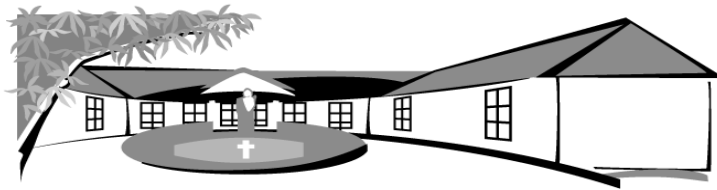


**The Maronite Sisters  
Of the Holy  
Family Village**



*The Maronite Sisters of the Holy Family Village*

**Strategic Plan  
2024-2026**

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## 1. INTRODUCTION

This strategic plan has been written in consultation with management, staff, residents and relatives to provide direction for all stakeholders. This direction aims to achieve Continuous Quality Improvement in all areas of the Village and will be reviewed every three years.

## 2. A BRIEF HISTORY OF THE MARONITE SISTERS OF THE HOLY FAMILY

The congregation of the Maronite Sisters of the Holy Family Village was founded by His Beatitude, the Late Maronite Patriarch Elias Hoyek, a Lebanese man in 1895. The Patriarch was born at “Helta” of Batroun’s district in Lebanon. He was **“the man of the Divine Providence”**. He spent his life thinking of the welfare of his Maronite Church and of his Country. For he thought that the best way to have a healthy community was to have healthy mothers. At that time the country was in need of an order of nuns to help the new generation to have good families, so he started to establish a religious order as the best method to serve his purpose.

In 1895 the project passed from ideals to reality. The Founder bought a new place at Ebrine in the District of Batroum. This new place became the official residence of the new order. All of the Sisters of the Holy Family tried to follow their founder by giving themselves up to the divine providence. This small mustard seed grew up and became a very big tree, like the Cedar, stretching its branches everywhere in Lebanon, Syria and Australia.

The Patriarch’s purpose in establishing the congregation was to address the following needs:  
To raise and educate school children according to the times and needs of the Country  
To respond to the call to show mercy to those in hospitals, orphanages, nursing homes and clinics.  
To serve all of humanity and to preach the Christian faith, spread the Food News, partake in missionary activities and work with the local parishes alongside the priests.

The congregation is distinguished in three ways:  
It is a member of the Maronite Church of Antioch  
It is open to all Churches on the Spirit of Universality  
Its service is for the honour of the Body of Jesus

### SPIRITUALITY

The spirituality of the Congregation is taken from the spirituality of the Holy Family of Nazareth, Jesus, Joseph and Mary.

Through the spirituality of the Incarnate Son, to do all things for, with and near Jesus.

Through the spirituality of Joseph, to follow in obedience, faith, and silent work.

Through the spirituality of Mary, to fully listen to the word of God and undertake all that God calls us to.

## MARONITE SISTERS MISSION

Today the congregation has approximately 235 members. It is serving people of God in 3 Countries; Lebanon, Syria and Australia, caring for their spiritual and physical needs regardless of race, creed, gender or nationality.

The Maronite Sisters of the Holy Family has been in Australia since September 1968. The Mission within Australia has reflected goals already established in Lebanon, serving God and his Churches in responding to the needs of the Maronite people within a society, especially within the fields of education and elderly care.

### 3. HISTORY OF THE MARONITE SISTERS OF THE HOLY FAMILY VILLAGE – (Village)

On 30 August 1991, the sisters purchased an existing nursing home of 27 beds at Dulwich Hill and renamed it 'The Alexander and Therese Alam Retirement Complex'. However, the nursing home needed not only physical improvement but a higher level of care to provide a superior standard for residents.

Therefore, in 1997 a new building was constructed adhering strictly to the appropriate section of the Australian Standards and Building Code of Australia. The nursing home was relocated from a noisy, busy main street to a quieter surrounding with a more serene environment and renamed 'The Maronite Sisters of the Holy Family Village'.

Opening in 1998 our Village was built as a model attractive purpose-built residential facility. It comprises of **54** high beds. We are a non-profit organisation designed to provide appropriate care in a culturally specific environment.

To continue our mission in providing service for the community, a second facility was built between 2006 and 2007 in Dulwich Hill called The Maronite Sisters of the Holy Family Village (2).

Village (2) was opened on 10<sup>th</sup> September 2007. It comprises of **47** beds Ageing in Place. Also, Village (2) welcomes residents with Dementia in its Dementia specific Unit.

Village (2) is two levels building with Modern features such as en-suite in each room, single rooms for low care residents, TV in every room, Air conditioning unit in each room, spacious wardrobes for storage and modern electrical beds. Broadcasting program and communication.

Both Villages provide luxury, single or twin rooms with en-suites and garden views. The rooms are equipped with Nurse call systems, electric beds, telephone points, T.V points and air conditioning. A large, decorated lounge and dining room opens onto a barbeque area with landscape gardens, and a separate sitting and T.V room provided for residents.

Today, the Maronite Sisters of the Holy Family Village is a **101** bed Ageing in Place Village for elderly persons. The Village is approved by the Department of Health and Ageing.

#### 4. VISION

*Our vision is to strengthen and promote the overall health and well being of the individual created in the image and likeness of God.*

#### 5. MISSION

*Our mission is to provide holistic quality care for residents and to meet individual needs in a comfortable, safe and supporting environment with a focus to restore and promote optimal independence and dignity.*

#### 6. VALUES

*Our values are the foundation of our mission. We will continually strive for:*

**LOVE :** bring to each the love of Christ.

**COMPASSION :** accept people as they are.

**JUSTICE :** respect the rights of all.

**EXCELLENCE :** excel in all aspects.

## 7. PHILOSOPHY

**M**aintain an optimum standard of nursing care and a high quality of our service, as our **Residents are the sole purpose for our existence. Their care is the responsibility of every employee.**

**A**cknowledge and uphold the dignity of each resident. To this end, our health care must be given with compassion, care, love and encouragement with every consideration for privacy and comfort. Residents can then live as happy and independent individuals with pride, freedom and contentment.

**R**espect and protect our resident's rights and ensure that their spiritual, physical and emotional needs are met enabling them to live in peace without pain.

**O**ffer comfortable, secure, pleasant, clean, well-aired and bright surroundings and create an atmosphere of homeliness.

**N**otify our residents about their right to exercise freedom of choice; to make their own decisions about the personal aspect of their daily life, financial affairs and possessions.

**I**ndividuality of our residents is emphasised and respected both in the preparation of care planning and in the way that the staff perform their duties.

**T**ry to develop confidence, self-esteem and competence for self-improvement. This can only be achieved with the full co-operation and support from relatives, friends, management and staff.

**E**ducate and foster our staff in the pursuit of excellence in aged care.

## **8. SWOTC Analysis**

This is a summary of business' most important strengths, weakness, opportunities, threats and constraints.

### **STRENGTHS**

Good reputation within the Community.  
History of Caring.  
Good Management Skills.  
Committed Staff  
Community support expansion and facility development

### **WEAKNESS**

Small size inhibits growth  
Land area limits building enlargement

### **OPPORTUNITIES**

Ability to provide High Quality Care  
High demand within the Marrickville / Dulwich- Hill region for high care nursing

### **THREATS**

Growing demand in the area for aged care facility beds

### **CONSTRAINTS**

The limits of development imposed by the small site area

## **9. FINANCIAL**

### **Revenue**

Government Subsidies  
Patient Contribution  
Donations

### **Expenditure**

Budgets prepared annually and approved by the Maronite Sisters National Board.  
Monthly analysis reviews conducted.

10. Strategic Plan 2024-2026

OBJECTIVES	STRATEGIES	RESPONSIBILITIES	TASKS & FINISH DATES
<p><b><u>RESIDENT WELLBEING &amp; CHOICES</u></b>                      Partnership with Residents and representatives                      Suggestions and feedback to improve care.                      Provide a safe, healthy and secure environment with high quality care and services                      Maintain Resident/Consumer advisory body                      Support high-quality, enjoyable food and dining experiences for our residents                      Achieve 5 stars in Residents Satisfaction Survey (government’s yearly audit)                      Residents’ relocation during construction and rebuilding of Village 1</p>	<p>Residents Meetings &amp; Family Meetings                      Ongoing Case Conferences                      Feedback and Complaints Mechanism                      Aged Care Rights / Ongoing QI meetings                      Implementation of residents’ advisory                      Encourage residents’ participation                      Improve Dining Experience                      Continue the use of “Dining resources”                      Reduce the use of Restrictive Practices                      Review NQI survey results and act accordingly                      Communicate de-bedding plan with residents and their representatives                      Achieve A rating in kitchen audit</p>	<p>DON, CM, DT, RAO, Staff                       CEO/Executives/DON/DT/RAO                       Cook and Kitchen Hand</p>	<p>Ongoing                        De-bedding to commence early 2026.</p>
<p><b><u>RESPONDING TO REFORMS:</u></b>                      New Rights-Based Aged Care Act July 2025                      Increased transparency (related to Aged Care providers’ finances on My Aged Care) 2024-2025                      New subsidy payment model for all providers from July 2026                      New Regulatory Model from July 2025                      Strengthening Quality Standards July 2025                      National Worker Screening for Aged Care 2025                      Accommodation Framework (RAD and DAP changes from July 2025,                      Single Assessment System from 2025                      Care Minutes 215/44 and ensuring care minutes target is met especially Oct-Dec 2025                      Expansion of the National Aged Care Mandatory Quality Indicator Program Apr 2025                      English language and ongoing training requirements for Personal Care Workers July 2025                      Monthly Care Statement                      Ensure e-health compliance</p>	<p>Update policies and procedures                      Provide education and awareness to all staff                      Notify residents and update them with changes                      Collaborate with all stakeholders                      Attend webinars and training to be up to date with changes                      Implement changes when it occurs without delay                      Financial study and preparation for care minutes increase                      Understand and be knowledgeable of the Village’s AN-ACC                      Update and prepare NQI requirements with QPS                      Workforce planning and education                      Monitor monthly care statement trial phase and collaborate with LeeCare re-implementation                      E-Health policy update and collaboration with IT for data security</p>	<p>CEO, Executives                      Compliance Coordinator                      Financial manager                      HR team                      DON and CM                      IT manager</p>	<p>July 2025                      July 2025                      July 2025                       July 2025                       July 2025                       July 2025                       Care minutes: October 2025</p>
<p><b><u>STRENGTHENING GOVERNANCE</u></b>                      Comply with Aged Care provider governance requirements                      Achieve good results in NQI</p>	<p>Update policies and procedures                      Quality and Clinical Governance Committee                      Advisory Board meetings                      Financial reports and analysis</p>	<p>CEO, Executives                      DON</p>	<p>Ongoing</p>



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<p>Quarterly Benchmarking            Ensure safe environment and compliance with WHS requirements            Review key personnel yearly            Introduction of ACOP in Feb 2025            Maintain Quality Care Advisory Body</p>	<p>Monitor ACQSC and Health departments websites            Membership with Aged &amp; Community Care Providers Association (ACCPA) for advice and guidance            Review NQIs and Quarterly Benchmarking            Appointing and reviewing key personnel yearly            Update ACOP policy and procedure and job description</p>	<p>Compliance Coordinator            Operations Coordinator            Finance Manager</p>	<p>February 2025 (introduction of ACOP)</p>
<p><b><u>MANDATORY REPORTING</u></b>            National Quality Indicators (NQI)- quarterly            QFR- Financial Report including care minutes reporting- quarterly            Aged Care Financial Report (ACFR) and Annual Prudential Compliance Statement (APCS)            Annual Report on Operations (including statement of compliance), Knows as: Governing Body Statement Declaration (GBSD)            Annual Information statement for ACNC: Australian Charities and Non-For- Profit commission</p>	<p>Update policies and procedures according to requirements            Ensure all reporting requirements are met            Prepare all documentation needed for reporting before the due date            Maintain a reporting register to ensure compliance</p>	<p>CEO, Executives            Finance Manager            Compliance Coordinator</p>	<p>Ongoing</p>
<p><b><u>ACHIEVE OVERALL STAR RATING</u></b>            Achieve mandatory requirements in the following rating: Residents Experience (33%), Compliance (30%), Staffing (22%) and Quality Measure (15%)</p>	<p>Policy and procedures updated and implemented            Conduct internal residents' satisfaction surveys and respond to residents needs            Conduct internal audit as per QI schedule and perform benchmarking with QPS            Workforce study and roster review to meet care minutes</p>	<p>CEO, Executives            Compliance Coordinator            DON/CM            HR</p>	<p>Ongoing</p>
<p><b><u>WORKFORCE</u></b>            Recognise and develop staff competency and skills            Comply with Mandatory care and RN minutes and 24/7 RN            Induction Program and Increase Casual Pool            Maintain and update Anti-Discrimination and psychosocial hazards requirements            Onboarding program commenced end of 2024            National worker screening for Aged Care and English requirements July 2025</p>	<p>Professional development through education            Evaluate external &amp; internal staff training.            Educate and monitor staff to comply with code of conduct            Yearly appraisal and competency assessment.            Review staff Roster and staff/residents' ratio            Collaboration with TAFE NSW to bring in more students for training and potential employment            Ensure the Village's "Positive duty" in relation to discrimination and sexual harassment is met            Plan to alert staff of changes on a monthly basis through memo and ongoing education as per calendar</p>	<p>CEO, Executives, HR manager, HR officer            Management, All Staff.            DON and Care Manager            Compliance Coordinator</p>	<p>On-going            Memo to be distributed from January 2025</p>
<p><b><u>RESOURCES</u></b>            Be responsible Stewards of our resources. Recognise the valuable input of our Stakeholders to the facilities use of resources</p>	<p>Build up resource library in our Village            Maintain and encourage networking            Stock ordering and rotation in place including PPE, Food supply, Cleaning Products, Clinical care Products</p>	<p>CEO, Executives, DON, All Staff            Compliance Coordinator</p>	<p>On-going</p>

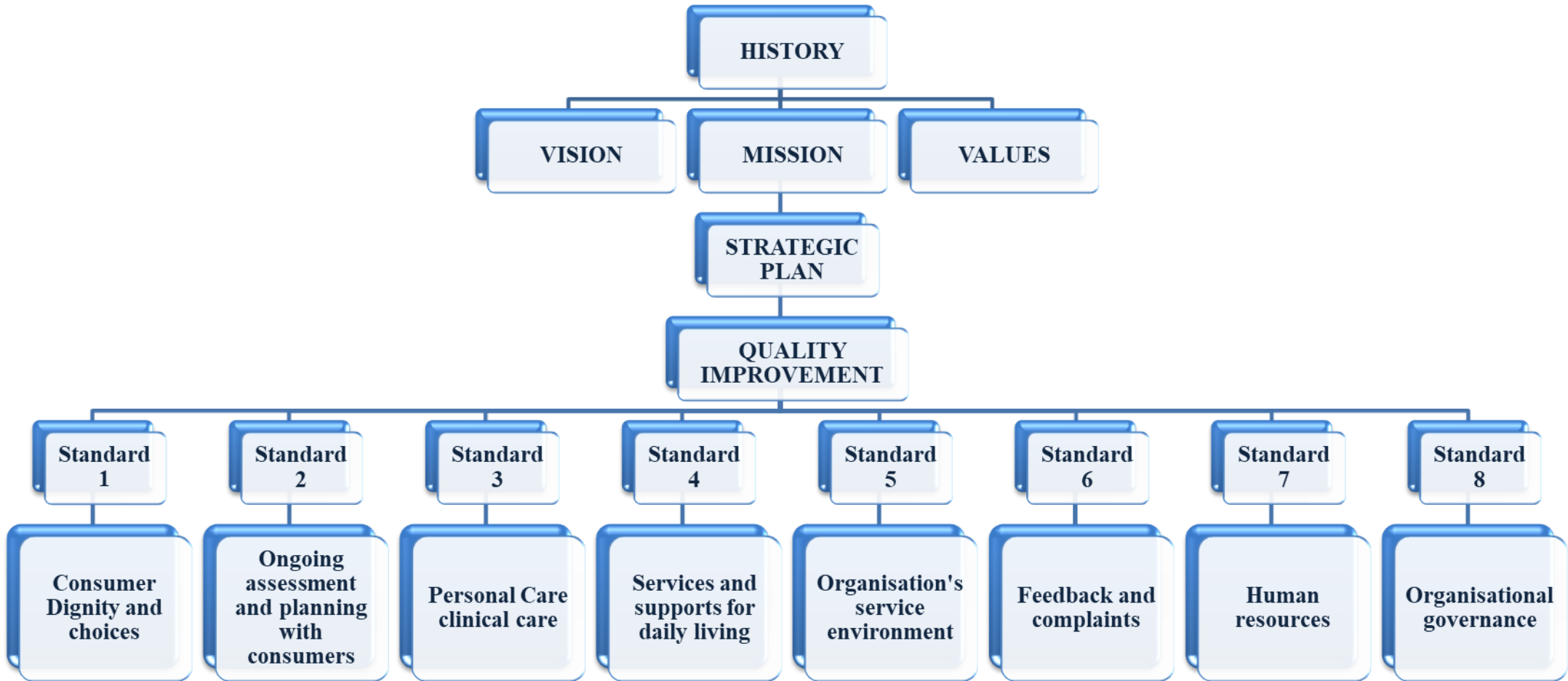
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<p>Commission resources and department of health website ACCPA converting to Aging Australia Resources can include standard guidance, audit methodology, evidence mapping and worker guidance</p>	<p>Regular access of government website for changes Policies and procedures accessible on LeeCare Monthly QI meeting minutes Access all resources to ensure updated information is provided to staff and included in the Village's policies and procedures</p>		
<p><b><u>EDUCATION:</u></b> Recognise Education needs for staff Provide Internal educations to cover all topics and staff demands Provide online and virtual education on various topics Attend external education yearly</p>	<p>Yearly education calendar Monthly meeting reminder Questionnaires and staff feedback Education attendance statistics Staff In-service preferences Online education membership (such as food, IC, COVID-19 awareness etc) Provide education, training, and conduct meetings virtually to increase attendance and participation Access "Alis", education platform from the Commission for ongoing update and resources</p>	<p>CEO, Executives, DON, Care manager  Secretary  Operations Coordinator  HR</p>	<p>On-going</p>
<p><b><u>REGISTRATION</u></b> Our plan is to provide quality care and services in our Aged Care Facility, using best practice models. Achieve registration requirements in 2025 in category 6 Compliance with Pre-audit preparation tool July 2025 Comply with self-assessment and CI requirements</p>	<p>Policy and Procedures updated QI Program review and auditing system Staff Education Preparations according to Government guidelines, regulations and legislations Ongoing update of self-assessment and CI plan Regularly checking the department website for update on the registration requirements including pre-audit tool</p>	<p>All staff to be given opportunity to provide input to development of QI program.  CEO, Executives, DON, Compliance Coordinator</p>	<p>On-going</p>
<p><b><u>AGED CARE QUALITY STANDARDS</u></b> Continue complying with Aged Care Quality Standards and Comply with strengthened standards Remain up to date with changes related to the Aged Care Quality Standards and be part of the consultation process</p>	<p>Update policies and procedures in line with requirements Ensure practices meet the standards to achieve re-registration with nil non-compliance Review policies and procedures in line with revised quality standards when released</p>	<p>Management and staff  CEO, Executives, DON, CM and Compliance Coordinator</p>	<p>Ongoing to update policies</p>
<p><b><u>BUILDING AND CONTRUCTION</u></b> Tender period and review Demolition and rebuilding of Village 1 Ongoing upgrade of Village 2 Safe and Comfortable living and working environment Follow up with SSSA progress Appointment of new Project Manager following approval of SSSA and to coordinate constructions</p>	<p>Appointment of Maintenance and Development project manager Plan for demolition Residents/families consultation, feedback and suggestions Interview project managers beginning of 2025 Ensure tender period and reviews are completed as planned</p>	<p>CEO, Executives Advisory Board  Compliance Coordinator  Appointed project manager Handyman Supervisor</p>	<p>DA application commenced in end of 2022  De-bedding to commence early 2026 Construction to commence in 2026</p>

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<p><b><u>IT AND CYBER SECURITY RISK</u></b>          Optimise IT resources          Information security and protection          Data back-up          Privacy and Confidentiality of sensitive information          Cyber security (ICT) Plan          Strengthening WiFi connection for both Villages          Monitoring and Ensuring security of e-health through IT support and auditing</p>	<p>IT Audit          Update of electronic equipment used          Update LeeCare          Consent forms to be obtained from residents and/or representative          Individualised log in and passwords          Confidentiality agreement for staff          Information security and back-up          IT Plan and report for Cyber protection          Ongoing update of the Village's website</p>	<p>CEO, Executives, IT manager          DON and CM           Handyman supervisor</p>	<p>Ongoing</p>
<p><b><u>RISK MANAGEMENT</u></b>          Hazards and risks identification, assessment and management          Reviewing the control measures.          Update of Policy and Procedure          Risk Register</p>	<p>Policy and procedures reviewed and published to all staff          Risk Register completed and updated          Ongoing assessment of risks related to clinical care, financial, IC, Outbreak, WHS, Human resources, staff shortage etc          Discussion at Advisory Board Meetings and Quality and Clinical Governance Committee meetings</p>	<p>CEO, Executives, DON, CM and HR,          Operations Coordinator,          Compliance Coordinator</p>	<p>Ongoing</p>
<p><b><u>CLINICAL MANAGEMENT</u></b>          All clinical assessment forms to be completed in partnership with residents          Care needs identified          Care Plan and Behaviour Support Plan          Clinical care attended on time          Referral made within timely manner          Advice from clinical consultants as needed</p>	<p>Complete clinical assessment form in partnership with residents/ representative          Monitor and educate staff, RNs and care manager          Update assessment forms as required          LeeCare to update assessments in line with requirements and new reforms          Documentation regarding clinical care needs to be up to date</p>	<p>DON, Care Manager, RNs           Advisory board and CEO</p>	<p>Ongoing</p>
<p><b><u>WHS and IC</u></b>          Comply with WHS Act 2011 and IPC Principles          Update policy and procedures          Improve WHS practices such as reporting of defects or items to repair to be completed electronically          Increase WHS personnels such as Handyman          Risk Management          Outbreak Preparedness          Yearly maintenance schedule/program review          IPC compliance          Fire safety</p>	<p>Review the WHS and IC policies and practices          Handyman supervisor to monitor the work of other Handymen and ensure stocktake is done          Update risk register and complete risk assessment following incidents and when needed          Complete outbreak checklist and self-assessment          Staff training ongoing and mock outbreak for education          Ensure adequate PPE supply          Ensure maintenance schedule is reviewed and followed          IPC audit yearly with Bug control and IPC lead to be onsite          Compulsory fire education and training yearly          IPC education (compulsory)</p>	<p>CEO, executives          Compliance Coordinator          Director of Nursing, CM          Handyman Supervisor</p>	<p>Ongoing</p>

## 11. STRATEGIC CHART



## **12. ORGANISATIONAL CHART**