

Involving people to manage risks

Quality statement

We expect providers, commissioners and system leaders live up to this statement:

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

What this quality statement means

- People are informed about any risks and how to keep themselves safe.
- Risks are assessed, and people and staff understand them.
- There is a balanced and proportionate approach to risk that supports people and respects the choices they make about their care.
- Risk assessments about care are person-centred, proportionate, and regularly reviewed with the person, where possible.

- When people communicate their needs, emotions or distress, staff can manage
 this in a positive way that protects their rights and dignity and maximises learning
 for the future about the causes of their distress.
- Restraint is only ever used as a last resort. If staff use restraint, it is lawful, for a
 legitimate purpose, safe and necessary, and staff always follow best practice.
 Where relevant, equality and human rights legislation is considered. The service
 always takes a proportionate approach to imposing restrictions on people.
 People's care plans reflect any foreseeable risks that may need restrictions.

I statements

<u>I statements</u> reflect what people have said matters to them.

- I feel safe and am supported to understand and manage any risks.
- I know what to do and who I can contact when I realise that things might be at risk
 of going wrong or my health condition may be worsening.
- If my treatment, including medication, has to change, I know why and am involved in the decision.
- When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
- I have considerate support delivered by competent people.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

Subtopics this quality statement covers

- Behaviour that communicates
- Restrictive practice

- Clinical risk
- Managing risk/emergencies

Related regulations

Regulated Activities Regulations 2014

- Regulation 9: Person-centred care
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment

Also consider

Regulation 10: Dignity and respect

Best practice guidance

We expect providers to be aware of and follow the following best practice guidance.

Managing risk / emergencies

Sepsis: recognition, diagnosis and early management (NICE guidance [NG51])

2021 Resuscitation Guidelines (Resuscitation Council UK)

Behaviour that communicates

What is challenging behaviour? (The Challenging Behaviour Foundation)

How to deal with challenging behaviour in adults (NHS)

Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges (NICE guidance [NG11])

Violence and aggression: short-term management in mental health, health and community settings (NICE guidance [NG10])

Supporting people with challenging or distressed behaviour (Skills for Care)

UK Positive Behavioural Support (PBS) Competence Framework (PBS Academy)

Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition (NHS England)

Restrictive Practice

Restrictive practice — a failure of person-centred care planning? (CQC policy position on restrictive practice)

Out of Sight — Who Cares?: Restraint, segregation and seclusion review (CQC)

Positive and Proactive Care – reducing the need for restrictive interventions (Department of Health and Social Care)

A positive and proactive workforce (Skills for Care)

Human rights framework for restraint (Equality and Human Rights Commission)

Three steps to positive practice (Royal College of Nursing)

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