

Practice Guidance – How we Define, Identify, Assess and Manage Risk

- 1 Whilst it is not possible or desirable to completely eliminate risk, a structured approach to the identification, assessment and management of risk and the review of incidents is essential.

Hesley Group staff must always use this guidance, procedures, risk assessment/management and support planning tools adopted by our service. Staff should receive appropriate support and supervision from their immediate line manager or a designated person, and through training and multi-disciplinary support. **If at any stage you are unsure what you should do you must seek help from a manager or appropriate clinician/therapist.**

2 **Defining Risk**

- 2.1. Risk is the probability that an **event** will occur with beneficial or harmful outcomes for a particular person or others with whom they come into contact. An event can occur because of:

- risks associated with impairment or disability such as seizures or falls or lack of insight/understanding of risk
- risks associated with everyday activities that might be increased by a person's impairment or disability
- the use of medication
- the misuse of drugs or alcohol
- behaviours resulting in injury, neglect, abuse, and exploitation by self or others
- suicide or self-harm
- aggression and violence.

- 2.2 The type of event depends on the nature of the person, their interpretation of the situation or environment in which they find themselves, relationships with others and the circumstances. It is very often a combination of all these.

Risk is often thought of in terms of danger, loss, threat, damage or injury. But as well as all these negative considerations, risk-taking can have positive benefits for people. Effective risk assessment minimises negative risk but also:

- helps people we support to access opportunities
- helps to develop trusting working relationships
- helps people who use services to learn from their experiences



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- helps us understand the consequences of different actions
- helps to make decisions based on all the choices available and accurate information
- helps us to be positive about potential risks
- helps us to understand a person's strengths.

3 **Stage 1 - Identification of Risk**

Identification of a risk should involve a balanced approach, which looks at what is and is not an acceptable risk. It should wherever possible be based on the individual's needs or wishes and hopes.

Not every situation or activity will entail a risk that needs to be assessed or managed. The risk may be minimal and no greater for the person concerned than it would be for any other ordinary person.

Information gathering and sharing is important. It is not just an essential part of risk assessment and management, but also key to identifying any risk in the first place. However, the use and sharing of information must respect the principles outlined in the Data Protection Act 2018. When collecting new data or information, it is important, wherever possible to tell the person or family affected the purpose of the data collection, why information gathering is necessary and whom it will be shared with.

Many methods can be used to gather information:

- Access to past records
- Reports during assessment or reviews
- Reports from significant others
e.g. carers, relatives or friends, other team members/other teams, advocates, other statutory or voluntary agencies
- Clinical judgement based on evidence-based practice
- Indicators based on research/professional knowledge.

4 **Stage 2 - Risk Assessment**

Where a risk assessment is needed, a decision then has to be taken about whether or not positive risk-taking is necessary to achieve certain outcomes for the person concerned. It will not always be appropriate to take positive risks but this has to be determined in partnership with the person affected, and their family where appropriate.

It is a professional judgement that should not be influenced by being too cautious in how we approach risk, but this must be balanced against our duty of care to people using the service and to others. An unacceptably high-risk strategy can result in serious outcomes for all.

Because our decisions may need to be defended, during the identification, assessment and management of risk, Hesley Group staff must ensure that any information shared or gathered is properly recorded to be able to evidence:

- An informed decision as to the severity of risk
- Any discussions with the person, their family and any health, social care, advocacy or other professional involved
- Where possible inclusion of the person concerned and where appropriate their family in decision-making and any recording of action agreed in the person's best interests if capacity is lacking
- Identification of any conflicting opinions and interests
- Clarification of lines of accountability
- Justification of agreed actions.

A number of important issues need to be considered by Hesley Group staff when carrying out risk assessments and risk management:

- The identification, assessment and management of risk should promote the independence and social inclusion of people using our services, reflect a Positive Behaviour Support approach and be an integral part of their HELP profile.
- People have rights to confidentiality but this may need to be breached in exceptional circumstances when people are assessed as being at, or posing a serious risk of harm, or it is in the public interest to share the information.
- If we identify a risk we have a duty to do something about it, i.e. risk management plans.
- Risks change as circumstances change.
- Risk can be minimised, but not altogether eliminated.
- We can defend decisions that have been reached by clear reasoning.
- Sometimes we might only have incomplete and possibly inaccurate information.
- Wherever possible and appropriate we should involve people using our services, their families, advocates and practitioners from a range of services to assist to improve the quality of risk assessments and decision-making.
- Risk-taking can involve everybody working together to achieve positive outcomes.
- The standards of practice expected of Hesley Group staff must be made clear by their manager/supervisor to give them the confidence to support decisions to take risk.
- Sensitivity should be shown to the experience of people affected by any risks that have been taken and where an untoward incident has occurred. This may include staff and members of the public or visitors.

To be properly effective it needs everyone involved in the person's care and support to interact and talk to each other about decisions that have been taken and whether or not they are suitable given what people know about the person at the centre and their history – e.g. what has worked well in the past, or has not worked before.

5 **Stage 3 - Risk Management**

Risk management is the activity of exercising a duty of care where risks (positive and negative) are identified. It entails a broad range of responses that are often linked closely to the wider process of care planning. The activities may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk and to promote the potential benefits of taking appropriate risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes. Decisions will need to be negotiated and agreed between all parties, and clearly understood.

When carrying out risk management, the following must be considered:

- Decision making in relation to risk must be clearly evidenced on relevant documentation.
 - Decisions that involve restriction because the person lacks capacity must be taken in a person's best interests, actioned and, where the person concerned is aged 16 years or older, evidenced in line with Hesley Group 'Capacity and Consent' Adults policy, ReS 6.4A, and procedures for Mental Capacity Act 2005 or Hesley Group Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS) - Children's Services ReS 6.4E
- Managers/supervisors have a key role in the successful application of the Risk Assessment and Management Policy. They have a responsibility to ensure that their approach to supervision is conducive to supporting practitioners in risk decisions. The principles and outcomes must be transferred to the lifestyle planning, activity planning, education and support planning processes.
- High quality supervision and support are essential to provide an opportunity to discuss concerns and ideas, as well as review the implementation of risk assessments.
- The risk assessment is recorded as part of the individuals support plan on the Iplanit system.
- Risk assessments and management plans must be reviewed regularly by care managers as part of the regular case review and MDT process to establish whether risk assessments are current and reflect good practice and specifically after an untoward incident.
- Senior Managers, Registered Managers, Care Managers, Clinicians and Supervisors need to recognise that there is joint accountability/ownership for risk decisions. Practitioners need to know that support is available if things begin to go wrong.
- Risk management should be part of our ongoing work with the person and incidents/events should be reflected in people's records as appropriate.



- Individual practitioners can reasonably be expected to accept responsibility for the professional standards of conduct set out by their professional body. **But** it is the collective responsibility of the team to share information, make decisions and plan.
- Issues of confidentiality need to be considered by practitioners, officers and their managers/supervisors to ensure client and public safety.
- This approach supports the recognition of an individual’s right to make informed decisions about the care or support they receive. It recognises the concept of empowerment when working with vulnerable people.
- The rights of people using services who are aged 16 and over and family carers to make decisions are acknowledged. In certain circumstances these can be overruled, particularly when the individual is regarded as lacking in ‘mental capacity’ in relation to a specific decision. Where someone lacks ‘mental capacity’, anything done for or on their behalf must be in their ‘best interests’.
- Where this happens, practitioners should refer to guidance on best practice in dealing with decision-making and incapacity, and on the principle of ‘best interests’ of the person who lacks capacity, see Hesley Group Policy Mental Capacity Act 2005, Res 6.4A or Hesley Group Policy Mental Capacity Act 2005 Deprivation of Liberty Safeguards (MCA DOLS) - Children's Services ReS 6.4E.
- The assessment and management of risk should be, as far as possible, a multi-disciplinary exercise.

Risks should be assessed and evaluated using the matrix detailed below.

The severity and likelihood of a risk is recorded on iplanit, these are combined and provide a score and overall rating of the risk.

	Severity				
Likelihood	1 Trivial	2 Minor	3 Moderate	4 Serious	5 Fatal
1 Remote	Low	Low	Low	Low	Low
2 Unlikely	Low	Low	Low	Low	Medium
3 Possible	Low	Low	Medium	Medium	Medium
4 Likely	Low	Low	Medium	High	High
5 Very Likely	Low	Medium	Medium	High	High

Once a risk has been identified and assessed controls should be added and the risk should be re-assessed.

Risk assessment and management must be supported by robust contingency planning for the possibilities of failure or other emergency. This will help to prevent some harmful outcomes, and minimise others. Risk-taking should be pursued in a context of promoting opportunities and safety, not negligence. Therefore, people using our services, their families and practitioners should be encouraged to learn to think about the ‘what ifs’ and contingencies.

Managers must ensure people who require emergency intervention plan as part of their risk



management plan and support plans have this in place and it must be reviewed following any occasion of its use. Plans agreed must follow agreed and accredited intervention strategies such as Therapeutic Crisis Intervention.

6 **Review of Incidents and Individual Risk Assessments**

In the context of this policy, an incident is when an event occurs that results in physical, emotional or psychological harm to someone who is receiving Hesley Group services or another person as a consequence of the actions or behaviour of that person, e.g. Hesley Group staff, health or social care practitioner or a member of the public.

When positive risk-taking has a negative consequence, it is necessary to identify what has gone wrong and how the assessment and management of the risk contributed to this. Hesley Group recognises that the point at which a risk becomes an incident is a traumatic time for our staff, as well as everyone else involved. It is recognised that to fail to support our staff after an incident would have a negative impact on morale within the service.

In situations where **incidents of serious concern** occur that involve Hesley Group staff or people using our services, visitors, members of the public, the following will occur:

- 1 The Chief Executive of Hesley Group, the Responsible Individual (Children's) or Nominated Individual (Adults) and Senior Managers of the service will be notified as soon as is reasonably practical after an incident has occurred.
- 2 The Chief Executive, Responsible Individual (Children's) or Nominated Individual (Adults) or a Senior Manager will identify whether an examination of the incident should be managed through external Safeguarding Adults or Children arrangements, who will be responsible for notifying the local safeguarding team. CQC or OFSTED will be notified of the incident if this is appropriate (see Statutory Notifications to CQC and Ofsted of Significant Events (all services) Policy and procedures, ReS 2.6).
- 3 If an internal investigation is to be carried out, the Chief Executive or his/her designated Manager will appoint a person/team to examine the incident within 3 working days.
- 4 The investigating individual/team will report to the Chief Executive within 20 working days.
- 5 The designated Senior Manager or the Chief Executive (whichever agreed) will ensure the investigation report and recommendations are circulated within 3 working days of receipt to appropriate agencies and practitioners.

6.1 **Guidance for Internal Investigations/Reviews**

- Any investigation will commence from a 'no-blame' standpoint.
- Management will offer any support or supervision that staff involved feel are appropriate following an incident and through any investigation process.
- Keep all parties affected fully involved and informed throughout the investigation process that will try to determine the sequence of events that led to the incident.
- Deal appropriately with any case of negligence or bad practice that is identified.





- Provide comfort, support and information to those affected (victims, people using our services and their families or practitioners) by any loss and trauma associated with a serious incident.

Share the findings from investigations and reviews following an incident with relevant managers and staff. This will promote the positive lessons learned from the information gathered and not just the recommendations relating to failings in processes and procedures.

7 **Review of Individual Risk Assessment and Management Plan**

The risk assessment and management plan should be reviewed as a part of an incident review and through case management review to ensure it is current and covers all areas of known risk. At a minimum the Individual Risk Assessment must be reviewed six-monthly.

