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THIS POLICY IS FOR:	All Staff including Agency Workers (temporary workers), Commissioners and Service Users

## RISK ASSESSMENT

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# RISK ASSESSMENT POLICY AND PROCEDURE

The aim of this policy is to ensure that Nursing Direct Healthcare Limited (hereinafter referred to as "Nursing Direct"), both as a care provider and employer, meets its responsibilities in assessing the various risks associated with its workplaces and care delivery operations. By identifying these risks, this policy serves as a guiding document for developing risk management strategies based on the assessment findings. Nursing Direct's Risk Assessment Policy focuses on identifying and evaluating potential risks to implement effective control measures and processes aimed at reducing or mitigating risk.

## 1. PURPOSE

- 1.1 To safeguard the services, Staff including Agency Workers, reputation, and finances of Nursing Direct by proactively identifying potential and likely risks, assessing them, and distinguishing between the terms "accident," "hazard," and "risk." This process aims to implement effective control measures to eliminate or reduce risks (risk control and elimination).
- 1.2 To ensure compliance with the legal obligations imposed on Nursing Direct as an employer and to demonstrate this through documented evidence. As required by law, Nursing Direct must conduct suitable and sufficient risk assessments as an effective risk management tool when employing five or more workers.
- 1.3 **The primary objectives of risk assessments are to:**
  - Identify health and safety hazards and assess the associated risks within the workplace.
  - Evaluate the effectiveness and suitability of existing risk reduction, mitigation, or control measures.
  - Ensure the implementation of additional control measures where necessary.
  - Prioritise resources for further mitigation efforts, as required.
- 1.4 To assist Nursing Direct in complying with the following regulatory requirements of the Care Quality Commission (CQC), ensuring that:
  - Risks to individuals are assessed, with their safety continuously monitored and managed, allowing them to remain safe while respecting their freedom.
  - Medicines are used properly and safely.
  - Lessons are learned, and improvements implemented when things go wrong.
  - Nursing Direct's governance framework ensures clear responsibilities, with quality performance, risks, and regulatory requirements effectively understood and managed.
- 1.5 **Relevant Legislations, Laws, Rules, and Regulations:**

To meet the legal requirements, Nursing Direct has taken into consideration the following legislations when complying with its role and duty as an employer and care provider, towards Risk Assessment:

  - Health and Social Care (Safety and Quality) Act 2015
  - The Health and Safety (Display Screen Equipment) Regulations 1992
  - The Health Protection (Coronavirus) Regulations 2020
  - Civil Contingencies Act 2004
  - Health and Safety at Work etc. Act 1974
  - Management of Health and Safety at Work Regulations 1999
  - The Regulatory Reform (Fire Safety) Order 2005
  - The Workplace (Health, Safety and Welfare) Regulations 1992
  - The Health and Safety (Miscellaneous Amendments) Regulations 2002
  - Data Protection Act 2018
  - The Control of Substances Hazardous to Health Regulations 2002
  - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
  - Coronavirus Act 2020
  - The Manual Handling Operations Regulations 1992 (as amended 2002)

## 2. SCOPE

- 2.1 The following roles may be affected by this policy:
  - Staff including Agency Workers
  - Contractors
- 2.2 The following Service Users may be affected by this policy:
  - Service Users
  - All Service User's / families of service user
  - Power of Attorney holders and advocates as duly authorised
- 2.3 The following stakeholders may be affected by this policy:
  - Family
  - Advocates
  - Representatives
  - Commissioners
  - External health professionals
  - Local Authority
  - NHS/ICB/CCG

### 3. OBJECTIVES

- 3.1 To set out the approach that Nursing Direct adopts to ensure the sensible and proportional identification, assessment and management of risks which arise from its regulatory activities and services.
- 3.2 To describe how Nursing Direct makes sure that the risks associated with all of its activities are assessed, prioritised and that measures are put in place to reduce the level of risk to the lowest acceptable level.
- 3.3 Nursing Direct will ensure that all identified, uncontrolled risks are eliminated or reduced, as far as reasonably practicable, by the implementation of appropriate alternatives or control measures.

### 4. POLICY

- 4.1 Nursing Direct recognises the importance in which risk assessments play in preventing work related accident, hazards and ill health. Nursing Direct ensures that there is a robust system in place to allow the identification of significant hazards and implementation of suitable control measures and methods of working to control the risks associated with the identified hazards.
- 4.2 In accordance with the Management of Health and Safety Regulations 1999, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12 and all other applicable legislation, suitable and sufficient risk assessments are completed by a competent person to ensure adequate management of health and safety risks arising from service activities.
- 4.3 Where significant risks have been identified, Nursing Direct ensures that the risk is reduced to a level that is as low as is reasonably practicable. This is achieved by the implementation of suitable and sufficient control measures, in line with the hierarchy of control defined within the Management of Health and Safety Regulations 1999 (as per section 5.5. in this policy).
- 4.4 Risk assessments are regularly reviewed, at least on an annual basis or where there is a significant change to working arrangements, to ensure that the control measures in place are suitable, sufficient and remain effective. Risk assessments will also be reviewed following an accident, near miss or report of sickness or ill health or any other significant occurrence.
- 4.5 Completed risk assessments which detail the hazards, risks, people affected and control measures to be implemented are documented and communicated to all relevant personnel.
- 4.6 Where necessary, Staff including Agency Workers who are authorised and competent in doing risk assessments are trained in the principles of risk assessment, in particular, to do the identification of hazards and the implementation of control measures to remove or reduce the risk including;
  - Who might be harmed and how
  - What Nursing Direct are already doing to reduce or mitigate/ control the risk
  - What further actions you need to take control the risks
  - Who needs to carry out the action
  - When the action is needed by
- 4.7 Where the work environment or work activities are unpredictable or have the potential to change rapidly, on the spot 'dynamic' risk assessments may be required. Nursing Direct will ensure that any Staff including Agency Workers who are authorised and competent in doing risk assessments required to undertake such assessments understand where such assessments are necessary and are adequately trained and competent to complete them.
- 4.8 Some particular hazards within the Nursing Direct practice also have specific regulations which require assessments to be undertaken. Specific risk assessments will be undertaken where required by such regulations or where additional or increased risks are identified to specific vulnerable groups or individuals. This includes but is not limited to the risks associated with:
  - Fire/Gas/Electricity/Equipment handling.
  - Manual handling activities
  - Use of hazardous substances
  - Use of Display Screen Equipment
  - Working at height
  - PPE
  - Noise
  - Vibration/Radiation
  - Work related stress
  - Workplace transport
  - Service User care assessments.
  - Young persons
  - Expectant/Pregnant mothers/Other sicknesses or wellbeing issues impacting on work.
- 4.9 Nursing Direct takes a human rights-based approach to risk management and ensures that sensible and proportionate measures that are reasonable are to be taken to control the identified risks. Nursing Direct recognises that often when assessing the care and support needs of Service Users, everyday activities are identified that will benefit their lives, but also put them at some level of risk. In such cases, a balanced decision will be made between the needs, freedom and dignity of the Service User and their safety to enable all Service Users to live a fulfilled life safely.

## 5. PROCEDURE

- 5.1 In order to ensure that risk assessments are suitable and sufficiently developed in accordance with the Management of Health and Safety at Work Regulations 1999, Nursing Direct has adopted the HSE's (Health and safety Executive) framework for risk assessment.

In accordance with the HSE's 5 steps to risk assessment, the following process is adopted by a designated authorised person who is competent in undertaking risk assessments for identifying what could cause risks (hazard, accident, injury or illness), decide how likely it is that someone could be harmed and how serious the risk is and what action to be taken to avoid or eliminate the hazards or if this is not possible control the risk:

1. Identify hazards
2. Assess the risk
3. Control the risk
4. Record the findings
5. Review the controls

### 5.2 Identify the Hazards

There are three main areas that need to be covered when identifying hazards:

#### 5.2.1 Practice

Look at the service activities and tasks and review any procedures or safe systems and practices of work that are already in place. Identify what in the work activity could be reasonably expected to cause harm.

#### 5.2.2 Equipment

As part of the activity, consider what equipment (manual handling equipment/PPE/Hoists etc.) or substances (what chemicals/COSHH substances) are used. Identify the potential/actual hazards associated with the equipment/substances as they are being used.

#### 5.2.3 Environment

Are the conditions of the local environment satisfactory for the work activities being performed? Are there any other environments other than Service user's own home particularly the places that are not within usual working places where support could be provided?

### 5.3 Decide Who Might be Harmed and How

Nursing Direct gives suitable consideration to the vulnerable people who might be harmed by the activity (at this stage just the type of people). Special consideration must be given to the following groups:

- New and expectant mothers
- Young people (under 18)
- Night workers
- Lone workers
- Workers with disabilities/health conditions
- Migrant workers

Additionally, Nursing Direct will consider anyone else who may potentially be affected by the activity or circumstances, for example:

- Service Users
- Next of kins or family members of the service user
- Visitors to the home
- Members of the public out in the Community
- Other professionals involved with Service user
- All staff including Agency Workers
- Delivery personnel/suppliers

Reference to accident and incident reports, along with ill health records can be valuable in identifying less obvious hazards. They also assist in hazard spotting and help identify specific groups of people at risk.

Once those at risk have been identified, consideration is then given to how they may be exposed to the relevant hazards and under what conditions exposure is likely to occur, e.g. routine or non-routine, deviation from normal exposure or an emergency situation.

### 5.4 Assess the Risks and Identify ways to Avoid or Reduce the Risk

Having identified the hazards and who might be affected, a decision is then made on what needs to be done to control the identified risks. Nursing Direct will consider what it is already doing, think about what control measures are in place and how the work is organised. This will be compared with good practice to check if there are more controls required.

These checks must consider if the hazard be removed altogether? If not, how can the risk be controlled so that harm is unlikely? Examples of common control measures include:

- Specialist equipment
- Safety signs and signals
- Policies and procedures
- Safe systems of work
- Training, instruction and supervision
- Health surveillance

- 5.5 If the existing measures are not adequate or there are no control measures, then a means of reducing the risk must be identified. Starting with all the highest level of risk, the following sequence is applied:

- 5.5.1 **Eliminate** - Can the risk be removed? Do we need to carry out this procedure? Can it be done in a different way that eliminates or reduces the risk?
- 5.5.2 **Substitute/Redesign** - Can a different product or way of doing the task be employed instead?
- 5.5.3 **Contain/Guard** - Is there any way the hazard can be contained?
- 5.5.4 **Remove person from the risk** - Is it possible to segregate the person from the hazard?
- 5.5.5 **Reduce the person's exposure to the hazard** - Is it possible to change the working methods and/or patterns, e.g. ensuring adequate rest breaks, increasing the number of workers, introducing job rotation be applied?
- 5.5.6 **Identifying and implementing practical measures needed to work safely** - Utilisation of Personal Protective Equipment (PPE) must always be considered to control any residual risk that cannot be eliminated by any of the above methods? It can include the provision of face masks, gloves, aprons etc.
- 5.5.7 **Provide welfare facilities such as first aid and washing facilities** - Information, instruction, training and supervision will also be considered. Often good training and information will provide satisfactory control for minor risks, but levels of supervision will be reviewed when required.

## 5.6 **Record Significant Findings**

A record of significant findings regarding hazards that may cause harm, including who might be harmed and how, as well as the measures Nursing Direct has in place to control these risks, will be accurately documented. Additionally, risks identified through incident reports are recorded in the Radar Healthcare Incident Reporting software system. These risks are then escalated to the appropriate personnel within Nursing Direct for rectification and ongoing monitoring. Risk assessments are reviewed and updated as necessary to address these risks.

## 5.7 **Review Findings and Control Measures**

Risk assessments will be reviewed at least annually, or sooner if there are changes in care provision, to evaluate the effectiveness of the controls implemented by Nursing Direct. This ensures that the measures are effectively reducing, controlling, or mitigating the identified risks.

Risk assessments will need to be updated if any of the following changes occur:

- Legislation and best practice guidance
- An accident/incident/hazard occurs.
- The environment changes, i.e. change in shift patterns, increase in new workers, etc.
- There are new machines, equipment, substances and procedures which could lead to new hazards.

Risk assessments will be reviewed if current measures become ineffective or if there are changes in the workplace, such as changes in processes, systems, or protocols that could introduce new risks. Additionally, if issues, risks, or concerns are identified by Nursing Direct staff through supervision platforms, or if there are accidents or near misses, records will be updated following the review of risk assessments.

Risk assessments will be signed and dated, and the date of the next review documented.

## 5.8 **Making Sensible Risk Assessment Decisions**

Often, when assessing the care and support needs of Service Users, everyday recreational activities are identified that will benefit their well-being but will also put them at some level of risk. This requires a balanced decision to be made between the needs, freedom and dignity of the Service User and their safety. Care assessments aim to enable Service Users to lead fulfilled lives safely, rather than be a mechanism for restricting their reasonable freedoms.

These specific risk assessments for service users are completed by a competent person within Nursing Direct, as authorised by the Registered Manager. Such Risk Assessments will identify and implement any sensible precautions to reduce the risk of significant harm to the service user whilst receiving care support .

# 6. **DEFINITIONS**

## 6.1 **Staff including Agency Workers**

### 6.1.1 **Staff**

Denotes the employees of Nursing Direct Healthcare Limited.

### 6.1.2 **Agency Workers**

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

## 6.2 **Nursing Direct**

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

## 6.3 **Nursdoc Limited**

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

## 6.4 **CQC (Care Quality Commission)**

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

## 6.5 **Risk Assessment**

- A risk assessment identifies the risks that our business presents, identifies those who are affected by that risk and puts measures in place to eliminate or reduce that risk
- This protects all concerned from significant harm by having measures in place to manage that risk effectively

6.6 **Control Measures**

Control measures are actions and/or activities that are taken to prevent, eliminate or reduce the occurrence of a hazard that has been identified

6.7 **Hazard**

A hazard is anything that may cause harm such as chemicals, electricity, working from ladders, an open drawer, etc.

6.8 **Risk**

Risk is the chance, high or low, that somebody could be harmed by these and other hazards, together with an indication of how serious the harm could be


6.9 **Hierarchy of Controls**

The hierarchy of controls is a simple way of looking at how to assess and prioritise control measures so the most effective steps can be taken to protect Staff including Agency Workers

**OUTSTANDING PRACTICE**

To be 'outstanding' in this policy area you could provide evidence that:

- Managers have a maintenance book in which Staff including Agency Workers can log any concerns with regards to health and safety risks in the office. These entries are reviewed and any amendment to current risk assessments made, if necessary, and then shared with the Staff including Agency Workers team
- Handover sessions include any current risks, and any management methods put in place to address this
- Regular review of trends in risk assessments are undertaken for continual improvement of the service and to reduce the level of risk
- Risk assessments identify significant hazards and give full details of the control measures in place to eliminate or reduce associated risks
- There are open lines of communication between workers and managers to ensure that information is discussed and shared
- Risk assessments are reviewed periodically and at least annually to keep them current or sooner if something significant changes, i.e. an accident
- Managers ensure that all Staff including Agency Workers receive appropriate risk assessment training and refreshers
- A central register or schedule of risk assessment reviews is kept by Nursing Direct, and they are regularly reviewed and updated

<b>COMPLETED DATE:</b>	
<b>SIGN OFF DATE:</b>	
<b>REVIEW DATE:</b>	
<b>SIGNED:</b>	 Marc Stiff – Group Managing Director