

**H&S-09**

# **RISK MANAGEMENT AND RISK ASSESSMENT POLICY & PROCEDURE**

**APPROVED BY:** \_\_\_\_\_

**DATE EFFECTIVE:** \_\_\_\_\_

This Policy will be reviewed as necessary

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**Title: RISK MANAGEMENT AND RISK ASSESSMENT**

**1.0 Scope**

Risk management applicable to Carriglea Cáirde Services staff, service users, visitors and contractors

**2.0 Aims and Values**

- To ensure risk assessment and risk management procedures are in place for addressing situations where safety may be compromised.
- To ensure that the approach to risk management supports responsible risk taking and capacity, as a means to enhancing the quality of life, human rights, competence and social skills of people with disabilities.
- To comply with the provisions of the Health Act, 2017 and Safety, Health and Welfare Act, 2005, General Application Regulations 2007 and associate legislation.
- To provide a framework for risk management to:
  1. Identify hazards and determine who might be harmed and how;
  2. Determine the risks based on likelihood of harm, severity of harm and decide if the risk is tolerable;
  3. Determine actions/precautions to be implemented to eliminate/control the risk and assigning responsibilities for the required actions.
  4. Ensuring that all identified risk is reported and recorded in a consistent manner
- To reduce as far as possible, the risk of injury to staff, service users, visitors and contractors.

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**4.0 Referenced Documents**

- H&S-01 Safety Statement
- H&S-08 Emergency Plan
- SD-32 Missing Service User Policy
- C4-04 Bed-rail Safety Assessment Form
- C4-05 Behaviour Support Plan
- C4-27 Epilepsy Support Plan
- C4-28 Falls Risk Assessment Form
- C4-42 MUST (Malnutrition Universal Screening Tool)
- C4-60 Restraint Assessment Form
- C4-61 Risk Assessment Form
- C4-62 Safeguarding Plan
- C4-69 Service User Mobility Assessment Form
- C4-74 Speech & Language Therapy Referral Form
- HIQA Guidance for Designated Centres – Risk Management
- Person Centred Plan
- ‘Are You at Risk’ Form

**5.0 Responsibilities**

Management and all staff.

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## 6.0 Policy Statement

It is the policy of Carriglea Cairde Services to manage risk on an integrated basis, i.e. inclusive of all risk whether to do with the management or delivery of services. This involves proactively identifying risks that threaten the achievement of objectives, e.g. the delivery of high quality safe care and compliance with legal and regulatory requirements. It also involves putting in place actions to reduce risks to an acceptable level.

The Services undertakes to identify hazards associated with the organisation and work activities and carry out risk assessments when required so as to ensure the health and safety of staff, service users, contractors and visitors to the Services' premises.

The Service aims to coordinate resources in a cost-effective way to minimise, monitor and control the likelihood and/or impact of adverse events.

Risk management is the concern of everyone in the Services and is embedded both as part of normal day to day activity and informs the strategic and operational planning.

The Services aims to ensure that risk management procedures are explained to all employees and that each employee is aware of their specific duties as defined under this policy.

## 7.0 Responsibilities

### 7.1 The Service Provider

Carriglea Cairde Services' Board of Directors is ultimately responsible for the successful operation of the Service and the associated risks. The monitoring of risk management activities is delegated to various sub-committees of the Board. The responsibility for development and management of risk assessment rests with the Chief Executive Officer and relevant members of the senior management team.

Carriglea Cairde Services must comply with the provision of the Health Act 2007 and Safety, Health and Welfare at Work Act 2005, as they apply to risk management and procedures.

The Chief Executive and the Senior Management team shall:

- Promote a culture where risk management is embedded into the planning and safe delivery of services.
- Maintain a safe and healthy environment for staff, service users, visitors and contractors in addition to conforming to all statutory requirements.
- Provide the appropriate type and level of training to enable employees and service users to perform their work and activities safely and efficiently.
- Where reasonably practicable and within budget restrictions, ensure that adequate resources are made available to manage and control risks associated with the Services work and activities.
- Provide adequate plans and procedures to be followed and measures to be taken in case of emergency or serious and imminent danger.
- Oversee periodic reviews/audits of the effectiveness of the risk management procedures
- Report as necessary to the HSE, HIQA, the Health & Safety Authority and any other relevant statutory agencies.
- Ensure that a risk register is maintained and regularly reviewed.

### 7.2 Line Managers

#### **Line Managers are responsible for:**

- Implementation of the provisions of this Risk Management Policy & Procedures and related guidance in their areas of responsibility.
- Ensuring that appropriate and effective risk management processes are in place within their delegated areas.
- Ensuring that risk assessments, both clinical and non-clinical, are undertaken throughout their areas of responsibility - consulting with the Health & Safety Co-ordinator where relevant.
- Formally escalating risks that fall outside their span of control to the relevant senior manager and updating the Health & Safety Co-ordinator as appropriate.
- Ensuring that all staff are made aware of risks within their working environment and their personal responsibilities within the risk management framework.

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- Ensuring that Person Centred Plans including individual risk assessments are in place for service users and regular reviews carried out.
- Ensuring that employees follow the correct health and safety procedures in place and that they are aware of their responsibilities with regard to health and safety and risk management.
- Identifying their own and staff training needs to fulfil the function of managing risk.
- Facilitating the release of staff for safety management training.

### 7.3 Health and Safety Coordinator

Responsibilities include:

- Follow up on any health and safety issues reported by managers and employees.
- Liaising with Managers and staff with regard to carrying out written risk assessments and assisting in identifying controls to be put in place to eliminate or reduce the hazards.
- Assisting Managers with regular reviews of environmental risk assessments and providing advice with regard to putting in place corrective action to eliminate or reduce hazards identified.
- Keeping relevant records and reporting as required to the HSE via the National Incident Management System (NIMS) and the Health & Safety Authority.

### 7.4 Employees

All employees must:

- Comply with health and safety legislation and the Services procedures to protect his/her safety, health and welfare and that of others who may be affected by their acts or omissions.
- Liaise with the line manager and Health and Safety Co-ordinator with regard to carrying out risk assessments.
- Liaise with their manager with regard to completing and reviewing individual risk assessments and care plans for service users
- Be familiar with the Services Risk Management Policy and have a working knowledge of all related risk management processes.
- Follow and adhere to risk assessments, care plans and health & safety policies in place.
- Report without delay any risks including any defect in the place or system of work or with any article or substance used which might endanger the safety and health of any person.
- Use correctly all work items provided by the employer in accordance with their training and instruction to enable them to use the items safely.
- Attend mandatory and other recommended training appropriate to their role.

### 8.0 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”. *HIQA Guidance on Risk Management, 2014.*

### 9.0 Method of Identifying and Assessing Risks

As part of Carriglea Cárde Services health & safety management process, the Services assesses all risks and allocates a rating based on the agreed risk rating matrix/Risk Assessment Tool.

9.1 General Risk Assessments: These are assessments of risks that apply to all or almost all areas of the services, e.g. electricity, chemicals, manual handling, breach of confidentiality, etc. They are drafted by the Health & Safety Co-coordinator in consultation with relevant staff and reviewed by the Administrator/Quality & Standards Manager and members of the Quality Committee. They are signed off by the relevant Senior Managers. General Risk Assessments are filed in the Health & Safety folder in all areas and these are available to all staff and service users. Hazards can be considered under the following headings:

- Physical (e.g. environmental hazards, transport, equipment etc.)
- Chemical (e.g. cleaning products, medical gases, horticulture chemicals)
- Biological (e.g. exposure to viruses, Hep B etc., blood and body fluids etc.)
- Human factors

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9.2 Risk Assessments specific to a particular area only (equipment and procedures): These are risk assessments that are unique to a particular area e.g. if that area has a particular piece of equipment that is not used in other areas or where a particular activity is carried out which is not carried out in most other areas. These are filed in the Health & Safety folder in the relevant areas only.

9.3 Risk Assessments that are specific to service users: The Services adopts a Person Centred Planning (PCP) approach which assesses all aspects of a service user's life and seeks to balance opportunity with health and safety. Risks are identified through an "Are You at Risk" assessment form. A number of hazards are listed on this form which may affect service users. The list of hazards is not exhaustive. Where risks are identified, the risk rating is determined and documented on the form. Risks which are rated as moderate, substantial or intolerable require further assessment and the person/persons completing the 'Are You at risk' form chooses the avenue which is most appropriate to document the details of the risk and the controls to be put in place to mitigate that risk. This will usually be one of the following:

- Care Plan – used to record most controls/supports needed by the person. The risk rating both before and after controls is recorded on the care plan.
- Behaviour Support Plan – Behaviours of concern are primarily behaviours, which have the potential to or do result in a risk of injury to the person him/herself or to others. Staff must complete a Behaviour Support Plan which is a set of short written instructions which specifies triggers, prevention strategies and staff responses to behaviours of concern. Where a service user self harms, a complete multi-disciplinary assessment must be carried out in consultation with the service user and family members (if appropriate). Every effort to support the service user must be made by implementing the behaviour support plan.
- Service User General Risk Assessments- used where the risk could span a number of care plans. Example include a service user going on a trip abroad or undertaking a new activity e.g. horse-riding, key-holding, etc.

**Other Controls:** (template forms relating to the assessments outlined below are available in the Forms section of the Governance & Service Delivery Policy folder)

- Epilepsy Support Plan - used to record controls associated with epilepsy.
- Falls Risk Assessment/Mobility Assessment – for mobility related risks a falls risk assessment is carried out. Where there is a history of falls, a Service User Mobility Assessment and Care Plan must be in place and regularly reviewed.
- Self-Medication Assessment – After completion of the self-medication assessment, a care plan is written up which identifies any risks and controls required.
- Money Management Competency Assessment – Care plan is put in place following assessment.
- Restraint Assessment / Bed-rail Assessment
- MUST Screening tool- Control for Risk of Malnutrition
- Risk of Fire – the control is a PEEP (Personal Emergency Evacuation Plan)
- Choking - Where it is identified that a service user is at risk of choking or has problems with swallowing, a referral to a speech and language therapist must be made for a SALT assessment.

“The identification of a risk involves a balanced approach, which looks at what is an acceptable risk. It should be a view based on the aspirations of the individual and supporting them to achieve the best possible quality of life. The views of those who use services, their families, carers and/or advocates can be considered 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” *HIQA Guidance on Risk Management, 2014.*

In the course of their every-day duty, staff must continuously be observant for hazards which may affect

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service users and ensure that appropriate risk assessments/care plans/support plans are put in place. Care plans/support plans must be continuously evaluated as part of the PCP process.

“A review date and signatures of everyone involved must be on the risk assessment. If anyone involved in the care/personal plan or the provision of support does not agree with the assessment they should document their concerns and reason” (*HIQA Guidance on Risk Management, 2014*).

## 10.0 Information Governance

“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 meetings, incidents, complaints and audit processes.

Information should only be shared in accordance with relevant information sharing protocols. 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”. (*HIQA Guidance on Risk Management, 2014*)

Further information on Information Governance is available in the Services policy on *Information Governance, Confidentiality, Data Protection and Freedom of Information*. The provisions of the General Data Protection Regulations (GDPR) must be adhered to.

## 11.0 Risk Management Procedures

### 11.1 Hazard Identification:

A **HAZARD** is anything that may cause harm or ill health to a person or negatively impact the operation of the Services

Identify the hazards associated with the organisation and work activities. Concentrate on the significant hazards, those that can cause serious harm or affect many people.

### 11.2 Assessment of Risks.

A **RISK** is the potential consequences of a hazard. Risk is measured in terms of the likelihood, that someone will be harmed or the Services operations will be negatively impacted by the hazard, together with the severity of the harm suffered

Using the service’s Risk Assessment Tool, the risk is determined by multiplying the severity rating of harm by the likelihood rating. This will produce an overall rating for the risk and determines the action to be taken. Ratings are determined initially with no controls in place and once controls are put in place, the risk rating should reduce.

Consider who or what might be at risk, what there is a risk of and record on the relevant form e.g. general risk assessment form, care plan, behaviour support plan etc. Identify as many risks as possible and for each risk identified, a control measure which must be put in place to eliminate or reduce the risk.

**RISK ASSESSMENT TOOL**

	<b>Slightly Harmful</b>	<b>Harmful</b>	<b>Very harmful</b>
<b>Unlikely</b>	<b>1</b>	<b>2</b>	<b>3</b>
<b>Likely</b>	<b>2</b>		
<b>Very likely</b>	<b>3</b>		

**Risk Rating (R) = Multiply Likelihood (L) x Severity (S)**

**LIKELIHOOD (L)**

<b>Unlikely</b>	<b>Likely</b>	<b>Very Likely</b>
The risks being considered will occur only rarely – 6 monthly/Yearly or more	The risks being considered will occur on a frequent basis – Weekly/Monthly	The risks being considered is almost certain to occur – Daily

**SEVERITY (S)**

<b>Slightly Harmful</b>	<b>Harmful</b>	<b>Very Harmful</b>
Temporary Disruption to Routine Temporary Discomfort Nuisance & Irritation No first aid required Minor injury requiring basic First Aid	Medical treatment required. May require outside Professional assistance	Extensive Injuries Fatal Injury

<b>ASSESSMENT</b>	<b>PRIORITY</b>	<b>ACTION</b>
<b>Trivial Risk (1)</b>	Non-Urgent	No action needed
<b>Acceptable Risk (2)</b>	Non-Urgent	No additional controls Monitoring required
<b>Moderate Risk (3-4)</b>	Action Needed	Controls required as soon as practical Controls documented
<b>Substantial Risk (6)</b>	Urgent Action needed	Controls required immediately Controls documented
<b>Intolerable Risk (9)</b>	Immediate Urgent Action Needed	Task prohibited Controls required immediately Controls documented

**It is the manager’s responsibility to communicate risk assessments to their staff and service users.**

**All risk assessments must be signed off and dated.**

**11.3 Measures and actions in place to control risks identified**

The Services will do all that is reasonably practicable to minimise the risk. Consider if the hazard can be removed and if not, consider what precautions are necessary to control the risk. In deciding upon the measures to adopt, managers should apply the following principles:

- a. It is always best if the risk can be avoided altogether (e.g. do not store dangerous substances unless its use is urgent and vital to the Services)
- b. Combat risk at source rather than by palliative measures (e.g. if steps are slippery, treating them is better than displaying danger signs)

- c. Wherever possible, adapt to the individual (e.g. adjustable seats to suit the height of the person using it)
- d. Take advantage of technological or technical progress
- e. Give priority to those measures which protect everybody associated with the Services,
- f. Ensure that staff understand what they need to do to maintain safety whilst performing hazardous procedures.

The possible creation of new hazards must be considered when making changes to current control measures.

#### 11.4 Record the Findings

Risk assessments must be in writing and it is the responsibility of all staff to ensure that they are aware of the risks and controls in place. Employees must have access to written risk assessments/care plans/support plans held on the Health and Safety folders and PCPs in their area.

#### 11.5 Measures and actions in place to control the following specified risks

##### 11.5.1 Unexpected Absence of Any Service User:

- *Missing Service Users Policy* and the *Emergency Plan* outline procedures to follow for each area in the event of an unexpected absence of any service user.
  - Each service user is individually risk assessed for becoming absent without leave through the 'Are You at Risk' form on the PCP folder
  - Care Plans are in place for service users identified to be at risk of becoming absent without leave
  - Wandering alarms, maglocks on doors and restrictors on windows are put in place where risks are considered to require such control measures.
  - On Carriglea Campus, pagers are available to alert staff to missing service users.
- CCTV system is in place on Carriglea Campus, Anne Le Roy Centre and White Strand Respite house.
  - Emergency Packs are available in residential homes

##### 11.5.2 Accidental Injury to Service Users, Visitors or Staff

- *Accident/incident reporting* policy and procedure (including dangerous occurrences) is in place
- Each service user is individually risk assessed for specific hazards listed on the 'Are You at Risk' form. Where risks which may lead to injury are identified, care plans and behaviour support plans are put in place and further risk assessments carried out where necessary.
- Environmental Risk Assessments are carried out to identify specific hazards for each area and controls put in place to prevent injury
- Accidents/Incidents are reviewed monthly to identify and highlight trends in adverse events.
- PCPs are reviewed and audits are carried out periodically.
- Medication audits are carried out at least yearly.
- In the event of an emergency, GP or Caredoc and emergency services can be contacted by any staff member.

##### 11.5.3 Aggression and Violence

- *Restrictive Procedures Policy* and *Support of Service Users with Behaviors of Concern Policy* are in place
- Each service user is individually risk assessed through the 'Are You at Risk' form on the PCP folder with regard to:
  - exhibiting behaviours that challenge e.g. hitting, slapping, grabbing, pushing, pulling, kicking, hair pulling, pinching, scratching, throwing objects, verbal threats, biting etc.
  - being impacted by the behaviours of other service users
- Where risks are identified, care plans, behaviour support plans and Safeguarding plans (as appropriate) are put in place with the involvement of the Multi-Disciplinary Team.
- Staff are trained in Management of Actual and Potential Aggression and/or Enhancing Your Behavioural Approach as required
- Lone Worker Risk Assessments is in place.
- On Carriglea Campus, pagers are available to call for immediate assistance.
- Portable phones and mobile phones are provided for all areas in the organisation.
- 24-hour access to external Security call out
- In the event of an emergency, GP or Caredoc and emergency services can be contacted by any staff member

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#### 11.5.4 Self-Harm

- Each service user is individually risk assessed through the 'Are You at Risk' form with regard to self-harm.
- Where risks are identified, care plans and behavior support plans are put in place.
- Where self harm incidents occur, team meetings are carried out immediately to review measures already in place and implement new measures where necessary.
- External supports from community and acute hospital settings are provided where necessary.
- Multi-Disciplinary Team support is available.
- On Carriglea Campus, pagers are available to call for immediate assistance.
- Environmental Risk Assessments of each area are carried out where necessary in relation to self-harm.
- In the event of an emergency GP or care doc and emergency services can be contacted by any staff member

#### 12.0 Arrangements for Implementation

- 12.1 Managers and staff are responsible for carrying out continuous assessments of service users with regard to their health and safety and reviewing service user's PCP's as necessary where hazards are identified.
- 12.2 Managers and staff are responsible for liaising with the Health and Safety Co-coordinator with regard to carrying out written general risk assessments. Discussion should take place with all employees involved and others as necessary when carrying out risk assessments.
- 12.3 Managers liaise with appropriate professionals, service users and their circle of support with regard to putting controls in place when risks are identified.
- 12.4 Managers communicate the findings of the risk assessment and agreed care plan to their staff. All staff have a duty to cooperate effectively in developing risk management procedures and promoting safety and health.
- 12.5 All new employees to an area should receive induction and have all care plans/risk assessments highlighted to them during induction. It is the new employee's responsibility to familiarize themselves with the care plans/risk assessments in place.

#### 13.0 Escalation of Risk

Where a risk has been identified as being outside the span of control of the line manager, it must be escalated to the next in-line management tier, as appropriate i.e. relevant Senior Manager, the Chief Executive or further escalated to the Board of Directors or the HSE as appropriate. Once the issue is escalated, it is the responsibility of the person to whom it was escalated to make arrangements to ensure the necessary action is taken to treat/control the risk.

#### 14.0 Monitoring

- 14.1 Managers in consultation with their staff are responsible for monitoring and reviewing the effectiveness of controls put in place.
- 14.2 Once a key-worker is appointed to a service user he/she is responsible for regularly reviewing (3 monthly) all care-plans and assessments. The manager is responsible for ensuring that this is carried out.
- 14.3 General risk assessments carried out on physical, chemical, biological and human factor hazards and risk assessments specific to each area are filed on the health and safety folder in each area and reviewed annually or as necessary at staff meetings.
- 14.4 All risk assessments/care plans/support plans must be reviewed when there are changes in service user's circumstances or following an incidents/accidents or report of a safeguarding concern.
- 14.5 Managers must assess accident/incident forms, identify where any controls have failed and take steps to avoid a recurrence.
- 14.6 The Risk/Services committee of the Board of Directors monitors the Risk Register and makes recommendations with regard to the risk management policy and procedures.

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14.7 Designated residential and respite services are inspected by the Health Information and Quality Authority (HIQA). Compliance with regulations and HIQA standards for risk management form part of the HIQA inspection and monitoring process.

## 15.0 Training

Line managers are responsible for ensuring that staff have received suitable instruction, training and supervision in order to do their job safely.

All staff receive instruction on completion of risk assessments during Health and Safety policy training. Assistance and guidance is provided by the Health and Safety Coordinator on completion of risk assessments when required.

## 16.0 Information for Employees

The Services has a number of policies & procedures to support this Risk Management Policy.

- Missing Service User Policy
- Accident/Incident Reporting Policy
- Complaints Policy
- Supporting Service Users with Behaviours of Concern.
- Medication Management Policy
- Safeguarding Vulnerable persons at risk of Abuse Policy
- Emergency Plan
- Restrictive Procedures Policy
- Person Centred Planning

Each manager shall provide all their staff with clear and relevant information on:

- (a) Any risk to health and safety which has been identified by a risk assessment;
- (b) What preventative and protective measures they must adopt to perform their work safely;
- (c) The procedure to adopt in the event of serious and imminent danger to persons;
- (d) Any risks notified to them by other managers who share responsibility for the management of the same workplace.

## 17.0 Review and Evaluation

Risk Management performance is measured through regular reviews of risk assessments, identifying trends in accident/incidents and relevant audits.

Risk Management is a consideration in the context of the Services Safety Statement which is reviewed annually.

The Quality Committee, in conjunction with the Health & Safety Coordinator, reviews the risk management policy procedures within the Services.

The Health & Safety Coordinator liaises monthly with the relevant Senior Manager and unit/day service managers to discuss learning from accident/incident reports.

Full review of environmental Risk Assessments: An annual assessment of each area/building is carried out by the relevant manager and the Health & Safety Coordinator. This is effectively part of a Health & Safety audit to check if controls already in place are still effective and if there are any new risks not previously identified e.g. a new piece of equipment or new procedures put in place which require risk assessment.

Risk assessments relevant to individual service users are reviewed as part of the Person Centred Planning process.

Periodic audits of compliance with quality standards and HIQA Standards are carried out by the Administrator/Quality & Standards Manager.

The Board of Directors may commission an audit of the Services risk management procedures by an external audit company/contractor.

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The Health and Safety Committee promotes health and safety within the organization, facilitates communication on safety matters between management, staff and service users and suggests methods for control of any identified hazards in the services.

## 18.0 Risk Register

Carriglea Cairde Services maintains a Risk Register. “A risk register is a database of assessed risks that face any organisation at any one time. Always changing to reflect the dynamic nature of risks and the organisation’s management of them, its purpose is to help managers prioritise available resources to minimise risk and target improvements to best effect” (*HSE Risk Management Policy, 2017*).

The risk register is a means of managing and monitoring all significant risks coherently. For each identified risk, it includes:

- The date entered on the register
- The risk category (*as set out in the HSE Integrated Risk Management Policy (2017) i.e.*
  - Harm to a Person
  - Service User Experience,
  - Compliance (Statutory, Legal, Clinical, Professional or Management)
  - Objectives and Projects
  - Business Continuity
  - Adverse Publicity/Reputational
  - Financial Loss
  - Environment
- a description of the risk
- the person responsible for the risk
- the likelihood, impact i.e. rating for the risk both before and after controls have been put in place
- 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.
- Whether each risk is ‘Open’ (Further action needed), ‘Monitor’ (keep under review) or ‘Closed’

Risks which continue to have a high risk-rating with the current controls in place are highlighted and prioritised for further action by senior management and the Chief Executive.

Risks recorded on the risk register are subject to ongoing monitoring by the Senior Management Team to ensure that actions identified are completed.

The risk register does not include individual service user risk assessments. However, risks associated with service users in general e.g. absence without leave, strangulation, behaviours of concern, etc. are recorded on the Risk Register.

The Risk Register is reviewed periodically by the Quality Committee and also by the Risk/Services Committee of the Board of Director

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