## Choice and Dignity of Risk

### Organisation Statement

[Your Organisation] acknowledges the right of the consumer to make choices about their life and the care and support they receive. This right includes the ability to accept or decline a service.

[Your Organisation] will ensure that appropriate policy and procedures are in place and that service delivery supports a high quality of care that meets the Aged Care Standards and the provisions as relevant in the *Aged Care Act 1997* and *User Rights Principles.*

[Your Organisation] recognises that a client may choose to disregard health or care recommendations.

[Your Organisation] acknowledges the right of a client, who understands the implications of their decision, to make choices that may adversely impact on them. We also recognise that we have a duty of care to ensure that the client has received sufficient information on identified risks, any potential negative outcomes and to assist the client to manage risk as far as possible.

Where an individual is non-compliant, and the Aged Care staff believe the individual does not understand the implications of non-compliance, or the risks involved in the course of action they are taking/not taking, staff will speak with relevant health professionals and family members about the issue, to identify ways to assist the client.

* [The following statement may or may not be relevant depending on your organisation’s staffing profile: *The Organisation is* ***not*** *responsible for non-compliance of an individual in the areas of medications. This is the responsibility of registered health professionals such as nurses, health workers and doctors at the relevant community clinic.*]

### Responsibilities

#### Management

* Ensure staff have access to appropriate resources and supports (policies and procedures, forms and administration resources etc.), along with education and training, to support consumer choice and decision making.

#### [Coordinator / or Team Leader – dependent on your organisation]

* Notify relevant health professionals of non-compliance where medication prompting is a part of the client's Care Plan and staff have concerns about compliance.
* Engage with other stakeholders such as family, GP or other health professionals and ensure that they are aware of the client’s decision/s, identified risks and consequences.
* Assist clients to understand any identified risks and consequences.
* Escalate to management where there are concerns about the capacity of a client to understand the nature of any risk and consequences.
* Ensure client choices are documented including any identified risks and consequences, information that has been communicated to the client and other stakeholders and any interventions or risk mitigation strategies implemented.

#### Support Workers

* Work in a way that supports consumer choice and decision making.
* Alert the Coordinator to client decisions or actions that lead to non-compliance and/or where these have the potential to impact negatively on the well-being of the client.
* Ensure all client decisions that may have a negative impact on the wellbeing of the individual are clearly documented.

### Procedures

**Non-compliance and declined services/support**

Where a client and/or their carer declines a service or support, or is non-compliant in self-care, e.g. medication management, **staff should**:

* Work with clients, carers and family members in addressing issues to support problem solving and tailor workable solutions.
* If a reason for the decision is identified and can be remedied this should be documented in the client's progress notes along with any changes to their Care Plan and raised with Management as appropriate.
* Where the client places himself or herself in a position of risk through their choices, or there are concerns about a client's ability to assess risk, this will be discussed with the client and their carer.
* If a serious concern is identified regarding client safety and wellbeing, this will be referred directly to Management.
* If the issue cannot be resolved, all matters related to non-compliance and/or declined services/supports are to be documented and escalated to management for further action, e.g. family meeting, referral for external support, e.g. health practitioner review.
* Revised services or supports should be put in place as soon as possible to enable positive client outcomes e.g. a client may not want a morning shower in winter due to cold weather, a remedy could be to change the timing of the shower.
* Refer to relevant agencies e.g. Adult Guardianship, Palliative Care, Allied Health as required, where the person and/or their carer does not have the capacity to assess risk, or is making a choice that may be harmful to them.

### Related Links and References

My Aged Care <https://www.myagedcare.gov.au>

Legislated Rights and Responsibilities Providers and Consumers <https://agedcare.health.gov.au/programs-services/home-care/legislated-rights-and-responsibilities-of-providers-and-consumers>

### Forms / Registers

Care Plan

Dignity of Risk Support Tool

Referral form/s

### Relevant Standards and Legislation

*Aged Care Act 1997*

*Privacy Act 1988* (Cth)

*User Rights Principles 2014*

*Quality of Care Principles 2014*

Charter of Aged Care Rights

Aged Care Standards, specifically **Standards 1 and 2**

*Disability Services Act 1986 (Commonwealth)*

*Disability Services Act [Date (your State or Territory)*]

*National Disability Insurance Scheme Act 2013 (Commonwealth)*

Disability Standards

National Disability Insurance Scheme (NDIS) Quality and Safeguarding Framework

### Review Triggers

This policy/procedure is reviewed internally for applicability, continuing effect and consistency with related documents and other legislative provisions when any of the following occurs:

1.      The related documents are amended.

2.      The related documents are replaced by new documents.

3.      Industry, legislation or service agreement changes may necessitate modifications to procedures.

4.      Other circumstances as determined from time to time by a resolution of the Organisation.

Notwithstanding the above, the organisation may review this policy/procedure annually for relevance and to ensure that its effectiveness is maintained.

### Questions

If a workplace participant is unsure about any matter covered by this policy/procedure, they should seek the assistance of their Manager.

### Variations

The Management team reserves the right to vary, replace or terminate this policy/procedure from time to time.

This policy/procedure is to remain in force until it is changed.

### Version and Revision Information

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| **Authorised by:** [the position responsible for authorising this policy/procedure]  Policy and Procedures maintained by**:** [the position responsible for maintaining this policy/procedure] | **Original version** #1: [DATE] |
| **Review date:** [date this policy/procedure should be reviewed] | This version: [#1] |