



Dignity of Risk Policy

Whiddon

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Policy Review

Date	Description of and Reason for review	Initiated by	Version
22 June 2019	New Policy	GMCG	1.0
January 2023	Addition of Risk and Mitigation Guide	GM QCC	2.0
31/10/2024	NDIS Inclusions/ Charter of Aged Care Rights	GMCR&C	2.1

Dignity Of Risk – Overview

Overview: Dignity of risk embraces the ideal that personal discretion to take reasonable risks in life are essential for the fostering of dignity and self- esteem. As such, within aged care, a resident/client choice to take reasonable risks should not be impeded by excessively cautious care and service staff, who may feel a conflict of interest with their own basic duty of care.

This policy relates to Dignity of Risk in the context of:

The Aged Care Quality Standards	<p>Standard 1</p> <p>Requirement (3) (c): Each consumer is supported to exercise choice and independence, including to:</p> <ul style="list-style-type: none">i) make decisions about their own care and the way care and services are delivered; andii) make decisions about when family, friends, carers or others should be involved in their care; and iii) communicate their decisions; and iv) make connections with others and maintain relationships of choice, including intimate relationships. <p>Requirement (3) (d): Each consumer is supported to take risks to enable them to live the best life they can.</p>
Other standards	<p>Standard 1: <i>Standard 1 supports all of the other Aged Care Quality Standards and is essential to providing consumer-centred care.</i></p>
Legislation or other requirements	<p>Aged Care Act 1997 (Cth), Schedule 1 User Rights Principles 2014. Charter of Rights and Responsibilities – Residential Care</p> <p>Aged Care Act 1997 (Cth), Schedule 2 User Rights Principles 2014. Charter of Rights and Responsibilities – Home Care</p> <p>Aged Care Act 1997 (Cth), Schedule 3 User Rights Principles 2014. Charter of Rights and Responsibilities – Short-term restorative Care</p> <p><i>Civil Liability Act 2002 (NSW).</i></p> <p>This Act sets out the circumstances in which a person or organisation can be considered to be negligent.</p> <p>Charter of Aged Care Rights</p>

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Dignity of Risk - Introduction

Dignity of risk embraces the ideal that personal discretion to take reasonable risks in life is essential for the promotion of dignity and self-esteem. As such, within aged care, a resident or community client should they nominate to take reasonable risks should not be impeded by excessively cautious care and service staff, who may feel a conflict of interest with their own basic duty of care.

At Whiddon, all our residents and clients have the right to make their own decisions and are assumed to have capacity to do so unless shown otherwise. Capacity should be medically assessed with the consent of the person or their substitute decision maker.

All residents and clients of Whiddon, to whom we give care, support have an equal right to make decisions and choices about things that affect their lives, their day-to-day experiences and their enjoyment or satisfaction from those experiences.

Making decisions and choices in everyday life involves risks. This policy is about how Whiddon respects resident and client wishes and preferences relating to the risks they choose to take, and where necessary, shares information and collaborates with the resident and client or their chosen

representatives, so that informed decisions regarding those risks can be made without restrictions upon their personal, independent choices whenever possible.

This policy is designed to assist the reader to understand the importance that Whiddon places on Dignity of Risk, and how we expect and require team members to apply it when interacting with our residents and client and/or their chosen representatives. It forms the framework of our care model and service delivery, and will be generally upheld at all times, subject to unique circumstances which may have adverse impact on residents or clients and or others.

Whiddon Values

Our values direct our behaviour and delivery of care and prioritise the following attributes:

- Being progressive and innovative
- Nurturing relationships and community
- Creating exceptional impact

Whiddon encourages employees to be creative, supportive and nurturing, encouraging teams to create exceptional impact that is, supporting and enabling our residents and clients to live full and rich lives. [My Life Guiding Principles](#)

Our seven guiding principles have evolved with the development of My Life. They are the principles that direct the way that we deliver care and enable us to achieve the My Life outcomes for residents and clients.

1. Client Self Determination
2. Caring for the whole person – a wellbeing approach
3. The importance of relationships - Relationship-centred care
4. Continuity of Care – a seamless experience for clients
5. Evidence based practice and innovation
6. Connection to Community
7. Partnership – with clients, families, their communities and strategic partners

Whiddon's Model of Care



Caring for the Whole Person – a wellbeing approach

Our aim is to enable quality of life and wellbeing whatever the resident and client journey. We recognise that each resident and client's wellbeing is dependent on a rich and individual mix of relationships, social connections, interests, places, experiences, cultural links and spiritual needs as well as the clinical care that addresses their physical and health needs.

We also understand that disability and dependency are not inevitable consequences of ageing and make no automatic assumption of deterioration. Improved wellbeing is always our aim, regardless of age or frailty.

In this broader wellbeing context, Whiddon is an enabler and partner to residents and clients finding creative and practical solutions to keep the individual connected to the people, interests and communities that matter to them. We also seek to provide evidence based holistic care.

An individual's wishes and choices always direct the care approach. We will seek to provide timely information and direct them to sources of education to enable their informed decision making. Occasionally, we may not offer the breadth of services that person requires. In these instances, we

will seek to facilitate the inclusion of other providers of local aged care services and activities in the client's plan for care.

Creative ageing and wellbeing

Creative ageing is one of the ways in which we deliver exceptional care and is a good example of an approach to care that can achieve broad wellbeing outcomes regardless of age or frailty.

It covers both therapies, programs and events that are aimed at engaging residents and clients through enjoyment and encouraging self-expression.

The term creative ageing was first used by US psychiatrist Dr Gene Cohen and refers specifically to ageing well through engaging with the visual, performing and literary arts. At Whiddon we use the term more broadly to include arts and crafts, music, dance, theatre, storytelling, writing, cooking, gardening, mind games, digital technology, environmental design and lifelong learning.

To this end there may be associated risks with activities, the aim is to not eliminate activities but to evaluate risk for an individual and to support the person to make an informed decision or if they have diminished capacity provide their substitute decision maker with the information they require to make a decision (this must be within their legal authority).

Application of Policy

This policy applies to all Whiddon team members, contractors and volunteers who provide services for our organisation, whether or not they work in direct contact with our residents and clients. Team members, contractors and volunteers must comply with the law of negligence in all aspects of their work, ensuring that despite the application of this policy, they continue to also act in accordance with their personal duty of care.

Definitions

Dignity the state or quality of being worthy of honour or respect, being treated in a manner that shows the other person respect, honour and worth.

Hazard: something that is dangerous and likely to cause harm

Risk: the chance of harm occurring.

Choice: opportunity to enact a choice and take risk

Dignity of Risk: a resident/client has the opportunity to enact a choice and take risk, despite the risks associated, subject to and subsequent to being advised and discussing with their carer, the positive and negative aspects of the choice they are making, any foreseeable dangers, any foreseeable outcomes and impacts.

Capacity: the assessed cognitive state of the person to understand the risk of harm from the choice that is made. Dignity of risk refers to a person's right to make choices that have risks associated with them. It is essential that the person has been fully informed of those risks and has the capacity to understand the risks. It is also important that the choices do not have the capacity to harm self and others.

Duty of Care: an obligation to avoid acts or omissions, which could be reasonably foreseen to injure or harm other people. This means anticipating risks for consumers and taking care to prevent them coming to harm. Duty of care needs to be balanced against the resident and client right to make choices that have associated risks.

Consumers, Residents, Clients, Recipients: People that receive care and or services by an aged care provider.

Policy

This policy applies to consumers in Residential Care and Community Care funded by the Department of Health and Aged Care and the National Disability Insurance Scheme (NDIS)

To maintain clarity and consistency throughout the policy, the terms "consumers," "residents," "clients," "elders," and "NDIS participants" will collectively be referred to as "consumers," all such references encompass these groups equally.

Whiddon is committed to enabling older people's right to choose: their care, services, activities and how they wish to live their lives, taking into consideration obstacles that may be due to personal circumstances.

Making personal choices means taking risks based on personal risk appetite. We at Whiddon believe all aged care consumers have the same rights as other members within society to take risks when making choices, Whiddon team members will assist residents and clients to make their own informed choices, to enjoy the broadest range of life opportunities and experiences possible for them and their circumstances, in an environment of care, support, and information.

Whiddon will ensure that strategies are in place to assist and enforce employees, contractors and volunteers, to provide a standard of care commensurate with their position that contributes towards best outcomes for each older person whilst respecting the person's right to choose to take risks.

Strategies to consider

- Senior managers, general practitioners will be involved in the discussions with residents, and clients and or their substitute decision makers when determining risk versus duty of care.
- Provide supports to be put in place, to assist residents, clients and or their substitute decision makers to understand the process of risk assessment, consultation, informed decision making and the importance of a multidisciplinary case conference
- Collaboration with aged care consumers is to be embedded into employee and consumer day to day interactions. Enforcement may be via education, position description, management interventions and other appropriate and relevant means.
- Duty of Care issues are to be recorded on resident and client files.
- Appropriately skilled and qualified employees are to assist consumers to make informed choices by providing relevant information, in appropriate formats where required, about the benefits and risks involved in activities
- Where duty of care is an issue, the decision-making processes and the implementation of each stage of the process is to be documented by the senior registered nurse or service manager or community care manager in a resident and clients care notes and care plans
- If at the end of the decision-making process, the resident and client does not have the necessary skills (mental, physical and/or other), to carry out the activities, care regime or services they have chosen, Whiddon team members will continue to undertake risk assessments, collaborate with key stakeholders, communicate and negotiate and work towards mutually agreeable actions.
- Residents, clients and or their substitute decision maker, employees and all other key stakeholders, must have the request in writing and the associated risks clearly communicated with them. This may include a formal letter being given to the residents, client and or substitute decision maker, a signed risk assessment, relevant information and a medical review.
- Where a resident or client chooses to undertake an activity that could harm him or her but understands the risks involved, a senior manager must note this decision on the resident or client file and have all relevant documentation provided to the resident and client. Such as the risk

assessment, medical review, allied health review, activity risks and clear direction on mitigation strategies recommended.

- Where a resident and client chooses to undertake an activity that could harm him or her and does not understand the risks involved, the service manager or their delegate must ensure their duty of care to the consumer is implemented and that any action is documented, as well as clear rationale.

Additional Considerations

- Registered Nurses must be aware of the health and safety of all consumers and their reporting responsibilities if a consumer is placed at risk or harmed.
- Registered Nurses and care employees will receive appropriate ongoing training to support them to identify consumers who are at risk of poor health or any form of abuse or neglect.
- Where necessary the registered nurse must ensure that appropriate medical, therapy or nutritional attention and information and advice is obtained. Any such information is to be recorded in the progress notes.
- Whiddon has a policy and guide regarding 'challenging behaviours' this includes persons who are a danger to himself or herself or others. Employees must refer to this or seek appropriate external professional consultation

Managing Risk and Capacity

Whiddon has a comprehensive process for the recording and reviewing accidents and injury to resident's and clients.

Whiddon proactively manages risk by identifying the hazards associated with a resident's and client's choices that enhance their quality of life. Further, Whiddon ensures that residents and clients are provided with all available options and the potential consequences before making a decision.

Capacity is considered when risk taking decisions are being made. Decisions on capacity are documented. Residents and clients have the same rights as everyone even though they may have impaired cognition. If there are any concerns, capacity must be assessed according to the jurisdiction's laws and by appropriately qualified health and legal professionals – it is not a matter of employee /family opinion. It is critical to understand that impaired capacity to make one type of decision does not preclude capacity to make a decision about a different matter capacity is decision-specific in some circumstances where capacity is impaired, a guardian or power of attorney may be appointed as a substitute decision-maker^{1 2]}

Whiddon has a structured approach to managing Dignity of Risk, (see Whiddon Enterprise Risk Framework document for detail). Whiddon manages risk by:

1. Identifying the context, for example, what is the activity, when is it, where is it, who is involved, what consent is required and what information is required?
2. Identifying the risk, its sources, and potential consequences. Who is involved, are they qualified, is there insurance notification required? Who needs to know?
3. Analysing the risk. Considering causes/sources of risk, their positive and negative consequences; the likelihood that these consequences will occur, and what might alter the likelihood of

¹ [Capacity Toolkit: Information for government and community workers, professionals, families and carers in NSW.](#)

²

consequences eventuating?

4. Evaluating the risk. What is the worst-case scenario?
5. Manages or “treats” the risk. What do we do to reduce risk?
6. Monitors and reviews the risk.

Consultation and decision making will be recorded comprehensively and reflected in the client and resident's record. All consents in relation to risk taking will be duly witnessed and recorded in writing and attached to the electronic record of the client and residents. Agreements in relation to risk taking will be recorded as a component of the resident and client's care plan.

The service manager and or their delegate will ensure all decisions and or outcomes will be clearly communicated to the resident and client and or their substitute decision maker.

All stakeholders will agree on a desired timeframe that considers and includes time for the process of a risk assessment to be undertaken, the referral of a medical consultation if required and or the referral of an allied health review if required.

This will provide the resident, client and or their substitute decision maker with all the information required to make an informed decision. Further this information will provide the home with information on what risk mitigation strategies and support can be provided in the interest of resident and client safety and the wellbeing and safety of employees and others.

Decisions in relation to individual risk taking will be reviewed as a component of the standard care plan review undertaken on a regular basis and as required.

Process

EXAMPLE: Resident or Client has made a choice to for example;

- | | |
|-------------------------------------|--------------------------------|
| ❖ Refuse care, | ❖ Eat soft boiled eggs, |
| ❖ Smoke without a safety apron, | ❖ Jump out of a plane, |
| ❖ Ride a motor scooter on the road, | ❖ Use an electric blanket etc. |

1. Identify what the resident or client is wanting, needs and preferences – obtain all of the information and document the request clearly
2. Identify who will be the person to case manage the request (recommended to have one senior person coordinating the process)
3. Identify who the key stakeholders are with the resident or client e.g. General Practitioner, substitute decision maker (if the person has diminished capacity), support person, allied service person, advocate
4. Organise an initial case conference with Resident or client and other key stakeholders to discuss the request and process to be take (this must be agreed by the resident or client)
5. Determine and agree on a timeframe.
6. If there is clinical concern regarding resident or client capacity to understand action and consequence, risk to self and others, a medical review is indicated.
7. A suitably qualified professional is to undertake a comprehensive risk assessment. The assessment is of the activity requested and assessment of the resident capacity to partake in the activity.
8. Once the assessments and information are collated, reconvene a case conference with the resident or client and or their substitute decision maker to discuss the assessments, risks and mitigation strategies.

9. Once a decision is made a care plan is to be agreed on, a signed care plan by the resident or client and or their substitute decision maker must be made available to all relevant employees and a copy provided to the resident or client and or their substitute decision maker.
10. Ensure you establish review dates, process of monitoring and expected outcome for the resident or client.
11. Document, document and document, if you have concerns do not hesitate to engage with regional managers or the executive for guidance.
12. At all times consider the legal rights in decision making.

Risk and Mitigation Guide Potential Risk and Strategies to Mitigate Risk



NB the below is to be used as a guide only, it is not an exhaustive list of all risks. Each consumer's needs will need to be assessed individually and have tailored interventions based on their individuals needs

Examples	Risk and Mitigation Flow Chart for Informing Consent.		
Activity / Action	Reason	Potential Risk	Strategies used to mitigate risk
Bed Against Wall	Consumer preference (RP) Rolling off bed Layout of room Maximise space	<ul style="list-style-type: none"> • Mattress moves -causing Entrapment risk • Cords from blinds/curtains • Strangulation risk • Unable to access call bell easily • Unable to access personal items easily • Skin trauma/Bruising/Skin tears • Pressure injury - (If RP) • Difficulty getting out of bed (If RP) 	Physio/OT review/assessment Mattress bracket welded on bed to minimise mattress movement Remove/Shorten cords Pendant call bell Move items to an accessible place Limb protectors Exit side of bed - dominant side
Bed Rails	Consumer preference (RP) Rolling off bed. Manual handling assistance	<ul style="list-style-type: none"> • Entrapment • Strangulation • Suffocation • Climbing over rails • Falls • Increased confusion • Fractures • Skin trauma/Bruising/Skin tears • Pressure Injuries 	Physio/OT review/assessment Pendant buzzer Floor line bed Bed rail covers Limb protectors 1/3 bed rails instead of full Only 1 rail to allow mobility

Examples	Risk and Mitigation Flow Chart for Informing Consent.		
Activity / Action	Reason	Potential Risk	Strategies used to mitigate risk
		<ul style="list-style-type: none"> • Restraint preventing mobilising • Difficulty accessing call bell 	
Bus Outings	Consumer Rights Maintain independence	<ul style="list-style-type: none"> • Accident involving others • Falls causing serious injury while embarking or disembarking from the bus • Absconding • Motion sickness • Choking while eating 	Physio/OT review/assessment Escorted outings Bus Outing Guidelines and Checklist followed
Consuming Food / Fluids Against Recommendations	Consumer preference (RP) Quality of life. Weight loss	<ul style="list-style-type: none"> • Choking Distress • Aspiration pneumonia • Chest infections • Death 	Choice of different food/ fluid options Sitting upright during meals Eating drinking slowly, teaspoon
Declining Recommended Care	Prefer not being disturbed Pain	<ul style="list-style-type: none"> • Pressure areas • Skin infection • Wounds • Incontinence associated dermatitis • Falls 	<ul style="list-style-type: none"> • Pressure relieving devices • Use of barrier creams
	Decline Antivirals Decline Vaccination	<ul style="list-style-type: none"> • Increased risk of developing an acute respiratory distress secondary to Covid-19. Which may result irreversible decline and result in death 	Analgesia/Pain review Agreed times for care, e.g., 4/24

Examples	Risk and Mitigation Flow Chart for Informing Consent.		
Activity / Action	Reason	Potential Risk	Strategies used to mitigate risk
		<ul style="list-style-type: none"> • Risk to other residents and potential transmission within the Home • Risk of developing an ARI may contribute to deterioration in resident's clinical condition which despite all medical support may be irreversible and result in death 	
Electric Scooter/ Wheelchair	Consumer rights Maintain independence Quality of life	<ul style="list-style-type: none"> • Accident involving others • Falls causing serious injury • Loss of independence • Crush injuries • Motor vehicle collisions • Resident collisions causing serious injury 	OT review/assessment Limit speed Only drive hard surfaces Insurance for injury to others Increased outings Self-Propelled wheelchair
Excessive Alcohol	Consumer Rights Maintain independence Quality of Life	<ul style="list-style-type: none"> • Falls • Injury from Falls e.g. head injury • Increased aggression 	Low alcohol beverage Alcohol free Beverage Limiting intake Counselling support
Floor Line Bed	Rolling off bed Falls	<ul style="list-style-type: none"> • Immobility • Pressure injuries • Difficulty accessing call bell 	Physio/OT review/assessment Fall out mats Lo Lo bed to aid mobility Pendant buzzer

Examples	Risk and Mitigation Flow Chart for Informing Consent.		
Activity / Action	Reason	Potential Risk	Strategies used to mitigate risk
Medication / Pharmacy	Prefer pharmacy to supply medications. Supplying own Medications	<ul style="list-style-type: none"> • Supply issues • Missing medications • Increased risk of medication errors due to different systems Unable to supply urgent medications e.g., for pain 	All medications must be labelled appropriately Urgent medication availability Use preferred pharmacy provider of Home
Medication / Self	Consumer Rights Maintain independence Quality of Life	<ul style="list-style-type: none"> • Taking incorrect medication • Overdose • Forgetting medication 	Staff supply medication Resident self-medication assessment
Outings Alone	•Consumer rights Maintain independence Quality of life	<ul style="list-style-type: none"> • Unable to find way home • Falls and injury • Pedestrian accident • Misadventure 	Physio/OT review/assessment Monitor Mobile Phone Card with accommodation details and phone contacts Escorted outings
Smoking	Consumer rights Maintain independence Quality of life	<ul style="list-style-type: none"> • Burns • Anxiety/Agitation 	Use dedicated smoking area with fire protection Smoking apron Supervision
Social Outings during periods of	Resident social outings with family members during periods of	<ul style="list-style-type: none"> • Increased risk of becoming infected and developing an acute respiratory infection (ARI) If infectious will be required to isolate when in the Home 	Delay social outings to high-risk venues until risk has reduced social outings to family home and gatherings preferred Avoid densely populated venues such as busy

Examples	Risk and Mitigation Flow Chart for Informing Consent.		
Activity / Action	Reason	Potential Risk	Strategies used to mitigate risk
increased Acute Respiratory Infections (ARI) in the local community Declining to wear mask	increased risk in the community Maintain decision making. Maintain independence Quality of Life	<ul style="list-style-type: none"> • Risk to other residents and potential transmission within the Home • Risk of developing an ARI may contribute to deterioration in resident's clinical condition which despite all medical support may be irreversible and result in death 	restaurants, clubs, football matches where physical distancing is not guaranteed Wear a surgical face mask for duration of outing in public places Use alcohol-based hand gel Practice respiratory hygiene: Cover mouth and nose with a tissue when coughing or sneezing If resident does not have a tissue, cough, or sneeze into elbow Use the nearest waste bin to dispose of the tissue after use Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials