

1.0 Purpose

CareAbility is actively working to identify, address and monitor potential risks to promote a safe environment for participants, Staff and visitors and to maintain adequate and viable business operations to:

- Support effective decision-making that is guided by our mission and vision
- Ensure a consistent and effective approach to risk management
- Formalise our commitment to the principles of risk management and incorporating these into all areas of the business
- Foster and encourage a risk-aware culture, where risk management is understood to be a positive attribute of decision-making, rather than a corrective measure
- Align the CareAbility planning, quality and risk management systems and integration into all areas of our operations
- Implement robust corporate governance practices to manage risk while allowing innovation and development.

2.0 Scope

Risk management is built into all areas of our operations, including service delivery and corporate governance. Risk management is the responsibility of all Staff and all areas of the organisation. It's the responsibility of the Director or their delegate to carry out risk management analyses for the organisation and to take appropriate measures.

3.0 Policy

CareAbility recognises the importance of managing risk and ensuring that all stakeholders are aware of their role in identifying, analysing, evaluating, treating, monitoring and communicating risk in a systematic risk management approach.

CareAbility understands the organisation may be at risk when:

- A well-functioning governance structure is not in place
- Management plans, policies and processes are inadequate
- Team member roles and responsibilities are unclear
- Participants are not required to sign consent forms or waivers
- Equipment and facilities are not safe for the intended use
- Implementation of a comprehensive risk management plan hasn't occurred.
- Finances are managed inappropriately resulting in inadequate financial sustainability and cash flow
- Insurance is inadequate or inappropriate
- Operations are not evaluated regularly



4.0 Definition

Terminology	Definition		
Risk	 The possibility of something occurring that will have an impact on the service's objectives. Often risks involve constraints, failures, obstacles and losses that may arise in the future. Risk is measured in terms of consequences and if it the risk will have a positive or negative impact. 		

5.0 Procedure

5.1 Identification



Our organisation implements processes to effectively manage risk, such as:

- Analysing hazard data
- Conducting risk assessments including environmental, participant and activity assessments
- Reviewing incident/accident information
- Seeking Staff, participant and visitor feedback/complaints
- Ongoing review of all policies and procedures
- Seeking input from Staff at Staff meetings
- Incorporating appropriate strategies identified during planning days, e.g. Strategic and operational planning sessions
- Incorporating new information obtained via education and training into the business
- Conducting financial audits
- Conducting internal and external audits

5.2 Planning

CareAbility has established and maintained a Risk Register. The plan identifies and addresses:

- Risks to CareAbility
- Risks to Staff
- Risks to participants

The Risk Management Plan includes:

- Details of the risk
- Date the risk was identified



- Risk rating; possible consequence/s of the risk
- Actions required to eliminate, mitigate or control the risk
- Review dates, new controls and changes to existing controls

The Director reviews the Risk Register annually, or more frequently as required, in response to information received via WHS, audit and continuous improvement systems.



5.3 Managing risks

5.3.1 Controls

Controls are strategies used to manage risk. Identified risks are balanced against the cost and inconvenience of the control to the organisation prior to implementation. Controls used by CareAbility to manage risks include:

- Implementation of a Strategic Plan
- Implementation of a Risk Register
- Implementation of Emergency and Disaster Management plans for participants
- Implementation and review of participant risk assessment within support plans
- Thorough staff orientation, education and training
- Implementation of new processes identified during a risk assessment
- Effective internal and external information systems, including meetings and memos
- Strict adherence to policies, procedures and work instructions by all staff
- The utilisation of position descriptions
- Staff supervision and reviews
- Establishing participant support plans that identify risks and record strategies
- Participant reviews of support and environment
- ongoing capital maintenance and setting appropriate equipment budgets and plans
- maintaining all current registrations and insurances

5.3.2 Improvement Committee

Members of the Improvement Committee are representatives of the CareAbility workforce. The committee's function is to identify risks through the review of information (see '5.0 Procedure' and '5.1 Identification'). The committee will meet twice per year.

Separate to the committee review, all risks will be reviewed independently by CareAbility's Director.

Where risks are ongoing, they will be included in the Risk Management Plan and Continuous Improvement Plan. It is management's role to ensure all actions required to manage identified risks are undertaken within the nominated time frames.



5.3.3 Hazard identification

Where a hazard or potential hazard is identified, Staff must complete in detail a Hazard Report Form and provide this, on the same working day, to the Director or their delegate.

When consequences of hazards are assessed as high or extreme Staff must contact CareAbility to inform the Director or their delegate immediately, or as soon as it is safe to do so. Director or their delegate will take steps to address extreme or high hazards immediately.

Detailed documentation of action taken must be included in the Hazard Report Form and Risk Assessment Form and, where required, on the Continuous Improvement Plan.

All Hazard Report Forms are provided to the CareAbility Improvement Committee for review.

5.3.4 Monitoring

Risk management processes and systems are audited regularly as part of the audit program.

5.3.5 Reporting

CareAbility will use the data gained from the risk management process to inform decisions and plans to improve practices continuously. The analysis will be conducted to assist changes in services, policies and procedures. The analysis will include, but is not limited to:

- Complaints and feedback
- Financial risk
- Staffing issues
- Participant satisfaction
- Risks to participants and Staff
- Amendments to legal or compliance requirements
- Training and education

5.4 Consequence Rating Table

Insignificant	Minor	Moderate	Major	Catastrophic
F: Negliable financial impact Rep.: A single participant communicating poor feedback via their personal networks PR: Minor issues with service delivery communicated by participant, remedial action may need to be considered WHS: No injuries, injuries or ailments not requiring medical treatment Reg.: Very Minor issue with policy and/or procedure implementation P: Brief disturbance to delivery of service.	F: Break even profit margin based on previous year's earnings Rep.: A single participant communicating poor feedback via their own social and personal networks PR: Major issues with service delivery communicated by participant, remedial action required WHS: First aid treatment required, minor injury Reg.: Minor issue with Policy and/or procedure not implemented/not adhered to P: Disruption of service for more than 5 days/shifts	F: 25%-0% reduction in profit margin based on previous year's earnings Rep.: Multiple participants communicating poor feedback via their own social and personal networks PR: Loss of participants from service at a rate of more than 10% over a 6-month period WHS: Medical treatment and/or time off work required Reg.: Contact from the NDIS Commissioner in relation to a minor breach, temporary suspension of one/more services P: Disruption of service for up to a month	F: 50%-25% reduction in profit margin based on previous year's earnings Rep.: Poor reputation amongst professional community, including with LACs and Support Coordinators PR: Loss of participants from service at a rate of more than 50% over a 6-month period WHS: Extensive or life-threatening injuries requiring hospitalization, long-term illness or serious injury Reg.: > 5 Non-compliance breaches of NDIS Registration, permanent closure of one portion of service P: Significant abuse/neglect of participants, disruption to service on a permanent basis	F: >50% reduction in profit margin based on previous year's earnings Rep.: Negative broader media attention (IV/Print) PR: Combination of both loss of current participants and no new participants joining the service over a 12-month period WHS: Death or permanent disability Reg.: Removal of NDIS Registration and/or Legal proceedings, permanent closure of all services. Systematic faults in implementation of Policies and Procedures P: Allowing widespread abuse/neglect of participants to occur without report.



F = Financial

 $Rep. = Broader\ Community\ Reputation$

PR = Participant Relationship

WHS = Workplace Health and Safety

Reg. = Regulatory/Legal Requirements

P = Impact to Participant

6.0 Related documents

- Complaints and Feedback Policy and Procedure
- Continuous Improvement Policy and Procedure
- Emergency Plan
- Emergency Plan Waste
- Hazard Report Form
- Business Plan
- Risk Register
- Participant Risk Profile
- Risk Indemnity Form
- Continuous Improvement Register
- Documentation, including meeting minutes and memos
- Personal Emergency Preparation Plan
- Policies, procedures and work instructions
- Position descriptions
- Training Register
- Maintenance of current registrations and insurances

7.0 References

- NDIS Practice Standards and Quality Indicators 2021
- Privacy Act 1988 (Commonwealth)
- Work Health and Safety Act 2011 (Commonwealth)
- Disability Services Act 1986 (Commonwealth)