure IT systems maximize efficiency including hardware, access and networking that are compliant with the Support at Home requirements. Budget -Grant funding for CMS upgrade purchase and ongoing software costs Grant Funding for purchase and set-up of Governance Policy platform - CompliSpace	Co-Ordinator/Finance Officer/Management Committee	Yearly Submit grant application Feb 2025 ICC Funding May 2025	Budget to reflect Grant funding for purchase of the CMS upgrade and sustainability of the software licences Budget to reflect sustainability of governance platform with ongoing annual costs
Complete and submit reports as required – both internal and to funding Departments.	Co-Ordinator/Finance Officer/Management Committee	Monthly, six monthly, yearly.	All submitted. Nothing outstanding. Meet compliance obligations
Financial reports to Management Committee on a monthly basis and reports to Funding Departments and yearly financial audit by Qualified Accountant.	Finance Officer/Management Committee	Monthly/six monthly/Yearly	Completed annually All stakeholders to receive reports by given dates



Quality Care Advisory Body Activities and Outcomes

Date of Consumer Advisory Body meeting	Issues Identified <i>Include key issues raised at the Consumer Advisory Body meeting</i>	Proposed Actions <i>Action items proposed by Consumer Advisory Body in response to Key Issues discussed at the meeting</i>	Planned feedback process to governing body (incl timeframes)	Outcomes <i>This includes what changes or outcomes have resulted from this Consumer Advisory Body process. Include impact measures, and plans for communicating outcomes</i>



This plan has been developed in consultation with the governing body and leadership team members of Longreach Home and Community Care Inc.

This plan is endorsed by the governing body of Longreach Home and Community Care Inc

Date	Delegate	Position	Signature
	Kym Webb	Coordinator	
	John Palmer	Board Chair	