

Promoting quality of life in care homes for older people

My home life

For the
staff room

Issue 7: Sharing decisions and managing risk

Sharing decisions and managing risk

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What is My Home Life?

My Home Life is a UK-wide initiative aimed at promoting quality of life for those living, dying, visiting and working in care homes for older people, through relationship-centred care and evidence-based practice.

There are eight evidence-based themes for **My Home Life**:

1. Maintaining identity
2. Sharing decision-making
3. Creating community
4. Managing transitions
5. Improving health and healthcare
6. Supporting good end-of-life
7. Promoting a positive culture.
8. Keeping workforce fit for purpose

The first three themes are focused on how you approach and **personalise** care. The next three themes are concerned with how you help **navigate** residents and relatives through the journey of care. The last two themes are aimed at managers to help them support their staff put the other six themes into practice and thus **transform** care.



This bulletin is being distributed to 18,000 care homes on behalf of **My Home Life** through Care Management Matters. Additional copies can be provided at a cost of £1 per issue (+ 50p towards p&p) from AgeUK Publishing (tel. XXX XXXX XXXXX).



I first learned of My Home Life two years ago and as the Vice President for Stage for Age, was delighted to be asked to get

involved. The programme has made great progress in the last year and now boasts networks right across the country. These offer support to local homes as well as great examples of best practice.

Lionel Blair
Stage for Age, Vice President

Making the most of My Home Life

If you visit the **My Home Life** website – www.myhomelife.org.uk – you'll see it's had a make-over. It's features include:

- Easy to access videos which offer case studies and expert views on the key issues.
- Other resources, including ALL the previous bulletins and printable posters.
- Details of how the **My Home Life** network is growing.
- The latest news from **My Home Life** across the country.

You can also get in touch with any thoughts or comments you may have, or to share stories of best practice.

Balancing risks and rights



"It's an all too familiar dilemma. As care staff, we have to protect the safety of our residents. Yet, we're also told we must empower them to take control over their lives – even if that means allowing them to take risks."

"It's a complex juggling act, one that requires courage to work in the best interests of residents. However well we assess risk, sometimes it can go wrong."

"We're damned if we do, damned if we don't!"

About this bulletin

We don't pretend to have all the answers, but we hope this bulletin may open up some discussions between those involved with care homes for older people including staff, residents and relatives and those commissioning and inspecting care about how to balance rights and risks.

Thanks to all the care home managers and staff who have worked with us to create this bulletin.

Real life problems

What would you do?

1. Real Life Story

'Mrs Carter, a dearly loved resident of ours, had always looked forward to a stroll outside the home in the afternoon. Last summer, however, we noticed she was becoming increasingly forgetful. Her family were anxious and wanted us to restrain her from going out on her own. But Mrs Carter

wanted to continue and our care staff supported her decision, even though they recognised she didn't have a full grasp of the risks. This caused arguments between the family, Mrs Carter and staff, so in the end Mrs Carter gave up her walk because of the distress it was causing.'

How would you weigh up Mrs Carter's choice against her safety and the wishes of her family?

The care staff react..

"We would ask for a formal assessment of her mental capacity. If she has capacity she must be allowed out. Failure to do so would be a 'Deprivation of Liberty'."

"We would let Mrs Carter take the risks if she understands them. It's still her life."

"The family could help write the risk assessment to give them a better understanding of the balance of risks and rights."

"I would offer her a map to help her see where she was going and how to get back. I would ask her to take a mobile phone or a card with her address on it, if necessary."



"We would have a recent photograph of Mrs Carter in case she went missing."

"I would ask her to take the post up to the post box each day so she felt she was helping the home out."

"Perhaps bring someone else into the discussion, a professional or friend who has known Mrs Carter for some time?"

What actually happened?

The care team worked hard to acknowledge the family's anxiety and helped them think more objectively about their mother's quality of life.

In the end the solution came from Mrs Carter herself. While talking to a care assistant she had formed a bond with, Mrs Carter suggested another resident could join her in her daily walk. This was the perfect solution. Sadly it's not always as easy as this!

2. Care challenge

'We have a resident who spends her entire night pressing the alarm call from her bed, even if there is nothing bothering her. Taking the cord away from her would stop her getting assistance if she really needed it, but we don't know what else to do.'

Could you balance this resident's rights with the needs of others?

The care staff react..

"It's easy to get annoyed in this sort of situation, but we have to imagine what it's like to be dependent on others for support. If I feel I'm losing my patience, I take time out. It only makes things worse if I go marching in with a temper."

"This poor resident! She obviously needs reassurance in copious amounts. Is she hungry? Uncomfortable? Thirsty? Is she lonely or frightened?"

"The more this lady feels she can trust, talk to and ask for support from the people looking after her, the more likely she'll be able to talk about her underlying concerns."

"The alarm cord cannot be removed. It's her life line. To remove it will isolate her further."

"Perhaps it would settle this lady if she knew staff would spend a few minutes with her during the night? Maybe she could be invited to sit with the night staff?"

3. Real Life Problem

'We have a resident with a history of alcohol use that led to his decline. He has poor mobility and asks staff to purchase alcohol for him. What should we do?'

A lifestyle choice versus a health risk – how would you decide?

The care staff react..

"Maybe the resident would accept counselling to discuss the risks he is posing to his health and well-being?"

"The resident can make an informed choice. It is not anyone's decision but his, as long as he is aware of the risks and implications."

"If this man is drunk, does he have mental capacity? It is our job not only to uphold his human rights but also to 'minimise harm'. It's a difficult balance."



No easy answer? Ask your friends and colleagues what they think?

How to feel good about taking risks

Good practice makes perfect

There is no doubt that practice in care homes has improved enormously when it comes to supporting residents' choice.

However, we should never stop checking our practice and questioning what we do. Subtle forms of control can come in all shapes and sizes. For example:

- Using bedrails to stop residents from getting out of bed
- Using medication to sedate someone
- Using recliner seats to stop people getting up
- Leaving Zimmer frames out of reach

"If the doctor prescribes a tranquiliser and we feel the resident doesn't need that drug – or is becoming too sleepy or tired – we will contact the GP and say we think the drugs are not quite right for the resident."

Keep talking

Getting the right balance between safety and choice is never easy. Even simple daily decisions have risks attached. So it's crucial to talk ... to other staff, to residents and to relatives about the dilemmas you face everyday.

"Our staff all come together on a Friday afternoon for a 'quality circle' meeting to reflect on our practice and our work with residents."

Get creative

Where there's a will there's a way. In one home a resident insisted on walking even though it was very likely she'd fall. The solution? A safety helmet! Try thinking outside the box for simple, resourceful ways of reducing risk. Sometimes the answer is right in front of us.

Document the decisions

Every home will have its own policy of managing risk and care planning. Your home should keep a record of how the decisions are made as well as the outcomes.

"Our care plan begins by documenting 'what the resident can do' and 'what I need help with', so we emphasise the positive abilities of each resident. Where possible, residents write their own plans."



Score your own practice

Is your home a risk-free zone?

1. A resident wants to make themselves a cup of tea, do you?

- Tell them you'll bring them one
- Discuss the risk of scalding themselves, and support them to make the tea without being intrusive
- Let them into the main kitchen to do as they please

2. A resident is at risk of falling and is trying to get out of her chair unaided, do you?

- Gently return the resident to her seat
- Advise her that she is at risk of falling so should stay in her seat
- Offer her the support to get up
- Allow her to take the risk unaided – it is after all her decision



3. A resident generally does not speak up, and just goes along with things, do you?

- Thank your lucky stars you have an easy resident
- Encourage him to join in the bingo or sing-song
- Create the time to build his trust and open up with staff about his feelings about his life in the care home

How does your practice rate?

There are no easy answers in most cases. So much depends on individual circumstances. Try asking your friends and colleagues what they think ... are you being supportive or just plain risky?

10 Top Tips for balancing risk and choice

1. Nothing is without risk

Risk is a part of life, whatever age you are. Remove all risks and you reduce someone's quality of life.

2. Reduce restraint

Restraint is about stopping someone from doing something that they wish to do. Beware of subtle restraints, like putting a zimmer frame out of reach.

3. Be an advocate

Supporting people to make complex decisions about the risks they're taking is a core part of your job.

4. Start talking

Make time to openly discuss with residents, relatives and staff, the issues surrounding risk and restraint, and come up with creative solutions.

5. Get to know your residents

Finding out more about residents helps you make informed choices about risk, especially if they have difficulty communicating their needs.

6. Positive care planning

Develop care plans that focus on what residents can and want to do, rather than what they're not able to do.

7. Risk Assessment

Risk means different things to different residents. Make sure all decisions about risk are properly agreed with residents, discussed with relatives and staff, and are well documented.

8. Informed decisions

Do residents have the mental capacity to make informed decisions about risk? If not, work with them and other staff – and, where appropriate, family and friends, and external agencies, to make decisions in their best interests.

9. Discussing risk

Maintain good relations with your local safeguarding and inspection teams, so you feel comfortable discussing risks you want to support.

10. Look after yourself

Take time to support each other. This can be emotionally draining work.



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How to balance rights and risks



At the heart of improving practice in care homes is the need for good communication between staff, residents and relatives – particularly around the complex issue of risk-management. Creating time and space for open group discussion is essential.

Hold an open meeting

Discuss managing risk and minimising restraint openly with staff, residents and relatives. Emphasise that we don't always get it right. Ask the group:

- What do you think we are doing well in balancing residents' risks and rights? Think of specific examples.
- What could we do better?
- How do our own attitudes to risk-taking impact upon care provided?"
- Is restraint always wrong?

- How can we protect people against harm without restricting them?
- What policies and processes do we have in place to support residents' best interests?
- How can we, as a team, feel safe in promoting positive risk-taking?
- What needs to happen in the future?

Review your risk assessment policy

- A paper trail for all decision-making helps you feel safe in supporting residents. As long as an action can be justified to be worth the risk in an outcome, then anything can be achieved.
- Make sure all decisions are properly informed with a risk assessment – not just made out of habit, assumptions or

Key Facts

A helpful general definition of restraint is: "anything which interferes with, or stops, a resident doing what they appear to want to do"

The law tells us that in some situations restraint can be acceptable, but it should be used only as a last resort, and in the least restrictive way possible.

If the resident can't give consent, it is still acceptable for restraint to be used if:

- it is very likely that they will harm themselves or others, and
- the restraint is as least restrictive as possible and used for the shortest amount of time

Care homes should be trying to use restraint as little as possible, if at all. (See SCIE website on 'Introduction to Restraint').

ease. If possible allow residents and, if appropriate, relatives to create their own risk assessments.

- Refer to the Mental Capacity Act 2005 and code of practice and the Deprivation of Liberty Safeguards 2009
- Review risks from an individual stance, not from blanket practice or policies

Review your care planning

On-going assessment is essential as a resident's needs, wishes and physical/mental functioning changes. Review care plans regularly and explore strategies for supporting residents with less restraint. Focus on what residents can and wish to do.

Seek external advice

Build positive relationships with your safeguarding team and DOL assessors. It is easier to take positive risks if you feel you will be supported in the event of an accident.

Mental Capacity and Deprivation of Liberty

A useful 'Making decisions booklet' (DH, 2009) for hospital and care home managers can be downloaded at: www.publicguardian.gov.uk.

Bed rails: Codes of practice for the installation, upkeep and use of bed rails should be available from the manufacturer. In addition, the Health and Safety Executive (2007) have produced a useful booklet on 'Bed rail risk management.'

Online Resources

You can get a range of information and resources about restraint from the SCIE website – www.scie.org.uk

Join the MHL Network at www.myhomelife.org.uk and watch films on the eight **My Home Life** themes.