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## 8.10 RISK MANAGEMENT

### 8.10.1 OVERVIEW

Waratah Respite Services identify and manage risks appropriate to Waratah Respite Services based on a simplified application of the AS/NZS 31000:2009 Risk Management Standards. Our risk management process is an ongoing process based on:

- Regular six monthly (or more often if required) reviews of previously identified risks to improve the strategies to minimise the risk and plans for responding to the risk if it occurs and
- The continuous identification of new risks and strategies to control the risks
- Involvement of clients, staff and management in the risk management process.

### 8.10.2 RISK MANAGEMENT AND CONTINUOUS IMPROVEMENT

Waratah Respite Services have integrated the risk management process into the Continuous Improvement process and clinical and organisation governance processes by:

- Delegating responsibility for risk management oversight to the Management Team
- Reviewing actual and potential clinical risks through the Clinical Care, Risk and Improvement Committee, which reports to the Management Team. Agenda items include: clinical governance risks such as the availability of suitably qualified staff, suitable policies and procedures to guide staff, oversight of clinical care and support services by the Registered Nurses/Enrolled Nurses, open and accessible communication with client's GP's to source advice and decision making related to clinical care, review of incidents and adverse events including medication errors and networking and education opportunities for the Registered Nurses/Enrolled Nurses to ensure currency of practice and support
- Delegating responsibility to the Management Team for developing, maintaining and reviewing the Risk Management Plans and reporting these to the Management Committee
- Including improvements to reduce or control risks in the improvement process and in the Continuous Improvement Plan
- Implementation of a simple clinical governance system, led by the health professionals, that ensures a review of the safety and quality of our systems and care delivery.

### 8.10.3 RISK MANAGEMENT PLANS

#### Risk management plans

Waratah Respite Services maintain the following risk management plans:

- Waratah Respite Services risks including:
  - loss of funding

- inability to deliver funded outcomes within budget
- Management Committee dysfunction
- embezzlement of funds
- lack of suitably qualified staff
- extended staff illness
- loss of data
- poor care outcomes

(See also 8.10.9 Business Continuity Plan.)

- Staff risks including:
  - staff injury - manual handling risks, workplace accidents and incidents
  - infection control risks
  - environment risks
  - risk of abuse (see 8.10.8 Abuse and Neglect/Staff)
- Client risks including:
  - environment risks including falls and accidents
  - transport risks
  - risks from staff such as theft or abuse
  - poor care outcomes resulting from a lack of suitably qualified staff, a lack of clinical oversight, inappropriate care processes
  - risk of pressure injury due to lack of assessment, support or provision of equipment
  - risks from infections and anti-microbial resistance
  - risk of abuse and neglect (see 8.10.8 Abuse and Neglect/Clients)
- Activity continuity risks including:
  - interruptions to or cessation of service delivery from natural disasters or other unanticipated events
  - transitioning-out of service such as transferring services to another service provider or where funding has discontinued (see 8.10.9 Service Continuity Plan)<sup>1</sup>.

(See 8.10.9 Business Continuity Plan for more details.)

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<sup>1</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 p 86  
(Applies to CHSP)

## Risk management plan information

The **Organisational Risk Management Plan 2017-2022** includes the following information:

- The specific risk identified: these are the risks identified by Waratah Respite Services
- What can go wrong: details of what can go wrong in relation to the risk
- Consequence: the consequence of the risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
  - 1= Insignificant
  - 2= Minor
  - 3= Moderate
  - 4= Major
  - 5= Catastrophic
- Likelihood: the likelihood of the risk occurring using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
  - A: Almost Certain
  - B: Likely
  - C: Possible
  - D: Unlikely
  - E: Rare
- Risk Rating: the rating for each identified risk using the risk rating matrix in Figure 8.10.1 Risk Rating Matrix and below:
  - L = Low
  - M = Moderate
  - H = High
  - E = Extreme
- Current controls to reduce risk: the controls or strategies in place to control or reduce the risk
- Person responsible for implementing controls

### 8.10.4 IDENTIFYING RISKS

In identifying risks, the Management Team considers:

- Client and staff feedback forms
- Client and staff feedback day (see 8.7.5 Annual Planning Meeting Clients and 8.7.6 Biannual Planning Day)
- Input from the annual planning day (see 8.7.6 Annual Planning Day)
- Incident Reports

- Client-related risk audits, including clinical risks identified by the Registered Nurses and other health professionals and the identification of high impact or high prevalence risks associated with the care of clients
- Hazards and maintenance information
- Work Health and Safety Hazard audits
- Review of policies and procedures and processes
- Management knowledge and understanding of service delivery and work processes.
- Activity outings and activities

Where appropriate, different staff groups are involved directly in the risk management process either through risk workshops, attendance as part of improvement meetings, such as the Work Health and Safety Committee, and Clinical Care, Risk and Improvement Committee, or through consulting directly with staff on specific areas such as risks associated with transport (for example). These are the reported back to the Management Team.

#### 8.10.5 IDENTIFYING CONTROLS

Controls are strategies to manage risk balanced against the cost and inconvenience of the control. Common controls include:

- Staff training
- Provision of information and guidance for clients
- The use of safe or safer equipment, furniture, floor coverings
- Changes in procedures or practices including review of clinical care processes
- Personnel, checks including referee checks, driver's licenses, motor vehicle registrations, professional registrations, criminal history checks
- The development of plans for dealing with risks that occur across individual client activities.

#### Recording improvements

Improvements implemented as a result of risk management reviews and planning are recorded in the Continuous Improvement Plan, as well as in the activity Risk Management Plans, to ensure that they are implemented, monitored and evaluated (see 8.9 Continuous Improvement).

#### 8.10.6 RISK RATING MATRIX

The following Risk Rating Matrix is used to determine the status of each major risk based on the likelihood, and consequences of the risk. The Management Team judges the likelihood and consequences of the risk to identify the rating. The risks are rated without controls in the first instance, controls are identified and then the risk is re-rated with the controls in place. This allows Waratah Respite Services to gauge the success of our risk mitigation strategies.

**Figure 8.10.1: Risk Management Rating Matrix**

		CONSEQUENCES				
LIKELIHOOD		Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
	Almost Certain A	Medium	High	High	Extreme	Extreme
	Likely B	Medium	Medium	High	High	Extreme
	Possible C	Low	Medium	High	High	High
	Unlikely D	Low	Low	Medium	Medium	High
	Rare E	Low	Low	Medium	Medium	High

### 8.10.7 CLIENT CHOICE AND RISK

Waratah Respite Services support clients to live the best life they can and recognises that an important part of this is that they “do the things they want to do” and we support “the dignity of risk”. To this end we encourage and support clients to make choices that may involve a risk to their health and/or safety. When this occurs, we inform the client about the risks, the potential consequences to themselves and others and discuss with them, ways in which the risks can be managed to support their choice. We use a process for mitigating risk and honouring client choice<sup>2</sup> outlined in the Assessment and Support Planning Practice using the Client Choice Risk Assessment Form.

If the choice presents an unacceptable risk to others including our staff and the client will not modify their choice to mitigate the risk we may modify or decline to provide any related services until the risk is mitigated.

### 8.10.8 ABUSE AND NEGLECT

Waratah Respite Services recognise its responsibilities to provide a facility for clients, staff and others that is free from abuse and neglect. To ensure that a priority focus is given to this, planning and oversight is included as a responsibility of the Management Team which reports to the Management Committee and works closely with all staff.

#### Strategies to minimise the risk of abuse and neglect

Waratah Respite Services has processes in place to minimise the risk of abuse or harm to clients and staff including:

- Establishing systems and strategies to:

<sup>2</sup> Adapted from: The Hulda B and Maurice L Rothschild Foundation *A Process for Care Planning for Resident Choice* February 2015

- identify abuse and neglect
  - respond to abuse and neglect when it occurs, and
  - promote awareness amongst the workforce and the service's aged care community to reduce the risks of abuse and neglect
- Monitoring that the system for identifying and responding to abuse and neglect supports clients and staff effectively and in line with good practice
- Complying with relevant state, territory and federal government laws, including to meet mandatory reporting requirements
- Integrating systems for identifying and responding to abuse with our clinical governance framework and the Clinical Care, Risk and Improvement Committee
- Aligning Waratah Respite Services' systems for identifying and responding to elder abuse with government frameworks and guidelines
- Evaluating and continuously improving the effectiveness of the systems in line with good practice.
- A code of behaviour for staff and volunteers
- Application of the client rights and responsibilities in the provision of services
- Appropriate selection and screening of staff, contractors and volunteers
- Staff training in safe and respectful interaction with staff and clients
- Access to policies and procedures outlining responsibilities
- Provision of a safe environment (including consideration to the client's home environment)
- Access to supervision and support for staff from management
- An incident reporting system.

## Clients

All clients are entitled to feel safe, and to live in an environment where they are protected from assault, neglect, exploitation or any other form of abuse. Abuse can be in the form of:

- Financial or material abuse
- Neglect
- Emotional or psychological abuse
- Social abuse
- Physical abuse
- Sexual abuse.

Clients can be at risk of abuse from family, friends, our staff, other clients or other people. Whilst we aware that we cannot control all risks to clients we do endeavour to ensure their safety in our service and, where possible, outside of our service. Clients have a right to film/photograph care within their own home.



Waratah Respite Services ensure the safety of our clients by adhering to the following:

- Waratah Respite Services endeavor to prevent abuse in the first instance, through staff recruitment screening, and the employment of staff who respect the rights of clients and who can support clients in reporting abuse and other concerns
- Staff are trained in identifying abuse indicators – whether from within the service or outside
- All members of staff are encouraged and supported to report abuse or suspected abuse to their immediate supervisor or, where the supervisor is the abuser, to the next in line supervisor. Abuse is to be reported in writing on an Incident Report. If a person is unsure that they have witnessed abuse they may discuss the incident with their supervisor prior to making a written report
- All abuse must be reported to the relevant Team Leader, who then reports the abuse to the Manager immediately
- Team Leaders/Managers receiving a report of abuse must act immediately
- The response to reported abuse includes, as appropriate, discussion with the Elder Abuse Hotline, reporting to the Police, the provision of medical care, including transfer to hospital by an ambulance, and referral to a Sexual Assault Service if the assault is of a sexual nature
- Where a staff member is involved the victim of abuse is removed from contact with the staff member while the abuse is investigated
- Where a client abuses another client, protection strategies are implemented immediately, and the event is investigated as soon as possible. If behaviour strategies are implemented they are safe, respectful of the person and non-abusive. (see 1.7.3 Inappropriate Client Behaviour)
- If it is appropriate and the victim of abuse has given consent, the family or guardian of the victim, or other support person, are informed of the allegation of abuse as soon as possible after the report is made
- When the victim is unable to give consent, the family, guardian or other support person are notified of the incident as soon as possible
- Where the Manager is unsure of the best course of action to take in an abuse situation or in a dispute between a client and a carer, one or more of the specialist agencies is contacted for advice. If the client has not consented to this contact it must be made without disclosing the client's details
- If there are fears for the well-being of the client due to suspected abuse the Manager follows the advice of a specialist agency even where it conflicts with the confidentiality of the client. In this case the specialist agency may request direct involvement
- All aspects of the abuse incidents are accurately documented in the client management system, TRACCS, and include any follow up actions.



## Contacts for Elder Abuse

Where appropriate and with their consent, clients may be referred the National 1800 ELDERHelp (1800 353 374) line to talk to someone about potential or actual elder abuse. This service provides information on where to get help, support and referrals. Alternatively, we may refer clients to other support services agreed to in consultation with the client.

## Staff

The procedures described above are applied, as appropriate, to staff being abused either by other staff, clients or other people.

(See Waratah Respite Services Abuse of Older People Policy and Procedure)

## Minimising the use of restraint

### ***Centre-Based Services***

We do not use any type of restraint in the care of centre participants. Safety devices, such as seat belts on wheelchairs are not considered a restraint and are in place to ensure client safety, not to impinge on their ability to be self-determining in their mobility.

### ***Residential care***

In residential care, restraint may be used when all other options have been considered, trialled and failed. The Medical Practitioner with input from the client / or their representative makes the decision to restrain a client. (See 3.5 Personal Care and Clinical Care. see Restraint Policy and Procedure)

## 8.10.9 BUSINESS CONTINUITY PLAN

Waratah Respite Services have developed a Business Continuity Plan that addresses:

- Risks associated with being unable to continue to deliver services including transitioning-out of service provision (e.g. transferring clients to another service provider where, for example, funding has expired or is terminated<sup>3</sup>, clients are deemed to be at high risk, or there are other threatening events)
- Controls to minimise risks including:
  - Development of effective and robust systems such as financial management, data systems, client information
  - Processes to monitor, manage and report incidents or threats to service continuity
  - Policies and procedures to support systems

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<sup>3</sup> Australian Government Department of Health Commonwealth Home Support Programme - Program Manual 2018 6.1.8 Service Continuity p 86

- Strategies in the event that services need to be discontinued (including alternative arrangements for clients, emergency transport, transfer of client information including assessments, support plans and notes)
- Connections with other service providers, emergency services and government agencies to assist in the support of service delivery and client safety should a serious event occur
- Strategies for continuing services after a discontinuation.

(See also 1.7.8 Business Continuity.)

## VERSION CONTROL

Version Number	Reviewed By	Review Date	Modifications Made	New Review Date
1	J Bartholomew  Approved by Management Committee	Sept 2019  Sept 2019	Created	Sept 2022