



**Health
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

Guidance for Designated Centres

Risk Management

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|-----------------|------------------------|
| Subject | Risk Management |
| Audience | Service Providers |

| Standards and Regulations relevant to this guidance include | | | |
|--|------------|--|-----|
| Standard | No. | Regulation | No. |
| <i>National Quality Standards for Residential Care Settings for Older People in Ireland</i> | 26 | Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009 | 31 |
| <i>National Standards for Residential Services for Children and Adults with Disabilities</i> | 3.1 5.2 | Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 | 26 |

This guidance contains explanations of concepts, specific examples and templates which may assist in meeting regulations and implementing standards. There may be other requirements relevant to a particular service that are not addressed in this guidance. People providing residential services should identify the regulations, standards and best available evidence relevant to their service. This guidance is current at the time of printing. Please check www.hiqa.ie for the latest version of this guidance.

1. Why is risk management important?

Risk management is an essential process for the delivery of safe high quality social care services. The World Health Organization describes it as a means of identifying, assessing, prioritizing and controlling risks across an organization, with a coordinated and cost-effective application of resources to minimize, monitor, and control the probability and/or impact of adverse events or to maximize the realization of opportunities. It is a key element of good governance and underpins the ability to provide safe and effective care and supports to people with disabilities and older people who use health and social care services.

Risk management is a process of clearly defined steps which support better decision making by providing a greater insight into risks and their impacts. The focus of risk management should be on successfully managing risk rather than on the system of risk management. Services should integrate risk management practices into existing work practices and oversight mechanisms, rather than viewing risk management as an isolated operation. All staff should be encouraged to manage risks systematically and this should lead to the development of a risk management culture in the service rather than a standalone risk management function. Risk management is a continuous process and has two key components. It is:

1. Proactive (Preventative - uses information to prevent harm or loss)
2. Responsive (Reactive – action is taken following an adverse event, incident or near miss).

In residential services, risks may include corporate risks, which are risks to the service itself, such as risks to its financial viability, reputation or risks associated with service change and transition, risks to staff and visitors and direct risks to service users, such as the risk of abuse, falls or medication errors. As a service provider, you are required by regulations and standards to have a risk management policy in place which includes the identification, assessment, management and ongoing review of risks throughout the service at both corporate and individual levels. The principles for managing risks at the corporate and individual levels are the same. Some regulations require measures and actions to control specific risks. Services ensure that they comply with the regulations relevant to their service.

2. Principles of working with risk

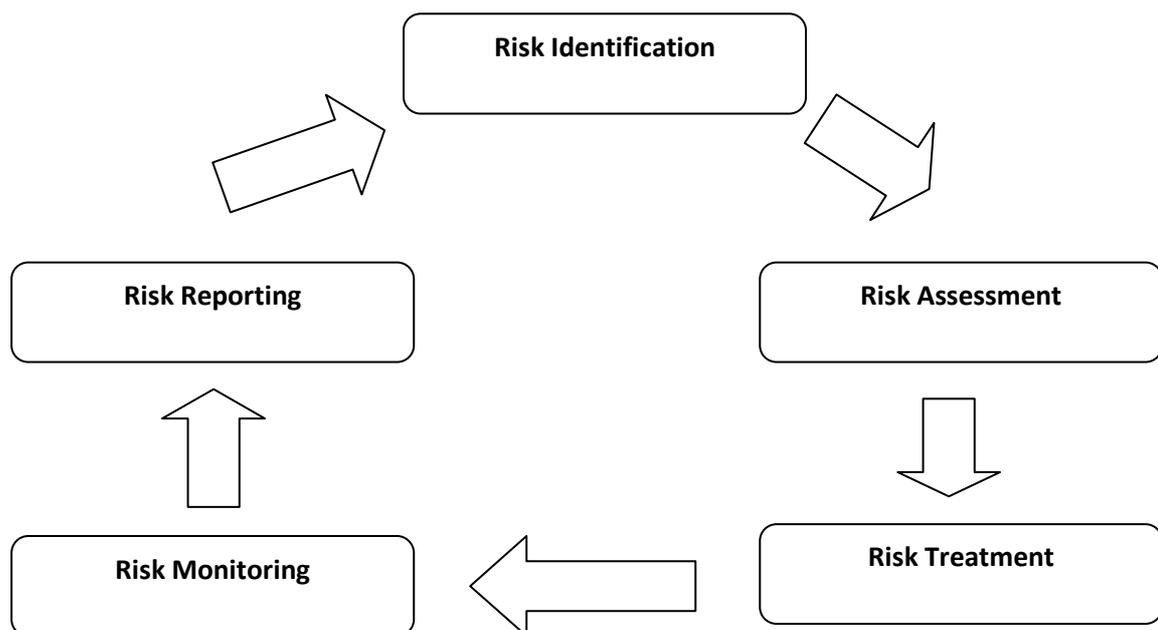
A number of important issues need to be considered by service providers, their staff, people who use services and their families, carers and/or advocates when carrying out risk assessments and managing risk:

- The identification, assessment and management of risk promotes the independence and social inclusion of people with disabilities and older people.
- The assessment of risk highlights both the negative and positive aspects of any situation.
- Risks change as circumstances change and need to be reviewed on a regular basis.
- Information used and recorded is as comprehensive and accurate as possible.
- Identification of risk carries a duty to do something about it, namely risk management.
- Involvement of people who use services, their families, advocates and practitioners from a range of services and organisations helps to improve the quality of risk assessments, risk management and decision-making.
- Risk-taking involves everybody working together to achieve positive outcomes.

3. Risk management cycle

The process of risk management involves a cycle of identifying risks (risks may be identified from complaints logs, individual risk assessments, incident reporting systems and observation), evaluating their potential consequences and determining the most effective methods of responding to them (i.e. of reducing the chances of them occurring and reducing the impact if they do occur). The cycle is completed by a system of regular monitoring and reporting.

Figure 1 – The Risk Management Cycle



4. The identification and assessment of risk, risk treatment, monitoring and reporting and the review of incidents

A structured approach to the identification, assessment and management of risk and the review of incidents is essential. While it is unlikely that risk can be eliminated, it can be minimised. As a service provider it is important to ensure that staff use the guidance, procedures, risk assessment tools and risk management tools that have been adopted by your service.

5. Risk identification

Risk identification determines what might happen that could affect the objectives of an individual or a service, and how those things might happen. The identification of a risk involves a balanced approach, which looks at what is and is not an acceptable risk. It should be a view based on the aspirations of the individual with a disability or an older person that aims to support them to achieve the best quality of life for that person. The views of those who use services, their families, carers and/or advocates are all taken into account in identifying risk.

It is important to be aware that not every situation or activity entails a risk that needs to be assessed or managed. The risk may be minimal and no greater for the person who uses the service than it would be for someone who is not using a service.

Information gathering and sharing is an essential part of risk identification, assessment and management, and is also key to identifying a risk in the first place. This information may be gathered from a number of sources including: observation, staff workshops, incidents, complaints and audit processes.

The use and sharing of information must respect the principles of information governance. Information should only be shared in accordance with relevant information sharing protocols. Privacy is a right, and in general, personal information may only be shared with that person's consent. However, information may be shared without prior consent when people are deemed to be at serious risk of harm or it is in the public interest, and only where the benefits of sharing this information, supported by meaningful safeguards, clearly outweigh the risks of negative effects.

Service providers must also comply with the Safety Health and Welfare at Work Act (2005) with regard to the assessment of risk and sharing of information.

Examples of risk identification:

- Some children with disabilities face the same risks as those who do not have disabilities; therefore no additional risks are identified in this case. (It is important that all children are able to take risks as risk taking is an important part of an individual's development). The involvement of staff may be seen as discriminatory in some instances.
- A person with learning disabilities who lives in residential services is used to travelling independently to do her shopping and to go to work. Taking a longer bus or train trip to a particular destination where family/friends meet her might not necessarily entail a risk that needs to be assessed or managed.
- An older person is used to using a mobility aid independently within a residential service facility. He/she decides to take a daily walk outdoors in the summer and this may not entail an additional risk that needs to be assessed or managed.

6. Risk assessment

Risk assessment is the overall process of risk analysis and risk evaluation. Its purpose is to develop agreed priorities for the identified risks. It involves collecting information through observation, communication and investigation. It is an ongoing process that involves the management of relevant information. Effective risk assessment involves communicating with individuals with disabilities and older people about making a judgment on any potential harm and measures to reduce this. Information gathered from the individuals can then inform decisions regarding their care in the light of their particular circumstances. Judgments made should not be influenced by an overly cautious or paternalistic approach to risk. However, potential risks should not be ignored as this may result in negative outcomes.

It is important to consider the following during your risk assessment:

- A person-centred approach should be used to identify, assess and manage risk.
- The people who use the service, their families and carers have a prominent place in the identification, assessment and management of risk.
- When gathering information from people who use services or family carers all staff need to emphasise the importance of information that is both accurate and identifies any concerns or issues that may increase the probability of a damaging event occurring.
- There should be a focus on the strengths of people who use services to give a positive base from which to develop plans that will support the management of risk. Consideration should also be given to the person's wider social and

family networks, and the diverse support and advocacy services available to them.

- In assessing risk, it is common to consider the degree of harm that may result from an action and the likelihood of that harm. Risk assessment should also take account of the benefits of an action in terms of well-being and autonomy for the people who use the service.
- Managing risk may sometimes need to distinguish between the short-term, and long-term position. Short term heightened risk, for example after hospital discharge, may need to be tolerated and managed for longer term positive gains, for example increased mobility and independence.
- Taking risks can give people confidence and better enables them to manage their involvement in community activities.
- An assessment and subsequent Risk Management Plan needs to be clear if it is to protect the individual with a disability, older person or others.
- Every individual or agency directly affected should be involved in the development of a risk management plan that agrees the approach to risk, who is responsible for identifying the risk and how identified risks will be managed. Consensus helps to support the management of risk and promotes a person-centred response.
- Each risk assessment should identify a review date and include the signatures of everyone involved in the assessment.
- If anyone involved in the care/personal plan or the provision of support does not agree with the assessment they should be asked to document their concerns and reasons.
- How people who use the service may be at risk, is the focus of risk assessment, rather than how they may be seen as the source of risk.

A risk matrix is a tool for rating risks and assisting in prioritisation. The likelihood of an event occurring and the impact should it occur are used to produce an overall rating for the risk. This allows comparison between diverse types of risk.

7. Risk management (treatment, monitoring and reporting of risk)

Risk management is the process of systematic analyses and informed decision-making about identifiable risks and includes the activity of exercising a duty of care where risks and potential benefits are identified. It includes a broad range of responses that are often closely linked to the wider process of care planning. The activities may involve preventative, responsive and supportive measures to promote the potential benefits of taking appropriate risks and to reduce the potential negative consequences of risk.

As part of the risk management process, you should clearly identify the individual/agency responsible for monitoring risks and effectively reporting on variations that may impact on the person using the service. Occasionally, restrictive measures may need to be put in place and crisis responses may be required where identified risks have an increased potential for harmful outcomes.

When carrying out risk management, it is important to consider the following:

- Risk management is part of a service provider's ongoing work with people who use services and outcomes should be reflected in people's individual personal plans where appropriate.
- As much as possible, people who use services should manage risks to themselves in order to maximise their autonomy.
- The rights of users of services to make decisions are acknowledged. In certain circumstances, particularly when evidence suggests that the individual is lacking in capacity, action may need to be taken to prevent someone from putting themselves or others at serious risk of harm in that instance. In these circumstances service providers should refer to best practice in relation to decision-making and capacity.
- The assessment and management of risk, as far as possible, is a multi-disciplinary exercise and includes the person using the service.
- Decision making in relation to risk is clearly documented.
- The use of evidence-based practice, supervision and support are essential to provide an opportunity to discuss concerns and refine ideas, as well as to review the progress of the implementation of risk management.
- Managers are accountable for risk decisions. People who use services and those who work directly with them have support from management to uphold and inform better decision-making around risk.
- Issues of confidentiality need to be considered proportionately by those providing services and their managers to ensure the safety of people who use services and the public. Information sharing needs to be part of the decision-making process.
- Risk management is underpinned by widely shared and updated contingency planning for any anticipated adverse eventualities. This includes warning signs that indicate risks are increasing. The point at which risks become unacceptable triggers a review of the management plan. This helps to prevent some harmful outcomes and minimise others. Risk taking should be pursued in a context of promoting opportunities and safety not negligence.
- Where people who use services behave in a way that may compromise their welfare, risk management may include the setting of explicit boundaries to contain situations that are developing into potentially dangerous

circumstances for all involved. If a person who uses services makes a decision to continue behaviour that is hazardous, risks will need to be reviewed and plans amended to ensure the safety of all concerned. Any actions taken in response to risk take into account service users' rights and dignity.

- It is important that there is a focus on the strengths of people who use services to give a positive base from which to develop plans that will support the management of risk, while improving quality of life.

Measures and actions to control certain specific risks are required in some regulations. These include matters such as:

- the unexplained absence of any resident
- accidental injury to residents, visitors or staff
- aggression, violence and assault
- self-harm

Services ensure that they comply with the regulations relevant to their service. Examples of corporate risks are given in Appendix 1 and examples of individual risk management are given in Appendix 2.

8. Review of incidents

An incident is an event or circumstance which could have resulted, or did result in unnecessary harm to an individual. Effective active risk management greatly reduces the number of incidents that occur in a service. Incidents should be identified, assessed, managed, responded to, reviewed and reported in accordance with national procedures. Learning from incidents and implementing improvements is an essential element in risk management.

Regulations require that the risk management policy in a service includes arrangements for the identification, recording, investigation, reporting and learning from serious incidents or adverse events involving people who use the service. Services identify and comply with all regulations and standards relevant to their service, including those for reporting. By regulation, certain adverse incidents and other events are reported to the Chief Inspector in the Health Information and Quality Authority (the Authority). Enterprises covered by the Clinical Indemnity Scheme have a statutory duty to report all adverse incidents to the State Claims Agency, and it is recommended practice to report all incidents to this Agency.

9. Risk registers

A Risk Register is a register of risks. It is a tool commonly used to manage the risks throughout a service. It is a means of identifying, assessing, managing and monitoring all significant risks coherently. For each risk, it includes:

- a description of the risk
- the person responsible for the risk
- the likelihood, impact and rating for the risk
- a summary of the controls (the arrangements in place to reduce the likelihood and/or impact of the event)
- a summary of the planned actions to further reduce the risk.

The risks are often ranked by risk rating in order to highlight the highest priority risks for those with accountability for the service. The risk register also includes a log to track the actions taken to treat risks.

10. Escalation of risk

It is vital that all organisations have a suitable and sufficient risk escalation process in place (this is a clearly defined written process which all staff are familiar with). In the event of a failure or inadequate response to a risk update within the recommended timescale, the risk should be escalated to the next in-line management/executive tier, as appropriate. Once the issue is escalated it is the responsibility of the person(s) to whom it was escalated to ensure the necessary action is taken to treat the risk and/or produce progress reports, as required.

11. Conclusion

Risks are inherent in social care, as in everyday life. Those leading and governing a service manage the risks in their service in a systematic way which is embedded in a culture focused on the safety, welfare and quality of life for people using the service.

12. Resources

The Health Service Executive (HSE) has produced risk management and incident management materials which are available at:

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/riskmgmt.html

http://www.hse.ie/eng/about/Who/qualityandpatientsafety/resourcesintelligence/Quality_and_Patient_Safety_Documents/incdocs.html

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Appendix 1: Examples of corporate risk management

Governance and Management

The governance structures in a centre are not sufficiently robust to ensure the safety of residents.

For example:

- A new person in charge has been appointed, there has been no induction and there are no management supports in place to support the new appointment
- The person in charge fills the role of person in charge in more than one designated centre. The geographical area prohibits him/her from engaging in the governance, operational management and administration of all designated centres on a regular and consistent basis.

This may lead to reputational, legal, financial, stakeholder and service delivery risks. Risk Management: Management assess the needs of the service; they review the support structures in place, the staff induction procedures and the requirements of the person in charge (this is not an exhaustive list of actions).

Information Governance

A lack of clarity around information governance leaves the service exposed to the Information Commissioner's intervention and financial penalties. This leaves the service open to reputational, financial and legal risks. Risk Management: Review policies around data protection and information security to ensure they are understandable and written in plain English. Operationalise the reviewed policies and monitor compliance with them. Get approval for the Information Training Governance Strategy and implement the strategy to mitigate the risk of staff not understanding their responsibilities in relation to information governance (this is not an exhaustive list of actions).

Disability Services

Changing demographics and increasing expectations of people with disabilities put more pressure on services, increasing the risk of service failure. This will impact on the health and wellbeing of people with disabilities and may lead to reputational, legal, financial, stakeholder and service delivery risks.

Risk Management: Management carry out a needs assessment for the service. Management carry out an ongoing review of all aspects of the service in liaison with the finance department to ensure effective budgetary control (this is not an exhaustive list of actions).

Performance Management of Staff

Performance management is not fully embedded and understood in the culture of the service. This leaves the service open to reputational and service delivery risks.

Risk Management: Management revise the current performance management policy and structures to identify gaps. They revise the staffing structure in the service to support the delivery of the performance management system (this is not an exhaustive list of actions).

Workforce Planning

The importance of forecasting and planning to build capacity and capability in the service is not recognised and is not fully embedded. This leaves the service open to reputational, stakeholder and service delivery risks.

Risk Management: Establish a workforce planning project group and source external expertise to work with a project team on workforce planning (this is not an exhaustive list of actions).

Appendix 2: Examples of individual risk management

Child

Rachel has a physical disability which limits her mobility and thus she is a wheelchair user. As part of Rachel's care it is recommended that she spends periods of time throughout the day out of the wheelchair. Rachel shares a home with more mobile children who can become challenging quite quickly. When participating in activities in the home Rachel lies out on beanbags so she can participate in group activities. In this situation there is a risk of Rachel being injured as a more mobile child may become distressed or agitated while moving around as she would be unable to get out of the way quickly enough.

A risk assessment is necessary to explore ways to minimise the risk of injury to Rachel while ensuring she gets periods of time out of the wheelchair and can participate in group activities. The management of risk should consider staffing in place, the physical layout of the room and location of staff during that period, the indicators for the escalation of other children's behaviour and a clear plan to address the risk when it increases (possibly moving the child who is mobile to another area for a short time, but not separating them).

Brian has childhood epilepsy, a speech impediment, mild learning disability and is a hemiplegic. As a result of his physical and functioning status Brian is a partial wheelchair user. He can be extremely aggressive and violent and is heavily medicated. He is a significant risk to self and other children who live with him in the residential service. As a result of current difficulties Brian does not attend school and finds it difficult to interact with people. Following a risk assessment a risk management plan was put in place which recommended that a consistent team of selected male and female carers work with Brian over time with a view to reducing the ratio of carers.

At a twelve- month review period the report highlighted that a consistent team of selected male and female carers working with Brian was reduced from 3:1 ratio to 1:1. There was a reduction in his use of medication, improvement in communication/self esteem/personal appearance and he was reintroduced to education.

Adult

Ms S has a learning disability and has lived in institutional care all her life. Ms S wants to live independently and her parents support her wishes, subject to appropriate support being available to minimise any risk. Ms S now lives in a residential unit on her own on a residential campus. She is assessed as needing

support on a daily basis to ensure that she does not become isolated and to help her develop strategies to reduce any risk. Ms S's care plan includes a review in four weeks, as her parents are nervous about her exposure to risk and would like the situation monitored sooner rather than later. The review does not take place, despite requests from the family who express their concern that Ms S has become withdrawn and isolated. Ms S's mother subsequently discovers that her daughter has not been attending to her hygiene needs and had not attended her day service further isolating herself from her peers.

This caused avoidable adverse outcomes for Ms S and her family due to the service provider not responding to concerns expressed by Ms S's mother or carrying out the timely review they had agreed to do. The service provider was alerted to the risk and did not act.

A high quality safe service would have mechanisms in place for identified and reporting Ms. S's deteriorating condition and put in place additional appropriate supports to ensure successful transition from residential care to supported independent living. In the case of Ms S, the risk management might have included checks to ensure review meeting took place and identification of additional resources should they be required. Periodic review of the risks to Ms S would include input from her, her parents, and all her carers.

Older Person

Mr X had a stroke 3 years ago and has lived in a nursing home for the past 2 years. Mr X has a residual weakness in his left arm and leg and also has breathing problems due to his lack of mobility, which impacts on his quality of life. Recently Mr X has had a number of acute hospital admissions in relation to his breathing problems. Mr X's great passion was growing roses for competition and his horticultural successes were a source of enormous pride and pleasure to him. However, since he has become more immobile over the past year he has been forced to abandon his hobby. The nursing home's rose garden is located some distance from the main building and Mr X feels anxious about the possibility of having breathing problems while working there, so far from help. He had always been quite active in the nursing home prior to the worsening of his breathing problems and spent a great deal of time working with his plants, so he was becoming increasingly frustrated and depressed at being confined to the nursing home all day.

The risk management for Mr X was person-centred and took account of his preferences and interests, as well as his healthcare needs. Mr X was assessed and provided with portable oxygen so that he would feel confident about returning to his

roses. As well as reducing his acute hospital admissions by improving his medication and increasing his confidence to manage his breathing problem, the intervention transformed Mr X's sense of well-being and his quality of life.

In this situation, the service provider had Mr X assessed and provided the necessary equipment thereby decreasing the risk of Mr X becoming more dependent and requiring additional nursing care.

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