

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

Prepared for the Board on behalf of the Home and Community QCAB

Summary Report

Overview

The fifth cycle of the Quality Care Advisory Body (QCAB) meetings focused on evaluating the current state of quality control measures, identifying areas for improvement, and proposing actionable recommendations to enhance overall quality standards.

The QCAB met in March and April to discuss quality within our Home and Community Services incident, complaint management, compliance, and quality indicators. The facilitated discussions involved considering the data, identifying areas of strength and those requiring improvement and proposing actionable recommendations to enhance overall quality standards.

Recommendation to Board

The QCAB recommends partnering with Home and Community Services Consumer Advisory Body to address ongoing communication challenges, particularly regarding service changes and transactional interactions. The QCAB also recommends a stronger, more client centred focus on falls prevention, reflecting members' strong interest in this area, their surprise at how common and impactful falls are, and the need for better education, online sessions, clear information, and accessible services that help people stay safe, confident, and independent at home.

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. The total number of recommendations completed from Cycle 4 was 3 out of 6 (50%), with all remaining actions in progress to be completed by June 2026. Recommendations implemented include:

- Providing community workers with training and resources to familiarise them with the Catholic Healthcare App features and capabilities to assist clients with its use.

- QCAB members were offered opportunity to test new complaints and feedback system in February 2026.
- Worked with clients and the finance team to improve clarity and detail in AlayaCare financial statements for external services, addressing client concerns about ambiguous charges.

The last six months of incident and complaint data and trends were presented and the QCAB noted:

- **Incidents:** There was a noticeable increase in incident reporting volumes following two key system and process changes that occurred in December 2025 with the transition to new Incident and Complaints application and introduction of direct incident lodgement for community workers. These changes have contributed to improved visibility and a stronger reporting culture within the organisation.

The QCAB was particularly struck by the fact that the majority of these incidents were falls, accounting for 30% of total incidents, with clinical deterioration the next most common category at 19%. Members expressed surprise at how often falls occur and the impact they have on clients. This created a strong sense that more should be done to support prevention in practical, accessible ways.

“What surprised me was the level of falls and I wondered a little bit about how that correlated with the level of impairment that you’ve got in your current clients as opposed to what you had, say, a year ago.”

- **Complaints and Feedback:** Most feedback is positive and relates to employee conduct. However, complaint’s themes focus mainly on communication and consultation (127 of 252 since ERICs launched), examples include slow call or email responses, lack of updates for families, conflicting information, and service delivery concerns.

Members emphasised the importance of timely, consistent and appropriately directed communication not just individually but across all Home and Community Services. Specifically, response times were reported to be slow, with examples of email enquiries taking several weeks to receive a reply eroding confidence.

Key Highlights

The QCAB recognised that the rise in reporting numbers is a positive indicator of system maturity and increased transparency. Importantly, this increase in reports does not signify a rise in actual harm but demonstrates enhanced openness in documenting and addressing incidents.

Members highlighted inconsistent communication pathways, delayed responses, and unclear points of contact, making it difficult to manage changes in client needs and to ensure timely updates between, families, care partners and care workers. This was noted as particularly important for clients living with dementia and those with complex needs.

Topic 2: Compliance, Staffing and Quality Indicators

The discussion addressed Catholic Healthcare's compliance performance, workforce trends, and quality indicators such as falls, missed services, and skin tears. Additional insights were provided by the concurrent Consumer Advisory Body (CAB) and a guest Senior Customer Delivery and Service Manager to share updates and seek feedback from members on proposed changes to how client activities are more effectively managed and by who.

A key highlight for all strong compliance performance, the volume of services undertaken in a 6 months period with **250,000 services delivered** and only 1800 missed services (<1%) as well as noting that sick leave is about 5% of rostered shifts and attrition stands at ~27.5%, both below industry averages.

A few things the QCAB noted:

- **Compliance Status:** Home & Community Services is fully compliant, preparing for heightened provider registration standards. Process-based compliance risks relate to documentation, timeliness, and communication following implementation of new systems; there are no concerns with care quality or safety.
- **Workforce:** missed services are under 1%, mainly due to staff shortages in rural areas and primarily affect domestic support. It was noted that targeted recruitment addresses rural workforce gaps and plans for leave and illness.

QCAB members noted that their experience was that employee changes remain frequent, affecting continuity and client trust, in particular for those living with Dementia where continuity is key. Management shared that rostering and travel pressures cause employee frustration and pose a risk to retention. This is compounded by use of casual or agency workers to cover roster gaps which impacts continuity, consistency, communication, and satisfaction.

- **Quality Indicators:** Quality indicators are tracked; data capture is improving but incomplete. Some metrics require manual reporting and vary regionally; system upgrades are addressing this.

Falls are one of the quality indicators and were a major focus of discussion, noting that most occur outside of service time. It was noted that there are two situations to consider: a fall that occurs while a service is being delivered, and a fall that occurs outside service hours. At Catholic Healthcare, most falls that are recorded occur outside of services times. Falls remained a key area of focus, with ongoing discussion on when and where they occur.

- **Consumer Advisory Body:** Early CAB insights highlighted reinforced similar challenges with timely responses to client requests, despite implementing a wide range of improvement initiatives, including those recommended by QCAB in previous cycles. Both CAB and QCAB identified similar opportunities to improve communication responsiveness processes.

Key Highlights

Following the complaints discussed in Topic 1, the Senior Customer Delivery and Service Manager attended to provide an update and seek feedback from the QCAB on proposed changes to client and family communications. These changes aim to better distinguish relational care from high-volume transactional activities, in response to feedback about the loss of essential relationships and contact with Care Partners. Members indicated broad support for the proposed approach.

Reflection

Falls emerged as an area of particularly strong interest for the QCAB because of what they can mean for people's everyday lives. Members were surprised by how prominently falls feature in incident data and concerned about the impact a fall can have on confidence, mobility, independence, and a person's ability to continue living safely at home. There was clear support for practical prevention measures that make a difference to clients and families, including better education, easy-to-access online sessions, clearer information about falls risk and what can be done to reduce it, and stronger visibility of the services and programs available to help prevent falls.

“The wait time in itself (for packages) is lending you to having more people who haven't had the interventions that would help them mitigate against falls.”

A key quality-of-care issue raised was the loss of relationships and connection with care team, linked to the introduction of the centralised care partner team. Participants described reduced responsiveness, unclear communication pathways and the need to repeat the same information when speaking with different people across Catholic Healthcare. It was agreed that safety concerns, falls, and client information cannot be managed effectively when staff capacity is stretched, or it is not clear who to contact.

QCAB were appreciative of the opportunity to hear more about upcoming changes being implemented focused on relationships, clients' needs and preferences are captured once and shared appropriately, reducing the need to retell their story this is seen as especially important for clients living with dementia where real time information and advice is needed.

Recommendations

Proposal 1. Falls Prevention

Implement a targeted falls prevention and health literacy approach that is centred on the needs of consumers and families. This should focus on reducing harm, building awareness of how common and impactful falls can be, and improving access to practical education, online sessions, clear information, and available services that help people stay safe, maintain confidence, and remain independent at home for longer. Learning should be reflected in care planning and everyday frontline practice.

Proposal 2. Collaboration with CAB:

Collaborating with CAB members to develop and test proposed solutions to the communication responsiveness and relationship centric care challenges highlighted by Advisory Bodies and prevailing complaint patterns. This collaboration will be led by the Customer Experience team.

Proposal 3. Continue to focus on closing out open recommendations.

Finish what has been started. There are a number of open initiatives that need to close and evaluated by end of June 2026.

Management Actions:

1. Explore ability to have single profiles on CHL App and to be able to toggle between profiles if say husband/wife and not login to separate accounts.
2. Ensure that where devices or other supports used to support safety, are captured in the care plan, especially those strategies for people living with dementia.

Conclusion

In summary, Cycle 5 confirmed that Catholic Healthcare's Home and Community services maintain strong assurance through effective compliance, better data, and transparent reporting. The QCAB acknowledges recent system improvements but emphasises the need for ongoing discipline in documentation, prompt incident resolution, and consistent follow-up for lasting progress.

The QCAB advises focusing on a few key priorities: improving communication and complaints management, and placing stronger emphasis on falls prevention through education, online sessions, practical information, and better visibility of available services. This reflects members' strong interest in falls prevention and reflects the importance of addressing falls prevention as a priority area.

Appendix

Table 1. Advisory Body Membership and Attendance Table

Requirements	Number of Positions	Name and Role	Returning QCAB Member	Attendance at meetings (Orientation, Meeting 1, 2 and 3)
Chair	1	Chief Quality Officer Lana Richards	Y	4
Key Personnel	1	Chief Communities Officer Therese Adami	Y	4
		Delegate Nicola Rosenthal	Y	2
Employees are directly involved in the provision of care delivery, including clinical support.	Minimum 2	Community Worker John Chammas	Y	1
		Registered Nurse Mel Morris	Y	3
		Volunteer Coordinator Nova Raboy	Y	3
		Care Advisor Sophie Mills	Y	2
		Sales Consultant Home Care - CHSP Tayla Macdonald	Y	3
Consumer Representatives	Minimum	Georgie Aouad	Y	3
		Pat Connoley	Y	2
		Sandra Samuel	Y	3
		Carmen Mifsud	Y	1
		Helen Mifsud	Y	1
		Arthur Moreland	Y	2
Secretariat and support to the Chair		Nicky Lord	N/A	2
		Kym Robinson	N/A	3
Guests		Kate Todd, Quality Manager (Topic 1 and 2) Tony Kofkin, Incident, Investigations and Complaints Manager (Topic 1) Tom Rebetzke, Investigations Officer (Topic 1) Ivan Mathias, Senior Customer Delivery & Service Manager (Topic 2) Mark Fitzsimmons, Senior Customer Experience Specialist (Topic 2)		

Table 2. Summary of Cycle 5 Recommendations

Priority	Topic	Proposal	Measure of Success	Selection Criteria score out of 18	Timeframe
1	Falls prevention	Implement a targeted Falls prevention health literacy approach focused on harm reduction, increasing client awareness of the programs CHL offers to support people staying at home for longer, embedding learnings into care planning and frontline practice.	<ul style="list-style-type: none"> • Improved client awareness and understanding of falls prevention, including the role of strength, balance, and movement in maintaining independence. • Increased awareness and uptake of available strength, balance and movement programs including group-based and individual programs (e.g. Mind & Move, Stepping on and in-home reablement programs) by 20% • Falls prevention education and key learning consistently reflected in care planning and front-line practice. • Evidence of a harm reduction approach through more informed post fall conversations and follow-up actions. • Clearer governance oversight of falls prevention activity through meaningful, trend-based reporting 	14	3-6 months
2	Collaboration with CAB on Communication Responsiveness	Invite members of the CAB and QCAB to come together to develop solutions for communication responsiveness and continuity of care challenges.	<ul style="list-style-type: none"> • Codesign improvements to CHLs communication processes and channels. • Expansion of CHL App features to support improved customer experience. 	11	6 to 12 months

Priority	Topic	Proposal	Measure of Success	Selection Criteria score out of 18	Timeframe
			<ul style="list-style-type: none"> • Reduce complaints about communication and consultation by 10% • Improve Home and Communities NPS score by 10 points over the next year (to 25) • Increase satisfaction with “The Ability and Responsiveness of staff to answer your queries and questions” to 78% 		
3	Continue focusing on the current list of QCAB improvements	Significant progress has already been made, and there are ongoing initiatives that require attention, especially around the service communication	<ul style="list-style-type: none"> • 100% of remaining actions are implemented. 	N/A	0-3 months