



Managing risks

Les Bright welcomes new guidance to support staff in assessing perceived risk

Independence and choice are two words that feature prominently in almost all ministerial statements about the future direction of public services, and health and social care in particular. No matter what other changes may take place, there is unlikely to be any turning back from this approach as it reflects community expectations. We all jealously guard our own independence, and expect to be able to exercise choice over most aspects of our lives.

In our professional lives we are also likely to aspire to enabling those whom we look after to get their voices heard, and to make arrangements in line with the views that they express. Encouraging independent living is a key public policy goal, though in some cases fraught with risk for staff that may feel squeezed between supporting risky choices and being open to the charge of failing to fulfil their duty of care – perhaps becoming the subject of later litigation. I feel sure that many readers will recognise this situation and the difficulties they have had to manage in their own work.

Advocacy

The emergence of the role of Independent Mental Capacity Advocate (IMCA) – a provision contained in the Mental Capacity Act 2005 has considerably strengthened the prospects for some people who need support to make their wishes known. While this service is targeted at people who lack capacity when faced with specific decisions relating to their health care or future accommodation needs, many other older people could also benefit from being supported in thinking through difficult issues that impact on their daily lives.

Equally, staff working for both the NHS and private and voluntary care providers in a range of settings – home care, community nursing and care homes – are confronted with practical dilemmas as older people assert their right to control their lifestyle. So, a new guide to best practice is very welcome (DH 2007).

Confronted with certain situations it is likely that there are significantly divergent views of what constitutes risk – and how to respond – affected by considerations such as who is the employer? where is the care taking place?, and an individual's role and professional background. Erring on the side of caution, worrying about the consequences of allowing something to happen, or stopping a person from doing something is a common response to a perceived risk.

The guide provides advice on testing whether a perceived risk is real, or arises from a conservative or disproportionate opinion on what the individual can manage. These

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comments from care professionals very effectively crystallise the discussion around balance and acting proportionately, *'People spend most of their lives taking risks but not thinking much about it; then suddenly once they need care, risk is a big, negative thing.'* While another says, *'The focus on keeping everything safe results in a huge waste of people's potential.'*

Older people moving into care homes are frequently bemused by what they learn they will no longer be allowed to do. No matter how much preparation – practical and emotional – they may have had, including recognising that they could no longer manage effectively at home, even with support, they discover that something as simple as making a cup of tea will not be permitted.

Of course sometimes such restrictions will be attributed to 'the regulations', when the real culprit is caution. Whether living independently, or in a care home, older people's relatives may also be especially powerful players – adults themselves who daily take risks, they nevertheless may wish that their loved one lives in a totally risk-free environment. But, so long as the older person

has capacity and can understand the risk and acknowledges the possible consequences, their views should generally take precedence over others – unless they will be putting other people at risk of harm as a result of their behaviour.

Risk consensus

But life is never simple – a few weeks ago I spent some time with the nurse manager of a small specialist home for people with dementia who described to me how she had recently secured the agreement of a local dentist to come to the home to examine residents' teeth and gums (R&RA 2006). First

of all, and quite properly she set about gaining permission from residents' relatives to these examinations going ahead. Sadly, some of them withheld permission, citing reasonable concerns not to unsettle the resident, or in some cases giving no reason at all. This is tricky for her as she could be seen to be ignoring the views of people whom she had previously believed to be in a position to make sound judgements as a proxy for a person incapable of making their views known.

Maybe after reading this excellent document, and using the tool for supported decision-making, she will feel even more confident in her own professional competence and will do the right thing ■

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References

- Department of Health (2007) *Independence, Choice and Risk: a guide to best practice in supported decision making*. London, The Stationery Office
- Relatives and Residents Association (2006) *Mouths, Teeth and Dentures: look good, feel better, eat well!* London, Relatives and Residents Association