

Clinical Governance Framework



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Clinical Governance Framework - Easy Read

This page helps you understand how we keep your care safe and high quality. It also reminds you of your rights when you receive care from us

What is Clinical Governance?

Clinical Governance is the way Huon Regional Care makes sure all the care you receive is safe, respectful, and meets your needs. It helps everyone - from carers to managers - do their jobs well.

It means:

- you are always at the centre of care
- we learn from mistakes and make things better
- we listen to you and improve our services



Your rights are to:

- make your own decisions about your own life
- have your decisions not just accepted, but respected
- get information and support to help you make decisions
- communicate your wishes, needs and preferences
- feel safe and respected
- have your culture and identity respected
- stay connected with your community



How we're doing

We check how we're going by looking at things like how many people feel safe, how many complaints are sorted out, and how many people are happy with their care. Then we use that information to make things better in the future.

How to get involved

To give feedback, or to participate in our consumer governance committee, talk to a member of staff.



Clinical Governance Framework Snapshot

Here at Huon Regional Care clinical governance is everyone’s responsibility. It’s the system that helps us all - regardless of role - to deliver care that is safe, respectful, and continuously improving. Whether you work in direct care, hospitality, maintenance, or leadership, you have an essential role to play in protecting the rights, safety, and wellbeing of the people we care for.

Our Clinical Governance Framework outlines the expectations, policies, and systems we use to support great care. It shows how we manage risks, respond to feedback, and make sure residents and clients are always at the centre of what we do.

The table below shows what this looks like for you in practice. For each of our Quality Standards, we’ve listed the minimum expectations and key actions required of all staff at Huon Regional Care.



Quality Standards	What we expect from our staff to help keep care safe and high quality
Standard 1 The Person	Huon Regional Care expects all staff to uphold the dignity, autonomy, rights, cultural identity, and preferences of residents and clients in every interaction. This includes the following mandatory actions: <ul style="list-style-type: none"> • Treat all residents and clients with kindness, respect, and cultural sensitivity, supporting autonomy, intimacy, and identity.

Quality Standards	What we expect from our staff to help keep care safe and high quality
	<ul style="list-style-type: none"> ● Follow and apply the: <ul style="list-style-type: none"> ○ Code of Conduct Policy ○ Informed Consent Policy ○ Privacy and Dignity Policy ○ Complaints and Feedback Management Policy ● Obtain and document informed consent prior to any care or intervention using iCare (clinical staff) or Sandwai (support at home staff). Record care interactions, refusals, preferences, and wellbeing observations in iCare in real time (clinical and care staff) or Sandwai (support at home staff). ● Support shared decision-making with residents and clients and include their family and supporters where appropriate. ● Escalate concerns related to safety, dignity, discrimination, neglect, or abuse immediately through approved channels (e.g. manager, RiskTeq). ● Ensure all residents and clients feel safe, included, and understood regardless of background, communication needs, or capacity. ● Attend and maintain competency in mandatory training covering: <ul style="list-style-type: none"> ○ Trauma-informed practice ○ Cultural safety ○ Supported decision-making ○ Consumer rights and dignity ● Ensure care planning processes reflect individual preferences, diversity, and communication needs (clinical leaders and staff). ● Monitor trends in complaints, consent breaches, and feedback relating to dignity and inclusion (Quality & Safety Committee). ● Oversee implementation and review of relevant policies and frameworks that support dignity, inclusion, and rights (board and executive leaders).
Standard 2 The Organisation	Huon Regional Care is governed and managed in a way that ensures quality, safety, accountability, and continuous improvement. All staff and governance members must:

Quality Standards	What we expect from our staff to help keep care safe and high quality
	<ul style="list-style-type: none"> ● Ensure oversight and monitoring of quality and safety systems, including through the Clinical Governance Framework (board and executive). ● Partner with residents, clients, and family and supporters in service design, improvement, and feedback activities. ● Implement and maintain current, evidence-based policies and procedures including: <ul style="list-style-type: none"> ○ Risk Management Policy ○ Incident Management System ○ Open Disclosure Procedure ○ Complaints and Feedback Management Policy ● Ensure all staff are trained and supported to use these systems effectively. ● Record and monitor data in iCare, Sandwai and RiskTeq; use quality management insights to drive improvement. ● Maintain an up-to-date quality system that captures performance data, incidents, complaints, risks, and audit findings. ● Actively review and improve the effectiveness of governance, quality and risk systems (executive and board). ● Promote a culture of safety, respect, and learning across the organisation.
Standard 3 Care and Services	<p>All care and services are person-centred, safe, planned in partnership, and responsive to assessed needs and preferences.</p> <ul style="list-style-type: none"> ● Conduct and document assessments in iCare / Sandwai, covering risks, needs, strengths, and goals, in line with the Consumer Care in Partnership Policy and Procedure (residential services); SaH Partnering with Older People Policy; SaH Person-centred Care Policy; SaH Intake, Assessment and Care Policy (support at home). ● Involve residents/clients and family/supporters in all stages of care planning and review. ● Ensure care plans are current, accessible, and regularly updated, as outlined in Consumer Care in Partnership Policy and Procedure. ● Use structured tools (e.g. ISOBAR, Yellow Envelope) to support safe handover and transitions. ● Escalate changes in condition or concerns using appropriate systems (e.g. RiskTeq). ● Ensure access to advocacy and support positive risk-taking for quality of life.

Quality Standards	What we expect from our staff to help keep care safe and high quality
	<ul style="list-style-type: none"> ● Document preferences, consents, and alerts consistently within iCare / Sandwai.
<p>Standard 4 The Environment</p>	<p>The care environment supports safety, comfort, infection prevention, dignity, and inclusion.</p> <ul style="list-style-type: none"> ● Maintain clean, welcoming, and safe physical environments across home and residential care, in line with the Risk Management Policy and relevant environmental safety protocols. ● Apply the Infection Prevention and Control Policy for environmental hygiene, cleaning, outbreak response, waste management, and safe use of personal protective equipment. ● Ensure all staff complete infection prevention control training and demonstrate safe practices. ● Assign a trained infection prevention and control lead and conduct regular infection control audits, as outlined in the Infection Prevention and Control Policy. ● Communicate risks and IPC updates clearly to residents/clients, family/supporters, staff, and visitors. ● Ensure appropriate equipment, layout, and environmental design supports independence, comfort, and safety (especially in dementia care settings).
<p>Standard 5 Clinical Care</p>	<p>Clinical care is safe, coordinated, evidence-based, and tailored to individual needs.</p> <ul style="list-style-type: none"> ● Apply the Clinical Governance Framework to guide safety, performance, risk management, and oversight (executive and board). ● Ensure all clinicians are credentialed, working within scope, and supported through performance development. ● Use iCare / Sandwai to document clinical assessments, interventions, risks, alerts, and monitoring. ● Conduct and document clinical handovers, referrals, and reviews. ● Apply antimicrobial stewardship practices and infection control measures in line with the Infection Prevention and Control Policy.

Quality Standards	What we expect from our staff to help keep care safe and high quality
	<ul style="list-style-type: none"> ● Follow the Medication Management Protocol / SaH Medication Management Policy for safe and effective assessment, administration, documentation, review, and storage of medications. ● Regularly review medications, allergies, and adverse drug reactions. ● Escalate adverse events, document in RiskTeq, and conduct open disclosure in accordance with the Open Disclosure Procedure. Integrate lessons learned as part of continuous improvement activity. ● Deliver end-of-life and palliative care aligned to individual preferences and leading practice.
<p>Standard 6 Food and Nutrition (applies to residential aged care only)</p>	<p>Residents have access to safe, nutritious, culturally appropriate food and drink that supports wellbeing.</p> <ul style="list-style-type: none"> ● Develop and review menus with dietitian input and consumer feedback, as outlined in the Food and Nutrition Management Policy and Procedure. ● Provide food and drink options that meet assessed needs, preferences, and cultural or religious practices, following the Food and Nutrition Management Procedure. ● Ensure residents have continuous access to fresh water and snacks. ● Support residents to eat independently and with dignity; follow guidance for texture-modified or special diets. ● Train all staff involved in food service or mealtime support in accordance with the Food and Nutrition Management Policy and Procedure. ● Conduct mealtime audits and act on (audits) and resident feedback
<p>Standard 7 The Residential Community (applies to residential aged care only)</p>	<p>Residential care environments promote belonging, inclusion, continuity, and quality of life.</p> <ul style="list-style-type: none"> ● Provide opportunities for residents to engage in meaningful roles, routines, and activities. ● Respect identity, culture, language, and spiritual needs in daily living. ● Facilitate regular connection with family, supporters, and community, as supported by the Communicating with Consumers Policy and Procedure. ● Involve residents in shaping routines and decisions which affect their lives. ● Ensure smooth transitions into, within, and from residential care, with clear documentation and communication, following the Consumer Care in Partnership Policy and Procedure. ● Create and maintain a homelike, safe, and welcoming environment.

Introduction

Our Commitment to Quality and Safety

At Huon Regional Care, we believe that all Tasmanians deserve care provided with dignity and respect. For the last 50 years, we have been helping people live life, just the way they love it. Through three care centres in Franklin, Dover, and Nubeena that also provide sub-acute hospital beds (also called ‘rural beds’) and our home care service across southern Tasmania, we deliver compassionate, person-centred care.

Our values are accountability, belonging, compassion and respect. These values are woven into the fabric of our organisation, drive our culture and underpin our approach to clinical governance.

Our commitment to quality and safety

We are committed to providing high quality, safe clinical care for every person, everywhere, every time. We make this commitment to ourselves, our colleagues, our residents and clients, and to the broader community.

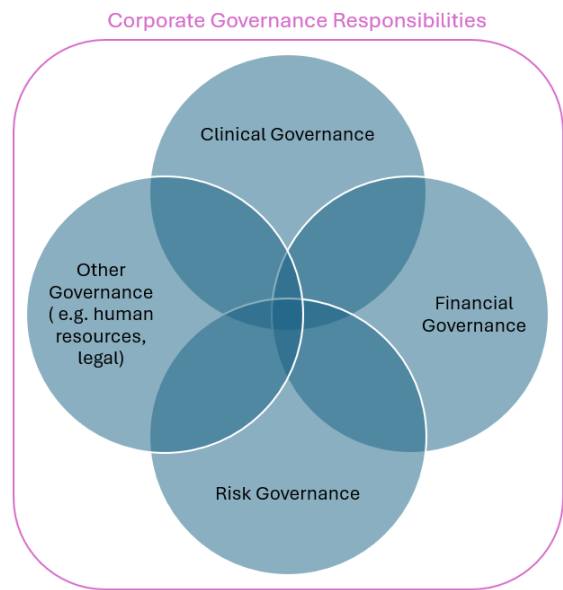
We commit to:

1. Partner with our residents and clients to enable appropriate clinical care for them which maximises their wellbeing
2. Strive for excellence by being open about mistakes, and continually learning and improving
3. Work as one team by trusting each other, sharing responsibility and never walking past a “not mine” problem

Understanding Clinical Governance

Clinical governance means that agreed systems and processes are in place to deliver safe and high-quality health care, as well as continuously improve the quality and safety of our services. At Huon Regional Care, our Clinical Governance Framework describes a set of relationships and responsibilities that connect together to enable quality clinical outcomes.

Clinical governance is an important part of our broader corporate governance framework. It ensures that everyone from frontline workers and clinicians, through to managers and members of our board are accountable to residents and clients, and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving. It encompasses the systems, processes, and leadership behaviours that ensure we deliver safe, high-quality clinical care. Although the framework is an important part of clinical governance compliance, it is also a way we foster a culture of excellence, accountability, and continuous improvement.



Alignment with National Standards – A foundation for excellence

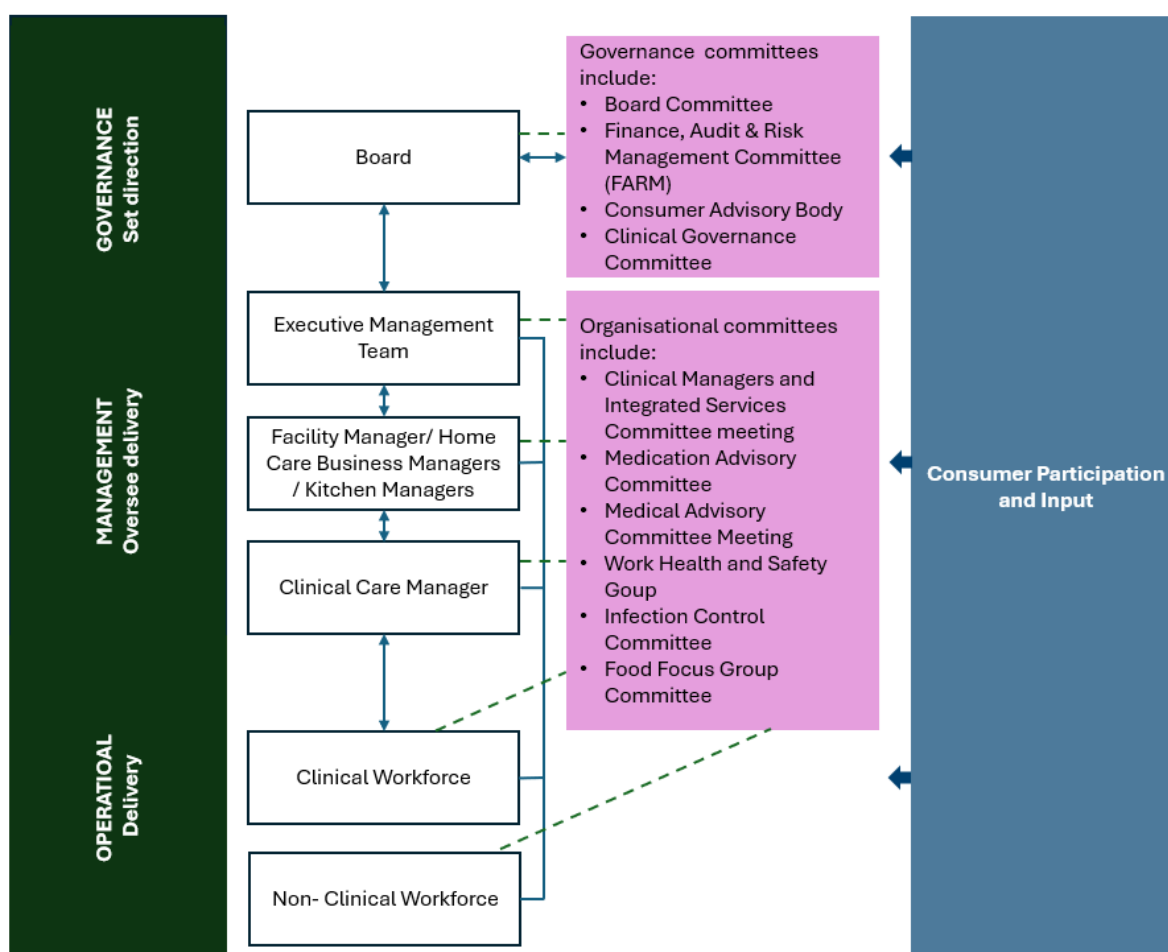
Huon Regional Care delivers services across diverse health, community, and aged care settings, which means we are guided by multiple National Standards. The Strengthened Aged Care Quality Standards form the foundation of our Clinical Governance Framework. To ensure alignment across care settings, we have also integrated Standards 1 and 2 – Clinical Governance and Partnering with Consumers – from the National Safety and Quality Health Service (NSQHS) Standards. This approach supports a consistent governance framework across the organisation, particularly in the areas of resident and client engagement, clinical leadership, credentialing, risk management, continuous improvement, and workforce capability.

In this Clinical Governance Framework, standards 1 to 5 are relevant to all areas of service delivery, while Standards 6 and 7 apply specifically to residential aged care settings, reflecting the additional clinical and daily living support requirements of those environments.

As we navigate an increasingly complex health and aged care landscape - including the introduction of the new [Aged Care Act](#), Huon Regional Care remains steadfast in the commitment to being Tasmania's first choice in aged and community care. Through strong leadership, robust governance, and continuous improvement, we foster a culture that doesn't just meet standards - it sets them.

Governance in Action

At Huon Regional Care, good clinical governance is lived across every part of the organisation. While the Board holds ultimate responsibility for setting strategic priorities, ensuring compliance, and overseeing quality and safety, governance is everybody's responsibility. Our leadership team, clinical staff, team members and operational workforce each contribute to strong, safe, and responsive care.



The Board sets the tone and direction by aligning decisions with Huon Regional Care's values and vision, overseeing clinical performance, and fostering open accountability. This includes:

- Ensuring systems are in place to monitor, review, and improve the quality and safety of care, including the public provision of timely reporting against the Standards.

- Responding to risk in a timely and proportionate way.
- Ensuring residents, clients, families and supporters are involved in governance processes through formal mechanisms like the Consumer Advisory Body.
- Providing a responsive, transparent complaints process to ensure that residents, clients and their families and supporters are able to provide feedback that is responded to in a timely manner.

Committees and governance groups operate with clear Terms of Reference to ensure defined roles, responsibilities, and decision-making authority. This clarity supports consistent oversight of clinical and non-clinical risk, effective issue escalation, and a structured approach to continuous improvement across all services.

Leadership in Action

Leadership at Huon Regional Care is demonstrated at all levels of the organisation, regardless of role or title. It is expressed in the decisions staff make each day that shape the safety, dignity, and wellbeing of the people we support.

Our approach to leadership recognises the importance of:

- **Clinical leadership** that is visible, accessible, and capable of supporting safe decision-making.
- **Management leadership** that models accountability, drives improvement, and supports staff wellbeing.
- **Cultural leadership** that promotes learning, transparency, and respectful, inclusive relationships.

We invest in leadership development and succession planning to ensure the organisational culture continues to be sustainable for the longer term.

Person / Group	Roles, responsibilities, accountabilities
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Board	<ul style="list-style-type: none"> ● Ultimately accountable for ensuring HRC delivers safe, quality clinical care as required by the relevant legislation and standards. ● Endorse and approve this Clinical Governance Framework ● Actively include quality and safety as a strategic and business priority ● Lead an organisational culture that prioritises safe and quality care and partnering with residents and clients ● Manage clinical risk at a high level by applying and regularly reviewing the organisation’s risk management approach
Quality & Safety Committee	<ul style="list-style-type: none"> ● Monitor and review quality and safety performance through reports from the clinical leadership team and the Quality & Safety Committee ● Delegate oversight for quality and safety to the CEO ● Monitors actions taken as a result of clinical incidents ● Instil a culture of excellence, accountability and teamwork
Senior Executive (CEO and Executive Management team)	<ul style="list-style-type: none"> ● Delegated oversight from the Board for implementing this Clinical Governance Framework ● Daily operational accountability for the delivery of quality and safe clinical care ● Provide visible leadership commitment to the direction and culture set by the governing body regarding high quality, safe clinical care ● Prioritise quality and safety in operational decisions (including financial) ● Ensure there is adequate support, education, information and opportunities provided to the workforce to enable them to provide quality, safe clinical care ● Ensure adequate resources are directed towards ensuring consistently safe, quality care

	<ul style="list-style-type: none"> ● Determine the best approach to planning, implementing, evaluating and improving quality and safety ● Monitor implementation progress of clinical governance activities and other actions to improve quality and safety and take further action as needed ● Ensure that required reports are developed and reviewed, and that data is monitored for performance improvement and overall transparency. This information must also be provided to the board, residents, clients, families and supporters. ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency ● Instil a culture of excellence, accountability and teamwork
<p>Executive Manager Clinical Services (Executive sponsor)</p>	<ul style="list-style-type: none"> ● Daily operational responsibility for quality and safe clinical care ● Present clinical data and analysis to the governing body, including feedback from residents and clients, audit results, accreditation reports, incidents, compliments and complaints ● Monitor and manage areas of high clinical risk across the organisation ● Accountable for embedding the Clinical Governance Framework into each facility and home care service. ● Ensure clinical risks are documented and appropriately mitigated and managed ● Ensure all staff understand and practice their responsibilities regarding safe, quality clinical care and are supported with resources, systems, knowledge and development opportunities ● Uphold the highest standards of ethical and professional behaviour ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency ● Instil a culture of excellence, accountability and teamwork

<p>Facility Managers / Home Care Business Manager (Clinical leaders)</p>	<ul style="list-style-type: none"> ● Day to day oversight of safe, quality clinical care in their facility ● Responsible for ensuring that the service's clinical governance arrangements are operating effectively in their facility and service ● Create a safe and respectful environment that encourages residents and clients and the workforce to identify and raise concerns about quality and safety ● Actively identify, monitor and manage areas of clinical risk and escalate to the Executive Manager Clinical Services when appropriate ● Ensure clinical care is provided in accordance with agreed internal policies and processes, best-practice and legislative requirements ● Ensure the workforce is clear about its roles and responsibilities in relation to clinical care and support them to perform these ● Provide regular, ongoing feedback on clinical care performance of the workforce in the interests of continuous learning and improvement
	<ul style="list-style-type: none"> ● Provide reports on clinical quality performance (e.g. audits) within the facility and home care setting at the Clinical Management and Integrated Services Committee meeting. Fulfill responsibilities towards visiting practitioners include checking registration status, providing information on clinical governance framework, policies and processes and communication protocols ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency ● Instil a culture of excellence, accountability and teamwork

<p>Health practitioners (employed, contracted and visiting)</p>	<ul style="list-style-type: none"> ● Maintain professional registration, accreditation of membership ● Provide quality, safe clinical care within scope of practice and in accordance with HRC policies and processes, relevant legislation, professional standards and codes of conduct ● Observe the Clinical Governance Framework of HRC. ● Engage in ongoing learning, development and performance reviews ● Supervise, provide direction and oversee personal care workers when they are providing care ● Work collaboratively with other health practitioners based on respect, clear communication, and understanding of responsibilities and capacities of each other's scope of practice ● Speak up when there are concerns about resident and client safety and be open to learn from mistakes ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency ● Instil a culture of excellence, accountability and teamwork
<p>Personal care workers and Home Care Workers</p>	<ul style="list-style-type: none"> ● Provide quality, safe care within scope of practice and in accordance with HRC policies and processes, relevant legislation, professional standards and codes of conduct ● Engage in ongoing learning, development and performance reviews ● Be aware of the clinical governance framework of the aged care service and practice within it ● Deliver quality personal care, lifestyle and leisure activities (noting the impact it can have on holistic wellbeing and therefore clinical outcomes) ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency ● Instil a culture of excellence, accountability and teamwork
<p>Other workforce</p>	<ul style="list-style-type: none"> ● Speak up and raise concerns, including reporting incidents and risks relating to quality and safety ● Contribute to a culture of excellence, accountability and teamwork ● For hospitality staff, provide a quality meal service that contributes to holistic resident and client wellbeing and therefore positively support good clinical outcomes ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency

	<ul style="list-style-type: none"> ● Instil a culture of excellence, accountability and teamwork
Residents and clients, and their representatives	<ul style="list-style-type: none"> ● Where possible and to the extent they choose, communicate preferences about clinical care, provide feedback on clinical care and communicate changes in their condition ● Promote quality and safety by correctly sanitising, using personal protective equipment, and knowing how to respond in an emergency
Other committees	<ul style="list-style-type: none"> ● Support the clinical management to implement and evaluate the clinical governance framework ● Support the workforce to monitor and evaluate clinical care quality and seek ways to continuously improve the practice ● Support the identification, evaluation and mitigation of clinical risks ● Monitor unwarranted variation in clinical outcomes via the Medical Advisory Committee e.g. medication safety and use of antipsychotics ● Support the organisation to work as 'one team' ● Appropriate escalation to Quality & Safety Committee and Board when required ● Instil a culture of excellence, accountability and teamwork

Person Centredness in Action

The success of clinical governance relies on strong partnerships, most importantly with the people who use our services. We actively build partnerships with residents, clients, families, supporters and representatives through:

- **Individual care:** shared decision-making, transparent information, and inclusive care planning processes.
- **Program and service design:** co-design workshops, advisory groups, and ongoing resident, client, family and supporter engagement.
- **Governance and oversight:** including residents and clients, in quality and safety committees, policy reviews, and care model development.

Effective partnerships exist when people are treated with dignity and respect, information is shared with them, and participation and collaboration in healthcare processes are encouraged and supported, underpinned by choice and consent.

Risk Management

At Huon Regional Care, effective risk management is a critical component of the delivery of safe, high-quality, person-centred care. It is a shared responsibility across

all levels of the organisation, ensuring the wellbeing of residents and clients, staff, and the organisation as a whole.

Our Risk Management Framework provides a structured and proactive approach to identifying, assessing, mitigating, and monitoring risks aligned with our strategic goals and values. This includes risks related to clinical care, compliance, workforce, finances, technology, and reputation. The Board sets the organisation's risk appetite, with a very low tolerance for harm to residents and clients, and low tolerance for non-compliance with regulatory obligations. Risk tolerances are informed by both qualitative and quantitative indicators and are reviewed regularly to ensure they remain appropriate to our operating environment.

All staff, contractors, and volunteers play a vital role in identifying and managing risks in their daily activities. High-priority risks are escalated to senior management and, when necessary, reported to the Board. Risk assessments, incident reporting, audits, and data analysis are embedded in our quality and clinical governance systems and inform our continuous improvement processes. This approach supports sound decision-making, regulatory compliance, and the delivery of consistently safe and trusted care services.

Huon Regional Care’s Quality Standards

Standard 1: The Person

At Huon Regional Care, robust systems are in place to ensure residents, clients, family and supporters’ voice, rights, and preferences guide all aspects of care. These systems support inclusive, safe, and person-centred partnerships and align with the Strengthened Aged Care Quality Standards (1.1.1 – 1.4.7) and Standard 1 - Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards.



Standard 1 Requirement	What this looks like at HRC
Providers and workers support individuals to feel safe, welcome, included and understood	A culture of inclusion is embedded; trauma-informed, culturally safe and person centred care practices are in place. Staff training and organisational values support welcoming, inclusive and respectful interactions.
Strategies to identify and respond to individuals’ background, culture, preferences, and communication needs	Comprehensive admission and care planning processes (including updated iCare fields) capture resident and client diversity and background, beliefs, preferences, and communication needs. We note residents and clients who wish to be identified as being Aboriginal or Torres Strait Islander and/or other culturally and linguistically diverse backgrounds and work to ensure that their cultural needs are respected and met. Cultural safety and inclusion are incorporated in our policies and practices. Residents and clients are supported to build relationships and community connections.
Respect for individual rights, including intimacy and gender expression	Rights outlined with the Aged Care Statement of Rights and are also consistent with the Australian Charter of Healthcare Rights. Staff respect dignity, autonomy, and personhood. Policies and practices support and enable individual gender, sexual, and cultural expression.

Professional and trusting relationships between workers and residents and clients	We care for our workforce to retain their knowledge and expertise, but also because this ensures continuity of care and sustained, quality relationships between staff, residents and clients. We work in partnership with residents and clients to deliver professional and high quality services.
System to prevent and respond to violence, abuse, racism, neglect, exploitation and discrimination	We have mandatory reporting and safeguarding policies in place and all staff are bound to follow these policies. Feedback systems are in place to capture clinical and wellbeing concerns. These systems are regularly monitored and feedback is actioned in a timely way. Staff training clearly explains our zero-tolerance policy for discrimination and abuse.
Individuals are treated with kindness, dignity and respect	Organisational culture, values, and codes of conduct (policy) reinforce respectful and dignified care. Complaints and feedback mechanisms ensure concerns are addressed in a timely manner.
Recognition of supporters of individuals	Communication with family and representatives is supported where requested. Consumer Care in Partnership Policy / SaH Partnering with Older People Policy includes family and/or supports involvement in a respectful way.
Privacy, choice and sensitivity in personal care	Staff training and care routines support choice, privacy and sensitivity to personal needs. Informed consent and dignity of risk principles guide personal care.
Provision of timely, accurate and understandable information	Admission packs and care planning discussions provide clear, tailored information. Quality indicators and service details are communicated in plain language. At all stages of care, residents and clients as well as their families and supporters are given ample time to ask questions and receive accessible information that meets their individual needs.
Informed consent processes in place	Informed Consent Policy is in place and regularly reviewed. Staff are trained on how to obtain and record consent, and identify when consent is withdrawn or declined to be given.
Support for decision-making and use of substitute decision-makers only when needed	Systems identify decision-making support needs. Substitute decision-makers are involved only when a resident or client chooses, or otherwise after all other support options have been exhausted. Supporters are engaged in planning.
Support for access to advocacy	Processes to support access to advocacy services are in place. Residents and clients are informed of their right to engage an advocate of their choosing if they wish to do so.

Support to live their best life, enable autonomy and positive risk-taking	Care planning incorporates lifestyle, leisure and clinical preferences. Autonomy and dignity of risk are embedded in staff practice. Social workers may be engaged to support a client or resident with personal goal setting.
Monitoring and responding to quality of life changes	iCare/Sandwai systems monitor changes in goals, care needs and quality of life. Feedback and complaints data is also used to plan and implement quality improvement initiatives.
Provision of information before care commences, including rights, responsibilities and fees	Our admission process includes a thorough explanation of agreements, fees, and service options in easy to understand language. Ample time is given for review and external advice.
Transparent fees, invoices and consent for changes	Pricing and fee structures are clear and accessible. Consent is sought before changes are made. Invoices are accurate, timely and easy to understand. Refunds and corrections are promptly addressed.

Standard 2: The Organisation

At Huon Regional Care, the governing body leads and sustains a culture of safety, quality, and continuous improvement across all aged care services. Governance systems are in place to ensure strategic oversight, inclusive leadership, and accountability for the delivery of safe, effective, person-centred care.

Organisational priorities are informed by feedback and insights from residents and clients, their representatives, and aged care workers, as well as quality and safety data. The workforce is supported to be knowledgeable, competent, and empowered to provide high-quality services that reflect individual needs and preferences.



This Standard aligns with the Strengthened Aged Care Quality Standards (2.1.1 – 2.10.4) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards.

Standard 2 Requirement	What this looks like at HRC
Residents and clients, are meaningfully involved in shaping services	Through the Consumer Advisory Body, satisfaction surveys, and care planning meetings, residents, clients, and their families and supporters contribute to service design, review, and quality improvement initiatives.
Aged care workers are supported by a culture of quality and safety	HRC fosters a values-based culture where staff are empowered to raise concerns, share ideas, and access support. Leaders model inclusive, respectful and evidence-informed behaviours.
Organisational commitment and culture of quality care	Our commitment to quality care is embedded in all documents and communications. Leadership prioritises safety, quality and inclusion. Organisational culture is measured and our leaders are encouraged to apply our values when making decisions.
Governance systems support quality care and consumer outcomes	The Board and Executive maintain oversight of quality outcomes, informed by performance data, resident, client, family, and supporter feedback, clinical governance reports, and engagement with external health providers. Consumers are represented in governance structures.

Policies and processes support quality and safety	Policies are current, meet regulatory and best practice standards, and are readily accessible. Staff are trained and supported to follow policies. Adherence is monitored and addressed where needed.
Clinical and organisational risks are actively managed	The Risk Management Policy and Framework ensure proactive identification, escalation, mitigation and monitoring of risks. Risk is considered in operational and strategic planning and the analysis is reported back to workforce and residents/clients
Clinical risk is managed as part of governance	Clinical risks are captured in the risk management system (iCare / Sandwai and RiskTeq). Facility-specific risk registers cover aged care and rural beds. Risks arising from (unwarranted) clinical variation are monitored and escalated. Risks and the proposed management of them are reported back to workforce and residents/clients.
Systems exist to recognise, report and respond to incidents	Incident Management Systems including RiskTeq and iCare / Sandwai are in place, with processes for recording, investigating and learning from incidents. Serious incidents follow open disclosure and reporting obligations. The risk management system includes clinical risks, SAC severity matrix, and routine review of falls, pressure injuries and medication incidents. Root cause analysis is used for significant incidents. Insights from these reviews are reported to the Board.
Systems are in place to continuously monitor, review and improve performance and incorporate staff and consumer feedback in quality improvement initiatives.	iCare / Sandwai enables real-time access to health records at point of care. Documentation is standardised, auditable, and complies with privacy and security legislation and standards. Data is integrated for analysis to support care planning, reporting and continuous quality improvement. Residents, clients, families, supporters, and staff contribute to quality improvement initiatives. Improvement initiatives are identified, prioritised, planned and implemented as part of annual planning cycles.
Workforce communication and clinical handover	Clinical handover protocols are documented and followed at all times. Communication with visiting health care professionals is systematic and documented.
Open disclosure is practiced when things go wrong	Open Disclosure is implemented in line with national guidelines and embedded in the Open Disclosure Procedure. Staff are trained in Open Disclosure and supported to speak up and communicate transparently with residents, clients, families, and supporters in accordance with the procedure.

Feedback and complaints are welcomed and acted upon	HRC's Feedback and Complaint Management Policy enables residents, clients, families, supporters, and staff to raise concerns without fear of reprisal. Complaints are investigated, findings and outcomes are communicated, and improvements are identified and implemented in a timely manner.
Information is managed securely and used to support care	iCare / Sandwai is used for integrated documentation and communication. Informed consent processes are followed. Information is accurate and accessible when it is needed. Access and identity management systems are in place to ensure security and appropriate access to records.
Record systems support safe care and privacy	Care records and relevant clinical information are securely accessible at the point of care. Record-keeping meets privacy and security legislative requirements and standards.
Referral and transition protocols	Residents and clients are referred appropriately to internal and external providers using structured templates including the Yellow Envelope and iCare. Consent-based information sharing occurs as part of care transitions.
Workforce planning ensures the right skill mix and coverage	The organisational structure reflects the operational needs of HRC and also creates a pathway for career progression. Staff are supported to work to the top of their scope of practice. Rostering and recruitment processes align to resident and client needs and minimum care minute requirements. Workforce capability and performance is analysed, reviewed and developed to meet resident/client and anticipated organisational needs.
Human resources systems support competence and conduct	Staff complete induction, mandatory training (e.g. dementia, trauma-informed care, safe food handling), regular performance reviews and have a professional development plan. Registration and credential checks are in place and are verified on a regular basis.
Clinical supervision and access to advice	Supervision structures support registered nurses, enrolled nurses and facility managers. After-hours advice is available to maintain clinical oversight.
Multidisciplinary teamwork is embedded	Multidisciplinary teamwork is supported through case conferences and integrated care planning across teams and providers.

Emergency and disaster preparedness is in place	HRC maintains emergency response procedures for all sites. Staff are trained in emergency protocols. Residents and clients are provided with Emergency Response Plans in their induction packages. Plans are regularly reviewed and tested.
Credentialing and scope of clinical practice are monitored	Credentialing processes are in place for clinicians. Ongoing checks confirm staff hold current, relevant registration and operate within their scope of practice. This is monitored through HR systems and governance oversight.
Quality and safety training is in place and monitored	Training needs and competencies are assessed regularly. A mandatory training program addresses legislative, clinical, and organisational requirements. Participation is monitored and reviewed. Staff have access to relevant clinical and cultural safety education.
Cultural competency and cultural safety training	HRC provides training and support to improve cultural safety and responsiveness, particularly for Aboriginal and Torres Strait Islander residents and clients. HRC has a reconciliation action plan in place. Organisational culture and service delivery reflect inclusive and trauma-aware practices.
Supervision and access to clinical support	Supervision structures support clinicians in their roles. Staff have access to advice and escalation pathways, including after-hours clinical leadership and on-call systems.

Standard 3: Care and Services

At Huon Regional Care, we are committed to delivering funded aged care services that are safe, effective, and tailored to the unique needs, goals, and preferences of each individual. Standard 3 guides how we assess, plan, deliver, communicate, and coordinate care across all service types, ensuring that every person receives support that enables them to live their best life. Our care practices are underpinned by the foundations set in Standard 2 – a capable and well-supported workforce and are closely aligned with Standard 1 to ensure services are person-centred, inclusive, and empowering. We recognise the important role that supporters and representatives play in care delivery and decision-making.



This Standard aligns with the Strengthened Aged Care Quality Standards (3.1.1 – 3.4.3) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards. Specifically:

Standard 3 Requirement	What this looks like at HRC
Assessment and planning system identifies needs, risks and goals	HRC uses structured tools in iCare / Sandwai to capture resident and client needs, goals, risks and preferences. Care plans are developed in collaboration with clients and their supports, clinical staff and allied health professionals.
Ongoing communication supports assessment and planning	Residents and clients, and their chosen representatives are included in care discussions. Communication occurs regularly and is tailored to the individual's preferences and communication style.
Assessment outcomes are communicated to individuals and supporters	Assessment outcomes are communicated in plain language. Consent is sought from residents and clients before providing family, supporters and external health professionals with their assessment outcomes. Updates are shared as care needs change.
Individualised care and services plans are in place	Each resident and client has a personalised care plan that includes risks, goals, and strategies to support health and wellbeing. These are accessible to the resident and client, and all relevant staff.

Care and services plans are regularly reviewed	Care plans are updated and communicated promptly in response to changes in health status, incidents, or transitions. Reviews are conducted at regular intervals and during multidisciplinary case conferences.
Advance care planning is supported and documented	Advance care planning conversations are facilitated by trained staff. Documents are securely stored and shared with health professionals and emergency services when needed.
Care is culturally safe, trauma aware and healing informed	Cultural safety training supports staff to deliver inclusive care. Services are adapted for residents and clients with diverse backgrounds, including people who identify as Aboriginal and Torres Strait Islander.
Care supports reablement and quality of life	Services are designed to enhance independence and quality of life. Care workers are trained in reablement approaches and physical and cognitive maintenance strategies.
Individuals are supported to use aids and equipment safely	Physiotherapists, other allied health professionals and trained staff support residents and clients in using aids safely. Equipment use is assessed during care planning and reviewed regularly.
Timely referrals support early intervention and quality of life	Referrals are made to internal and external providers for early intervention. Connections with GPs, allied health, and My Aged Care ensure timely reassessment.
Aged care workers identify and escalate risks and changes	All staff are trained to observe and escalate concerns using structured clinical handover tools. Changes in function, behaviour, or risk are communicated without delay.
System of dementia care supports abilities and inclusion	The dementia care approach is based on evidence-informed models. Residents' and clients' strengths are recognised and supported. Supporters and health professionals are partners in care.
Restrictive practices are minimised and monitored	HRC prioritises least-restrictive care. Use of restrictive practices requires consent, documentation, monitoring and review under the Restrictive Practices Framework/Policy.

Individual preferences for aged care workers are supported	Where possible, residents and clients can express preferences about the gender and language of staff. Efforts are made to ensure continuity of care teams.
Aged care workers communicate effectively with individuals	Staff are trained to use verbal and non-verbal techniques, including dementia-specific communication strategies. Communication preferences are captured in the care plan.
Critical care information is communicated effectively	Care information is documented and shared through iCare / Sandwai clinical handovers and team briefings. Supporters and external health partners are informed where relevant.
Communication system used at key points of care	Structured communication tools (e.g., ISOBAR, Yellow Envelope, iCare and Sandwai) are used at key transition points and when health status changes.
Processes allow escalation of concerns by stakeholders	Residents, clients, families, supporters and professionals can escalate concerns through direct contact or formal communication pathways. Staff are trained to respond appropriately and log concerns.
Correct identification and provision of Care Statements	Electronic systems ensure correct identification. Care Statements are provided in residential settings and reviewed with the resident and client.
Care is coordinated across providers and supporters	Aged care services are coordinated with health providers and external agencies. Case conferences and shared records support continuity of care.
Supporters are involved as partners in care	Supporters are identified in care planning and actively included in care coordination, with consent. Communication preferences are respected.
Transitions are planned, documented and communicated	Transitions are planned in collaboration with the residents, clients, and relevant providers. Discharge summaries and care plans are shared during handover.

Standard 4: The Environment

At Huon Regional Care, we recognise that a safe, accessible, and welcoming environment is essential to delivering high-quality aged care services. Standard 4 outlines our commitment to ensuring that all physical environments whether in residential care, community settings, or individuals' homes are clean, well-maintained, and designed to support comfort, dignity, movement, and social inclusion. We proactively identify and mitigate environmental risks, ensure equipment is safe and fit for purpose, and uphold rigorous infection prevention and control practices. Our environments are culturally respectful and promote calm, particularly for those at risk of unpredictable behaviours. We also ensure individuals have access to environments that reflect their cultural beliefs and support connection to community.



This Standard aligns with the Strengthened Aged Care Quality Standards (4.1.1 – 4.2.1) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards, particularly actions 1.29 through 1.33. Specifically:

Standard 4 Requirement	What this looks like at HRC
Environmental risk identification and mitigation in the home	Environmental risks in home settings are identified through pre-service assessments. Discussions with residents and clients include ways to mitigate environmental risks such as trip hazards, access issues, and equipment use.
Safe, clean, and appropriate use of equipment and aids in the home	All equipment and aids used are kept clean, safe, and in good working condition. Regular checks and maintenance are conducted, and items are repaired or replaced as needed. Staff are trained to use equipment correctly and support residents and clients in ways that meet their specific needs and preferences.

Clean, safe, and comfortable service environment outside the home	HRC ensures residential and communal care environments are clean, safe, well-maintained and promote comfort and dignity. Regular maintenance schedules are in place.
Service environment promotes accessibility, engagement and safety	Facilities are accessible and promote engagement. Way-finding signage is clearly marked and reviewed with resident and client input. Outdoor and indoor spaces allow freedom of movement.
Safe, clean, and appropriate use of equipment and aids in residential settings	All medical and assistive devices are routinely cleaned, checked and maintained. Equipment is fit-for-purpose and safely stored when not in use.
Infection prevention and control system is implemented	HRC has a robust infection prevention and control system, aligned with national guidelines, to safeguard residents and clients, and staff across all care settings.
Infection control lead is identified and trained	An appropriately trained Infection Control Lead is in place to oversee infection prevention strategies and outbreak response plans.
System includes standard and transmission-based precautions	Standard and transmission-based precautions are implemented, including hand hygiene, PPE use, cleaning, and waste management. Staff are trained regularly.
PPE is available and correctly used by all relevant parties	PPE is available at all care points and staff, residents and clients, and visitors are supported in its correct use, including donning and doffing procedures.
System addresses outbreaks and novel infections	The infection control system includes provisions for novel virus outbreaks and is responsive to emerging threats through flexible protocols.

Infection risks are communicated and managed	Residents, clients, families, supporters, visitors and staff are informed of infection risks and prevention strategies through visible signage, communication tools and regular updates.
Immunisation and screening for workers and individuals is implemented	HRC follows a structured immunisation and screening program for residents, clients, and staff, in line with national guidelines.
Disease screening and immunisation for visitors is in place	Visitor screening, immunisation requirements and outbreak protocols are clearly communicated and consistently applied across all facilities.

Standard 5: Clinical Care

At Huon Regional Care, we are committed to delivering high-quality, evidence-based clinical care that supports each individual’s health, wellbeing and quality of life. Standard 5 outlines the systems, workforce capability, and clinical governance required to ensure clinical care is safe, person-centred, and continuously improved. This includes supporting aged care workers and health professionals to deliver care within their scope of practice, effectively manage clinical risk, monitor outcomes, and respond to changes in health status. Our approach integrates infection prevention, safe and effective medicine use, comprehensive assessment, multidisciplinary planning, and palliative and end-of-life care. Clinical variation is minimised through the use of best-practice guidelines, continuous learning, and monitoring of high-risk care areas. Digital information systems support safe, coordinated care and align with national standards.



This Standard aligns with the Strengthened Aged Care Quality Standards (5.1.1 – 5.7.4) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards. Specifically:

Standard 5 Requirement	What this looks like at HRC
Governance sets clinical priorities and monitors performance	The Board and Executive set clinical priorities and monitor performance through structured governance reporting, strategic plans, and committee oversight. Regular reporting cycles support decision-making.
Clinical governance is integrated with corporate governance	Clinical governance is embedded in corporate governance via an endorsed Clinical Governance Framework. Clinical risks are integrated into the risk register and reviewed by relevant governance bodies.
Workforce providing clinical care is qualified and within scope	Aged care workers providing clinical care hold relevant qualifications, with registration, competencies, and scope monitored through HR systems and performance reviews. HRC supports clinicians to use the best available evidence, including relevant clinical care standards

	developed by the Australian Commission on Safety and Quality in Health Care
Provider and clinicians agree on roles and protocols	Clear protocols define roles and responsibilities between providers and visiting health professionals. Service agreements and orientation processes support this clarity.
Digital clinical information systems support care delivery	HRC is aligning iCare / Sandwai with national standards to support integration with My Health Record (in progress). Systems use healthcare identifiers and standard terminology wherever possible. Access complies with privacy legislation, and audits support accuracy of clinical information. Staff are trained in digital recordkeeping and information governance.
Antimicrobial stewardship system in place	Antimicrobial stewardship is supported by prescribing practices aligned with guidelines. Reviews occur during medication rounds and clinical review meetings.
Processes minimise and manage infections in clinical care	Infection prevention practices are embedded in clinical workflows including aseptic techniques, catheter management, and outbreak response protocols.
Safe and quality use of medicines system implemented	Medicine use is guided by the Medication Management Protocol covering assessment, consent, administration, review and documentation. Medicines lists are regularly updated and shared at transitions.
Medication reviews conducted regularly and when care needs change	Medication reviews occur at admission, transitions of care, annually and when clinical changes occur. Pharmacists and GPs manage medication reviews in collaboration with clinical team members.
Allergies and adverse reactions are recorded and monitored	Allergies and adverse reactions are recorded at intake and updated following incidents. This information is flagged in the iCare / Sandwai electronic record.
High-risk medicine use is managed and inappropriate use reduced	Psychotropic and high-risk medicines are reviewed routinely. PRN (pro-re-nata - as needed) and restrictive-use medications are reviewed against clinical and behavioural indicators.

Adverse medicine/vaccine events are reported	Adverse medicine events are reported internally and to the TGA (Therapeutic Goods Administration) when required. Learnings inform continuous improvement activities.
Medication safety system is regularly reviewed	Medication safety systems are subject to annual review, with data monitored through quality indicators and governance reporting.
Clinical care planning supports decision-making with individuals	Clinical care plans are co-designed with residents, clients, families and supporters. These are regularly updated to reflect goals and evolving clinical and personal needs.
Comprehensive clinical assessments are conducted and reviewed	Comprehensive clinical assessments are performed at admission and as needs change, addressing risk factors and functional capacity.
Access to relevant health professionals is facilitated	HRC facilitates referrals to GPs, allied health, oral health, and specialist services to meet clinical needs.
Multidisciplinary care is coordinated and responsive	Care is coordinated through case conferences and digital documentation. Out-of-hours pathways and clinical escalation protocols support responsiveness.
Clinical monitoring and reassessment processes in place	Clinical conditions are monitored with routine observations and reassessments following change, deterioration or incidents.
High-impact and high-prevalence clinical risks are managed	A comprehensive clinical risk management approach guided by the Risk Management Policy proactively identifies high-risk areas, supports timely analysis and escalation, and ensures that risk mitigation strategies are evidence-informed and continuously monitored for effectiveness
Choking and swallowing risks are managed	Dysphagia screening and modified diet protocols are in place. Staff are trained to support safe eating and drinking practices.
Continence care is dignified and responsive	Continence assessments support personalised care plans. Aids and toileting routines promote dignity and hygiene.

Falls prevention and response systems in place	Falls risk assessments are conducted regularly. Incidents are reviewed and post-falls care is monitored.
Nutrition and hydration are maintained and monitored	Nutritional assessments identify risk of malnutrition. Dietitian referrals and weight monitoring are routine.
Mental health is actively supported and deterioration is addressed	Mental health needs are identified and supported through staff awareness, escalation pathways, and access to specialist services.
Oral health is assessed and maintained	Oral care needs are assessed, monitored, and supported through daily care routines and referrals for dental health.
Pain is assessed, monitored and managed	Pain is assessed using standardised tools and managed using pharmacological and non-pharmacological strategies.
Wounds and pressure injuries are prevented and treated	Wound and pressure injury management follows evidence-based protocols including regular skin assessments and documentation.
Sensory impairments are identified and supported	Sensory impairments are identified during assessment, with access to aids and environmental adaptations provided.
Cognitive impairment is identified and supported	Residents and clients with cognitive impairment are supported through person-centred care plans and behavioural monitoring.
Clinical collaboration for people with cognitive impairment	Families, supporters and multidisciplinary teams are engaged in planning care for residents and clients with cognitive impairment.
Behavioural triggers are identified and responded to	Staff are trained to identify environmental, emotional and clinical triggers for behavioural change and respond appropriately.
Palliative care and end-of-life needs are recognised and planned for	Advance care plans include preferences for end-of-life care. Palliative pathways are activated in a timely and respectful manner.

Individuals and supporters are supported in end-of-life planning	Supporters are engaged in ongoing discussions about end-of-life care, including treatment preferences and emotional support.
Comprehensive palliative care is planned and delivered	Palliative care includes symptom management, cultural and spiritual care, and coordination with external specialists.
Care in the last days of life is responsive and coordinated	In the last days of life, clinical teams respond rapidly to changing needs. Care is aligned with residents and client's cultural needs, wishes and comfort.

Standard 6: Food and Nutrition (applicable to residential care services)

At Huon Regional Care, we recognise that food, drink and the mealtime experience play a vital role in supporting the health, wellbeing, dignity and quality of life of residents and clients. Standard 6 ensures that every individual receiving residential aged care is provided with meals and refreshments that are nutritious, culturally appropriate, appetising and responsive to personal preferences and assessed needs. We partner with residents and clients to co-design dining experiences, plan menus, and continually improve food services using feedback, monitoring and best-practice dietetics. Dining environments are welcoming and inclusive, supporting independence, reablement and social engagement.



This Standard aligns with the Strengthened Aged Care Quality Standards (6.1.1 – 6.4.3) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards. Specifically:

Standard 6 Requirement	What this looks like at HRC
Partnering with individuals to create enjoyable food and dining experiences	HRC partners with each resident to co-design their dining experience, incorporating individual preferences, feedback mechanisms (e.g. meetings, forms), and social opportunities. Meal satisfaction and intake are monitored to inform quality improvements and adjustments.
Monitoring and improving food services based on satisfaction and health outcomes	Food intake, satisfaction, and health outcomes are regularly reviewed. Adjustments to menus and meal services are made in partnership with residents and clients and informed by evidence-based nutrition care.
Assessing individual nutrition, hydration and dining needs and preferences	Residents undergo comprehensive assessments on admission and at regular review intervals to determine nutritional, hydration, and dining needs. Assessments include clinical swallowing risk, cultural needs, preferences, and routines.

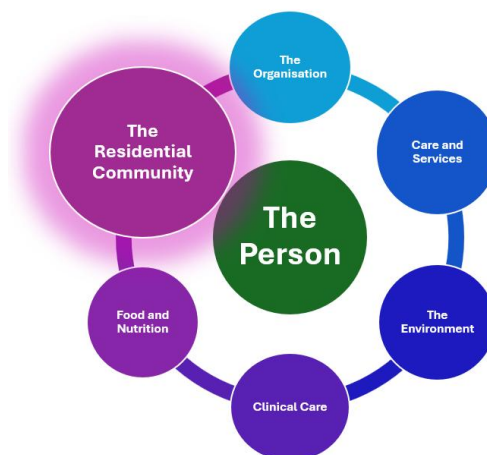
Reassessment of nutritional needs over time and with changes	Nutrition and hydration status is reassessed every three months and when there is a clinical change, incident, or concern. MNA (Mini Nutritional Assessment) screening and referrals to dietitians and speech pathologists are used as needed.
Menus are co-designed with individuals and reflect variety, choice, and dietitian input	Menus are developed with input from residents, clients, cooks, and Accredited Practising Dietitians (contractors). Variety, cultural appropriateness, and texture modification needs are considered. Menus are reviewed annually and updated routinely.
Individuals have choice over what, when, where and how they eat and drink	Residents are encouraged to choose their meals, dining times, and companions. Room service options and flexibility in meal offerings are provided where appropriate.
Meals and drinks are appetising, safely served, and reflect assessed needs and preferences	Meals are served at safe temperatures, attractively plated, and aligned with dietary assessments. Texture-modified foods use moulding tools and are offered with respect to personal preferences.
Nutritious snacks and water are accessible at all times	Hydration stations are accessible and residents are offered drinks and nutritious snacks between meals. Individual hydration plans are followed for at-risk residents and clients.
Sufficient workforce available to support eating and drinking	Staff allocations during meals ensure residents are supported to eat and drink safely. Prompting, encouragement and respectful assistance are part of standard care routines.
Identifying and supporting individuals who require assistance to eat or drink safely	Residents who require support to eat or drink are identified and offered safe, timely assistance tailored to their needs, including one-on-one support where required.
Dining environments promote social interaction, reablement and enjoyment	Dining rooms are calm, welcoming, and adapted to promote function, social connection, and positive sensory experiences. Noise and environmental distractions are minimised.
Opportunities exist for residents and clients to share food and drink with visitors	Residents are supported to share meals with visitors where possible. Flexible visiting hours and inclusive meal arrangements are encouraged in line with resident preferences.

Standard 7: The Residential Community (applicable to residential care services)

At Huon Regional Care, we are committed to supporting each resident to live a life of meaning, connection and autonomy.

Standard 7 ensures that individuals are supported to do the things that matter to them within the residential community and beyond. This includes fostering social relationships, engaging in valued activities, and participating in the broader community.

Residents and clients have the right to feel safe, maintain their privacy, and express themselves without judgment. We support seamless transitions in and out of our services, ensuring continuity of care and respect for individual preferences.



This standard aligns with the Strengthened Aged Care Quality Standards (7.1.1 – 7.2.3) and Standard 1 – Clinical Governance of the National Safety and Quality Health Service (NSQHS) Standards. Specifically:

Standard 7 Requirement	What this looks like at HRC
Support individuals to do the things they want to do (lifestyle, community, social engagement)	Residents are supported to engage in activities that reflect their interests and identities. Programs promote connection, reduce loneliness, and include opportunities to participate in community events, cultural observances, and meaningful roles.
Identify and monitor function in activities of daily living	Residents' and Support at Home clients abilities to perform activities of daily living are assessed on admission and regularly reviewed. Care plans include functional support needs and progress is monitored in iCare or Sandwai.
Implement strategies to protect physical and psychological safety	Policies and staff training support a zero-tolerance approach to abuse and neglect. Calm environments, staff supervision, and feedback processes protect resident safety and wellbeing.

Ensure residents and clients have control over access to their rooms	Each resident has control over who enters their room, supported by privacy protocols and staff education. Staff always knock and request permission before entering.
Provide opportunities for private visits and social interaction	Residents can receive visitors privately in their rooms or in shared spaces. Visiting arrangements are flexible and inclusive, with appropriate infection prevention measures.
Support relationships of choice and sexual expression	Residents are supported to maintain intimate and personal relationships free from judgement. Staff are trained in dignity, diversity and sexual health awareness.
Coordinate transitions to/from hospital, community and other providers	Transitions to hospital, respite, or home are coordinated with clinical handover and personal preferences considered. The Yellow Envelope, My Health Record tool is used to share key information.
Monitor use of hospital and emergency department services	Emergency department and hospital visits are recorded and reviewed for trends. Findings are used in quality improvement and risk minimisation strategies.
Engage individuals and supporters in decisions about transfers	Residents and their chosen representatives are involved in planning for transfers and receive updates about changes in care or location. Consent is always sought.
Provide timely and complete information during transitions	HRC ensures timely communication with external providers, families and supporters during transitions. Clinical summaries and medication lists are shared securely and with consent.
Review and adjust services on return from transition	When a resident returns from a hospital or external stay, care plans are reviewed and adjusted to reflect changes in health status or goals.
Facilitate access to external services if HRC cannot meet needs	If HRC cannot meet a residents' needs, we facilitate access to external health professionals or services and document the referral process.
Maintain connection with specialist services, including dementia care	HRC maintains links with specialist services, including dementia support, oral health, mental health and palliative care teams. Referrals are made as needed.

Implementation and Accountability

Huon Regional Care is committed to a robust, transparent, and responsive system for implementing and monitoring its Clinical Governance Framework. The processes of implementation and accountability ensure that clinical governance is not only well understood and adopted across the organisation, but also remains fit for purpose in a dynamic care environment.

Monitoring and Reporting

The effectiveness of clinical governance and quality improvement systems is monitored through structured and timely reporting. This includes the use of:

- Key Performance Indicators (KPIs) aligned to organisational objectives
- Dashboards that visualise performance against targets and thresholds
- Regular reports to Management and the Board's Quality and Safety Committee
- Oversight of key quality metrics, including clinical incidents, complaints, resident, client, family and supporter feedback, audit findings, and quality indicators such as quality indicator data across domains such as falls, weight loss, pressure injuries, and medication management.

These mechanisms ensure the governing body maintains clear oversight of safety, quality, and performance at every level of service delivery.

Continuous Improvement

Continuous quality improvement is embedded across Huon Regional Care using evidence-informed methods, particularly the Plan-Do-Study-Act (PDSA) cycle. Improvement initiatives are informed by real-time data and frontline experiences, with a focus on reducing risk, enhancing care, and optimising outcomes.

- Residents, clients, families and supporters are actively engaged in co-design and evaluation of improvement activities that affect their care
- Staff-led improvement projects are encouraged through a culture of shared responsibility and reflective practice
- The Continuous Improvement Register within RiskTeq tracks actions, timelines, and completion of improvement initiatives

Each quality initiative is documented, monitored, and evaluated to determine effectiveness and support sustainable change.

Tools for Evaluation

The implementation of the Clinical Governance Framework is evaluated using structured tools including:

- Internal audits against policies, procedures and standards
- Feedback from external audits and assessments
- Quality indicator data across domains such as falls, weight loss, pressure injuries, and medication management

These tools allow for benchmarking, targeted response, and focused development in areas of need.

Stakeholder Engagement and Feedback

Huon Regional Care places high value on engagement with internal and external stakeholders. The Clinical Governance Framework supports formal and informal mechanisms for seeking feedback and fostering collaboration:

- Structured resident, client, family and supporter surveys
- Consumer Advisory Groups to support co-governance
- Compliments and complaints analysis to identify risks and opportunities
- Staff engagement surveys and workforce feedback forums
- Visiting practitioner input, especially around shared care responsibilities

This collaborative approach ensures that the voices of residents and clients and staff inform governance decisions and service improvements.

Data-Driven Decision Making

Implementation success is underpinned by the effective use of data. Clinical and operational data is routinely collected and analysed to:

- Identify clinical variation and unwarranted practices
- Track incidents, complaints, and near misses
- Monitor resident and client outcomes and satisfaction trends
- Inform risk mitigation strategies and workforce development

This evidence base supports leadership to make informed, timely, and strategic decisions that enhance quality and safety.

Monitoring, Review, and Evaluation

Clinical Governance Framework review cycle

Duration of review	This Clinical Governance Framework will be reviewed every two years, or more regularly should the Standards require it.
Responsibility for monitoring and review	Health and Facility Services Manager
Considerations for review	<ul style="list-style-type: none"> • Has the Clinical Governance Framework been effectively introduced, explained and implemented at HRC? Are there opportunities to improve implementation in the future? • Do staff have a thorough understanding of the Clinical Governance Framework? How might this understanding be strengthened? • Are the actions specified in this Framework consistently undertaken? • Is the Framework fit for purpose? Are there areas requiring review or enhancement? • Are there any changes in clinical practice, quality and safety, clinical outcomes, and/or achievement of goals which may impact on the content of the Framework? • Are there external factors which may have an impact on the provision of safe, quality clinical care at HRC? If so, how should these be addressed through the Framework?

Appendices

Legislative and Regulatory Foundations

Huon Regional Care’s approach to clinical governance is underpinned by the [Aged Care Act 2024](#), which has come into effect on 1 November 2025. This Act marks a significant shift in the aged care legislative landscape, arising from the recommendations of the Royal Commission into Aged Care Quality and Safety. Central to the new Act is a Statement of Rights for older people, and a reinforced emphasis on strong clinical governance, quality and safety, transparency, and informed choice.

Aligned with the Act are the Strengthened Aged Care Quality Standards (2025), which set expectations for person-centred, safe, and effective aged care delivery. These standards form the foundation for all aspects of service planning, delivery, and review at HRC. In addition, HRC aligns its governance and care systems with key elements of the National Safety and Quality Health Service (NSQHS) Standards – Second Edition, particularly Standard 1: Clinical Governance and to some extent in this Clinical Governance Framework with Standard 2: Partnering with Consumers.

Glossary of Terms

Australian Charter of Healthcare Rights: specifies the key rights of consumers when seeking or receiving healthcare services. It was endorsed by health ministers in 2008.

Client: a person who receives care and support services from Huon Regional Care outside of a residential aged care facility. This includes individuals accessing services through in-home care or other non-residential settings. Clients are supported to maintain independence, wellbeing, and quality of life within their own homes or community environments.

Clinical governance: an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to residents and clients and the community for assuring the delivery of safe, effective and high-quality services. Clinical governance systems provide confidence to the community and the healthcare organisation that systems are in place to deliver safe and high quality health care

Clinician: a healthcare provider, trained as a health professional, including registered and non registered practitioners. Clinicians may provide care within a health service organisation as an employee, a contractor or a credentialed healthcare provider, or under other working arrangements. They include nurses, medical practitioners, allied health practitioners, technicians, scientists and other

clinicians who provide health care, and students who provide health care under supervision.

Consumer: a person who has used, or may potentially use, health services, or is a carer for a consumer using health services. A healthcare consumer may also act as a consumer representative, to provide a consumer perspective, contribute consumer experiences, advocate for the interests of current and potential health service users, and take part in decision-making processes.

Credentialing: the formal process used by a health service organisation to verify the qualifications, experience, professional standing, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high-quality healthcare services within specific organisational environments

Family and supporter: is someone who helps another person with daily tasks, healthcare, or decision-making, often due to age, illness, or disability

Governance: the set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including residents and clients). Governance incorporates the processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure for setting the corporate objectives (social, fiscal, legal, human resources) of the organisation and the means to achieve the objectives. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help align the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives.

Incident: an event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss.

Informed consent: a process of communication between a consumer and a clinician and non-clinical workforce about options for treatment, care processes or potential outcomes. This communication results in the consumer's authorisation or agreement to undergo a specific intervention or participate in planned care.

Open disclosure: an open discussion with a consumer and carer about an incident that resulted in harm to the consumer while receiving health care. The criteria of open disclosure are an expression of regret, and a factual explanation of what happened, the potential consequences, and the steps taken to manage the event and prevent recurrence

Quality improvement: the combined efforts of the workforce and others – including residents, clients, researchers, planners and educators – to make changes that will lead to better consumer outcomes (health), better system performance (care) and

better professional development.

Resident: a person who lives in and receives care and services within Huon Regional Care's residential aged care facility. Residents may have varying levels of care needs, including personal, social, clinical, or palliative care, and are entitled to receive safe, respectful, and person-centred support that upholds their dignity, preferences, and rights.

Risk: is the potential for an adverse event or outcome, measured by both the likelihood of an occurrence and its potential impact. In various contexts, risk can take on specific meanings, but it generally involves uncertainty that could lead to harm, loss, or missed opportunities.

Standard: agreed attributes and processes designed to ensure that a product, service or method will perform consistently at a designated level

System: the resources, policies, processes and procedures that are organised, integrated, regulated and administered to accomplish a stated goal. A system:

- Brings together risk management, governance and operational processes and procedures, including education, training and orientation
- Deploys an active implementation plan; feedback mechanisms include agreed protocols and guidelines, decision support tools and other resource materials
- Uses several incentives and sanctions to influence behaviours and encourage compliance with policy, protocol, regulation and procedures.

Workforce: all people working in a health service organisation, including clinicians, and any other employed or contracted, locum, agency, student, volunteer or peer workers. The workforce can be members of the organisation or medical company representatives providing technical support who have assigned roles and responsibilities for care of, administration of, support of, or involvement with, residents and clients in the health service organisation

List of Policies and Procedures informing Huon Regional Care's Clinical Governance Framework

The following policies and procedures form the operational foundation for safe, person-centred, and accountable care at Huon Regional Care. Together, they enable consistent implementation of the Clinical Governance Framework by guiding decision-making, service delivery, communication, risk management, quality improvement, and staff conduct.

- Bullying, Harassment and Discrimination Policy
- Code of Conduct Policy
- Communicating with Consumers Procedure

- Consumer Care in Partnership - Planning, Assessment & Review Policy and Procedure
- SaH Person Centred Care Policy & Procedure
- SaH Intake, Assessment and Care Policy & Procedure
- SaH Partnering with Older People Policy & Procedure
- Feedback and Complaints Policy
- Food and Nutrition Management Policy and Procedure
- Infection Prevention Control Protocol
- Medication Management Protocol
- Open Disclosure Policy and Procedure
- Quality Improvement Policy
- Risk Management Framework
- Risk Management Policy