

CALDERSTONES PARTNERSHIP NHS FOUNDATION TRUST

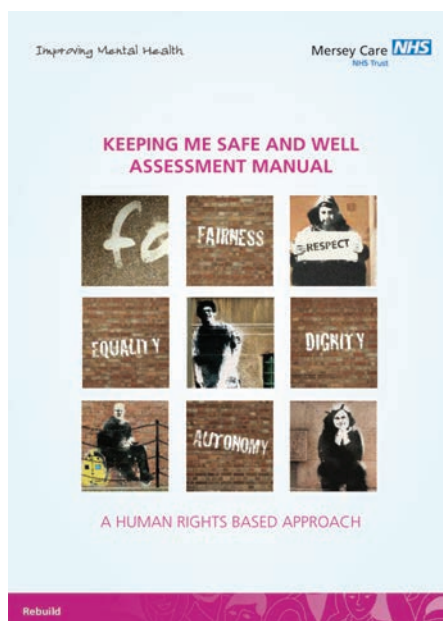
KEEPING ME SAFE AND WELL RISK ASSESSMENT SCREEN

SUMMARY

The **'Keeping me safe and well'** screen is a risk assessment tool, for service users with Learning disabilities. It was developed as part of a human rights healthcare project at Mersey Care NHS Trust, and subsequently picked up by Samantha Hall, an Advanced Practitioner at **Calderstones Partnership NHS Foundation Trust**, who ran an in-house, six month pilot with 5 service users who were detained under the Mental Health Act. This was conducted at Gisburn Lodge, which is a medium secure unit providing high quality care and support for people who have a dual diagnosis of learning disability and personality disorder.

The screen adopts a person-centred approach to risk, based on a human rights framework, and was designed to be actively completed with the service user to maximise participation. This helps them to identify their own triggers and recognise what interventions are helpful, in order to maximise their insight and ability to manage their own risks.

The pilot which was rolled out between September 2009 and March 2010 demonstrated that staff and service users both benefitted from the use of a collaborative framework, as it made it easier for staff to address difficult issues and allowed service users to gain an understanding of their own risks, and promote inclusive practice in risk management.



KEY OUTCOMES

- Close collaboration with the authors of the screen allowed helpful revisions to be made to the assessment screen itself, based on findings from the pilot. For example better pictures, more colour and changes to some of the wording.
- A paper regarding the pilot was published in the 'Journal of Learning Disabilities and Offending behaviour – practice, policy and research' by Samantha Hall (the pilot lead) and Helen Duperouzel, Service Governance Coordinator. (See Appendix 1)

For Staff

- Risk is a very emotive issue, which is challenging for staff to address, however this screen gave staff a framework to use which made it easier for them to start talking to a service user about this challenging subject.
- This screen mirrored the Individual Risk Profile already in use at Calderstones and was both user friendly for staff as well as service users
- A questionnaire sent out to staff as part of the pilot's evaluation demonstrated that all staff advocate the involvement of service users in the risk assessment process, and believe that it is good practice.





GOOD PRACTICE CASE STUDY

Authorisation

The authors at Mersey Care NHS Trust were contacted to seek their permission to use the screen, which was specifically adapted for people with Learning Disabilities and thus didn't need to be adapted for a pilot at Calderstones. Throughout the pilot Calderstones worked closely with Mersey Care, and as a result received invaluable training and support. Close collaboration also led to the screen itself being amended as a result of the feedback received from Calderstones.

Pre-Pilot Analysis

A stakeholder analysis was carried out in order to keep key stakeholders informed and to analyse their relationship to change. This was followed up by a SWOT analysis to consider whether the strengths and opportunities would offset any weaknesses and threats, to involving service users in the risk assessment process. This information provided a framework for making decisions and influenced the implementation strategy adopted for this pilot. Finally, a forcefield analysis allowed restraining forces and driving forces to be measured, which highlighted where additional effort was required. See Appendix 4 – Stakeholder & Forcefield Analysis

Stakeholder Engagement

A monthly steering group was then set up to identify, discuss and develop the service innovation, which included all the major stakeholders. In addition the proposal was discussed at the monthly project meetings for Gisburn Lodge in which stakeholders were present.

A series of workshops were facilitated by the Advanced Practitioner for service users and staff to raise awareness of human rights and the KMSAWS.

Pilot Implementation

The pilot was rolled out with 5 service users between September 2009 and March 2010.

Evaluation

- A group evaluation was conducted with the 5 service users following the pilot to measure effectiveness of the KMSAWS and gather views
- Questionnaires were distributed by email to all the nursing staff and members of the MDT
- Semi structured interviews took place before and after the introduction of the KMSAWS to record any changes in the service users' awareness, knowledge and involvement in the risk assessment
- A comparison analysis was carried out between the MDT's rated risk scores recorded on a service user's Individual Risk Profile (IRP) and their self-rated score recorded in the KMSAWS

HOW THE SCREEN WORKS

The KMSAWS incorporates human rights based approaches into the risk assessment process and highlights service users' sense of identified triggers for risk behaviours and their sense of any interventions they know to be helpful in reducing them in order to maximise their insight and ability. The screen adopts a person centred approach to risk and emphasises an individual's gender, sexuality, race, cultural backgrounds and attends to health inequalities.

The screen is underpinned and based on the human rights principles of; Fairness, Respect, Equality, Dignity and Respect (FREDA principles; British Institute of Human Rights, 2006).

The screen includes a risk calculation which allows and supports the service users to calculate their own risks using a traffic light system as summarised below. For further information see Appendix 6 (The KMSAW Assessment Manual) which gives full instructions on how to use and personalise the screen, as well as Appendix 7, which is a copy of the screen itself.

The KMSAWS screening tool is a printable PDF document that should be completed by the service user with support from their nominated case manager. It can also be accompanied by a picture booklet, which

helps the service user grasp the concept more readily.

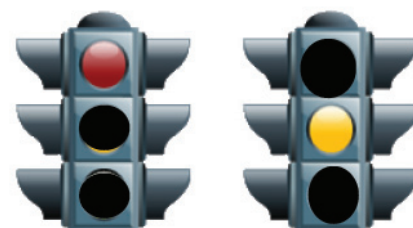
The screen includes an easy to read introduction, which helps explain its purpose, and has 4 main sections:-

- Risks to self
- Risks to others
- Risks from others
- Risks to property

These sections have additional subscales which include physical health, medication, self-neglect, transport, interpersonal difficulties, fabrication, family, culture, gender, sexuality and religion.

Together with a member of staff, the service user completes the screen at a pace that suits them, scoring their own risks based on their likelihood and the severity of any consequences. The service user is then asked to assign a colour to each risk using a traffic light system based on a scale from 1-9, and are encouraged to reflect on what support they might need and how they can manage these risks themselves. On average the screen takes one and a half hours to complete. A copy of the KMSAWS is given to the service users to promote ownership and they are advised to meet weekly with any member of staff who they feel comfortable with to complete the KMSAWS. This is monitored by Carenotes, which is the electronic patient record.

The screen can be revisited at a later date to check the individual's level of understanding, and awareness of risk over time.





GOOD PRACTICE CASE STUDY

Initial Assessment /Outcome Tool

Using the KMSAWS as an initial assessment tool in the risk management process can help service users to address risk up on admission and streamline individual care pathways.

Alternatively a service user might not be ready to engage when they are first admitted, but they may be more willing/ready down the line. For example, when someone is first admitted they may not be able to identify that alcohol is a risk factor for them, but twelve months later, after they have attended alcohol awareness sessions, they may be able to understand that they are more vulnerable to risks such as self-harm when they drink. Therefore, although this initial assessment tool might not have an immediately positive effect, it can be used as an outcome tool that measures service users' progress from the point of admission.

Risk Management Plans

Most people within secure care settings such as Calderstones are at low risk due to the management plans that are in place. For example, if someone is at risk from self-harm, supervision levels are reviewed to meet the needs of the service user at any given point in time to reduce the risk of harm to them. Therefore the screen isn't just used primarily to manage risk, rather it is used to assess and promote autonomy, and to encourage service users to think about the consequences of their behaviour, and the risks they pose to themselves and others.

After the screening, if a service user identifies a major risk or discloses something that the MDT team is unaware of, then the service user must be informed that this will be taken further and that additional assessments will be conducted in order to create a risk management plan.



RESOURCES

During Samantha Hall's training to become an advanced practitioner, her substantive post was partially backfilled by the SHA for 2 days per week. In terms of physical resources, overheads were very low, as the screening material could be downloaded from the internet and printed off, so there were no external printing charges.

Below is breakdown of costings, in terms of both time and money



| EXPENDITURE ITEM | COST |
|--|------|
| Information/ Training sessions (Monthly) | £30 |
| Photocopies of the 'Keeping me safe and well risk' screen with guidance (Permission has been given by the authors) | £30 |
| Time to carry out complete pre implementation Questionnaire's | £125 |
| Individual sessions to complete the risk screen (up to 2 hour per screen) | £300 |
| Time to carry out complete post evaluation Questionnaire's | £125 |
| Co assessor time and commitment. | £500 |
| Monthly focus groups with stakeholders | £150 |
| Travel/Courses/Training (including fuel cost and time) | £350 |
| Refreshments | £30 |





GOOD PRACTICE CASE STUDY

KEY CHALLENGES

- **Pilot Scope** - Originally this screen was to be rolled out amongst all 16 service users in the unit to ensure equity for all, but ultimately only 5 service users were involved. This was due to several predicted variables such as additional admissions, in-hospital transfers, time scales and two service users' refusal to participate. Therefore a small random sample was selected, and to eliminate bias all potential participants' names were placed in a hat and the first five selected were chosen. See Appendix 5 – Pilot evaluation
- **Engaging stakeholders** – There was some natural resistance to change from within the workforce, but this was overcome by identifying early adopters and champions to help engage stakeholders.

KEY LEARNING

- Early involvement of all staff ensures that differing views are taken into account from the outset and that proposed changes can be championed by opinion leaders to support the implementation of innovation and to increase success.
- Service users with a learning disability require person centred support to enable the service users to be fully involved in the risk assessment process. Preparation and support from the MDT is essential in order to achieve and develop collaborative, meaningful risk assessments.

- When all 5 service users were interviewed 12 months after initially using the screen, most had continued to be engaged. However 1 service user believed that their risks had been addressed. This can be attributed to the individual's diagnosis, which highlights the point that the screen must be used regularly to promote engagement in the risk assessment process.

NEXT STEPS

Since the evaluation, presentations have been given to various groups across Calderstones Partnership NHS Foundation Trust, including clinical effectiveness committee, ward managers and R&D teams, in order to raise awareness of involving service users in the risk assessment process and the screen.

Discussions have taken place with Merseycare and the pilot is now part of a national pilot of the screen to commence in April, and Calderstones will be rolling this out across distinct populations including Autism, Mental illness, Women, Personality Disorder and Relapse Prevention.

SUPPORTING MATERIAL

Appendix 1 – 'Journal of Learning Disabilities and Offending behaviour – practice, policy and research'

Appendix 2 – Clinical Audit Summary

Appendix 3 – Overview of Project

Appendix 4 – Stakeholder & Forcefield Analysis

Appendix 5 – Evaluation of Project

Appendix 6 – Keeping me Safe & Well Assessment Manual

Appendix 7 – KMSAW Screen

REFERENCES

Greenhill, B. and Whitehead, R. (2010), "Promoting service user inclusion in risk assessment and management: a pilot project developing a human rights-based approach", British Journal of Learning Disabilities, Blackwell, pp. 1-7.

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Department of Health. (2008) Good Practice Guidance on the Assessment and Management of Risk in Adult Mental Health Services: Crown Copyright.



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