

# Choice and Control Risk Enablement Policy

Date: April 2015

Partners in Care

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## Document Information

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## **1. Introduction**

- 1.1 Risk is the inevitable consequence of people taking decisions about their lives and can never be completely removed. Risk is an aspect of all our lives and people have the right to live their lives to the full as long as that doesn't stop others from doing the same. This policy sets out the process by which Torbay and Southern Devon Health and Care NHS Trust (hereafter referred to as the Trust) will work to ensure that people are safe but are also enabled to take risks as a part of living their life.
- 1.2 This policy explains the general principles behind the risk assessment and enablement and the responsibilities of those involved, it then outlines the process in more detail, including 'technical' information to support the use of the risk assessment tool.

## **2. Risk assessment**

- 2.1 Risk assessment is a proactive tool that helps identify "hazards" (something with the potential to cause harm) and assess the "risk" (the likelihood that the hazard will be realised). Risk Assessment is very simply the process of:
- Thinking about what harm might possibly arise from doing something,
  - Looking at how we can make things as safe as possible,
  - Looking at what we can do to support people.
  - That we record risks and the decisions made
  - We review the risks
  - How we judge and evaluate risks
- 2.2 Risk assessment will help ensure that people are safe and are not put into situations where they could be harmed, threatened or financially abused. There can be a delicate balance between risks that are a part of living a full life, and being placed at risk or in danger unnecessarily.

## **3. Aims of the Policy**

- 3.1 The Trust is moving towards a completely 'personalised' approach to how we deliver support and care within Torbay. This means that we will ensure that everyone we work with will have choice and control over the services they receive and therefore how their needs are met.
- 3.2 This policy has been written to support Trust staff to work with risk, and to have a logical process that helps us all understand and identify risk, to record it and work with it in a rational and logical way.
- 3.3 At the centre of this risk assessment process is the "service user". To ensure that the service user get the best advice/service the Trust must understand

what the user wants, how they want to live their lives, what fears they might have, how they have managed in the past and who they would like to be involved in helping and supporting them now.

- 3.4 Where safeguarding concerns have been identified The Safeguarding Adults Policy should be followed and its actions take precedence until the service user is discharged from The Safeguarding Adults Policy.

#### **4. Roles and responsibilities**

##### **4.1 Key worker**

The key worker will coordinate an assessment that will include the risk assessment.

##### **4.2 Risk Enablement Panel**

The Panel will meet where *significant risks* have been identified following an assessment. A meeting will be organised to discuss benefits and concerns and to make a decision:

##### **4.3 Professional Lead, Zone and Service Manager:**

The Professional Lead, Zone and Service Manager have the important role of ensuring that our staff feel supported, have sufficient information, guidance and advice in order to make professional judgements. The management structure should support good practice – **even when this means making decisions that may involve risk.**

##### **4.4 Circle of Support**

It is recognised that we all have people around us who will support us in a variety of ways. Some of these people will be friends or relatives, others might be people who are paid to offer support or who undertake this role as a volunteer. It is important that we involve all the people who can help in order to keep people as well supported and safe as is possible. If there is an established circle of support this should be used as a part of the risk management process.

##### **4.5 The Service User**

The health/social care worker will work with the service user so as to ensure that they understand the following two principles;

- that undertaking the activity and therefore taking the risk will be beneficial and that this outweighs the possible harmful outcomes **or**
- that the risks will lead to harm which is not justified by any possible positive outcomes.

#### **5. Risk Enablement**

- 5.1 Risk will not be a significant feature for the vast majority of people and most people will manage their lives with no support from health or social care services whatsoever. Others will need considerable support and help.

- 5.2 It is important that staff are clear about when they need to intervene and when their involvement is unnecessary
  - 5.3 Potential risks need to be identified and therefore it is essential that service users are fully involved in the risk assessment process, or given every, and repeated, opportunity to be involved if they are not willing to engage. The aim is to develop a support plan which enables the identified risks to be managed but also support the individual in achieving their goals and outcomes.
  - 5.4 People are not defined by their difficulties and should be seen in the context of who they are; their family, aspirations and their lives. Assessments therefore need to help us understand both the difficulties that people have as well as their strengths and aspirations.
  - 5.5 People have a right to live without fear or harm: ensuring that they are not neglected, abused or exploited should be central to everyone's professional practice:
  - 5.6 Safeguarding Adults is everyone's business. All assessments should consider potential vulnerability, neglect, abuse or exploitation (this policy should be read with the Safeguarding Adults Policies and Practice Guidance).
- 

## **6. Risk Assessment and Management**

- 6.1 The purpose of risk assessment is to evaluate the future potential of an event by using a five by five matrix and multiplying the consequence with the likelihood. The sum of these two (consequence x likelihood) multiplied together will give a risk score. The maximum risk score is 25.
- 6.2 The bespoke risk tool (see Appendix 1) developed for this policy should be completed by the key worker for each new service user to provide a quick assessment that is meaningful and provide an indication of the severity of the situation. Any other tools used by specialist services, which replace this risk tool, should be agreed with the assessor's clinical supervisor and the rationale explicitly justified and case noted.
- 6.3 There will be an element of subjectivity as people will make the assessments based upon their knowledge, experience and from talking to the service user.
- 6.4 The key worker will undertake (or coordinate) the risk assessment [see risk assessment tool in appendix 1]. This will provide a score and category for each risk area: Negligible, Minor, Moderate, High and Extreme.
- 6.5 The key worker will undertake (or coordinate) the risk assessment [see risk assessment tool in appendix 1]. This will provide a score and category for each risk area: Negligible, Minor, Moderate, High and Extreme.

6.6 The risks are then 'rated' and a judgement is made about the likelihood of their occurring and their consequences, by multiplying one by the other the risk can be scored

		Consequences					
		0	1	2	3	4	5
Likelihood	1						
	2						
	3						
	4						
	5						

1 - 3	4 - 8	9 - 10	10 - 20	20 - 25
All risks can be contained within the Support Plan	Risks can be managed but will require either further assessment or monitoring	Discuss risk within the team consider further assessment and input	Discuss risks with manager immediately. Consider Risk Enablement Meeting	Act immediately Consider 999 call, ambulance and/or Police

6.7 Where there are further concerns about identified risk or the need for *positive risk taking* a **Risk Enablement Panel** will need to be convened.

6.8

**Positive risk taking**

Being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk.

6.9 Any risk assessment must include these key elements;

- **The individual's** history
- **The individual's** own view of risks
- Strengths **and/or** vulnerability. **What support (include natural support)?**
- **The** nature and extent **of any risk**
- **The** impact **of potential Harm. Including the impact in terms of loss of independence**
- Anticipated future: **What influences will increase risk? What influences will decrease risk?**

6.10 Understanding and managing risk involves recognising that situations can change very quickly as can the nature of the risk. We will therefore need to look at how things might have been in the past, how this relates to the present and how environmental factors might influence the situation.

6.11 Risk assessment is not a substitute for professional judgement and experience and should be informed by the worker's knowledge, skill and expertise. It is a process that involves considering the dangers and risks that individual's face, recording these and considering where the responsibility will appropriately lie. Equally it should not be used as an excuse not to do things unless the likely benefits are outweighed by the likely danger.

6.11 The risk assessment will need to be a part of and refer to the multi-disciplinary assessment so that the process can be understood as a part of the individual's story, to highlight their strengths and resources as well as their needs and difficulties. Questions like "what has worked well in the past?" or "how have you managed this before?" are important.

6.12

**Reflective Practice**

At every point in the process there should be a space for the worker to reflect and ask themselves:

- How could I have done things differently?
- Have I acted in a fair and just manner?
- Am I promoting this person's independence and dignity and
- Does what I have recorded truly reflect the person being written about?

6.13 The initial risk assessment should;

- **Demonstrate the involvement of the person being assessed and their carer**
- **Identify risks**
- **An indication of the level of severity of these**
- **Highlight where further assessment is needed.**

6.14 At this point it will be clear whether or not further risk assessment is required. The Support Plan should make explicit reference to the risk assessment and any plans or services that will address the identified risks.

6.15 **Positive Risk Management** therefore includes:

- Working with the Service User to identify what is likely to work;
- Paying attention to the views of carers and others around the service user when deciding a plan of action;
- Weighing up the potential benefits and harms of choosing one action over another;
- Being willing to take a decision that involves an element of risk because the potential positive benefits outweigh the risk;

- Being clear to all involved about the potential benefits and the potential risks;
- Developing plans and actions that support the positive potentials and priorities stated by the Service User, and minimise the risks to the Service User or others;
- Ensuring that the Service User, carer and others who might be affected are fully informed of the decision, the reasons for it and the associated plans; and
- Using available resources and support to achieve a balance between a focus on achieving the desired outcomes and minimising the potential harmful outcome.

6.16 **Level 3. Risk Enablement Panel**, will meet where *significant risks* have been identified following an assessment. The meeting will be chaired by a professional lead within the zone or team, or they will identify the most appropriate person to chair. Membership will include all those involved in supporting the individual, the person's Carer and most importantly the service user themselves. Possible decisions that the meeting will reach include:

- That undertaking the activity and therefore taking the risk will be beneficial and that this outweighs the possible harmful outcomes **or**
- That the risks will lead to harm which is not justified by the possible positive outcomes.

6.17 **Recording the Assessment:** it is important that risk recording is undertaken with the highest professional standards. Information recorded must therefore be;

- **Timely**
- **Evidence based – i.e. reflect evidence and not hearsay,**
- **Clear and concise and**
- **Non-judgemental**

### 6.18 Outcomes

- Low risks, will require an initial assessment only and will be managed via a support plan, through the process of review and ongoing contact with the service user and carer.
- High risks will need urgent action (to ensure safety) and multi-disciplinary input. Following discussion with a lead or manager a Core Group will need to be established or the individual's circle of support should be used to monitor on going risk.
- Moderate risk might well present the greatest danger as there will be the potential to either over react or minimise the issues resulting in choice and control being taken away or potentially serious risks being underestimated.

6.19

Where there are concerns about risk of **violence**, potential risk to staff or the public it is important that this is 'flagged' on PARIS and concerns are discussed with the Trust Security Manager – **Mobile: 07766 504698 Office: 01803 547120**

6.20

Any concern about abuse or exploitation will require immediate referral through the safeguarding process

Torbay - Safeguarding Single Point of Contact.

TEL: 01803 219888 or Email: [safeguarding.alertstct@nhs.net](mailto:safeguarding.alertstct@nhs.net)

Devon – CARE DIRECT

TEL: 0845 1551007 or Email: [csc.caredirect@devon.gov.uk](mailto:csc.caredirect@devon.gov.uk)

6.21 Any potential for Self harm and suicide, will need to be considered as a part of the assessment, it is not the case that asking these difficult questions can trigger or provoke self destructive behaviour. It is worth considering some basic facts about suicide:

6.22

Suicide some important things to consider:

- Most people who take their own lives have had contact with their doctor within weeks or even days of their death.
- Previous deliberate self-harm or suicidal behaviour is a constant predictor of future attempts
- Depression is the most common mental health difficulty associated with suicide
- The suicide rate in men is twice that among women, and
- In both sexes the rate rises with age
- It is important to consider life events (for example bereavement, unemployment or onset of severe illness or disability)
- Use of alcohol or other substances can cause dis-inhibition and therefore increase risk.

**6.22 Any potential risk to Children must immediately be reported to The Multi Agency Safeguarding Hub on 01803 208100**

## **7 Risk and Safeguarding Adults**

7.1 It is important that this policy is read in conjunction with the policies and procedures covering safeguarding adults, nothing said here should be seen as contradicting those policies. It is essential that any suspected safeguarding issue follows the process and procedures outlined within the Safeguarding Policies.

7.2 Increasingly we will find ourselves working with people who are being or suspected of being abused, exploited or neglected. Risk assessment will play a key role in this area of work in ascertaining the level of risk, providing

important information to Strategy Meetings or Case Conferences and in informing the ongoing work to keep the individual safe.

7.3

Safeguarding will need to be considered when any of the following are suspected or evident;

- Physical abuse
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Neglect and acts of omission
- Discriminatory abuse
- Institutional abuse, neglect and poor professional practice

7.4 Safeguarding Adults at risk must always be at the forefront of our practice all risk assessments must consider potential abuse, neglect or exploitation. In assessing for safeguarding the following factors need to be considered: -

- The **vulnerability** of the individual
- The **nature and extent** of the abuse
- The **length of time** it has been occurring
- **The impact on the individual, and;**
- **The risk of** repeated or increasingly serious **acts involving this or other vulnerable adults.**

7.5 The role of the 'Investigator' will necessarily include assessing risk, their task is therefore one of gaining evidence and information, assessing risk and ensuring that the individual is safe.

7.6 The 'Making Safeguarding Personal' Guide (2014) must be considered in all approaches to risk management. This means evaluating if risk management has been successful based personalised outcomes. This ethos runs throughout this tool.

## **8 Risk and Falls**

8.1 The risk of people falling must be taken seriously and should be part of the risk assessment. If there is evidence that the individual has fallen or there is a potential risk of falls staff should use the appropriate falls risk assessment tool. Staff should also be aware of the Falls Pathway. A falls assessment

scoring more than 3 on the FRAT should be referred for a multi-factorial assessment through the zone team.

## **9 Risk and the Law**

9.1 This policy has been developed to facilitate managing and where appropriate taking risk, however taking risks can itself be risky! Fear of breaking the law can understandably influence how far it seems reasonable to support a person in managing risk. It is therefore worth looking at some basic legal principles;

- Our legal system is concerned with concepts of negligence, abuse and reasonably foreseeable harm
- Informed choice includes the option to choose 'unwisely'.
- Decisions made on behalf of people who lack capacity must be made in their Best Interests and with the least restriction
- The human rights of people must underpin the actions and decisions of all public authorities

9.2 **Confidentiality** is a really important issue. Staff should be aware of their responsibilities and this document should be read in conjunction with

- **Data Protection Policy**
- **Staff Code of Confidentiality**

9.3 "Sharing information with Consent" (taken from Staff Code)

Staff should ensure that consent to share personal sensitive information has been given explicitly. Sensitive information will only be released if its disclosure is deemed critical to the case by the appropriate health/social care professional and explicit consent has been given to release for that purpose.

## **10 Duty of Care**

10.1 "A duty of care is an obligation placed on an individual requiring that they exercise a reasonable standard of care while doing something (or possibly omitting to do something) that could foreseeably harm others" (2)

10.2 It is very important that our staff are clear that they will be supported by the Trust in their management of risk provided they have followed this policy and delivered a professional and appropriate standard of work. This applies even in cases where there are significant risks, if these can be justified in terms of promoting the individuals independence and choice and that there has been appropriate discussion with the line manager or enablement panel.

10.3 All staff involved in risk management must be capable of demonstrating sensitivity and competence in relation to diversity in race, faith, age, gender, disability and sexual orientation.

## 11. The Mental Capacity Act

11.1 Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. The act makes it very clear that people with capacity may make what some people would consider to be 'unwise decisions'. Making an 'unwise decision' does therefore not indicate a lack of capacity – an ability to understand and make judgements and decisions, even if practitioners and carers' views are at odds with them.

11.2 The act gives five core principles:

- "A person must be assumed to have capacity unless it is shown that they lack capacity.
- All practicable and reasonable steps must be taken to help and encourage people to make decisions.
- A person is not to be treated as unable to make a decision just because they make an unwise decision.
- Decisions made for a person without capacity must be in their best interests.
- Anything done for the person who lacks capacity must be the least restrictive option".

11.3 These principles obviously apply to risk as part of the legal framework but also should guide the way that we work with you and your carer throughout.

"The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves". (3)

11.4 "An individual who has the mental capacity to make a decision, and chooses voluntarily to live with a level of risk, is entitled to do so. The law will treat that person as having consented to the risk and so there will be no breach of the duty of care by professionals or public authorities". (4)

11.5 All Care Trust workers should be aware of The Trust's CT Mental Capacity Policy, this risk policy complements that act and policy.

11.6 Risk management is balance between rights and risks, the rights of the individual and the rights of those around them.

11.7 In summary all risk assessment must be based on;

- **A presumption of capacity** - every adult has the right to make his or her own decisions and must be assumed to have capacity to do so **unless assessment has proved otherwise;**
- **The right for individuals to be supported to make their own decisions** – people must be given all appropriate help before anyone concludes that they cannot make their own decisions;
- If an individual is deemed to have capacity they must retain the **right to make what might be seen as eccentric or unwise decisions;**
- **Best interests** – anything done for or on behalf of people without capacity must be in their best interests; and
- Least restrictive intervention – anything done for or on behalf of people without capacity should be the **least restrictive of their basic rights and freedoms.**

## 12. Risk and The Care Act 2015

The Care Act is a broad ranging and multifaceted piece of legislation. Please consult the relevant advice on The Trust website. In general, however, there are some key principles to bear in mind when managing risk:

- **The Well-being Principle** The Trust must promote 'well-being' when carrying out any of its functions
- **The ethos of The Care Act** is a genuine interaction with people, putting them at the centre of the process.

At the heart of the reformed system will be an assessment and planning process that is a genuine conversation about people's needs for care and support and how meeting these can help them achieve the outcomes most important to them.  
(8)

The approach required by The Care Act 2015 is congruent with this policy, which emphasises personal choice and control throughout.

## 13. Risk and Social Care funding

- 13.1 This policy should be read in conjunction with The Trust's policy Choice Cost and Risk (5) and with 'Choice and Control, Fair Access to Care Services' (6)
- 13.2 All referrals for Social Care funding will need to include a risk assessment. Funding from the Social Care budget is dependent on National Eligibility Criteria;

It is important that we spend our money supporting those people whose needs most seriously affect their independence. **National Eligibility Criteria** are the rules we use to make sure this happens.

- 13.3 National Eligibility Criteria are about getting the most appropriate support to meet people's needs; it is also about making sure that we provide support to those who need it the most.
- 13.4 In order to assess someone under National Eligibility Criteria we need to understand the difficulties that they face and how this affects them in their lives.

"Where a local authority is paying for care and support, it remains accountable for ensuring that the individual's needs are appropriately met. If, however, following appropriate risk management procedures and full discussion with the individual and other members of a joint team, it believes that the care plan is inappropriate, the local authority has both the right and the responsibility not to sign off that care plan" (7).

## 14 Reviews

Where risk has been identified we will need to review the case more frequently. Working with the service user and their carer or circle of support to ensure that they receive appropriate support and that risks are being managed in the least restrictive way.

**Complex Reviews** – Unstable or frequent changes in the situation, multiple services and/or professional input, risk, Safeguarding issues, Carer/Service user conflict etc. These reviews will be done frequently and will require either a multi-disciplinary meeting, or key worker coordination with participating professionals. Importance of fully involving the Service User and Carer and ensuring that their voice is represented even in large meetings. Ask: is an advocate needed? How will we ensure that the users' voice is present? The review must ask if there are any safeguarding issues to consider.

## 15. References

1. Staff Code of Confidentiality – see TSDHCT Policies and procedures
2. Independence, Choice and Control DH. 07
3. Mental Capacity Act Policy, – see TSDHCT Policies and procedures
4. ibid
5. Choice, Cost and Risk – see TSHCT Policies and procedures
6. Choice and Control Fair Access to Care Services - see TSDHCT Policies and procedures
7. Independence, Choice and Control DH. 07
8. The Care Act (Care and Support Statutory Guidance) 2015

# Choice and Control Risk Enablement Risk Assessment Tool

Name of Service user .....

Name of Worker undertaking the assessment.....

Date of Assessment

<b>NHS Number</b>	
<b>PARIS identifier</b>	

<b>NAME:</b>	<b>NHS/PARIS No.:</b>
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# 1. RISK FROM OTHERS

(Safeguarding issues. e.g. abuse, exploitation)

Negligible	Minimal	Moderate	High	Extreme
There is no evidence of previous exploitation and the individual is able to keep themselves safe.	Risks are present, but are balanced by the individual's ability to manage these. They have a network of support. Carer and service users are comfortable with the level of risk. Situation is relatively stable.	Evidence of probable risk. Unstable or frequent changes in the situation, they need the services and/or professional input, carer/service user conflict etc. Concerns for independence. The individual's ability to manage the risks they face is limited.	Evidence of actual serious risk (current or recent) others. Safeguarding issues. Unstable situation. Vulnerable, with very little support, very few coping strategies. Carer unable to continue. Major threat (S) to the independence. The need is now.	Imminent danger. Requiring immediate action. The situation requires a blue light service. Consequences of doing nothing are extremely serious.

Safeguarding / Risks	Past			Present		
	YES	NO	Don't Know	YES	NO	Don't Know
Concerns about psychological abuse						
Financial or material abuse						
Neglect and acts of omission						
Discriminatory abuse						
Institutional abuse, neglect and poor professional practice						
Religious or spiritual persecution						
Culturally isolated situation						

Strengths, skills and support

Concerns	LIKELIHOOD	0	1	2	3	4	5	SCORE
		1	2	3	4	5		
		2	3	4	5			
		3	4	5	6	7		
		4	5	6	7	8		
		5	6	7	8	9		
CONSEQUENCES								

NAME: \_\_\_\_\_ NHS/PARIS No.: \_\_\_\_\_

## 2. Risk of Self harm and Suicide

Negligible	Minimal	Moderate	High	Extreme
<p>No history of self harm or suicidal thoughts.</p> <p>No current thoughts. No concerns re: self harm.</p>	<p>The individual has occasionally talked about suicide, but as far as can be established has never indicated that this might be an option that they may consider.</p>	<p>The individual has frequent suicidal thoughts.</p> <p>Has he/she made special arrangements to give away prized possessions?</p> <p>Does the person take life-threatening risks or display poor impulse control?</p>	<p>There have been suicide attempts by the person or significant others in his or her life.</p> <p>They have a detailed, feasible plan.</p> <p>Currently experiencing severe psychological distress.</p> <p>Describes suicidal fantasies.</p>	<p>The individual has engaged in a serious act of self harm.</p> <p>He/she is unconscious or injured. You must dial 999 and request an ambulance</p>

Suicide	Past			Present		
	YES	No	Don't Know	YES	No	Don't Know
Current or previous attempts on their life						
Expressing high levels of distress						
Helplessness or hopelessness						
Family history of suicide						
Major psychiatric diagnosis						
Recently separated / widowed / divorced/bereaved						
Expressing suicidal ideas, plans						
Significant life events eg. unemployed/retired						
Misuse of drugs and / or alcohol						
Major recent life event						
Subject to cyber bullying						

### Strengths, skills and support

### Concerns

0	1	2	3	4	5
1					
2					
3					
4					
5					

**SCORE**

<b>NAME:</b>	<b>NHS/PARIS No.:</b>
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### 3. Self Neglect

Negligible	Minimal	Moderate	High	Extreme
<p>There are no significant issues re: self neglect, individual is linked into his/her community and able to undertake activities of daily living.</p> <p>(eg. shopping, cooking, cleaning etc.)</p>	<p>There are examples of their not coping with some aspects of daily living; these can be managed with minimal support.</p> <p>Service user has a number of skills however some areas will need further support in others.</p>	<p>Occasional episodes of self neglect that give cause for some concern.</p> <p>There are areas where the service user will need support in managing self care tasks.</p> <p>Issues around their ability to manage personal finances.</p>	<p>There are serious concerns about the individual's ability to manage.</p> <p>Concern for their wellbeing and independence.</p> <p>There is clear evidence of neglect, their health is being effected.</p>	<p>There are very serious current concerns; the individual's health, wellbeing and independence are currently at risk to the extent that the situation will need to be addressed immediately.</p>

	Past			Present		
	YES	NO	Don't Know	YES	NO	Don't Know
<b>Periods of neglect</b>						
<b>Failing to drink properly</b>						
<b>Lack of positive social contacts</b>						
<b>Unable to shop for self</b>						
<b>Failing to eat properly</b>						
<b>Insufficient / inappropriate clothing</b>						
<b>Difficulty managing physical health</b>						
<b>Difficulty maintaining hygiene</b>						
<b>Living in adequate accommodation</b>						
<b>Experiencing financial difficulties</b>						
<b>Lacking basic amenities (water/heat/light)</b>						
<b>Difficulty communicating needs</b>						

**Strengths, skills and support**

<b>Concerns</b>	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td style="background-color: #D3D3D3;">0</td><td style="background-color: #D3D3D3;">1</td><td style="background-color: #D3D3D3;">2</td><td style="background-color: #D3D3D3;">3</td><td style="background-color: #D3D3D3;">4</td><td style="background-color: #D3D3D3;">5</td></tr> <tr><td style="background-color: #00FF00;">1</td><td style="background-color: #00FF00;">2</td><td style="background-color: #00FF00;">3</td><td style="background-color: #FFFF00;">4</td><td style="background-color: #FFFF00;">5</td><td style="background-color: #FFFF00;">6</td></tr> <tr><td style="background-color: #00FF00;">2</td><td style="background-color: #FFFF00;">3</td><td style="background-color: #FFFF00;">4</td><td style="background-color: #FFFF00;">5</td><td style="background-color: #FFA500;">6</td><td style="background-color: #FFA500;">7</td></tr> <tr><td style="background-color: #00FF00;">3</td><td style="background-color: #FFFF00;">4</td><td style="background-color: #FFA500;">5</td><td style="background-color: #FFA500;">6</td><td style="background-color: #FF0000;">7</td><td style="background-color: #FF0000;">8</td></tr> <tr><td style="background-color: #00FF00;">4</td><td style="background-color: #FFFF00;">5</td><td style="background-color: #FFA500;">6</td><td style="background-color: #FF0000;">7</td><td style="background-color: #FF0000;">8</td><td style="background-color: #FF0000;">9</td></tr> <tr><td style="background-color: #00FF00;">5</td><td style="background-color: #FFFF00;">6</td><td style="background-color: #FFA500;">7</td><td style="background-color: #FF0000;">8</td><td style="background-color: #FF0000;">9</td><td style="background-color: #0000FF;">10</td></tr> </table> <p style="text-align: right; margin-top: 5px;"><b>SCORE</b></p>	0	1	2	3	4	5	1	2	3	4	5	6	2	3	4	5	6	7	3	4	5	6	7	8	4	5	6	7	8	9	5	6	7	8	9	10
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#### 4. Risk to Others (Aggression and Violence)

Negligible	Minimal	Moderate	High	Extreme
No history of violence or aggression.  No current risk or concern Re: violence or aggression	Moderate levels of anger or frustration expressed in the past.  Occasional frustration or anger expressed.	There are documented episodes where this individual has lost their temper and has been verbally aggressive but this has never escalated to a physical attack.  Is able to control these outbursts unless under the influence of alcohol or drugs	Recent incidents of violence or aggression. Is well known to the Police/Trust Security Management Service re: anger management issues.  Known 'trigger' points or recent stressful events.  Unpredictable behaviour.  Increased concerns associated with alcohol/substance misuse.  History of use of weapons.  History of sexual violence.	Current aggressive or violent behaviour.  Unpredictable behaviour and mood.  'Trigger' points or recent stressful events.  Recently use of substances or alcohol. Not to be see alone. Contact Police and Trust security manger.
<b>Where there are concerns about risk of violence and abuse, towards staff or the public it is important that this is discussed with the Trust Security Manager –(LSMS), Steve Willicott Tel: Mobile: 07766 504698 Office: 01803 547120</b>				

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Use of weapons/possession of weapons						
Arson (deliberate fire-setting only)						
Signs of anger and frustration						
Sexually inappropriate behaviour						
Known personal trigger factors						
Preoccupation with violent fantasy						
Expressing intent to harm others						
Dangerous impulsive acts						
Denial of previous dangerous acts						

#### Strengths, skills and support

#### Concerns

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**SCORE**

<b>NAME:</b>	<b>NHS/PARIS No.:</b>
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**5. Risk to Children: “All Trust staff have a duty to protect children from harm”**  
Children Act 2004

Negligible	Minimal	Moderate	High	Extreme
There are no indicators that cause concern regarding this service user and their contact with children.	Previous history that indicates a low level of concern is appropriate. Infrequent contact with children. Able to establish appropriate relationships. Good levels of support available.	Conditions which may affect parenting ability include; <ul style="list-style-type: none"> <li>Episodes of self harm</li> <li>Drug/alcohol misuse</li> <li>Domestic violence</li> <li>Serious medical/life threatening illness which may result in an impaired ability to parent adequately</li> </ul> Liaise with Childcare named nurse.	Will have frequent contact with children, and; there is a previous history of neglectful or abusive behaviour and/or Poor anger/temper control and/or Association with people who will clearly present a risk to children. Current evidence of abuse or neglect.	Evidence of recent abuse, neglect to children. Immediate action must be taken

<b>Is your suspicion raised? Trust your judgement! Follow Child Protection procedures</b>	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
Previous concerns re: child care						
Children present but explanation give rise to concern (would expect them to be in school) is this a private fostering arrangement						
Child care services involved						
Good standard of parenting						
Associates with individuals who might place child at risk						
Use of alcohol or other substances lead to behaviour that gives rise to concern						
Unable to promote appropriate boundaries						
<b>Strengths, skills and support</b>						

**Concerns**

**Discuss with** Named Nurse Safeguarding Children for Torbay Care Trust – **01803 546557** or **07825027627** or Named Doctor for Torbay or OOH Duty Consultant at Torbay Hospital- **01803 614567**

Refer to Torbay Children’s Services - **01803 208100**  
Out of Hours - **0845 0568 032.**

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**6. Physical**

Negligible	Minimal	Moderate	High	Extreme
<p>No Concerns re physical health.</p> <p>Consider FACS eligibility..</p>	<p>Service user is not registered disabled or in receipt of Disability Living Allowance (DLA).</p> <p>However, there are some mobility issues that might affect ability to undertake some tasks</p> <p>Is occasionally unsteady – see Falls</p>	<p>Service user has occasional mobility problems and additionally may require daily help and supervision with personal care, meal preparation etc.</p> <p>This loss of physical function may lead to a degree of psychological distress.</p> <p>Concerns: tissue viability.</p>	<p>Service user is registered disabled.</p> <p>Major difficulties with mobility.</p> <p>Needs assistance several times a day with cleaning, dressing, cooking etc etc. Service user's condition can make them vulnerable from unscrupulous individuals.</p>	<p>Service user found unconscious - Blue light assistance should be sought immediately</p>

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
<b>Sensory impairment</b>						
<b>Cognitive impairment</b>						
<b>Is home environment suitable?</b>						
<b>Mobility inside the home</b>						
<b>Mobility outside the home</b>						
<b>Risk of accidental injury</b>						
<b>Communication difficulties</b>						
<b>Driving (risks)</b>						

**Strengths, skills and support**

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**9. Risk of Wandering**

Negligible	Minimal	Moderate	High	Extreme
There are no concerns associated with wandering.	There are minimal concerns that can be managed by the individual and their carer.	There are some concerns about the person wandering; there have not been any serious incidents.  The situation can be managed with the support within the Support Plan. The individual is potentially at risk but the situation can currently be managed.	Recent history and/or reports of wandering and/or observable evidence of wandering, these place the individual at risk.  The situation is unpredictable and cannot easily be managed within the support plan. Further help and support will be required.	There are serious and immediate concerns. The individual has been wandering and this behaviour places them at risk. The situation requires immediate action.

	Past			Present		
	Yes	No	Don't know	Yes	No	Don't know
<b>History of wandering</b>						
<b>Confused as to whereabouts</b>						
<b>Concerns about road safety</b>						
<b>Able to understand traffic and safety</b>						
<b>Able to use public transport</b>						
<b>Accommodation is close to a busy road</b>						

**Strengths, skills and support**

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**8. Risk of Falls**

<b>Negligible</b>	<b>Minimal</b>	<b>Moderate</b>	<b>High</b>	<b>Extreme</b>
Falls are not an issue.	No significant issues, but situation may require monitoring.	Some evidence of falls in the recent past. Might require further assessment. <b>(NB. Use or refer for FRAT assessment)</b>	Evidence of falls and potential serious harm. Immediate action and further assessment required.	Immediate action required to ensure safety

<b>Concern about falls?</b>	
Yes	Falls risk will require a Fall Risk Assessment to be undertaken.
No	

**Strengths, skills and support**

**Concerns**

0	1	2	3	4	5

**SCORE**



<b>Concerns</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**10. Medication**

<b>Negligible</b>	<b>Minimal</b>	<b>Moderate</b>	<b>High</b>	<b>Extreme</b>
The individual is not taking any prescribed medication.	Is taking prescription medication, there is minimal risk to the individual or others from missing this medication on a short term basis.	Occasionally forgets to take medication, some problems with reading or understanding the labels and instructions for medication. Some difficulty in managing medication - ordering, storing etc. A level of specialist medication. Need to be reminded or supervised in taking medication. Requires regular pain relief. Some risk of overdose	Requires support with all aspects of their medication. Cannot manage medication without support. Risk of overdose. Medication administered by 'specialized technique' (definition determined by CQC). Chaotic approach to medication. Potential to be abused through medication (over provided or with held - SAFEGUARDING).	Concerns about medication are serious and the risk is imminent. Welfare, health and independence are at risk due to medication issues. (Eg. unconscious) DO YOU NEED TO telephone 999 for a blue light service?

	<b>Past</b>			<b>Present</b>		
	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
<b>Needs regular pain relief</b>						
<b>Regularly forgets to take medication</b>						
<b>Has medication administered by 'specialized technique' (definition determined by CQC)</b>						
<b>Can not remove medication from package/container</b>						
<b>Needs help to order and collect prescriptions</b>						
<b>Has problems reading the medicines label (e.g. visually impaired or illiterate)</b>						
<b>Needs help to apply medication. e.g. eye drops/cream/inhaler</b>						
<b>Regularly runs out of medication</b>						
<b>Risk of taking too much medication</b>						
<b>Needs assistance in storing medication or there is evidence of over stocking medicines</b>						
<b>Difficulty understanding what medicines are for.</b>						
<b>Needs regular pain relief</b>						

<b>Strengths/Support</b>	<b>Concerns</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	
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**11. Risk of Homelessness**

Negligible	Minimal	Moderate	High	Extreme
Housing and accommodation are secure.	Accommodation needs to be monitored, but no immediate issues	Some instability, issues might include; difficulties in access, difficulties with paying rent, problems with neighbours or landlord.	<p>Imminent risk of losing current accommodation, inappropriate accommodation, urgent adaptations required, rent arrears, breakdown in relationships resulting in risk of homelessness.</p> <p>Contact Torbay Homeless Department, within 28 days of potential threatened homelessness, they will start prevention work and will make a homeless assessment.</p>	Immediate action required. Contact the Homelessness Department

	<b>Past</b>			<b>Present</b>		
	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Current accommodation unsuitable						
Problems managing rent or mortgage,						
Behaviour that might put a tenancy at risk						
Need for support with tasks associated with tenancy or mortgage						
Dispute with neighbours						
Dispute with landlord						
Isolation						
Problems with access						
Accommodation needs adaptation						
Accommodation is substandard or hazardous.						
Health risks (damp, cold etc)						

**Strengths, skills and support**

<b>Concerns</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
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**12. Challenges to Service**

<b>Negligible</b>	<b>Minimal</b>	<b>Moderate</b>	<b>High</b>	<b>Extreme</b>
No current concern	Some history, however, currently minimal challenges to staff, and services. Able to discuss concerns and to make needs known.	History of challenging behaviour and/or unreasonable contact with services. Currently contained within the care plan. Evidence of self control and open to negotiation.	Current concerns about aggressive, abusive or inappropriate behaviour. The individual has poor impulse control and/or makes multiple and unreasonable contact with services.	Current and serious concern re: violence or aggression towards staff, this might include - threats, inappropriate sexual behaviour, aggression or emotionally abusive behaviour.

	<b>Past</b>			<b>Present</b>		
	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>
Frequent calls to multiple agencies/services						
Challenges many aspects of support plan						
Complaints and issues raised are difficult to resolve						
Role for an advocate?						
Need for constant reassurance						
Inappropriate calls to emergency services						
Multiple requests for change of key worker or other staff						

**Strengths, skills and support**

<b>Concerns</b>	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr><th>0</th><th>1</th><th>2</th><th>3</th><th>4</th><th>5</th></tr> <tr><td>1</td><td style="background-color: #00FF00;"></td><td style="background-color: #00FF00;"></td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td></tr> <tr><td>2</td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td></tr> <tr><td>3</td><td style="background-color: #00FF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td></tr> <tr><td>4</td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #FF0000;"></td></tr> <tr><td>5</td><td style="background-color: #FFFF00;"></td><td style="background-color: #FFA500;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #FF0000;"></td><td style="background-color: #0000FF;"></td></tr> </table> <p style="text-align: right; margin-top: 5px;"><b>SCORE</b></p>	0	1	2	3	4	5	1						2						3						4						5					
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**PART TWO: Where significant risks have been identified**

**Name:**

**Date:**

	<b>Relevant History</b>	
	<b>Summary of Concerns</b>	
		<b>Contingency arrangements</b>
<b>Risk</b>		

<b>Risk</b>		
<b>Risk</b>		

Signed  
 Person undertaking the assessment \_\_\_\_\_ Date \_\_\_\_\_

Lead/Manager \_\_\_\_\_ Date \_\_\_\_\_  
 Continuation Sheet

		<b>Contingency arrangements</b>
<b>Risk</b>		

<b>Risk</b>		
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**Risk Enablement Panel**

**Membership**

- Service User
- A Zone Manager
- The appropriate Head of Profession
- Professional Lead(s) or Snr Practitioner (of other disciplines to ensure multi-discipline approach
- Other specialist workers – could include legal advice.
- Key Worker
- Admin support to take minutes

**Paperwork**

Risk Assessments – Levels 1 and 2.  
 Panel form (see below).

<b>Risk Enablement Panel Record Form</b>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Date:</div>
<b>Panel Members:</b>		
<b>Chair:</b>		
<b>Paperwork</b>		
Level 1 Assessment form _____yes/no		
Level 2 Assessment form _____yes/no		
<b>Discussion</b>		
<b>Outcome/Decision</b>		

