

## Appendix 6

### Anonymised Need and Risk Assessment of Residents of The Birches Older Persons Home

1. The Local Authority has given serious consideration to the impact upon residents of any decision to close The Birches. In light of this, between April and May 2017 the Social Worker from the MANOP team (Meeting the Accommodation Needs of Older People) assessed the risks associated with a move to a new home for each of the 26 residents at The Birches to establish the impact of the move on individuals. Since the risk assessments took place, however, three residents have sadly passed away. There are now 23 residents remaining at The Birches.
2. It is important to note that the risks referred to in this document solely relate to additional risk to each resident which would result from relocation. If the Executive does approve the recommendation to close The Birches then, at that point, a Mental Capacity Assessment and an updated care and support needs assessment of each resident would take place.
3. It is widely recognised that the following factors increase the vulnerability of residents when considering relocation:
  - a) complex physical health needs
  - b) high Waterlow score (This refers to the risk of skin breakdown which is exacerbated by incontinence and immobility. A high Waterlow score increases the risk of pressure sores)
  - c) high MUST score (This refers to the risk of inadequate nutritional and weight loss)
  - d) concerns regarding Body Mass Index
  - e) moving and handling risks
  - f) sensory impairments
  - g) risk of Urinary Tract Infection (UTI, which increases confusion)
  - h) whether the resident had a recent deterioration in health
  - i) whether they had the capacity to choose where to move to
  - j) anxiety/depression/diagnosis of dementia and confusion
  - k) risk of isolation
  - l) behavioural concerns
  - m) concerns of health professionals
4. These risk factors have been used to form the basis of a risk assessment template which has been completed for each resident by an experienced Social Worker. Each resident was personally involved and views were also sought from their family and appropriate health professionals. The residents were given a risk score of low, medium or high for each risk factor and then mitigating measures were identified to minimise the risks and a new risk score was generated based on these mitigating measures being in place.
5. The table below is an anonymised breakdown of the individual risk assessments of the residents in The Birches. Each number (1-26) refers to an individual resident. The table also shows all the mitigation measures to be considered for

each risk factor but those used for each resident if a there is a decision to close would be tailored to their personal circumstances and their needs.

- 6. Prior to identifying mitigating measures, two of the 23 remaining residents were assessed overall as being at high risk, five at medium risk and 16 at low risk. The proposed mitigation measures outlined below are intended to act as a protection to the residents' health and well being, prior to, during and following a move. With the mitigation measures in place, it is estimated that there will be risk reductions to all those people with high and medium scores. Following mitigating actions it is estimated that there will be no residents who are at high risk due to relocation, two residents at medium risk and 21 residents at low risk.**
7. This is not to say that circumstances of individuals cannot change. The physical and mental well being of all residents and the risks associated with the move will continue to be monitored prior to and in the months following a move. The welfare of residents will continue to inform decisions about the relocation process.

Risk Factor	Mitigating Measure																										
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
Complex Physical Health Needs	<ul style="list-style-type: none"><li>Any deterioration in resident's health to be reported by the current home manager to the GP for the GP to investigate prior to move.</li><li>For residents whose health is a concern the GP is to advise whether they are stable/safe to be moved.</li><li>Care needed when moving residents so not to increase pain. GP's advice to be sought regarding pain management where required.</li><li>Medication and patient summary to be transferred with resident on day of move.</li><li>Resident to be registered with new GP on day of move.</li><li>For residents that are incontinent ensure incontinence pads are worn during the move and the correct incontinence pads are available in the new home.</li><li>For residents with blood pressure problems ensure that blood pressure is measured prior to the move and immediately following the move. Advice from GP to be sought if outside the normal range for that individual.</li><li>Staff in new home to be made aware through detailed care plans of complex health needs and these to be monitored</li></ul>	L	L	M	L	M	M	L	L	L	L	L	L	L	L	L	L	L	L	M	L	L	L	L	L	L	L

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	<p>put in place and incorporated into the new care plan where there are concerns regarding resident's ability to swallow.</p> <ul style="list-style-type: none"><li>• New home to be made aware of the any specific dietary requirements of residents, such as diabetes.</li><li>• New home to be made aware of current needs- e.g. soft diet, Complan and continue with this to reduce nutritional risks.</li><li>• Staff in new home to be made aware of dietary preferences and dislikes. Residents to be involved in discussing their preferences with new staff, where possible.</li></ul>																										
Concerns re. BMI	<ul style="list-style-type: none"><li>• Staff in the new home to continue to monitor BMI of resident where this is a concern.</li><li>• Any concerns about weight loss to be reported to the GP/dietician.</li><li>• Referral to dietician if BMI increases into the overweight or underweight category.</li></ul>	L	L	L	L	L	L	L	L	L	M	L	L	L	L	L	L	L	L	M	L	L	L	L	L	L	L
Mobility Risks: Falls/Non Weight Bearing?	<ul style="list-style-type: none"><li>• A full Occupational Therapy (OT) risk and moving and handling assessment to take place prior to the move. This will inform any equipment needs to transfer residents to the new residence and equipment needed in the new home.</li><li>• Physiotherapist to be involved in assessing mobility and ongoing</li></ul>	L	L	M	L	M	M	M	L	L	M	M	L	L	L	L	M	L	L	M	M	M	L	L	L	L	M

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	<p>happens.</p> <ul style="list-style-type: none"><li>Once in the new home, staff should help residents with impaired vision to familiarise themselves with the layout of the new building.</li><li>Residents with limited vision to have their room layout as similar as possible to their current room.</li></ul>																										
Hearing Impairment	<ul style="list-style-type: none"><li>New home to be aware of the residents that are hearing impaired.</li><li>On the day of relocation, staff and family to explain to residents with hearing impairments what is happening and ensure they can hear them.</li><li>New home to be aware of residents that require them to adapt how they communicate with them to ensure that the resident can hear and understand them.</li><li>Ensure that all residents that use hearing aids have their hearing aids in and operational on day of move and that spare batteries go with them to new residence.</li></ul>	L	L	L	L	L	L	L	L	L	M	L	L	L	L	L	L	M	L	L	L	L	L	L	L	L	L
History of Urinary Tract Infection (UTI)/ Current UTI	<ul style="list-style-type: none"><li>Staff to continue to monitor for UTI in all residents, but especially for those susceptible to UTIs.</li><li>No relocation to take place if a resident has a UTI until treatment has been completed to minimise distress and confusion.</li><li>Staff in the new home to continue to ensure that residents that are</li></ul>	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	M	L	L	L	L	L	L	L	L

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		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26
	susceptible to UTIs are hydrated and to regularly monitor for UTIs.																										
Has the resident's health deteriorated recently?	<ul style="list-style-type: none"><li>For residents whose health is a concern, the GP is to carry out a full medical assessment prior to move to advise whether residents are medically stable to be moved.</li><li>Staff to continue to monitor resident's health and GP to be informed if sudden deterioration in health.</li></ul>	L	M	L	M	M	M	M	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
Has the person capacity to choose where to move?	<ul style="list-style-type: none"><li>A Mental Capacity assessment to be carried out for all residents with regards to the move.</li><li>If it is deemed, following a Mental Capacity assessment, that a resident does not have capacity to choose where to move (even with support), a decision will need to be made in their best interests with the involvement of family, where possible. An Independent Mental Capacity Advocate (IMCA) may need to be appointed if a resident does not have capacity to choose where to move and there are no family involved who can support with decision making.</li><li>A Deprivation of Liberty Safeguards (DoLS) authorisation will need to be requested by new home if a resident lacks capacity.</li></ul>	L	L	M	M	L	M	L	L	L	L	L	L	L	L	L	L	M	L	L	L	M	L	L	L	M	L



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	<ul style="list-style-type: none"><li>Residents that have capacity to decide where they move to are to be given information about alternative residencies and to be supported by staff, social worker and next of kin/ family members (where appropriate) in making informed choices.</li><li>Wherever possible resident's views about the move (when and how it should take place, their belongings etc.) should be sought and included in the preparation to move, to help them retain control and independence over their new environment.</li><li>Resident's and relative's views should also be sought following the move so that any issues can be resolved.</li></ul>																										
Complex Mental Health Needs e.g. Anxiety, Depression, Paranoia, Dementia, Confusion	<ul style="list-style-type: none"><li>Staff to continue to monitor resident's mood prior to and particularly within the first 3 months of the move (when residents are most vulnerable).</li><li>Care planning needs to include how staff currently manage resident's needs and reassure them.</li><li>Ensure residents are kept informed and involved in decision making about the move as far as possible. If they are confused, speak to them again at another time of day/on another day.</li><li>Provide photos in</li></ul>	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	L	L	L	M	M	L	L	M	M

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isolation as a result of the move	<div>moving.</div> <ul style="list-style-type: none"><li>• To alleviate stress, someone familiar should go with residents on the day of the move and immediately after.</li><li>• Enable residents to move together if they wish to and it is safe to do so.</li><li>• Lifestory work should be undertaken to identify resident's interests and new staff should try to incorporate these into the daily routines of residents as far as possible.</li><li>• Staff at the new homes should facilitate residents that are at risk of isolation to meet other residents at the home.</li><li>• Residents should be encouraged to be involved in social events at the new home and to participate, where possible, in activities that they like.</li><li>• Continuing activities the residents enjoy in the new home will help to promote familiarity.</li><li>• Staff could engage in one to one activities with residents if they do not like to be in large groups.</li></ul>																										
Are there concerns from health professionals regarding the move?	<ul style="list-style-type: none"><li>• For residents whose health is a concern the GP is to carry out a full medical assessment prior to move to determine whether residents are physically stable enough to be moved.</li><li>• Resident's physical</li></ul>	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	M	L	L	L	L

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