RISK RATING GUIDANCE & Matrix (RAG)

Overview

Risk Management is a planned approach to Identify, Evaluate, Manage and Control those risks by working with Providers and People and other stakeholders involved in that Person's life or care.

Risks and their consequences should be considered by everyone at all times. If there is a change of any kind that has an impact on service delivery or in meeting People's needs, then the associated risks should be evaluated and any new risks identified.

In particular, Providers should clearly evidence those risks - and include a risk assessment to manage those risks - whether that is changes in continence needs, skin care, mobility, behaviour and so on.

With regards to Performance and Quality, the level of intervention may escalate or de-escalate based on the findings of the Dementia Care Mapper (DCM) observation/ map – and any other officer, relevant agencies and regulatory bodies. Therefore, a DCM undertaking an assessment of the 'Concern' raised or at a review needs to evaluate any potential or perceived risks being presented at that time.

All DCM's will consider 3 areas when evaluating risks:

1. To understand the actual risk that needs to be treated?
The risk needs to be defined at a level to which it is going to be managed, and owned.

2. What existing controls are in place?
The likelihood and impact of the risks need to be considered after the existing internal controls and general ongoing management and systems have been evaluated as to their effectiveness. Once identified, the risk and having considered existing controls a determination of any additional actions are required.

3. What level of Risk is Acceptable?
There will need to be a consideration of what is acceptable, and the levels at which Providers intend to manage that risk down immediately or over time. This will help develop the most appropriate mitigation when developing Service Improvement (SIP) or Remedial Action Plans (RAP). When considering actions, robustness of existing or additional controls needs to be balanced against the potential consequences if the event occurred. The cost of implementing and operating a control should not normally exceed the benefit.

Types of Risk Alerts

Safeguarding Alert
Where a safeguarding alert has been raised, the safeguarding team will undertake their investigation following their process. The DCM will respond to a request to support the investigation as required. However regardless of the potential historical nature of the

incident DCM's will undertake and determine a course of action based on the below 'Risk Rating'.

Concern Form
Similarly where a concern form is received, the DCM will undertake and determine a course of action based on the below 'Risk Rating'. With regard to a DCM observation/ map, the DCM can raise a concern form based on their 'Risk Rating' and also the lack of responsiveness of the provider.

To ensure further clarity the 'Risk Rating' process will be applied for each of these reports (observation/ map) and be contained within each, per aspect and then as a whole in line with QSF. Thus the 'Recommendations/ Suggestions' section will be followed by a 'Risk Rating'. eg: MEDIUM – *The rationale for this is that (identify areas of concern regarding the 'risk 'briefly)*

Risk Rating

LOW
Potential or actual risk of injury/ abuse to the wellbeing (physical, emotional, financial or psychological) of the person/ people where care/ support is provided.

Examples;
- Misuse or theft of small amounts of money or property
- Lack of care leads to discomfort or inconvenience but no significant injury
- Occasional harassment, taunts or verbal outbursts
- Isolated assaults that cause temporary marks, minor injury or no lasting distress

Potential/ Actual Actions;
- Concerns raised with the provider and confirmation that the provider is undertaking suitable and sufficient actions to mitigate.
- As part of the QSF to discuss at the time of engagement and/ or the review meeting

MEDIUM
Potential or actual risk of serious injury/ abuse to the wellbeing (physical, emotional, financial or psychological) of the person/ people where care/ support is provided.

Examples;
- Injury causing lasting marks, temporary discomfort or incapacity or requiring a period of treatment or care.
- Repeated assaults that cause distress and injury.
- Misuse/ misappropriation of benefits, properties and possessions leading to short or medium term difficulties in budgeting or income.
- Continued neglect that has caused a limited period of distress and/or physical harm requiring clinical intervention.
- Controlling behaviours that lead to a significant restriction of independence and the loss of relationships and opportunities.

- People other than the alleged victim (e.g. children, relatives, other residents or service users) are disturbed or distressed by the abuse.

Potential/ Actual Actions;

- Visit to provider within **XX** Days to validate the concern raised with the provider and confirmation that the provider is undertaking suitable and sufficient actions to mitigate.

HIGH

Potential or actual risk to life and/ or serious injury/ abuse to the wellbeing (physical, emotional, financial or psychological) of the person/ people where care/ support is provided.

Examples;

- Serious physical harm, risk to life or permanent injury.
- Rape or serious sexual assault.
- Life threatening neglect or negligence.
- Harassment and/or threats leading to lasting psychological harm.
- Coercion and/or control that leads to a total loss of autonomy.
- Major financial loss leading to significant changes in lifestyle and autonomy.
- Risk to life or lasting psychological harm to others.

Potential/ Actual Actions;

- Immediate (upon receipt) visit to provider to validate the concern raised with the provider and confirmation that the provider is undertaking suitable and sufficient actions to mitigate.
- Raise concerns to the CP&QT Manager.

EXTREME

Immediate risk to life.

Examples;

- Maladministration of medication that poses an imminent risk to life.
- Physical abuse leading to hospitalisation.

Potential/ Actual Actions;

- Immediate contact with Emergency Services
- Immediate contact to Manager/ Head of Service
- Immediate contact to Safeguarding
- Immediate contact to Regulator
- Immediate contact with the CP&QT Manager.