

(NAME OF AGENCY)

Procedures Manual

Title: RISK MANAGEMENT (*KLOE*)

1.0 Scope

1.1 Procedure for risk assessment Service Users.

2.0 Aims and Values

2.1 To ensure there is an effective system in operation for identifying and assessing risks to Service Users.

2.2 To balance the outcome of risk assessments with the Service Users right to make a choice.

2.3 To ensure that risk the management procedure minimises restrictions on Service Users freedom, choice and control.

3.0 Contents

6.0 General procedure.

7.0 Risk assessment.

8.0 Review of risk assessments.

9.0 Gathering and analysing information about safety in the service.

10.0 Information sharing.

11.0 Seeking external advice.

12.0 Staff Training.

13.0 Reporting health, safety and welfare incidents.

14.0 Informing the Care Quality Commission.

4.0 Referenced Documents

DC-009 Communication Record.

DC-015 COSHH Regulations.

DC-020 General Risk Assessment Form.

DC-047 Risk Assessment Form- Moving and Handling.

DC-048 Risk Assessment Form - Service Users Property.

DC-054 Person Centred Care Plan.

DC-073A A Falls Risk Assessment Form.

DC-100 Bed Rails Risk Assessment.

MA-01 Health and Safety Procedure.

SD-01 Assessment Planning and Reviews Procedure.

Appendix 1 Risk Assessment Guidance.

Mental Capacity Act 2005.

5.0 Responsibilities

5.1 The manager, Co-ordinator and all care staff.

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This is the procedure to be followed

6.0 GENERAL PROCEDURE

- 6.1 The manager is responsible for all decisions made in respect of risk management and ensures that this risk management procedure is followed by all staff.
- 6.2 Staff will undertake risk assessments as part of the Assessment Planning and Reviews Procedure, SD-01.
- 6.3 The manager should create and maintain a Risk Management Plan which identifies areas of risk within the service and shows how these risks will be managed.
- 6.4 The manager should ensure that staff use formal and informal methods of sharing information about risks associated with the Service Users care, treatment and support.
- 6.5 Risk assessments should be person centred and enable the Service Users to be involved in decisions about the risks in the provision of their care, support and treatment. A risk assessment should take account of the Service User's right to informed choice when having been informed of the risks involved.
- 6.6 Staff should encourage Service Users to be as independent as they want to be within the framework of any identified risks, ensuring that Service Users have sufficient information and advice from a competent person that enables them to balance risks with quality of life.
- 6.7 Staff should offer Service Users support in order to maintain their autonomy and independence in accordance with their needs and stated preferences.
- 6.8 Service users should be offered support when needed; however, staff respect any expressed wishes to act independently.
- 6.9 Staff should use the following documentation in order to maintain a written record of risks identified:
 - DC-020 General Risk Assessment Form.
 - DC-047 Risk Assessment Form- Moving and Handling.
 - DC-048 Risk Assessment Form - Service Users Property.
 - DC-073A Falls Risk Assessment Form.
 - DC-100 Bed Rails Risk Assessment.
- 6.10 The risk assessments should include:
 - Infection Control and Communicable Diseases.
 - All aspects of electrical safety.
 - Risks associated with the use of equipment in the Service User's home.
 - Risks to staff and Service Users in respect of fire safety.
 - Risks to staff and Service Users in respect of moving and handling.

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- Risks to staff and Service Users in respect of water safety.
- Risks associated with violent or aggressive behaviour by Service Users.
- Risks associated with Service Users falling.
- Risks presented when transporting Service Users.
- Risks associated with mobility aids, such as bedrails, hoists, lifts and wheelchairs.
- Risks associated with the preparation of food safety, based on the Hazard and Critical Control Points (HACCP) principles.

- 6.11 Risk assessments should be carried out in accordance with the Mental Capacity Act 2005. This includes best interest decision making; lawful restraint; and, where required, application for authorisation for deprivation of liberty through the Mental Capacity Act 2005 Deprivation of Liberty Safeguards or the Court of Protection. This applies when Service Users are admitted, discharged, transferred or move between services.
- 6.12 A record should be maintained of all Service Users who have been provided with information about risks to their health, welfare and safety as part of the assessment, care planning and risk assessment process.
- 6.13 Where the Service Users risk assessment involves preventative or protective measures staff should ensure that Service Users are made aware of their own responsibilities in contributing to their safety and the requirements they should follow.
- 6.14 The Service User's risk management plan should be available for inspection should any staff, Service Users or their representatives wish to see it.

7.0 RISK ASSESSMENT GUIDANCE

- 7.1 Before completing the risk assessment staff should refer to Appendix 1 Risk Assessment Guidance.
- 7.2 Staff who have been trained and competent to carry out risk assessments should, following each risk assessed, consider whether the risk is:
- **Low Risk:** Where an action has an element of risk which is considered as low probability or justified. No action needed.
 - **Medium (or Responsible) Risk:** Responsible risks which Service Users take in the act of daily living which are assessed, monitored, evaluated and reviewed as part of the Person Centred Care Plan, DC-054.
 - **High Risk:** Actions which will be very likely to result in injury.

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- 7.3 In considering risks, staff should take account and have an understanding of the following definitions:
- **Hazard:** A situation, which might lead to injury or damage if an unsafe act, occurs. A hazard is acceptable unless an unsafe action occurs (e.g. changing a plug contains an element of hazard).
 - **Danger:** This is the potential outcome of the hazard e.g. in this example the danger could be that of receiving an electric shock.
 - **Risk:** This is simply the probability that a hazard might become a danger.
- 7.4 Following each risk assessment, the manager should ensure that the results are documented, using the forms identified in 6.8, and discussed with other relevant people as may be required.
- 7.5 Staff must do all that is reasonably practicable to mitigate risks. They should follow good practice guidance and must adopt control measures to make sure the risk is as low as is reasonably possible. They should review methods and measures and amend them to address changing practice.
- 7.6 Service Users risk assessments should take into account any adjustments there may need to premises, equipment, staff training, processes, and practices and can affect any aspect of care and treatment.
- 7.7 Risks to the health, safety and/or welfare of Service Users must be escalated within the organisation or to a relevant external body as appropriate.
- 7.8 Risk assessments should normally be an integral part of the Assessment Planning and Reviews Procedure, SD-01, or the Health and Safety Procedure, MA-01.
- 7.9 Where the service provides equipment, staff should make regular checks to ensure that it is fit and safe for purpose. Where equipment is found to have faults, it should not be used. Staff should record the fault in the Communication Record, DC-009 and report the fault to the Home Care Co-ordinator.

8.0 REVIEW OF RISK ASSESSMENTS

- 8.1 The manager should have in place arrangements for continually reviewing safeguarding concerns, accidents, incidents and pressure ulcers, to make sure that themes are identified and any necessary action taken?
- 8.2 All risk assessments should specify a date for review at the time of the assessment.
- 8.3 All risk assessments should be reviewed and updated as circumstances change or on occurrence of any accident, injury or untoward incident to ensure the Service Users Safety.

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8.4 The manager should set the maximum intervals between reviews that are considered acceptable. This should not normally exceed six months for service users and twelve months in all other cases.

9.0 GATHERING AND ANALYSING INFORMATION ABOUT SAFETY IN THE SERVICE

9.1 The manager should gather information and feedback from all sources about health and safety in the service including analysis of:

- Person centred care plan reviews.
- Safeguarding issues.
- Service Users / Relatives Satisfaction Surveys.
- Internal audits.
- Complaints.
- Accident / Incident / Near Miss Reports.
- Aids equipment logs.
- Medication errors.
- Fire safety.
- Food safety.
- Infection control.
- Pressure ulcers.
- Violent or aggressive behaviour.

9.2 The purpose of the analysis is to identify any patterns or trends and establish where changes can be made to safeguard Service Users and improve the health and safety of Service Users, staff and the environment, and introduce preventative measures where required.

9.3 The manager should ensure that where the analyses identify need for change there is evidence that policies, procedures and practice have been changed.

9.4 The manager keeps up to date with relevant external safety alerts, recalls, inquiries, investigations or reviews and responds accordingly when informed or from issues learned.

10.0 INFORMATION SHARING

10.1 Subject to statutory consent and applicable confidentiality requirements, the manager must share relevant information, such as information about incidents or risks, with other relevant individuals or bodies. These bodies include safeguarding boards, coroners, and regulators. Where they identify that improvements are needed these must be made without delay.

11.0 SEEKING EXTERNAL ADVICE

11.1 Where relevant, the manager should seek and act on the views of external bodies

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such as fire, environmental health, royal colleges and other bodies who provide best practice guidance relevant to the service provided.

12.0 STAFF TRAINING

- 12.1 The manager should ensure that staff who are responsible for risk assessment have the qualifications, competence and skills to carry out the task.

13.0 REPORTING HEALTH SAFETY AND WELFARE INCIDENTS

- 13.1 The manager should ensure incidents that affect the health, safety and welfare of Service Users must be reported internally and to relevant external authorities/bodies. They must be reviewed and thoroughly investigated by competent staff, and monitored to make sure that action is taken to remedy the situation, prevent further occurrences and make sure that improvements are made as a result. Staff who were involved in incidents should receive information about them and this should be shared with others to promote learning. Incidents include those that have potential for harm.

- 13.2 The outcome of investigations into the incident must be shared by staff with the person concerned and, where relevant, their families, carers and advocates. This is in keeping with Regulation 20 – Duty of candour.

14.0 INFORMING THE CARE QUALITY COMMISSION

- 14.1 The manager is required to send to the Commission, when requested to do so and by no later than 28 days beginning on the day after receipt of the request:
- (a) a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of Regulation 17 paragraph (2) (a) and (b) are being complied with, and
 - (b) any plans that the registered person has for improving the standard of the services provided to Service Users with a view to ensuring their health and welfare.

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Appendix 1 Risk Assessment Guidance

Location:	Location of where risk assessment is taking place.
Assessed By:	Name / Names of persons who are carrying out the risk assessment
Signed By:	Signature of person who conducted the Risk Assessment
Date:	Date the Risk Assessment was carried out.
Hazards:	Detail the Hazard that you wish to Risk Assess. What is a Hazard? “Any circumstance, substance, device, object that can cause death, harm, injury, damage or loss is a hazard”
Harm / Risk:	Outline what harm / risk can be generated by this hazard. What is risk? “The likelihood that a person may be harmed or suffer adverse health effects if exposed to a hazard”
Risk Rating:	By using the 3 X 3 matrix you can complete a risk rating on the risks associated with this hazard e.g. low, medium, high. This is calculated by multiplying the Likelihood X Consequence.
Who is at risk?	Names of person / persons who will be effected by this hazard e.g. staff, service users, visitors etc.
Controls / Preventative Measures	Listing of controls / preventative measures which are necessary to remove or reduce the risk of harm from this hazard. This list should include the existing controls / preventative measures that are in place along with any new controls / preventative measures that need to be put in place.
Responsibility for implementation:	List here who has responsibility for implementing the new controls / preventative measures which are being put in place.
Implementation Date:	Set an implementation date by which time these new controls / preventative measures are put in place. You have to be realistic when setting this date especially if equipment has to be bought in, if alarm systems have to be altered as it takes time to get this in place.
Review date:	Set a timescale within which the new controls / preventative measures are tried & tested.
Evaluation:	Evaluate the risk assessment and see if the control / preventative that are in place have helped to reduce the level of risk that we are exposed to. By using the Risk Matrix re calculate the risk rating. When completing the evaluation please consult the Personal Plan or BSP (Behavior Support Plan).

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Guidance for managers

What the Care Quality Commission requires

Key Lines of Enquiry 2018 - **Safe S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?**

Prompt	Compliance Evidence
S2.1 What arrangements are there to manage risks appropriately, and to make sure that people are involved in decisions about any risks they may take?	Para 6.5 and 6.6 of this procedure addresses the prompt
S2.2 How do risk management policies and procedures minimise restrictions on people's freedom, choice and control, in particular for people who lack mental capacity?	Para 2.3 and 6.14 of this procedure addresses the prompt
S2.3 Are people's records accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they support people to stay safe?	Refer to CI-07 Control of Quality records Para 9.13 and 9.14
S2.4 Are formal and informal methods used to share information with appropriate parties on risks to people's care, treatment and support?	Para 6.4 of this procedure addresses the prompt
S2.5 Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or incidents? Are action plans developed, and are they monitored to make sure they are delivered?	This Procedure addresses the prompt Refer to MA-06 Reporting Bad Practice and QP-65 Whistleblowing

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Prompt	Compliance Evidence
<p>S2.6 How is equipment, which is owned or used by the provider, managed to support people to stay safe?</p> <p>How are the premises and safety of communal and personal spaces (such as bedrooms) and the living environment checked and managed to support people to stay safe?</p> <p>How does the provider manage risks where they provide support in premises they are not responsible for?</p>	<p>This Procedure addresses the prompt</p> <p>Refer to MA-07 Premises</p> <p>Refer to DC-054 Person Centred Care Plan</p> <p>Refer to DC-054 Person Centred Care Plan</p>
<p>S2.7 How do staff seek to understand, prevent and manage behaviour that the service finds challenging?</p> <p>How well does this align with best practice?</p>	<p>This Procedure addresses the prompt</p> <p>Refer to QP-33 Managing behaviour</p>

Key Lines of Enquiry 2018 - Safe S6: Are lessons learned and improvements made when things go wrong?

Prompt	Compliance Evidence
<p>S6.3 How are lessons learned and themes identified, and is action taken as a result of investigations when things go wrong?</p>	<p>Section 9.0 of this procedure addresses the prompt.</p> <p>Refer to MA-02 Accident Incident Near Miss Reporting</p>
<p>S6.4 How well is the learning from lessons shared to make sure that action is taken to improve safety?</p> <p>Do staff participate in and learn from reviews and investigations by other services and organisations?</p>	<p>Section 10.0 of this procedure addresses the prompt</p> <p>Para 13.1 of this procedure addresses the prompt</p>
<p>S6.5 How effective are the arrangements to respond to relevant external safety alerts, recalls, inquiries, investigations or reviews?</p>	<p>Para 9.4 of this procedure addresses the prompt</p>

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Key Lines of Enquiry 2018 - Caring C3: How are people's privacy, dignity and independence respected and promoted?

Prompt	Compliance Evidence
C3.5 Can people be as independent as they want to be?	Para 6.6 of this procedure addresses the prompt

Managers will need to demonstrate to CQC that they are complying with the regulation and Fundamental Standard by following the procedure or policy that provides the evidence.

Sample

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