

# Risk Management - client

## POLICY AND PROCEDURE

### Purpose

To support a culture in which risks are identified, assessed, and mitigated in the context of the risk appetite of the business, underpinning business philosophies and industry regulations.

To integrate risk mitigation into all aspects of service delivery without compromising quality or cost effectiveness.

To facilitate a transparent and proactive process.

### Scope

Risk management is embedded in all Subee Newlake operations and practiced in all Subee Newlake spaces including community care sites (private homes, community spaces), administration areas and staff, client and fleet vehicles.

Risk management can be applied at all stages in the lifecycle of an activity, function, project, product, or asset.

Risk management refers to operational, financial, or strategic activities.

### Definition/s

For the purposes of this policy risk management is defined as a 'logical and systematic method of identifying, analysing, evaluating, treating, monitoring and communicating risk associated with any activity, function or process.

### Responsibility and Authority

The Business Owner and Company Director are responsible for supporting a culture of risk management and providing appropriate resources (human or otherwise) identified in

this policy, with particular regard for legislative compliance and strategic intent.

Team Leaders and Human Resource Coordinator are responsible for ensuring this policy is understood, implemented, and maintained at all levels of the organisation.

While specific employees may have explicit risk management responsibilities, all employees are responsible for knowing and following this procedure, identifying risks, monitoring, and implementation of best practice.

### Procedure

Subee encourages proactive identification and mitigation of risk by:

- Maintaining a risk register which is reviewed monthly or on a needs basis and which includes operational, client, staff, financial, and industry/political risks.
  - The register describes, rates, and prioritises an identified risk.
  - The register outlines possible consequences, responses and responsibilities.
  - Responses may include:
    - Risk acceptance
    - Risk avoidance – by deciding not to proceed with activity
    - Risk control including reducing likelihood and consequences
- The Risk register is compiled collaboratively and transparently.
- The register is managed by the Business Owner, Quality Coordinator and Human Resources Manager.

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- Maintaining an incident reporting mechanism which includes:
  - A register
  - Follow up and review process
  - Measurement
  - The Incident Report register is managed by the Quality Coordinator.

The risk management process is supported by key internal processes, including:

- Internal audit which is scheduled, and reported on by the Quality Manager
- Meeting hierarchy of care staff, administration staff and management review including risk management meetings
- Systematic WHS policies and reviews including risk assessment and hazard identification
- Human resource processes including employee screening (Police Checks, Working with Children Checks and NDIS workers screening clearance) and compulsory checks, minimum qualification requirements, staff supervision and support
- Feedback and complaints processes
- Internal financial controls

### Clinical Risks

Clinical reviews are conducted by registered nurses for all clients that have complex care needs. This occurs every 3-6 months depending on clients current needs to minimise risks and maintain a quality and safe service.

During clinical review the following areas are covered;

**Falls:** FRAT may be completed, all falls are documented on TRACK under clients general notes and an incident report is completed

**Equipment:** Clients equipment including but not limited to are check that a service has occurred.

12 months: Airbeds, Electric Beds, Powered Wheelchairs

6 month: Hoists and Lifters

**Allied Health Reports:** When allied professionals are involved in the clients care, assessment reports and recommendations are collected. Staff are to read and follow recommendations and where appropriate be trained by the health professional.

**Incident register:** Records client injuries including but not limited to; Falls, skin tears, pressure injuries, dysphagia episodes, behavioural issues.

### Water sports and activities

To minimise the risk of accidents around water for clients and staff, Subee Newlake executive management have put the following in place;

If Subee Newlake staff are supporting clients with a service/activity involving water:

- A risk assessment is carried out with all water sports/activities
- 2 staff must be present with pool swimming/therapy (second person can be pool life guard or hydrotherapy facilitator)
- Beach swimming must be with 2 staff. 1 staff member must be out of the water. Second staff member in water no deeper than waist. Swimming must be within patrolled flagged area and staff introduce themselves and client.
- No river swimming is too occur
- All other water activities to be run by management and assessed on an individual basis.

### Dignity of Risk

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

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Care workers and service coordinators 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.

Dignity of risk care plan is develop if there are any services or activity identified that may cause risk to the client that they are choosing to continue with.

### Relevant Policies

Key policies that help minimise risk to Subee Newlake clients and staff.

- Abuse and neglect policy
- Dignity of Risk (including missing person procedure)
- Confidentiality policy
- Privacy policy
- Feedback and complaints policy
- Quality policy
- Police Check policy
- Working with Children Check policy
- Workplace Bullying Policy
- Equal Employment Opportunity
- Child Safe Policy
- Staff Training and Development Policy
- WHS Policies
- Clinical Governance Policies
- Code of Conduct
- Reportable Incidents and management policy
- Restrictive practices and restraints policy

Policies are reviewed annually.

- Incident Reporting Policy
- COVID-19 Risk Matrix
- Incident Form
- Feedback Form
- Quality and Safety Manual
- TRACK automated alerts for screening and clearance expiry dates

### **Relevant Legislation and Quality Standards**

National Disability Insurance Scheme—Risk Management Rules 2013

National Disability Insurance Scheme (Incident Management and Reportable Incidents) Rules 2018

National Disability Insurance Scheme (Practice Standards – Worker Screening) Rules 2018

National Disability Insurance Scheme Practice Standard 2 – Risk Management

Aged Care Quality Standard 3- 3 (b)

### **Related and Support Documentation**

- Risk Register (including Risk Matrix and Hierarchy of Control)

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