



TITLE: Risk Management Policy and Procedure	REFERENCE NO: OAK-15
AUTHOR (OWNER): Aoife Delaney (CNM)	REVISION NO: 1
APPROVED BY (LEAD): Michael O'Donoghue (Director)	EFFECTIVE FROM: 3/12/18
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TITLE: **Risk Management Policy and Procedure**

SCOPE: Oaklands Nursing Home

REVIEWED BY: Marta Piskorowska (PIC)

AUTHOR(S)/(OWNER): Aoife Delaney (CNM)

SIGNATURE(S):

DATE: 2/12/18

APPROVED BY/(LEAD): Michael O'Donoghue (Director)

SIGNATURE(S):

DATE:



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1.0 Policy

Oaklands Nursing Home undertakes the development, implementation and continuous improvement an effective proactive and reactive Risk Management framework/programme that is integrated throughout the organisation to provide safe, effective, high quality care services. The risk management framework is both proactive and responsive in its applications and incorporates the identification, assessment, management and ongoing review of risks on an organisational and individual level. The risk management framework respects the rights of the resident throughout its application.

The outputs of the application of this procedure are:

- At Risk Monitoring Programme- that assists the Management Team in identifying and prioritising the inherent risks associated with the provision of services from an organisational perspective.

The following Policies and Procedures carry the remaining risk management processes and outputs, those being:

- The Individual Risk Management Plan Policy and Procedure (see HS-049). This procedure provides details of how Oaklands Nursing Home implements person-centred, effective care that supports resident's rights and choices with due consideration for the risks associated. The output from the Individual Risk Management Plan Policy and Procedure shall include:
 - Individual Risk Management Plans for all residents.
- The Health and Safety Management Policy and Procedure (GM-018) that details the health and safety roles and responsibilities and controls within the organisation. The output from the Health and Safety Policy shall include:
 - The Safety, Health and Welfare Statement
 - The Health and Safety Risk Management Register
 - An Infection and Prevention Control Programme
- The Risk Management process works in conjunction with the Incident Reporting process (Incident Reporting - Identification, Documentation, Rectification, Review and Communication). Incidents and trends are considered as risk identification methods and are incorporated into the relevant Risk Management documentation as deemed appropriate to address ongoing risks.

The risk management policies and procedures listed above are utilised to manage risk within Oaklands Nursing Home. Oaklands Nursing Home is committed to utilise all information available to the organisation proactively to prevent harm to the resident (HIQA, 2016).

These Policies and Procedures operate in conjunction with the Risk Management Policy and Procedure, however, the responsibilities and requirements are detailed within the stand-alone policies and procedures.

2.0 Definitions

Control Measures: What steps are being taken to remove or reduce the risk of them causing harm to as low a level as possible (HSA, 2016).

Hazard: Anything with the potential to cause injury or ill health, for example, chemical substances, dangerous moving machinery, or threats of violence from others (HSA, 2016).

Impact: The outcome of an event (ISO Guide 73:2009).

Likelihood: The chance that something could happen (HSA, 2016).

Proactive: Preventive – uses information to prevent harm or loss (HIQA, 2014)



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Risk: The probability/likelihood of an adverse event, outcome, danger, loss or injury within the healthcare system (HIQA, 2016b; HIQA, 2018). It takes account of how severe the harm or ill health could be and how many people/patients/residents could be affected (HSA, 2016).

Risk Analysis: The process to comprehend the nature of the risk and to determine the level of risk (ISO Guide 73:2009).

Risk Assessment: Refers to 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 (HIQA, 2018). A written document that records a three-step process:

1. Identifying the hazards in the workplace(s).
2. Assessing the risks presented by these hazards.
3. Putting control measures in place to reduce the risk of these hazards causing harm. (HSA, 2016)

Risk Evaluation: The process of comparing the results of the risk analysis with risk criteria to determine whether the risk and/or its magnitude is acceptable or tolerable (ISO Guide 73:2009).

Risk Identification: The process of finding, recognizing and describing risks (ISO Guide 73:2009).

Risk Level: The magnitude of a risk or combination of risks, expressed in terms of the combination of consequences and their likelihood (ISO Guide 73:2009).

Risk Management: the systematic identification, evaluation and management of risk. It is a continuous process with the aim of reducing risk of injury to residents, staff, a visitor and the risk of loss to the organisation itself (HIQA, 2016; HIQA, 2016b; HIQA, 2018).

Risk Management Program: Clinical and administrative activities that organizations undertake to identify, to evaluate, and to reduce the risk of injury to residents, staff, and visitors and the risk of loss to the organization itself (JCI, 2012).

Risk Management Policy and Procedure: The statement of the overall intentions and direction of an organisation related to Risk Management (ISO Guide 73:2009)

Risk Management Register: 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. (HIQA, 2014)

Residual Risk: The risk remaining after the controls have been implemented (ISO Guide 73:2009).

Severity: Is a measure of how serious an injury or health effect could be, as consequences of unsafe working or of an accident. The severity can be influenced by the following:

- The environment
- The number of people/residents at risk, and
- The steps already taken to control the hazard.



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(HSA, 2016)

3.0 Responsibilities

3.1 All Staff: Identification of risks in their area of work.

Effective reporting on variations that may impact on the Risk Management outcomes.

3.2 Management Team

- Development and review of the **Corporate Risk Management Register** including risk identification, risk assessment and risk mitigation.
- The Management Team shall be aware of their responsibilities in relation to Risk Management process and to their required commitment for its implementation. This may be detailed as part of their job descriptions.
- Support the Multidisciplinary Risk Management Team.
- Communicate issues relating to risk within staff meetings.

3.3 Multidisciplinary Risk Management Team:

- Participate in the Multidisciplinary Risk Management Team meetings.
- Be aware of their responsibilities in relation to Risk Management process and to their required commitment for its implementation. This may be detailed as part of their job descriptions.
- Development and review of the Service and Care Provision Risk Management Register, including risk identification, risk assessment and risk mitigation.
- Suggested representatives for the Multidisciplinary Risk Management Team include:
 - Care staff
 - Clinical representatives,
 - Physiotherapists,
 - Nutritional experts,
 - Residential home Representative Group members,
 - Facility/Maintenance Representatives,
 - Health and Safety Representatives
 - Others as deemed required by the Director of Nursing.
- Communicate identified issues of risk to the Management Team.
- Review risks at Team meetings and regularly update the Service and Care Provision Risk Management Register (HIQA, 2016).

3.4 Director of Nursing:

- Development and implementation of the Risk Management process.
- Ensure there is an established risk management framework in place in Oaklands Nursing Home (HIQA, 2016).
- Ensure systems are in place to effectively manage risks, from an organisational and individual basis (HIQA, 2016).
- Ensure there is a designated senior staff member to contact in the event of an emergency (HIQA, 2016)
- Ongoing review and evaluation of Risk Management Policy, **Corporate Risk Management Register** and Service and Care Provision Risk Management Register.
- Communication of **Corporate Risk Management and** Service and Care Provision Risk Management Registers, externally and internally.
- Ensure that residents, staff and external parties involved in the process have an understanding of the risk management process and the associated legislative requirements. Training must also have been provided.



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- Ensure that all relevant staff read and understand all relevant risk management policies and have the necessary information, skill and experience to implement the requirements and/or controls.
- Ensure that all incidents/near misses are reported in a timely manner to facilitate follow up and incorporation, where required, into the risk management systems.
- Ensure appropriate learning is applied to staff in relation to risk findings.
- Ensure risks are reviewed at meetings ensuring staff and management are involved in the review processes (HIQA, 2016).

3.5 Registered Provider:

- Overall responsibility for Risk Management Process.
- Commitment to the Risk Management process through involvement and allocation of sufficient resources.
- Ensure that the risk management process implemented by Oaklands Nursing Home systematically identifies aspects of the service delivery that may be associated with a risk of harm to residents and puts in place structured arrangements to minimise both clinical and non-clinical risks (HIQA, 2016).
- Approval of Risk Management Policy and Procedure.

4.0 Risk Registers

4.1 **The Corporate Risk Management Register** and the Service and Care Provision Risk Management Register are databases of potential risks to the organisation and during the provision of services. The Risk Registers detail the measures and actions in place to control each of the risks identified.

4.2 The Teams allocated to the **Corporate Risk Management Registers** and the Service and Care Provision Risk Management Registers will be as follows:

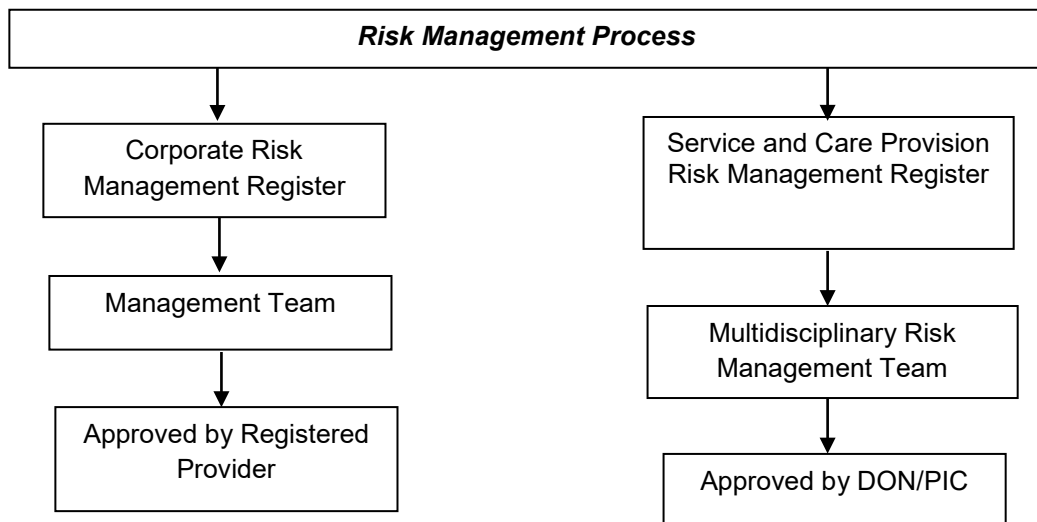


Figure 2.0: Team Allocations for Corporate Risk Management Registers and the Service and Care Provision Risk Management Registers

The process for completion of the Risk Management Register is followed for both Registers. Responsibilities shall therefore be allocated to “the Team” within the procedure.

4.3 **The Corporate Risk Management Register** and the Service and Care Provision Risk Management Register shall include a cover page detailing the following:

- Next scheduled review date
- Initial Development date / Date Review completed



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- Created by (must list all individuals and staff that were involved in the risk management process)
- Signature (of all those listed above)
- Approval by:
 - the Director of Nursing for Service and Care Provision Risk Management Register.
 - the Registered Provider for the Corporate Risk Management Register.

4.4 The Service and Care Provision Risk Management Register Index is detailed in Appendix 1 of this document.

4.5 The Corporate Risk Management Register Index is detailed in Appendix 2 of this document.

5.0 Risk Management Framework for implementation

Oaklands Nursing Home shall implement an effective risk management framework that identifies, assesses, mitigates, monitors and reports all risks to the safety of resident (HIQA, 2016). This is illustrated in Figure 3.0.

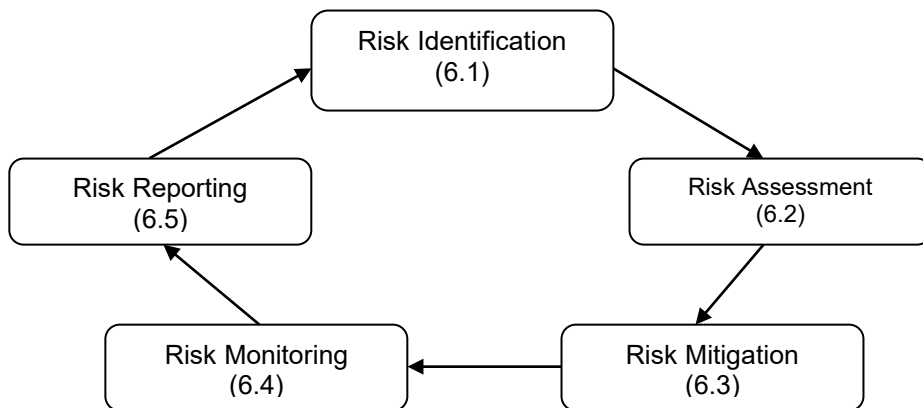


Figure 3.0: Risk Management Process (HIQA, 2014; HIQA, 2016).

6.0 Procedure

6.1 Risk Identification

- 6.1.1 Risk identification determines what might happen that could affect the organisation as a whole, or a resident during the provision of services and care and how those things might happen. The identification of risk carries a duty to do something about it, namely risk management (HIQA, 2014).
- 6.1.2 Identification of potential risk involves a balanced approach, which looks at what is and is not an acceptable corporate or service provision risk. Not every possible risk requires risk management. Depending on the situations involved, the risk may be minimal and no greater than that of any other organisation or individual outside of the service (HIQA, 2014).
- 6.1.3 To identify the potential corporate and service provision risks, the Team members shall ensure that the views of the residents, their family members and/or advocates are all taken into account in identifying risk while also applying their own expertise and experience.



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6.1.4 Information gathering, and sharing is the key to identifying a risk in the first place and this may include the use and analysis of resident and staff personal data, including outcomes. The processing and sharing of information must respect the principles of data protection. All personal data utilised shall be managed, controlled and processed in accordance to the relevant regulatory requirements. Oaklands Nursing Home shall implement appropriate data protection measures as detailed in Management of Personal Data in line with Data Protection Requirements (incorporating GDPR)).

Where data is collected and/or stored for the use of analysis, Oaklands Nursing Home shall ensure that the use of unique identifiers shall be used (NHI, 2018). Where the data has been sufficiently pseudonymised, Oaklands Nursing Home may store the information (NHI, 2018).

6.1.5 Risks to the Service may be identified through the following:

- Trends identified within clinical risk assessments;
- Analysis of Customer feedback, i.e. complaints, client satisfaction surveys;
- Internal Audit Reports;
- Incident Reports;
- Complaints;
- Peer review meetings;
- External Inspection Reports, e.g. HIQA reports.
- Observation
- Staff workshops
- QIP's
- Staff comments
- KPI's
- Annual Quality and Safety Review's

6.1.6 The Team may also utilise brainstorming techniques to broaden the groups focus and may also review the following to identify additional risks.

6.1.7 As part of the Service and Care Risk Management process, key areas will be focused on to ensure that all associated risks relating to the following are identified:

- a) Abuse;
- b) The unexplained absence of any resident;
- c) Accidental injury to residents, visitors or staff;
- d) Aggression and violence;
- e) Self- Harm

See Appendix 4 for specific measures and actions in place to control the risks detailed above as per S.I. No. 415 of 2013.

6.1.8 All the risks identified by the Team will be detailed as "Potential Risks" within the Risk Register. Appendix 1 of this document details the proposed elements and sub-elements for consideration during identification of service and care provision risks. Appendix 2 details the proposed elements and sub-elements for consideration during the identification of corporate risks.

6.2 Risk Assessment: Analysis & Evaluation (Investigation)

6.2.1 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 and making a judgement on any potential harm and measures to reduce this. The assessment of risk highlights both the negative and positive aspects of any situation (HIQA, 2014).



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6.2.2 Once a potential risk has been identified, the Team shall attempt to understand the risk through detailing the control measures that **currently** exist. These measures may include:

- Current processes/current controls in place
- Procedures
- Contracts/Service Level Agreements
- Current Skills/Training provided
- Observations

The information used and recorded must be as comprehensive and accurate as possible (HIQA, 2014).

6.2.3 Once the existing controls have been identified these should be detailed in the “Current Controls” column of the Risk Management Register.

6.2.4 To evaluate the risk, the Team must consider the risk level of a scenario based on the current controls. They must consider whether the current controls are deemed sufficient, including whether they have been effective to date.

As part of this process, the Team should consider:

- Who is exposed to the potential risk, consider direct employees, contract staff, and visitors?
- How likely it is that the hazard will cause harm?
- How serious the harm is likely to be?
- How often and how many employees are exposed to the hazard?
- Is the potential risk likely to cause injury/impact on the organisation, the resident, the employees or others?
- Is the potential risk well controlled currently?
- Is the level of supervision adequate?
- What are the exposure levels?
- Who needs to be considered in relation to the potential risk such as vulnerable groups, pregnant individuals, night workers, lone workers, people with language difficulties or whom English is not their first language?
(HSA, 2016)

The risk is then evaluated based on the **Impact** and the **Likelihood** of the risk occurring. By combining the levels allocated to these elements, an overall **Risk Level** can be allocated. This is the Teams’ opinion on the potential of the risk actually occurring. A balanced approach shall be available when managing risk-taking and promoting independence, taking the residents’ preferences into account (HIQA, 2016).

6.2.5 Impact Scoring

Impacts shall be rated from Negligible (1) to Catastrophic (5) depending on the possible impact on the resident/organisation should the potential risk identified actually occur – see Table 1.0 below.

Table 1.0 Impact Scoring Table

Consequence category	Impact on individual/future residents
1 Negligible	No obvious harm No injury requiring treatment
2 Minor	Minor injury No permanent harm
3 Moderate	Significant injury or ill health Some temporary incapacity



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4 Major	Major injuries or long-term incapacity or disability Major permanent harm as result of clinical or non-clinical incident injuries or long-term incapacity or disability Major permanent harm
5 Catastrophic	Death

(HIQA, 2016b) (see Appendix 3 for further examples of potential impacts)

Once the Impact level has been identified, this should be detailed in the “I” column of the Risk Management Register/the Individual Risk Management Plan.

6.2.6 Likelihood Scoring

The likelihood scoring is allocated from Rare (1) to Almost Certain (5), see Table 2.0 below. Likelihood scoring is based on the actual frequency or probability of the risk occurring, bearing in mind the current controls that are in place. Scoring by the Team shall be based on their expertise, knowledge and actual experience.

Table 2.0 Likelihood (Probability) of Occurrence Scoring Table

Likelihood Score	Descriptor	Frequency
1	Rare	This will probably never happen/reoccur
2	Unlikely	Do not expect it to happen/reoccur again but it is possible
3	Possible	Might happen or reoccur occasionally
4	Likely	Will probably reoccur, but it is not a persistent issue
5	Almost certain	Will undoubtedly reoccur, possible frequently

(HIQA, 2016b)

Once the likelihood score has been identified, this should be detailed in the “L” column of the Risk Management Register and the Individual Risk Management Plan.

6.2.7 Identification of Risk Score

Once the Team have allocated the Impact and likelihood scores, the Risk Level can be allocated using the Risk Level Matrix detailed in Table 3.0 below. The Risk Level = Likelihood x Occurrence.

Table 3.0 Risk Matrix (HIQA, 2016b)

Likelihood ↓	Consequences Category →				
	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Almost certain (5)	5	10	15	20	25
Likely (4)	4	8	12	16	20
Possible (3)	3	6	9	12	15
Unlikely (2)	2	4	6	8	10
Rare (1)	1	2	3	4	5

The Risk Levels are colour coded for visual impact, but the numerical values shall dictate the level of action required. Table 4.0 details the required responses.



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Table 4.0 Risk Level Responses

Colour	Numerical rating	Risk Level	Required response
Green	1-3	Low	As Low as Reasonably Practical. Accept the potential risk. Ensure continued monitoring of the risks.
Yellow	4-6	Moderate	Implement Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the resident/organisation.
Amber	8-12	High	Implement additional Corrective/Preventive Controls to reduce likelihood of occurrence based on cost to benefit ratio and severity of risk to the resident/organisation.
Red	15-25	Very High	Intolerable level of risk requires urgent action. Activity must cease immediately until likelihood of risk is reduced. Escalation to Senior Management.

(Dougherty and Lister, 2011)

The Risk Level of each potential risk shall be detailed in the "Risk Level" column in the Risk Management Register. Should conflict arise in relation to the impact, Likelihood or Risk score, the Director of Nursing shall carry the final decision.

6.3 Risk Mitigation

6.3.1 Following identification of the risk level the Team must take steps to mitigate the issue and implement any controls or improvements considered. Controls may be preventive, responsive, or supportive to promote the potential benefits of taking appropriate risks and to reduce the potential negative consequences of risk (HIQA, 2014).

Moderate to high risks must be treated by implementing one or more controls, examples include:

- Avoiding the potential risk by deciding not to initiate or continue with the activity that gives rise to the risk.
- Removing the potential risk source.
- Changing the consequences should the risk occur.
- Sharing the potential risk with an external party (including contractors).
- Retaining the potential risk occurring by informed decision.

6.3.2 The selection of one control over another may be based on cost benefit analysis, particularly in relation to corporate risks. The Team will consider whether the control will be sufficiently effective in addressing the risk while ensuring continued services. The needs of the residents shall be given primary consideration during this process.



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6.3.3 Once the control details have been identified these shall be detailed in the “Required Controls” column of the Risk Management Register. A person responsible and a timeline for completion shall also be documented against the “Required Controls” to assist in follow up and review.

6.3.4 *Status Updates and Residual Risks*

As the required controls are implemented, their status should be updated in the “Status” column of the Risk Management Register. Once the control has been implemented, the organisation shall reassess the Impact and Likelihood based on the Residual Risk remaining, i.e. the potential of the risk occurring once the additional controls has been implemented.

NOTE: In the majority of cases, the impact of a potential risk will remain the same; however, the likelihood should be reduced following implementation of the additional controls.

6.4 Risk Monitoring

6.4.1 The occurrence of a notifiable incident or an incident with a high-risk rating shall initiate an immediate review of the relevant Risk Management Register. Both registers must also be reviewed in line with all Incident Trending Reports to ensure continued accuracy. Incident reporting shall be completed in accordance with Incident Reporting - Identification, Documentation, Rectification, Review and Communication.

6.4.2 The Risk Management Policy and Procedure and both **Risk Management Registers** shall be reviewed immediately in the following instances:

- Should a significant change occur in the matters to which it refers;
- If there is reason to believe aspects are no longer valid.

6.4.3 The Risk Management Policy and Procedure, the **Corporate Risk Management Register** and the Service and Care Provision Risk Management Register shall be monitored, reviewed and updated as deemed required by the Director of Nursing/Person in Charge, but annually at a minimum. This review shall incorporate a review of how effective the risk management process has been to date and to ensure that all proposed changes have been incorporated. The review process shall consider the following:

- Were the aims in the Risk Management documents relevant and appropriate?
- Did they identify the significant potential risks, assess their risks and set out the necessary preventive and protective safety measures?
- Were Risk Management outputs proactive in identifying potential issues well as responsive to issues that occurred?
- **Was the Service and Care Provision Risk Management Register** reflective of the actual risks that a resident was exposed to?
- Were the identified required controls implemented within their timeframe?
- Were new work practices or processes introduced since the last review and if so were they risk-assessed?
- Were appropriate measures put in place to comply with the relevant statutory provisions?
- Did the organisation comply fully with the regulatory requirements?
- Are there areas where the organisation and the service provided are deemed inadequate?
- Has the data been analysed to find out the immediate and underlying causes of any injuries, illness or incidents? Have any trends and common features been identified?
- Were adequate financial, physical, human and organisational resources committed to the quality and safety of the service provided?
- What improvements in organisational and service performance need to be made?

(S.I. No. 10 of 2005; HSA, 2006; HSA, 2012; HSA,2016)

6.4.4 A scheduled review date shall be detailed on the Risk Management Register cover page. This review is an overall review of the Risk Register and is separate to the ongoing risk review



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processes detailed within section 6.6.3. Where updates to the risk management documents are required, the documents must be updated and approved by a team with a skill base reflective of the original approvers.

6.5 Risk Recording, Reporting and Learning

6.5.1 On completion of **the Corporate Risk Management Register** or the Service and Care Provision Risk Management Register, the document shall be signed by all those who participated in the activity. If anyone involved in the process does not agree with the outcomes, they shall be requested to document their concerns and reasons for same.

Following sign off, the Service and Care Provision Risk Management Register receives final approval from the Director of Nursing.

The Corporate Risk Management Register must be approved by the Registered Provider.

6.5.2 All incidents relating to service and care provision and corporate management shall be reported as per GM-010 Incident Reporting – Identification, Documentation, Rectification, Review and Communication. All serious incidents or adverse events involving the provision of services and care shall be identified, recorded and investigated and learned from (S.I. No. 415 of 2013). Learning from incidents and implementing improvements is recognised as an essential element in risk management (HIQA, 2014) and shall be implemented by the Director of Nursing.

6.6 Communication of Risk Management Policy and Procedure and Risk Management Registers

6.6.1 The Risk Management Policy and Procedure and Risk Management Registers shall be:

- Communicated to all relevant staff, including temporary staff, in a language that is reasonably likely to be understood.
- Brought to the attention of all relevant staff, including temporary staff, on an annual basis at a minimum and following any amendments.
- Communicated to all newly recruited relevant staff, including temporary staff, upon commencement of their employment.
- Communicated to any other persons who may be exposed to any specific risks identified within the risk management documentation. This may include any contracted service provider.
- Communicated to the residents, and their family members, where deemed appropriate by the Director of Nursing.

(Safety, Health and Welfare at Work Act, 2005)

6.6.2 An up to date copy of the Risk Management Policy and Procedure and the Risk Management Registers (or relevant extract of it) shall be available for inspection or review by employees near every place of work to which it relates.

6.6.3 Risks shall be reviewed and updated regularly within the following forums:

- Management Team Meetings
- Multidisciplinary Care Team Meetings
- Multidisciplinary Service Team Meetings
- Multidisciplinary Risk Management Team meetings
- Quality and Safety Management meetings
- Staff meetings

Where required, the relevant Risk Register shall be updated. New revisions must be approved by a team with a skill base reflective of the original approvers.



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6.6.4 The development, implementation and review of the Risk Management process shall act as a performance measure and shall be presented as part of the organisational overall performance management.

6.7 Escalation of Risk

Where it is identified that there has been a failure by the allocated responsible person to implement required controls within the timescale agreed within a Risk Management Register, this shall be immediately brought to the attention of the Director of Nursing by the identifier. The Director of Nursing is then responsible for the necessary action to be taken and/or produce progress reports as required (HIQA, 2014).

7.0 Records

7.1 The following records shall be maintained by Oaklands Nursing Home:

- Service and Care Provision Risk Management Register
- Corporate Risk Management Register
- Health and Safety Risk Management Register
- Individual Risk Management Plans
- Individual Care Plans

8.0 Audit and Evaluation

Regular audits shall be undertaken to determine compliance to this procedure. These shall be carried out by the Director of Nursing via a review of records. The evaluation shall aim to determine adherence to this procedure including:

- The continued suitability of the Risk Management Policy and Procedure.
- The adequacy of the Service and Care Provision Risk Management Register **and the Corporate Risk Management Register** in relation to the potential risks.
- The accuracy of the Impact, Likelihood and Risk Levels allocated to the risks identified.
- The implementation of the required controls identified within the Risk Management Registers.
- The monitoring, review and update activities completed on the Risk Management documents.

9.0 References

Dougherty, L. and Lister, S (2011). *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* Eighth Edition Wiley-Blackwell.

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10.0 Appendices

- 10.1 Appendix 1: Index for Service and Care Provision Risk Management Register
- 10.2 Appendix 2: Index for Corporate Risk Management Register
- 10.3 Appendix 3: Impact Table with Examples
- 10.4 Appendix 4: Measures and actions in place for risks specified in S.I. No. 415 of 2013



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10.1 Appendix 1 Index for Service and Care Provision Risk Management Register

Element	Sub-element
<i>Person Centred Care:</i>	<ul style="list-style-type: none"> • <i>Privacy and Dignity</i> • <i>Expressions of intimacy and sexuality</i> • <i>Provision of Intimate Care</i> • <i>Management of Resident Toileting</i> • <i>Autonomy & Facilitating choice</i> • <i>Resident & Family communications and information provided</i> • <i>Resident Involvement in the Service and Care</i> • <i>Management of Complaints</i> • <i>Management of Resident Consent</i>
<i>Effective Services:</i>	<ul style="list-style-type: none"> • <i>Management of Prospective Residents</i> • <i>Resident Admission</i> • <i>Resident Assessment</i> • <i>Individual Care Plans</i> • <i>Resident Transfer & Discharge</i> • <i>Resident Palliative Care</i> • <i>Resident End of Life Care</i> • <i>Resident Nutrition</i> • <i>Provision of Therapeutic and Modified Consistency Diets</i> • <i>Enteral Feeding</i> • <i>Hydration and Fluid Maintenance</i>
<i>Safe Services</i>	<ul style="list-style-type: none"> • <i>Management of the Risk of Resident Self-Harm</i> • <i>Use of Restraint (including use of bed rails)</i> • <i>Management of Risk of Resident Absconson</i> • <i>Safeguarding of residents from abuse</i> • <i>Management of Whistleblowing Process</i> • <i>Recognising and Responding to Allegations of Abuse</i> • <i>Management of acts of Aggression</i> • <i>Management of Resident Finances, Personal Belongings and Clothing</i> • <i>Individual Risk Management</i> • <i>Medication Management</i> <ul style="list-style-type: none"> • <i>Prescribing, Ordering, Storage and Disposal of Medications</i> • <i>Medication Reviews</i> • <i>Administration of Medications</i> • <i>Crushing of Medications</i> • <i>Controlled Drugs</i> • <i>Self-Administration, Complementary Therapies and Over-The-Counter Medications</i> • <i>Medication Management at Discharge, Transfer, Leave and Respite</i> • <i>Management of adverse reactions and medication incidents</i> • <i>Staff Training on Medication Management</i> • <i>Management of Medication Records</i> • <i>Medication Management Audits</i>
<i>Health and Wellbeing</i>	<ul style="list-style-type: none"> • <i>Promoting and Maximising Resident Health and Well-Being</i> • <i>Management of Behaviour that is Challenging and Behavioural and Psychological Symptoms of Dementia</i> • <i>Care of Residents with dementia / Cognitive Impairment</i> • <i>Resident Access to GP Services</i> • <i>Management of resident oral care</i> • <i>Management of Resident Ophthalmic Assessment and Medication</i>



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	<ul style="list-style-type: none">• <i>Management of Resident Auditory Assessment, Medication and Equipment</i>• <i>Management of Resident Smoking</i>
<i>General Welfare</i>	<ul style="list-style-type: none">• <i>Pain</i>• <i>Skin and Wound Care</i>• <i>Falls</i>• <i>Resuscitation</i>



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10.2 Appendix 2: Index for Corporate Risk Management Register

Element	Sub-element
1. <i>Management of Operations</i>	<ul style="list-style-type: none"> • <i>Governance and Leadership</i> • <i>Regulatory Requirements</i> • <i>Competition in the Market</i> • <i>Economic Conditions</i> • <i>Statement of Purpose</i> • <i>Insurance Cover</i> • <i>Accounting and Finance Management</i> • <i>Infrastructure requirements</i> • <i>Technological advancements / changes</i> • <i>Emergency Planning</i>
2. <i>Quality Management System</i>	<ul style="list-style-type: none"> • <i>Operating Policies and Procedures Implemented</i> • <i>Risk Management Activities</i> • <i>Incident Reporting</i> • <i>Quality and Safety of Care</i> • <i>Complaint Management</i> • <i>Change Management</i>
3. <i>Supplier & Contractor Management</i>	<ul style="list-style-type: none"> • <i>Supplier Management</i> • <i>Contractors / Subcontractors / Partners</i>
4. <i>Record Management</i>	<ul style="list-style-type: none"> • <i>Data Protection (for all Data Subjects)</i> • <i>Directory of Residents</i> • <i>Resident Records</i> • <i>Staff Records</i> • <i>General Record Maintenance</i>
5. <i>Staff Recruitment and Induction</i>	<ul style="list-style-type: none"> • <i>Recruitment</i> • <i>Induction Training</i> • <i>PIC Qualifications</i>
6. <i>Training & Staff Development</i>	<ul style="list-style-type: none"> • <i>Training and Staff Development</i>
7. <i>Staffing Levels</i>	<ul style="list-style-type: none"> • <i>Staffing Levels</i> • <i>Health Surveillance of Staff</i> • <i>Medical Fitness to Work</i>
8. <i>Staff Confidentiality</i>	<ul style="list-style-type: none"> • <i>Staff Confidentiality</i>
9. <i>Temporary and Agency Staff, IP's, Volunteers and Students</i>	<ul style="list-style-type: none"> • <i>Management of Temporary and Agency Staff</i> • <i>Management of Independent Practitioners (IP's)</i> • <i>Management of Volunteers</i> • <i>Management of Students</i>



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10.3 Appendix 3: Impact Table (Examples of Negligible, Minor, Moderate, Major & Catastrophic Impacts) (HSE, 2014; HIQA, 2016b)

	Negligible	Minor	Moderate	Major	Extreme
Injury	<p>No obvious harm</p> <p>No injury requiring treatment</p> <p>Adverse event leading to minor injury not requiring first aid.</p> <p>No impaired Psychosocial functioning</p>	<p>No permanent harm</p> <p>Minor injury or illness, first aid treatment required <3 days absence < 3 days extended hospital stay</p> <p>Impaired psychosocial functioning greater than 3 days less than one month</p>	<p>Significant injury or ill health requiring medical treatment e.g. Fracture and/or counselling. Some temporary incapacity Agency reportable, e.g. HSA, Gardaí (violent and aggressive acts). >3 Days absence 3-8 Days extended hospital Stay</p> <p>Impaired psychosocial functioning greater than one month less than six months</p>	<p>Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling Major permanent harm as a result of clinical or non-clinical incident injuries or long term incapacity or disability. Impaired psychosocial functioning greater than six months</p>	<p>Incident leading to death or major permanent incapacity. Event which impacts on large number of patients or member of the public</p> <p>Permanent psychosocial functioning incapacity.</p>
Service User Experience	<p>Reduced quality of service user experience related to inadequate provision of information</p>	<p>Unsatisfactory service user experience related to less than optimal treatment and/or inadequate information, not being talked to & treated as an equal; or not being treated with honesty, dignity & respect - readily resolvable</p>	<p>Unsatisfactory service user experience related to less than optimal treatment resulting in short term effects (less than 1 week)</p>	<p>Unsatisfactory service user experience related to poor treatment resulting in long term effects</p>	<p>Totally unsatisfactory service user outcome resulting in long term effects, or extremely poor experience of care provision</p>
Compliance with Standards (Statutory, Clinical, Professional & Management)	<p>Minor noncompliance with internal standards. Small number of minor issues requiring improvement</p>	<p>Single failure to meet internal standards or follow protocol. Minor recommendations which can be easily addressed by local management</p>	<p>Repeated failure to meet internal standards or follow protocols. Important recommendations that can be addressed with an appropriate management action plan.</p>	<p>Repeated failure to meet external standards. Failure to meet national norms and standards / Regulations (e.g. Mental Health, Child Care Act etc). Critical report or substantial number of significant findings and/or lack of adherence to regulations.</p>	<p>Gross failure to meet external standards Repeated failure to meet national norms and standards / regulations. Severely critical report with possible major reputational or financial implications.</p>



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	Negligible	Minor	Moderate	Major	Extreme
Business Continuity	Interruption in a service which does not impact on the delivery of service user care or the ability to continue to provide service.	Short term disruption to service with minor impact on service user care.	Some disruption in service with unacceptable impact on service user care. Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of service user care or service resulting in major contingency plans being involved	Permanent loss of core service or facility. Disruption to facility leading to significant 'knock on' effect
Adverse publicity/ Reputation	Rumours, no media coverage. No public concerns voiced. Little effect on staff morale. No Review /investigation necessary.	Local media coverage – short term. Some public concern. Minor effect on staff morale / public attitudes. Internal review necessary.	Local media – adverse publicity. Significant effect on staff morale & public perception of the organisation. Public calls (at local level) for specific remedial actions. Comprehensive review/investigation necessary.	National media/ adverse publicity, less than 3 days. News stories & features in national papers. Local media – long term adverse publicity. Public confidence in the organisation undermined.	National/International media/ adverse publicity, > than 3 days. Editorial follows days of news stories & features in National papers. Public confidence in the organisation undermined. CEO's performance questioned. Court action. Public (independent) Inquiry.
Financial Loss	<€1k	€1k – €10k	€10k – €100k	€100k – €1m	>€1m
Environment	Nuisance Release.	On site release contained by organisation.	On site release contained by organisation.	Release affecting minimal off-site area requiring external assistance (fire brigade, radiation, protection service etc.)	Toxic release affecting off-site with detrimental effect requiring outside assistance.



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10.4 Appendix 4 Measures and actions in place for risks specified in S.I. No. 415 of 2013

	Measures and Actions
Abuse	<p>The Service and Care Management Risk Register (GM-RF-011) details all specific measures and controls implemented in relation to abuse under "Safe Services_Abuse".</p> <p>Oaklands Nursing Home manages the risk of resident abuse as detailed within OAK-01 Prevention, Detection and Response to abuse Policy . Specific controls implemented within Oaklands Nursing Home to prevent the occurrence of abuse include:</p> <ul style="list-style-type: none"> • Respecting the dignity and privacy of the residents, implementing their preferences and listening to the resident's feedback; • Providing the resident with information on how to protect themselves; • Identifying possible areas of vulnerability in the resident and implementing safeguards in response to these; • Ensure all staff are appropriate trained on the protection of vulnerable adults and Oaklands Nursing Home's Code of Behaviour. Staff are monitored to ensure Oaklands Nursing Home's values are upheld by staff during the provision of care; • All staff are appropriately vetted prior to the provision of care to residents; • Regular internal audits are completed in relation to Resident Safeguarding. The findings are documented, acted upon and utilised as a source of learning within Oaklands Nursing Home. • All incidents identified relating to the protection of residents from abuse are logged as an incident. <p>Oaklands Nursing Home implements PR-003 Management of Whistleblowing to promote a culture of openness accountability. Specific controls implemented within Oaklands Nursing Home relating to whistleblowing include:</p> <ul style="list-style-type: none"> • Staff are aware that they have the responsibility for disclosing areas of concern relating to abuse in a timely manner. • Staff are aware of who they report concerns to and can do so without fear of adverse consequences to themselves. • Staff are protected in making protected disclosures in line with legislative requirements, where appropriate. • Staff are aware that external disclosures can be made regarding resident abuse and are provided within the contact information within the policy and procedure. • Staff are provided with information and facilitated to make protected disclosures about the effectiveness and safety of Oaklands Nursing Home in line with legislative requirements, where appropriate. • Regular internal audits are completed in relation to the whistleblowing process. The findings are documented, acted upon and utilised as a source of learning within Oaklands Nursing Home.



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- All incidents identified relating to the whistleblowing are logged as an incident.

Where there is an allegation of abuse, Oaklands Nursing Home implements Prevention, Detection and Response to abuse Policy and Procedure. Specific controls implemented within Oaklands Nursing Home where there is an allegation of abuse include:

- Residents, and their family members as appropriate, are made aware of the abuse reporting process available to them within Oaklands Nursing Home and external reporting agencies that may also provide assistance.
- All staff are trained to identify indicators of abuse and are vigilant in their identification.
- Staff are aware of the difficulties that residents with a cognitive impairment/dementia may have in communicating an allegation of abuse or neglect and have the skills to identify possible indicators of abuse.
- Each resident is supported and facilitated to safely report concerns and allegations of abuse to staff.
- There is a Designated Officer and a Safeguarding Co-ordinator allocated within Oaklands Nursing Home to manage allegations of abuse.
- Staff are directed to take any direct actions required to safeguard the resident who is at immediate risk of harm.
- Within 3 days of the incident occurring, the Designated Officer screens the allegation, notifies HIQA of any allegations and informs the Safeguarding and Protection Team.
- Where deemed required, a Safeguarding Plan is developed by the Safeguarding Co-ordinator in conjunction with the Safeguarding and Protection Team within 3 weeks.
- Where the Director of Nursing/Person in Charge is the subject of an incident, allegation or suspicion of abuse, the Registered Provider investigates the matter or nominate a third party who is suitable to investigate the matter.
- Oaklands Nursing Home maintains detailed and accurate records of concerns or allegations of abuse and of any subsequent action taken.
- Regular internal audits are completed in relation to the processes relating to allegations of resident abuse. The findings are documented, acted upon and utilised as a source of learning within Oaklands Nursing Home.
- All incidents identified relating to allegations of abuse are logged as an incident.
- All records relating to allegations of abuse shall be managed in accordance to Data Protection requirements.

Oaklands Nursing Home implements PR-004 Security of Residents' Accounts and Personal Property to protect the resident from financial abuse. Specific controls implemented within Oaklands Nursing Home where there is an allegation of abuse include:

- The resident controls their own personal property and finances for as long as they wish to do so and they are facilitated in this regard



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	<p>to access information, advice and support on money manage.</p> <ul style="list-style-type: none"> • The resident is facilitated by staff to appoint an Agent to collect their pension payments on their behalf. • Where Oaklands Nursing Home acts as the resident's agent, Oaklands Nursing Home ensures that the Chief Inspector is notified at the time of inspection. • There are clear separations between the resident's funds and those of the service, and under no circumstances are loans taken from the resident's funds. • Where the resident is unable to manage their financial affairs due to dementia/cognitive impairment, or the resident's finances are managed outside Oaklands Nursing Home, the Director of Nursing engages the other parties to ensure that the resident's money is used in their best interest. • Where finances are managed on behalf of the resident, the resident is still involved in decision about their finances to the greatest extent possible and consistent with their safety and wellbeing. • Where there are risks relating the resident's inability to manage their own finances and conduct banking, or there is a potential of the resident being manipulated/taken advantage of in relation to the area of finance, these are addressed in the resident's Individual Risk Management Plan. • Oaklands Nursing Home keeps accurate and up-to-date records of all money, personal possessions and valuables held on behalf of each resident. These records shall be managed in accordance to Data Protection requirements. • The resident's finances are periodically independently audited. • The resident does not contribute to any communal or business fund without their informed consent. • All incidents identified relating to resident finances are logged as an incident. <p>The Service and Care Management Risk Register details all specific measures and controls implemented in relation to the provision of intimate care under "Person Centred Care (1)". An Individual Intimate care plan is developed in conjunction with each resident and implemented in accordance to their preferences. Intimate care is provided at all times in a manner that respects the privacy and dignity of the resident while safeguarding the resident from any risk of abuse.</p>
<p><i>The unexplained absence of any</i></p>	<p>The Service and Care Management Risk Register details all specific measures and controls implemented in relation to unexplained absences of a resident under "Safe Services_Absconson".</p> <p>Oaklands Nursing Home implements Management of Resident Absconson to manage the risk of resident absconson and to detail the response should it occur. Specific controls implemented include:</p> <ul style="list-style-type: none"> • A pre-admission initial assessment, and a comprehensive assessment is completed at admission, is conducted to determine



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<p>resident</p>	<p>suitability of Oaklands Nursing Home to meet the needs of the resident, and their risk of absconson.</p> <ul style="list-style-type: none"> • The resident's Individual Risk Management Plan details the person specific management techniques to reduce the risk of the resident from wandering or absconding. • An individual care plan is implemented to prevent absconson is developed for the resident and any intervention strategies are balanced with the resident's safety and autonomy. • Interventions and techniques are applied within Oaklands Nursing Home for resident's as appropriate to reduce the risk of wandering/absconson of residents, including implementing a structure for daily activities, ensuring resident's needs are met, identifying any patterns, reassuring the resident if he or she feels lost, abandoned or disoriented and providing supervision for residents with dementia, never locking the resident in the room or leave him/her in a car without supervision. • Environmental controls are considered and implemented as deemed appropriate to address absconson risks, including providing a safe environment for wandering, controlling access to certain objects/medications, removing the risk of falls, marking or camouflaging surfaces, implementing alarms depending on the resident's risk level and consent. • Oaklands Nursing Home implements measures to ensure that the resident cannot leave Oaklands Nursing Home without a staff member being informed. • For residents at risk of wandering or absconson, the staff ensure that the resident has proper identification with them at all times. • Entry and exit routes within Oaklands Nursing Home are secure at all times. • A resident absconson emergency plan is in place and detailed search plan is incorporated. • Staff are appropriately trained to manage resident absconson risks and emergency searches. • Regular internal audits are completed in relation to the processes relating to Resident Absconson. The findings are documented, acted upon and utilised as a source of learning within Oaklands Nursing Home. • All incidents identified relating to resident absconson are logged as an incident. <p>Oaklands Nursing Home also implements Security and Building Access (including the Use of CCTV) Policy and Procedure to ensure that CCTV is utilised appropriately and supports resident safety without impacting on their privacy and dignity.</p>
<p>Accidental injury to resident, visitors or staff</p>	<p>Accidental injury to residents, visitors or staff is managed under the Health and Safety Risk Management Policy and Procedure (OAK-14), and specifically under the Health and Safety Risk Register under the following sections:</p> <ul style="list-style-type: none"> ▪ Safe Services: Sharps and Needle Stick Injuries ▪ Safe Services: Protective Equipment ▪ Effective Services: Equipment controls ▪ Effective Services: Hazards ▪ Effective Services: Slips, trips and falls



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	<ul style="list-style-type: none"> ▪ Effective Services: Hazards Staff welfare <p>Accidental needle stick injuries are managed in accordance to CE-014 Management of Sharps and Needle stick Injury. Where an injury arises for a resident, staff member or visitor, First Aid Treatment is applied. Resuscitation shall be implemented in accordance to QL-006 Resident Resuscitation Status and Management. All accidental injuries to residents, visitors or staff are logged as an incident.</p>
Aggression and violence	<p>The Service and Care Management Risk Register details all specific measures and controls implemented in relation to the management of resident behaviour, including aggression and violence, under "Health and Wellbeing".</p> <p>QL-005 Management Behaviour that is Challenging and Behavioural and Psychological Symptoms of Dementia details specific measures and controls that relate to the management of behaviour and acts of aggression and violence by residents within Oaklands Nursing Home. Specific controls include:</p> <ul style="list-style-type: none"> • At admission and on an ongoing basis, residents are comprehensively assessed, including review of each resident's historical factors that contribute to an increased risk of behaviour that is challenging/BPSD and their propensity to act aggressively and violently. • Oaklands Nursing Home implements general measures to maintain a calm environment, to reduce the likelihood/probability of staff facing behaviour that is challenging/BPSD and acts of aggression and violence. • Where deemed necessary, Oaklands Nursing Home arranges for an assessment of the resident by a suitably qualified professional to draw up a plan to provide additional supports to the resident in relation to managing behaviour that is challenging/BPSD. • Individual care plans, in conjunction with the resident's individual risk management plan are utilised to document the elements of risk and the appropriate controls to reduce the occurrence to behaviour that is challenging. • Staff monitor the resident's signs and symptoms of behaviour / subtle cues that is challenging/BPSD and endeavour to identify triggers/antecedents that initiate the behaviour in the resident. • The resident is continually assessed in accordance to the resident reassessment requirements, especially where the distressing symptoms, the BPSD or signs of dementia persist. • Residents with cognitive impairment who exhibit symptoms that cause them significant distress, or who develop BPSD and signs of dementia, are reassessed at the earliest opportunity to establish aggravating factors and underlying causes. • A flagging system is in place to inform floating staff, new staff members or oncoming staff at change of shifts of any potential aggressive behaviour problems with residents. Residents with a history of aggressive or violent behaviour are identified and communicated to staff while maintaining confidentiality. • Staff attempt to prevent escalation of the behaviour that is challenging/BPSD by using the de-escalation techniques. • Where a resident is an immediate risk to themselves during an episode, the staff member identifies strategies to minimise the



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	<p>risk.</p> <ul style="list-style-type: none"> • Staff receive sufficient education and training to enable them to prevent episodes where possible and manage and respond to behaviour that is challenging/BPSD. • Oaklands Nursing Home actively identifies potential causes of behaviour that is challenging /BPSD and signs of dementia, to learn from incidents and identify opportunities to improve how care is delivered within the Service. • All incidents that arise in relation to episodes of challenging behaviour are logged as an incident. <p>Resident restraint requirements that may arise in the case of resident aggression or violence are detailed within QL-008 Use of Resident Restrictive Procedures Policy and Procedure. Behavioural issues associated with residents with dementia shall be managed in accordance to HS-028 Care of the Resident with Dementia/Cognitive Impairment.</p> <p>Measures and controls to address bullying or harassment by staff members within Oaklands Nursing Home are detailed within HR-025 Dignity at Work & the Prevention of Bullying/Harassment. Controls are also specified within the Health and Safety Risk Register (GM-RF-052) within the “Responsive Workforce: Staff welfare” section.</p>
Self-harm	<p>The Service and Care Management Risk Register details all specific measures and controls implemented in relation to resident self-harming under “Safe Services Self Harm”.</p> <p>Meeting the Needs of Residents at Risk of Self Harm Policy and Procedure details specific measures and controls that relate to the management of the risk of self-harm by residents within Oaklands Nursing Home. Specific controls include:</p> <ul style="list-style-type: none"> • Pre-admission and admission assessment of the resident’s needs include assessment of social, psychological and motivational factors regarding the act of self-harm, current intent, hopelessness, mental health and social needs. • Appropriate referral of at risk residents to external Health and Social Care Professionals, e.g. Psychiatric or Mental Health Crisis professionals. • Completion of individual risk assessment in relation to self-harm and documenting this in the resident’s Individual Risk Management Plan and detailing subsequent controls in the individual care plan. • Oaklands Nursing Home monitors the resident to identify triggers that result in self-harm. These are documented. • The resident is continually monitored for warning signs of self-harm. • Where there is a perceived risk to the resident in relation to self-harm, the resident is transferred to an acute facility. • Staff have awareness of and ability to adapt the resident’s environment to prevent residents from self harming. Objects are removed that may be used for self-harm.



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	<ul style="list-style-type: none">• A resident observation checklist is completed for the resident at risk.• Restraint is only implemented in accordance with Oaklands Nursing Home's Use of Restraint Policy and Procedure (OAK-4), National Policy and best practice.• All staff receive appropriate training to ensure up to date knowledge and skills to manage and respond to resident risk of self harm.• Regular internal audits are completed in relation to the processes relating to resident self-harm. The findings are documented, acted upon and utilised as a source of learning within Oaklands Nursing Home.• All incidents that arise in relation to episodes of self-harm are logged as an incident.
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