

Dignity of Risk

POLICY AND PROCEDURE

Purpose

A restraint free approach directs that the use of any restraint must always be the last resort after exhausting all reasonable alternative options.

To guide care workers and case managers in balancing duty of care with dignity of risk under a person-centred approach and thus demonstrate respect for our clients and the choices they make.

Scope

This policy applies to service delivery providers of Subee Newlake, including activities and care inside and outside of the client's home.

Decisions made in line with this policy should not compromise Subee Newlake's duty of care to clients or employees. The concept of Dignity of Risk can be understood as a human rights issue.

This policy is adapted and complies to the relevant Legislation under the [Aged Care Act 1997](#) (Cth) and User Rights Principles 2014.

Relevant Legislation, regulations and principles

Subee Newlake policies and procedures are underpinned by a restraint free way of thinking and developed in conjunction with:

- *The Aged Care Act 1997*
- *Charter of Aged Care Rights (the Charter)*
- *Aged Care Quality Standards*

- User Rights principle 2014
- *Australian Community Industry Standards (ACIS) 2018*
- *National Disability Insurance Scheme (Provider Registration and Practice Standards) Rules 2018*
- Professional and ethical requirements.

Dignity in Care Principles

1. Zero tolerance of all forms of abuse.
2. Support people with the same respect you would want for yourself or a member of your family.
3. Treat each person as an individual by offering personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control.
5. Listen and support people to express their needs and wants.
6. Respect people's privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and a positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

Definition

Dignity of risk – Dignity of risk is about the right of consumers to make their own decisions about their care and services, as well as their right to take risks.

Restrictive Practice – Involves the use of interventions and practices that have the effect of restricting the rights or freedom of movement of a person.

Common types of restrictive practices include:

- detention (e.g. locking a person in a room indefinitely)

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- seclusion (e.g. locking a person in a room for a limited period of time)
- physical restraint (e.g. claspings a person's hands or feet to stop them from moving)
- mechanical restraint (e.g. tying a person to a chair or bed)
- chemical restraint (e.g. giving a person a sedative)
- electronic restraint (e.g. using tracking bracelets, camera surveillance, restrictions on media devices).

Procedure

Subee Newlake takes a balanced approach to managing risk and respecting consumer rights.

Restrictive practices are only implemented as a last resort, for minimal period, documented on Track and reviewed.

Strategies focus on ensuring decency and respect at all stages.

If a consumer makes a choice that is possibly harmful to them, then the care staff are expected to help the consumer understand the risk and how it could be managed.

Together, they should look for solutions that are tailored to help the consumer to live the way they choose.

Subee Newlake has other responsibilities for the health and safety of the workforce and others in the service environment. Subee Newlake Risk Management Policy shows how the organisation involves the consumer and looks for solutions that have the least restriction on the consumer's choices and independence.

This is facilitated through:

- Staff training
- Recruitment benchmarks and practices
- Staff supervision and support by the Case Manager or Team Leader
- Feedback policies and procedures for both staff and clients, including follow up
- Care plan and a general culture of collaboration
- Risk management both at an operational and organisational level
- Including risk assessments that document both benefits and disadvantages of activities as well as prevention, management and control of risk.
- Documentation of processes, decisions and management of risks - including but not limited to progress notes, care plans, risk assessments, service agreements

Specifically, staff are:

- Required to attend and complete appropriate training
- Required to report shift outcomes and communicate all concerns with their supervisor
- Required to work to care plans with goals identified by the client
- Empowered to inform clients of risks; to consult with advocates and case managers
- Invited to attend case conferencing
- Empowered to take advantage of organisational knowledge through training, meetings, one on one support from their supervisor and access to policies and procedures

Missing person

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Subee employees providing services to clients in the community have an obligation to ensure that clients at risk of wandering and going missing are appropriately identified and managed to minimise their risk of harm.

This procedure is a balanced approach between Dignity of Risk and Duty of Care.

- To minimise risk of a client going missing:
- Review cognitive assessments (PAS) conducted by Subee registered nurse
- Identify potential risk in annual risk assessment
- Update risk assessment if any incidents of clients wandering occur
- Put alerts on client file for support workers

If a client goes missing whilst in the community:

Support worker:

Search the immediate area
Contact office or after hours to report
Approach personnel to report (eg. Centre Management at shopping Centre or Club)
Complete an incident report at the end of shift

Administration employees will:

Escalate to management
Inform next of kin
Contact emergency services 000 if not found within 1 hour and file a missing person report
Review and update client risk assessment

Reporting

Care staff should contact their supervisor immediately if they have concerns that a client's dignity of risk is being

violated or alternatively, that Subee Newlake's duty of care is being compromised and the client is in foreseeable harm or informed consent has not been sought.

The Chief Financial Officer (CFO) has responsibility and authority to ensure this procedure is followed.

The Service Coordinator is responsible for documenting and enforcing the requirements of this policy contracted to do so.

Rostering and Service Coordinator are responsible for informing service providers of concerns to do with duty of care and for encouraging appropriate service provision.

All employees are responsible for knowing and following this procedure.

All incidents to be documented by care staff via progress notes (incident report tab) and recorded on Subee Newlake's Quality Information and Technology Management System (TRACK) by admin staff.

Any incidents that are considered Abuse or Neglect are to be reported to the police and Aged Care Commission immediately and no longer than 24 hours.

Review System

Progress of Incidents on TRACK Incident Register are followed up.

Incidents are discussed monthly Quality Managers Meeting.

Trends of incidents on TRACK are monitored and reported on by Quality Co-Ordinator to identify patterns and gaps in services and staff needs.

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Specific client dignity of risk scenarios discussed at weekly intake meeting with service coordinators and registered nurse. Risk and choice discussed with consumer, care plans adapted if necessary, and support workers informed and educated.

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