

Conducting a risk assessment for outings



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This version dated 3 November 2019.

Introduction

A brief investigation of risk assessment documents used by care homes and similar settings when planning outings¹ suggested that few services think about real community participation when they are designing these proformas. Attention is paid to what might go wrong, such as vehicle breakdown, people getting lost or health emergencies, but there is little focus on the potential benefits of going out, the potential contribution that residents might make or their scope for developing informal friendships with other citizens. Starting good things happening will often help to stop bad things happening.

This 'risk and opportunity' checklist lists issues to consider when planning a community-based activity. Many of the ordinary items are included, such as remembering to take a mobile phone, but there is also a specific focus on positive experiences and on building presence, contribution and friendship in the community. Services will find that this checklist is too long for everyday use and so will find it best to:

- (i) use this checklist in staff training and awareness raising
- (ii) Use it in refresher training by thinking about an upcoming outing and working through the questions with staff
- (iii) use it all when the community-based activity that you are planning is especially risky
- (iv) pick out key elements where practice needs to be strengthened and build those into a short version that can be used to track the development of inclusive practice in your service.

¹ Dave Hingsburger helpfully reminds us that 'inclusion isn't an outing', so we start with the language of outings which is so common in care homes, and then broaden it out by reaching towards meaningful relationships and contribution with citizens beyond the care system.

(v) use this format to demonstrate to commissioners and inspectors that their inclusive, flexible and person-centred approach is also rigorous, comprehensive and well-informed.

For each of the potential benefits and harms, consider how likely it is that it will occur, and what the implications will be if it does. Take a proportionate approach that balances the person's right to community life with safety. Use the centre column to show your thinking on each question, as well as checking the remarks in the right-hand column.

It is important to base your approach not just on the ideas put forward by individuals, but on legal context in. This is set out below.

The legal framework

There is a clear legal context in which any risk assessment must be carried out. Below are some key points to bear in mind:

1. All good practice advice indicates that, as far as possible, risk assessment should be carried out *with* the person rather than *for* them. The person's own ideas about hazards and strategies for keeping safe should be built into the plan, as well as supporting the person to achieve their goals and have fun.
2. The Human Rights Act 1998 protects the right to liberty and a life in the community, and this right can only be taken away by the courts from prisoners and people incarcerated in immigration detention centres, and from people detained under the Mental Health Act 2007. Everyone else, including people subject to the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005, has a right to a life in the community.
3. Anything that prevents people enjoying the same opportunities as other members of the public is a 'restrictive practice' and must be authorised as the least restrictive option in line with the person's best interests, which includes both presence and participation in the community.
4. If a person is refused an opportunity to go somewhere or do something simply because they have a label of dementia or a disability this amounts to illegal discrimination. Moreover, the Equalities Act 2010 insists that care services and community organisations make reasonable adjustments in advance to ensure that disabled people have the same opportunity to participate as other citizens.
5. Creating blanket requirements for everyone is illegal as it is a form of disability discrimination

6. People who are subject to the Deprivation of Liberty Safeguards have specific restrictions, such as where they can live or whether they must accept medical treatment, but this does not give staff power to override any other decisions they make or preferences they may indicate.
7. Article 8 of the Human Rights Act 1998 upholds the person’s right to privacy. Surveillance and recording of the person’s location, activities and relationships may be undertaken if it can be shown to assist in diagnosis and treatment or is necessary to protect the health, morals, or safety and freedom of others. Intrusive nosiness, surveillance and arbitrary interference are outlawed, so information may not be collected or used unless there is a very good reason to do so. These decisions must be made on a person-by-person basis, rather than as a blanket decision applied to all. Data collection must be proportionate, so that the person’s right to privacy is only curtailed if there is no other way to diagnose, treat or protect the person from an abusive situation.

The risk assessment form below is in two parts. The first part asks questions that are important for the home to consider about the planning, the purpose and safety of the trip. The second part is designed for use with an individual for whom outings are being planned. The middle column offers a space to indicate your response and perhaps record some details.

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
PART 1 – The Planning, Purpose and Safety of the trip		
Destination		
1. Is it likely that the community venue will have its own formal risk assessment and safety processes in place?		The aim is to behave like ordinary citizens or relatives who are unlikely to ask for evidence of risk management processes, insurance cover or DBS checks prior to engagement unless there is an overriding reason to do so for a particular person.
2. Is the trip in line with the wishes of the resident(s)?.		If the person has capacity to choose, then permission is not needed from anyone else. How do you know that each person wishes to take part?

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
3. Do we need to discuss any additional requirements with the community organisation in order to keep everyone safe? (For example, speak to lifeguards and ask them to be vigilant regarding a particular swimmer).		The goal is for care staff to support the community organisation to serve everyone, not to take over their role. Wherever possible, the person should make their own disclosure or be supported to do so. Organisations must make reasonable adjustments to public facilities to allow disabled people to make use of them.
4. Is this a place the person has been to before, where there is a real potential of becoming a regular participant, contributing and being missed if they are absent?		If they do not attend this time, is there a chance that they will become isolated and lose important links beyond the care system?
Planning ahead		
5. Is it clear who has overall responsibility for the outing?		If the person has mental capacity, then they themselves have responsibility and may make an unwise decision. Staff must support the person responsibly, but the person gets to decide.
6. Are enough staff involved to enable people to fully participate in the activities?		Consider the number of staff, the skills they have and their active engagement in providing support rather than just being present.
7. Is there a good understanding of which staff member will support which individual(s)?		We all enjoy things more if we are with the right people.
8. Is it clear who is responsible for bringing essential items including a working mobile phone and then carrying out particular duties?		Think about how the person themselves can take on a share of responsibility for the success of the activity. This builds up and maintains their dignity.

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
9. Is there a duty staff member back at base who has agreed to remain on duty and be available to help until everyone returns?		The trip leader needs contact information for the duty person back at base. The duty person should have all the information that might be needed about the outing in case of an emergency, including: date of trip; destination; details of all the participants, time setting out; transport to be used; time expected to return.
10. If you are using a car or bus, is the vehicle roadworthy and the driver competent to drive this vehicle?		Is there sufficient fuel and the means of refuelling? Do seatbelts work properly? Is the driver licensed, insured and alert (rather than overtired, unwell, or under the influence of drink or drugs?)
11. Are there clear instruction that are well understood about the need for regular meeting points and headcounts to ensure nobody gets lost?		
Additional considerations		
12. Has the relevant manager given approval for this trip or has rolling consent been given previously for this type of trip?		
13. Have relatives or informal carers been informed about the trip?		Remember that the person has a right to privacy.
14. Are there any additional things to remember that will help to make the outing an enjoyable experience for residents?		

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
<p>15. Has the person and all relevant staff been briefed about the trip including:</p> <ul style="list-style-type: none"> • where it is to • what is likely to happen there • what positive things to expect • what to do if unwell • what to do if participants are not happy • The need to carry identification that they can show others if they get lost or have a health emergency. 		<p>Ensure that the trip achieves the most in terms of enjoyment, learning, and community presence, contribution and relationship building with members of the public.</p>
<p>16. Is it clear what happens in the case of loss or damage to belongings?</p>		
<p>17. Is first aid equipment being carried and if so, does everyone know where it will be during the outing?</p>		
<p>18. What arrangements do you have for dealing with something going wrong? For example, the vehicle breaks down, public transport is cancelled, the weather deteriorates, someone is unexpectedly ill, or the event is cancelled?</p>		<p>Consider any hazards relating to the season and the time of day. Dealing with the unexpected is part of life, so these things can be a positive learning experience. For some people, it is important to prepare in detail.</p>

Dated ___ / ___ / ___

Signed _____

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
PART 2: Individual Risk Assessment		
Name of the person		Name of staff member completing this assessment
19. Has the person been there before?		Regular participation in the same activity and with the same people is the best way to make friends beyond the care system,
20. If so, does s/he have some level of familiarity with the place and the other people who are there?		Can you collect brochures or take photographs of places or people and look them over between visits to help the person feel at home there?
21. Will s/he meet informal citizens who are not supervised, regulated or DBS checked?		How could these contacts be ongoing and develop into positive friendships beyond the control and supervision of staff or approved volunteers? Are there any steps you could take towards this goal?
22. Are there real risks that the person will be subject to abuse at the venue – financial abuse, sexual exploitation, hate crime or being taken hostage?		Keep in mind that denying people an opportunity to participate in community life simply because they have a disability amounts to discrimination. Would the person recognise abuse? Are they assertive? Would they complain if they were treated badly? Can they move away from the situation? Are they with anyone who would protect them?
Food and Drink		
23. What precautions are you taking to prevent the person getting hungry?		Can staff support the person can carry their own snack and help themselves? Do any arrangements need to be made in advance with cafes, pubs or restaurants to ensure that a warm welcome and appropriate support will be available?

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
24. Have all dietary and mealtime requirements been taken into account?		As well as the right food, does the person have the utensils they need?
25. What arrangements are being made for drinks to prevent the person getting dehydrated?		Can staff support the person can carry their own water bottle and help themselves?
Property		
26. Does the person have their own money and have you checked they have it with them? Is there a clear record of any money that has been withdrawn from either the office or bank on behalf of the person and has it been signed for?		Holding and handling your own money is a key aspect of independence. It is also an important part of the right to privacy, as we may not wish to tell others what we have spent and bought. How can people manage their own money as far as possible? Ensure the person has the funds to fully participate in the outing.
27. Does the person need to wear any particular clothing or footwear?		
Health		
28. Who is responsible for collecting the person's health passport and where will it be kept on the trip?		Can the person look after their own passport? Research evidence on hospital passports is available here ..
29. Is this person likely to need regular or rescue medication and if so, who is in charge of it? Who is responsible for ensuring the person has the right medication at the right time in line with policy?		NICE QS85 recommends that people living in care homes should look after and take their own medicines as far as possible. Does the service support the person to do this wherever possible? How do arrangements for this outing fit into that programme?

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
30. Does the person have known allergies that should be considered in planning the trip?		If these could be life threatening, are staff briefed to take action (such as using an EpiPen) and do they feel confident to do so?
Personal care		
31. Does the individual have any particular likes or dislikes, or other factors such as favourite fun things to do?		It is helpful to organise trips around the person's favourite activities
32. Has access to public or disabled toilets or Changing Places been arranged?		A map of Changing Places toilets is available online at http://changingplaces.uktoiletmap.org/ .
33. Are there good handwashing facilities?		
Travel		
34. Does the proposed method of transport allow the person the best opportunities to meet other members of the public who are travelling too?		Are there people to meet on the journey, and especially people who one could meet regularly and who might become regular acquaintances?
35. Are there real risks that the person will be subject to abuse during the journey – financial abuse, sexual exploitation, hate crime or being taken hostage?		Keep in mind that denying people an opportunity to participate in community life simply because they have a disability amounts to discrimination. Would the person recognise abuse? Are they assertive? Would they complain if they were treated badly? Can they move away from the situation? Are they with anyone who would protect them?

<i>Factors to consider by topic</i>	<i>Response</i>	<i>Key considerations and notes</i>
36. How are the person's access needs being addressed?		Does the venue have autism or dementia friendly days and will these be the best opportunities to become an ordinary participant? Is information available in large print or easy-read, or could you help the venue to produce something that others could use too? Does the person have the mobility equipment they need?
37. Is any luggage needed and how will this that affect your plans?		
38. Are you expecting to make any purchases during the trip that will need to be transported?		
39. Does the person experience motion sickness?		Can s/he take preventative medicine or use wrist bands?
40. How do you plan to manage any known risks, such as a passenger opening a vehicle door while the vehicle is in motion, distracting the driver, assaulting other passengers, grabbing the steering wheel?		What will make the journey itself enjoyable? Will conversation, stories, games or hobbies help? It may help if the person sits next to a particular passenger or in a particular seat and perhaps draw up a vehicle seating plan.

Dated ___/___/___

Signed _____