

Jo Croft explores the benefits of a 'can do' rights-based approach to care planning and risk management to facilitate an active lifestyle for people living with dementia, and shares an example of a positive risk assessment tool

At the heart of any quality service providing care to people living with dementia is a passion for delivering holistic care which responds to the needs of the individual. Person-centred care planning is by no means a new concept, but taking this a step further to ensure we are taking a 'rights-based' approach to care planning for those living with dementia is what provides genuine choice and agency and that requires us to make a commitment to actively listen to our clients (Pieters-Hawke 2018). The objective is to provide empowerment and a 'can do' emphasis in care planning by enabling and supporting a culture which maximises the quality of daily life for our clients and continues to provide them with a sense of purpose.

Most care providers and practitioners working with people who are living with dementia would argue they are already providing clients with maximum choice and agency, but in reality this is a very challenging task and one we frequently fail to deliver as fully as we intend. In the main this is because, as well as promoting independence and choice, we have a legal and moral duty to protect those in our care from foreseeable harm and this causes an inevitable tension between the risks and benefits of the 'can do' approach.

Risk averse

Research suggests that care providers and practitioners are often risk averse (Royal College of Nursing 2013) and are inclined to lean towards protectionism in their delivery of care. So whilst most of us would like to think we give our clients choice, in reality many care providers and practitioners limit choice due to fear of causing unintended harm.

There is a tipping point where

A rights-based approach to risk



With Positive Risk Assessments in place, residents in Colten Care's dedicated dementia communities continue to enjoy a wide range of activities including dancing, cooking, gardening, horse riding, swimming, playing golf and even hot air balloon rides.

Photos courtesy Colten Care Ltd

protection becomes restraint and this doesn't have to be overt or physical. Depriving someone of their liberty can be as subtle as a gently but firmly applied coercion on the part of the care giver. Exactly where the tipping point is can be subjective and confusing and care givers need guidance and support to ensure a balanced and positive approach to risk management is maintained. Therefore, providing them with a positive risk assessment tool which can be used within the care plan can give the necessary guidance.

The nursing and allied health professions have long recognised the importance of risk assessment tools with regards to physical health and wellbeing. For example, the use of risk assessment tools in planning and management of pressure ulcer and malnutrition prevention are not only commonplace but have become an essential and expected part of care planning. Living an active life inevitably involves risk-taking, as it is not possible to eliminate risk altogether. If we are to maximise the lived experience of our clients, which will be unique to each individual and situation arising (Croft 2018), we must also realise that risk management is a fundamental part of our role in planning activities for our clients and should be exercised with similar skill.

Positive risk-taking tool

The Colten Care Positive Risk Assessment Tool (see next page) provides a framework which aims to remove subjectivity and help the practitioner to plan care based upon the principles of defensible decision making. The purpose

of the positive risk-taking tool is to support the practitioner's professional integrity and confidence when making care-related decisions which involve an element of risk. It aims to uphold the rights of the individual to make choices, whilst simultaneously protecting the interests of the individual client and enhancing client confidence in the practitioner.

The tool was developed by UK aged care provider Colten Care Ltd and is used in its care homes with residents living with dementia or who otherwise have reduced mental or physical capacity. It has been informally externally validated by the Mental Capacity Lead for Dorset County Council UK and received positively by several Care Quality Commission Inspectors, but has not been formally validated.

When using the tool it is essential the rights of the individual are upheld by ensuring the client's wishes and opinions are clearly documented and taken into account, irrespective of their level of capacity and insight. This is to ensure that the care provider fully listens to and aims to understand the client's point of view. Often the view of the risks associated with an activity will differ greatly between the care provider and the client, but when deciding how to minimise the risks, the care provider will be better able to recognise potential problems if they have fully explored the client's aspirations and associated understanding, or lack thereof.

It is equally important to involve the client's relatives and representatives in discussions to ensure a balanced approach and outcome are reached and

COLTEN CARE POSITIVE RISK ASSESSMENT TOOL				
Name of Person: Mr George Example				
Assessed by: A Practitioner		Date of Assessment: xx/xx/xx		
Name and relationship of others involved in the risk assessment and decision-making process:				
Miss Annie Example (Daughter)				
Dr Foster (GP)				
Mr Harry Biker (Friend)				
Description of the Risk: George would like to ride on the back of his friend's Harley Davidson motorcycle. George is living with dementia and lacks insight into his abilities and is unable to assess risk. George has poor balance and is prone to falls. He has recently had an epileptic seizure.				
Person(s) at risk: George, his friend and members of the public.				
Nature of the Risk: George is at risk of falling off the motorbike whilst it is travelling at speed, which would result in serious injury/death to George. His friend may have an accident if George causes a distraction whilst riding and this could affect members of the public.				
Calculate the risk using the Risk Calculator (at right)				
Hazard	Consequences	Likelihood	Risk Score	Risk Rating
George falling off the bike and causing an accident involving others as a result	5	4	20	Very High
What are the advantages and disadvantages of taking the risk? (Ensure the Person's beliefs and values are explored and record discussions below)				
Advantages:		Disadvantages:		
Medical & physical well-being:		Medical & physical well-being:		
None identified		If George loses his balance whilst on the back of the bike or has a seizure he could suffer a severe injury or fatality. This could also affect the stability of the bike and cause an accident involving his friend and members of the public.		
Psychological & Emotional well-being:		Psychological & Emotional well-being:		
George has been quite withdrawn and mildly depressed lately. Being able to pursue his hobby will have a positive effect on his self-image and self-esteem		None identified		
Social: George is looking forward to spending time with his friend Mr Harry Biker away from the care home "just like old times"		Social: Mr Harry Biker doesn't wish to take George to the Bikers Club because he is worried about getting George in and out of the sidecar on his own or George being tempted to try to do so unaided if they stop at the club		
Ethical/Spiritual/Cultural:		Ethical/Spiritual/Cultural:		
George has been a member of a bike club most of his adult life. He had his own Harley Davidson motorbike until he was diagnosed with dementia				
Having discussed the balance of risk with the resident, do they have the mental capacity to agree the control measures required to manage the risk?				
Yes		No		(Circle as appropriate)
Refer here to method of assessment in accordance with your local policy guidelines and state legislation. For example, Mental Capacity Assessment completed and attached.				
If no, who has been consulted in the making of a Best Interests Decision/Giving Consent?				
Refer here to your local policy guidelines and state legislation and follow due process. For example, guardian consent obtained or Best Interests Decision documented and attached				
Control Measures identified:				
Physical: George will not sit on the pillion of the bike. His friend will arrange to have a sidecar fitted to the bike by a manufacturer-approved/authorised installer and George will ride in the sidecar with a seat belt in place.				
Equipment: George and his friend will wear appropriately sized crash helmets.				
Procedural: Care home staff will assist George in and out of the sidecar using appropriate hoisting apparatus (see separate Moving and Handling Assessment and Care Plan). George will remain in the sidecar whilst he is out with Mr Harry Biker and they will go for a ride without making any stops. If and when George visits the Bikers Club it will be by car, accompanied by his daughter, Miss Annie Example.				

Other: Mr Harry Biker has fully comprehensive motor insurance. George has had a recent medication review and his dose of anticonvulsant medication has been increased to significantly reduce the likelihood of epileptic seizure. George's lack of insight and ability to assess risk remains unchanged.

With Controls in place, re-calculate the risk rating using the Risk Calculator:

Hazard	Consequences	Likelihood	Risk Score	Risk Rating
George falling off the bike and causing an accident involving others as a result	5	1	5	Low

Integrate the control measures into the care plan and determine frequency of evaluation

For example, if this was going to become a weekly event, the risk assessment would need to be reviewed periodically as George's general health is likely to deteriorate over time.

I understand the risks involved in the planned activity and consent to the control measures identified above:

Signature of Person:	Unable to give informed consent due to lack of mental capacity	Date:	Xx/xx/xx
Other: (State relationship)	Miss Annie Example (Daughter)	Date:	Xx/xx/xx
Other: (state relationship)	Dr Foster (GP) – Verbal telephone consultation (verified by Nurse A. P)	Date:	Xx/xx/xx
Other: (state relationship)	Mr Harry Biker (Friend)	Date:	Xx/xx/xx
Signature of Assessor:	Registered Nurse A Practitioner	Date:	Xx/xx/xx

Left and above: Table 1, the Colten Care Positive Risk Assessment Tool. Below: Table 2, the Colten Care Risk Calculator

COLTEN CARE RISK CALCULATOR			
Identify the consequence score and the likelihood score separately.			
Consequences x Likelihood = RISK SCORE			
Use the risk score to identify the risk rating and guidance on actions required			
Consequences	Score	Likelihood	Score
Minor injury	1	Remote – would not happen in 5 years	1
Lost time injury/illness	2	Unlikely – would not happen in 2-3 years	2
Serious injury/disablement	3	Likely – would expect to happen once a year	3
Death	4	Very likely – could occur 2 or 3 times a year	4
Multiple fatality	5	A certainty – likely to happen at the moment	5
Risk Score	Risk Rating	Action Required	
1 - 2	Trivial	No further action required and no changes to the care plan are needed. Continue to monitor in case of change of circumstance and reassess as required.	
3 - 6	Low Risk	No additional controls are required, although consideration may be given to improvements that will not impose restrictions on the resident. Monitoring is required to ensure that the controls are maintained. Continue to monitor in case of change of circumstance and reassess as required.	
7 – 11	Medium Risk	Efforts should be made to reduce the risk and risk reduction measures should be implemented. However, the balance of risks and benefits to the resident should be carefully measured and restrictions limited accordingly. Where a moderate risk is associated with extremely harmful consequences, further assessment may be necessary to establish more precisely the likelihood of harm as a basis for determining the need for improved control measures.	
12-16	High Risk	Urgent action is required to reduce the risk. Considerable resources may need to be allocated to reduce the risk and the Operations Manager may need to be consulted about procuring the necessary resources.	
17-25	Very High Risk	If it is not possible to reduce the risk even with unlimited resources, safeguarding procedures must be implemented.	

that all interested parties are in agreement with the care plan. Relatives can exert a lot of influence over their loved ones, which may have either a positive or a negative influence on the ambitions of the client depending on their own attitude to risk.

However, they are often the people who know the client best and can give context to the aspirations of the client and their support is invaluable.

The Colten Care Positive Risk Assessment Tool incorporates, and is based upon, the following key elements (Dix & Smith 2009):

- Description of the identified risk (usually an activity which the resident wishes to partake in).
- The nature of the risk (what it is about the particular activity which has the potential to cause harm).
- An exploration of the potential benefits to taking the risk (weighing up the potential benefits and harms of exercising one choice of action over another, whilst reflecting the aspirations of the resident in accordance with *their* aspirations, values and beliefs. We must remain focused on the desires of the client, which is to support them to live life *their way*, not ours, *so far as is practicable*).
- A record of any advice given by the person supporting the resident to make a decision (eg nurse or other health or social care practitioner and the involvement of family or other representatives as appropriate, as they may wish to be present during the discussion and *their* views need to be considered and appropriately responded to as well. It is important to recognise that this is a collaborative process).
- Measurement of the risk (using a simple but robust risk-rating table).
- Identification and agreement *with the resident* or their representative of any control measures required to help reduce the level of risk. (Use all available resources to minimise potential harm and ensure the least restrictive options are identified and implemented. This will require some lateral thinking and teamwork and needs to be specific to the individual and their particular circumstances).
- Evidence of consent (with reference to your local statutory legislation).

The outcomes from the positive risk assessment and, in particular, the control measures will need to be cross-referenced with any other relevant aspect of the care plan. The plan will need to be

communicated to everyone involved, reviewed regularly and evaluated (which is in line with the nursing process). It may of course, need to be rewritten as the needs and abilities of the client, and therefore the measure of risk, change over time.

On the page opposite is an example of how the Colten Care Positive Risk Assessment Tool could be used, loosely based upon a recent case study but fictionalised for client confidentiality:

It is important to note that the Risk Score is calculated and recorded as a 'before and after' measure. That is, *before* control measures have been identified and *after* they have been put into place. This demonstrates that due diligence has been observed in the management of the risk, by selecting appropriate and effective control measures. The Colten Care Risk Calculator is shown on the page opposite.

It is important to note that at every stage of the risk assessment process the emphasis is on encouraging the resident to express their views and exercise their choices, enabling them to grow in confidence and gain as much independence as possible. Where the resident lacks insight into their capabilities and physical and mental limitations, it is the role of the care practitioner to explore the gap between the resident's perception of the risk and the actual level of risk. Furthermore, where the risk score is medium to high, it is recommended that the control measures to reduce the risk be agreed and documented in conjunction with other members of the multidisciplinary team including, where appropriate, the resident's named nurse, GP, physiotherapist or mental health practitioner, thus spreading the responsibility for decisions made.

Explore possibilities

If, instead of putting limits on people, we explore possibilities in all of our discussions relating to individual care planning and we champion the pursuit of fulfilling goals and aspirations for our clients, positive benefits for them will inevitably result and they will be able to continue to enjoy hobbies and activities which they have participated in prior to coming into care. By using the Positive Risk Assessment Tool and putting Positive Risk Assessments in place, Colten Care clients living in our dedicated dementia communities continue to enjoy a wide range of activities. These include cooking, gardening, horse riding, swimming, playing golf and even hot air balloon

rides and many other fulfilling activities that most of us would take for granted.

The Colten Care Positive Risk Assessment Tool can help care providers and practitioners to promote a 'can do' rights-based approach and to challenge the negative connotations surrounding the concept of risk, so often thought of in terms of danger and damage limitation. Professionally, these need replacing with a culture of enablement and support with as few restrictions as possible. It supports us to fulfil our duty of care to protect our residents from foreseeable harm whilst bringing the metaphorical scales of choice and independence vs safety into balance. It helps the staff who support our clients to overcome the fear factor of being held to account if things should go wrong, as it provides evidence of a carefully thought out strategy which is legally defensible and well documented. This, in turn, provides reassurance to relatives and builds trust.

The importance of training staff to use a positive risk assessment tool as part of the individual care plan cannot be stressed enough, as it helps to remove fear of doing the wrong thing and supports the creation of a culture of positive risk management and values. For this reason, Colten Care has developed a tool which is neither complicated nor legalistic for the user (although it is robust if applied correctly). It is very simple to use on an individual basis whenever a client wishes to undertake an activity which has an element of risk and which has not already been covered by another form of commonly used risk assessment within the care plan.

Our mission

Providing high-quality dementia care requires dedication on the part of care providers and practitioners. The 21st International Dementia Conference held in Sydney in June 2018 was entitled 'Mission Impossible: Truth and Lies in the Age of Choice'. Fortunately, as discussed and explored at this very inspiring conference, the mission is not an impossibility, though it is a challenging one. John Swinton, Professor in Practical Theology and Pastoral Care in the School of Divinity, Religious Studies and Philosophy at the University of Aberdeen summed up the challenge perfectly in his description of dementia care, not as a 'mission impossible', but certainly as a story of truth and lies: "The lie: the 'person' disappears once they have dementia and that a life without memory is no life at all. The truth: people living with dementia *can* have a good life" (Swinton 2018). ➤



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And it is our mission to support them individually in every way we can to make that possible, for as long as possible and as well as possible. ■

Accessing the risk tool and calculator

The author is happy to forward copies of the Colten Care Positive Risk Assessment Tool and The Colten Care Risk Calculator to individuals upon request. Email Jo Croft at JoCroft@ColtenCare.co.uk

References

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Going to Stay at Home: support when it matters

Meredith Gresham, Deborah Moore and Colm Cunningham describe a novel program that combines caregiver training with a residential respite stay to reduce carer distress, prevent an increase in behavioural symptoms and enable the person with dementia to remain living at home for longer

Family carers play a critical role in the lives of people who are living with dementia. The impacts of this role on family carers can be profound. Despite this, an overwhelming number of family members choose to support their loved one to remain at home in the community. Although around 70% of people with dementia in Australia are estimated to be living in the community supported by the care of family or friends, more than half of spending on dementia by the Australian Government has been directed to residential aged care (AIHW 2012a; b).

Impacts of the caring role may have negative physical, psychological, social and financial outcomes. Carers undertake countless daily activities as well as often assuming the roles and responsibilities that were previously performed by the person with dementia. The progressive nature of dementia eventually results in carers needing to provide support for a family member with a high level of disability. In addition, the changes that dementia can bring to former relationship dynamics may leave the carer experiencing greater levels of stress than those who are caring for someone with other chronic conditions or disability.

Behavioural and psychological symptoms associated with dementia, such as aggression, agitation or psychosis can be associated with increasing carer stress. Higher levels of carer stress have been shown to correlate with earlier and increased rate of placement in residential care (Rabinowitz *et al* 2007; Schubert *et al*

2008). Stress does not always decrease following admission to residential care. A two-year study of 517 family carers in the US found that the 152 carers who admitted their family member to residential care still continued to care for their loved one, although in an "altered but still stressful way" (Zarit & Witlach 1993). Stress became more complex, not only relating to the guilt of placement but also potentially exacerbated by poor quality interaction with care home staff (Almberg *et al* 2000). Carer stress may also persist up to two years after the person with dementia has been admitted to residential care. Furthermore, carers often report having poorer health (including more symptoms of depression) and greater use of health services themselves.

Support for carers

Support services in Australia generally are focused on providing practical assistance (eg Community Care Packages, centre-based care) when the person with dementia requires significant support for activities of daily living. Carer support groups operate nationally and offer an opportunity to share experiences but are usually limited to only a few hours each month. Other services available include literature for self-education and telephone support services such as the Dementia Australia Helpline or Dementia Support Australia.

Residential respite care offers carers a short-term break. However, although respite is the most requested service, rates