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Navigating Risk and Safeguarding in Care

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Safeguarding and Risk definitions

Safeguarding is a term used in the United Kingdom and Ireland to denote measures to protect the health, well-being and human rights of individuals, which allow people — especially children, young people and vulnerable adults — to live free from abuse, harm and neglect.

Risk is possibility of something bad happening.

When we are looking at it in terms of managing a client we are looking at the possibility of an event or an occurrence that could have a negative outcome. These risks could impact the client, the support worker or you as the case manager, they could also impact a family member or a member of the wider public.

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The Correlation Between Risk and Safeguarding

If we consider the definition of risk and the definition of safeguarding, we can immediately see that there is a direct correlation between the two.

In order to appropriately safeguard vulnerable adults and children we must first identify and manage risk and recognise the role we have to play in doing so.

Conversely when a safeguarding concern is raised, we can use our ability to appropriately risk assess to implement measures to reduce the chance of harm or abuse happening.



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Types of Risk to Consider

Broadly speaking there are three overarching considerations for risk assessments when managing risk in a care setting.

1. **Environmental Risk Assessment:** for example fire safety, health and safety, infection control, areas of disrepair, challenges posed by the environment itself.
2. **Client Risk Assessment:** clinical risk, vulnerability, behaviour, risks due to cognitive deficits, financial risks, risks posed to self or others.
3. **Staff Risk Assessment:** should be covered by HR policy and may include elements such as lone working or pregnancy

Whilst most risk identified may fall in to the above categories there may be some overlap between all three.

In person centred care planning and risk assessing it is impossible to provide an exhaustive list of risks to cover.

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Risk assessment – the process

It is not always realistic to remove the hazard or risk altogether so we need to:

- Identify** Understand the scenario, task or intervention to be done, ask yourself what might cause harm? has this happened before? Did it work well? Is there anything you have learnt that might make you do things differently this time around?
- Assess** Think about how likely it is the client or staff team could come to harm? What is the severity of the harm if it occurs? how and who could be harmed, is there anything already in place to prevent or reduce this? Do you need to add in any additional measures to prevent harm? Does the location change the risk? It is important to identify who is responsible for carrying out a particular task and by when?
- Control** How can I control the risk to reduce the likelihood of harm? How can I redesign the task or scenario or intervention to reduce the risk? Do I need to replace the task, scenario or intervention with something similar but safer? How do I reduce the frequency or exposure of the hazard. What practical solutions are there and what equipment is required to complete the task, intervention or scenario safely for the client and team
- Record** Record your findings and plan in our risk assessment. Remember to involve your client/their Deputy/advocate and the team who will be required to follow the risk assessment
- Review** What worked, what didn't what has changed, what needs to be done differently

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Further Considerations:

- Our best indication of future risk is past risk, past events or occurrences.
- It is impossible to risk assess for every eventuality that may ever occur.
- In order to complete a comprehensive risk assessment gather as much information as you can.
- Always consider the benefits of positive risk taking.
- Where possible use a joined up approach to risk assessment and include others in your assessment process.
- Hold the client's wishes at the centre of your assessment, considering the Mental Capacity Act and the right for those that have capacity to make wise decisions.
- Consider the least restrictive options when managing risk and ensure that your risk assessment is proportionate.



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Managing Risk, Safeguarding and the CQC

Fundamental standards of safety and quality are the standards all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall. One of the standards relates to safeguarding.

The fundamental standard on safeguarding states that 'children and adults using services regulated by CQC must be protected from abuse and improper treatment'. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not: (i) discriminate on the grounds of any of the protected characteristics of the Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation) (ii) include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint (iii) be degrading to the adult or child (iv) significantly disregard the needs of the adult or child for care or treatment. The standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority.

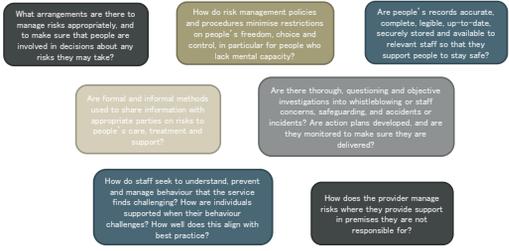
Managing Risk, Safeguarding and the CQC

In order to inspect against the standards the CQC use the Key Lines of Enquiry. The following Key Line relates to how we manage risk appropriately:



KLOE S2: How are risks to individuals and the service managed so that people are protected and their freedom is supported and respected? What arrangements are there for managing risk appropriately, and to make sure that people are involved in decisions about any risks they may take?

Managing Risk, Safeguarding and the CQC



Safeguarding a reminder...

NHS England explains safeguarding means that in line with the Care Act 2014 we all have a duty to protect a person's right to live in safety, free from abuse and neglect.

- The aim is to prevent harm and reduce the risk of abuse and neglect to people with care and support needs
- To make safeguarding personal by supporting people to have choice and control
- To ensure that everyone involved understands their roles and responsibilities to keep people safe
- In short all staff within health and care services have a duty to keep clients and colleagues safe - after all being safe is not an option it is a human right!

The million dollar question... how do we keep people safe?

Risk assessment, risk assessment, risk assessment...

"Employees have the right to work in a healthy and safe workplace, and the people using services are entitled to care and support that is safe and takes their needs, freedom and dignity into account. Managing these different needs can sometimes present unique and complex situations which can, if not effectively managed, result in serious harm to employees, people using care services and others" - The Health and Safety Executive 2022

Is not intended to see people buried under mountains of paperwork but should ensure proportionate and sensible measures in place to control and reduce risk.

Case study - Meet Mark

Mark is a 40 year old male with a C5 spinal injury. Mark requires 2-1 24 hour support to meet all of his personal care needs and live a full and active life. Prior to his injury Mark was well travelled and he remains determined that his injury will not be a barrier to him seeing the world.

Some of Marks care includes:

- Ventilation overnight
- Occasional suctioning
- Bowel regime
- Catheter care
- Management of Autonomic Dysreflexia
- Medication administration
- use of a hoist for transfers
- Pressure area care
- And the list goes on...

You want me to what?

As soon as the travel restrictions due the pandemic eased I received an email from Mark which read:

"Dear Zoe please can you organise a 10 day holiday for me to Dubai, I would like to stay at the Atlantis Palm hotel and I want to swim with Dolphins!!!!!!"

It's fair to say I starred at my laptop until it got dark!

When I eventually acknowledged that it was my fear and not his I thought ok how do we do this?, how to we respect his wishes?, support Mark to fulfil his goal, uphold the concept of person centred care, promote choice, independence and promote the rights of disabled people to live life as people and not a spinal injury, I thought ok its risk assessment time!



Stay calm and apply the process

Identify The task - to successfully support Mark a man with complex needs on a 10 day holiday in Dubai including swimming with dolphins.

Assess There were so many potential risk and areas of harm that we spilt it down into smaller components and groups to be able to clearly work through them all such as care, equipment, travel, accommodation, activities, medical care, contingency planning, communication, staffing and so on. Within each of these areas there were several sub categories to consider. Staffing for example- shift pattern, hours of work, accommodation, travel requirements, border force, COVID restrictions, meals, rest periods, skill set, and training.

Stay calm and apply the process

Control At first glance it may seem there was little to control but by reducing the areas into individual components we started to build an in depth assessment. Some areas were already readily assessed, suctioning for example, this just need to be built on to include things like battery time, plug adaptors, portal unit for the plane etc. Others need to be created from scratch such as how could the team continue to deliver care on a 10 hour flight in a plane. This is the area that takes the most time and commitment to getting right and involved a lot of liaison with the airline, equipment suppliers, hotel management, local spinal injury team on the ground in Dubai, and a host of other professionals to ensure we had covered everything from the standard of training the hotel lifeguards had to the contingency planning for staff sickness.

Record Following many meetings with the MDT, the support team and client, with numerous drafts and re writes we were finally satisfied we had a robust risk assessment and contingency plan that we could present to Mark for a final sign off that fulfilled his wishes in the safest and least intrusive and restrictive way possible.

Review I was in daily contact with the team during the trip so we were able to review the risk assessment in real time and make adjustments as needed. Upon his return we reviewed the trip with Mark and the team and made some adjustments based on his preferences and the team experiences.

In summary

I am proud to say Mark enjoyed his holiday in Dubai and swam with dolphins, he has since been to Barbados and has given me my next challenge of supporting him to climb Snowden. In my experience the best risk assessments:



Ultimately risk assessment should not create barriers to restrict care but should empower client and team safety at the centre of everything you do – after all safety is a human right and shouldn't be an after thought.



Thank you

If anyone has any questions or would like to explore this further I would be happy to be contacted at clinicallead@bushco.co.uk

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