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THIS POLICY IS FOR:	Staff including Agency Workers (temporary workers), Commissioners and Service Users

POSITIVE RISK-TAKING

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POSITIVE RISK-TAKING POLICY AND PROCEDURE

The aim of this policy is to ensure that Nursing Direct Healthcare Limited (hereinafter referred to as "Nursing Direct") as a provider, offers guidance and support for the Positive Risk-Taking and Risk Management strategies at Nursing Direct, in view of complying with its management responsibility towards qualitative and effective service delivery as per the industry best standards.

1. PURPOSE

- 1.1 To support and encourage Service Users to make their own informed decisions about taking positive risks, wherever appropriate and possible, particularly in matters relating to their health and well-being.
- 1.2 To maximise the mental capacity of Service Users where necessary, to enable them to make their own decisions about positive risk-taking.
- 1.3 To ensure that Nursing Direct works actively to support Service Users who may lack capacity to do things they want to do, while protecting them from avoidable harm and supporting them with reducing risks when they cannot properly assess or understand risk because of an impairment or disturbance in their mind or brain.
- 1.4 To support Nursing Direct in meeting the relevant Key Lines of Enquiry and Quality Statements as outlined by the Care Quality Commission (CQC).
- 1.5 **Relevant Legislation**
To meet the legal requirements of the regulated activities that Nursing Direct is registered to provide, it has taken into consideration the following legislation;
 - The Care Act 2014
 - Equality Act 2010
 - The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
 - Human Rights Act 1998
 - Mental Capacity Act 2005
 - Mental Capacity Act Code of Practice
 - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
 - UK GDPR

2. SCOPE

- 2.1 Roles Affected:
 - Registered Manager
 - Staff including Agency Workers
- 2.2 People Affected:
 - Service Users
- 2.3 Stakeholders Affected:
 - Family/Next of Kin
 - Advocates
 - Representatives
 - Commissioners (including Local Authority/NHS/ICB)
 - External health professionals
 - Other relevant stakeholders

3. OBJECTIVES

- 3.1 To ensure that Nursing Direct and relevant staff including Agency Workers know an individual Service User's approach to risk and how that Service User balances the right to live as they choose against protection from avoidable harm
- 3.2 To ensure that Service Users are enabled to choose and enjoy varied activities reflecting their personal history, their abilities, their values, beliefs, wishes and feelings.
- 3.3 To ensure that Nursing Direct support and enable Service Users to maintain their lifestyle choices, hobbies, friendships, and community links.
- 3.4 To ensure that staff including Agency Workers understand how to balance the benefits of positive risk-taking by a Service User against the need to protect both the Service User and others from avoidable harm

4. POLICY

- 4.1 **Positive Risk-Taking**
 - 4.1.1 Risk refers to the chance that an event or situation may occur that affects a person, their status, or their actions, leading to outcomes that may be harmful, beneficial, or a combination of both, for the Service User or others around them. Some common examples of harmful or negative outcomes include damage, loss, or harm resulting from accidents, incidents, hazards, injuries, illness, or poor health.
 - 4.1.2 Positive risk-taking is a process which identifies the potential benefit or harm that could result from a particular choice being exercised, reduces the risk of harm and then weighs up the expected benefits against the risk of harm that remains.4.1.3 Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise Service Users' choice and control over their lives despite certain unavoidable risks.
 - 4.1.4 Positive risk-taking recognises that risk-taking can have positive benefits also for Service Users, sometimes enabling them to do things which most people take for granted. In the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control.

4.1.5 Positive risk-taking requires:

- Recognising a Service User's right to make their own decisions and to take risks in pursuit of their choices
- Risk management being part of everyday practice
- Working in equal partnership with Service Users, their families, advocates, and other key partners, such as multi-disciplinary teams, GP practices, the NHS, local authorities, external placement staff, schools, activity centres, and day centres, while building trust and respecting different perspectives and opinions.
- Understanding and building on a Service User's strengths
- Helping Service Users to learn from their experiences and understand the consequences of their different actions
- Being honest about potential risks and benefits
- Making informed choices based on all the options available and accurate information
- Developing an understanding of the responsibilities of each party
- Empowering Service Users to access opportunities and take worthwhile chances
- Ensuring that support is available to Service Users, particularly if things begin to go wrong, and working out why
- Developing person-centred and transition planning for Service Users which supports their involvement and that of their families in decision making alongside staff including Agency Workers
- Ensuring that all staff including Agency workers use the guidance, procedures and risk assessments or risk management tools adopted/implemented by Nursing Direct and receive appropriate support and supervision.

4.2 Risk enablement and positive risk taking are ways of managing risks positively.

Key aims of positive risk taking:

- Empowering Service Users
- Working in partnership with Service Users and families
- Developing trusting, working relationships
- Supporting Service Users to access opportunities and take worthwhile chances
- Learning from experiences
- Understanding consequences of different choices/actions
- Sometimes tolerating short-term risk for long-term gain
- Making decisions based on accurate/available choices

4.3 Nursing Direct supports and enables Service Users to live as they choose in as many respects as can be achieved.

4.4 Nursing Direct acknowledges the benefits of positive risk-taking whilst doing everything possible to lessen the possibility of harm to the individual Service User.

4.5 Nursing Direct engages with Service Users and their relatives or friends to create an individual Care Plan that balances positive risk-taking with keeping them and others safe.

4.6 Nursing Direct will ensure that;

4.6.1 Appropriate risk assessments are in place to support positive risk-taking as part of the Care Plan.

4.6.2 Care Plans and records show that Nursing Direct has an open, creative, and person-centred approach to an individual Service User and their risk assessments, identifying and mitigating risks where appropriate to make them manageable.

4.6.3 Mental capacity assessments and best interest decisions that are completed, will be held and reviewed within the Care Plan to support positive risk-taking, where required.

4.7 Nursing Direct will ensure that all Care Plans with regards to positive risk-taking and Service Users' choices around risk are based on the principles of the Mental Capacity Act 2005, with particular attention around **Principle 3**.

- Presumption of Capacity Support to Make a Decision
- Ability to Make Unwise Decisions
- Best Interest
- Least Restrictive

4.8 When Service Users lack capacity to decide their own Care Plan, records show the importance of their wishes, feelings, abilities, culture, and beliefs when making decisions in their best interests that might carry risks to the Service User or others.

4.9 Government guidance states that people have the right to live their lives to the fullest, as long as that does not stop others from doing the same.

5. PROCEDURE

5.1 Risk Management

5.1.1 Protecting people from harm should be a main priority for Nursing Direct as a CQC registered provider which delivers care and support services to both adult and child service users.

5.1.2 A **hazard** is something that has the potential to cause harm. However, just because a hazard exists does not mean harm will occur. This is where **risk** comes in. **Risk** refers to the likelihood that a **hazard** will actually cause harm, taking into account both the probability of the event occurring and the severity of its potential consequences.

5.1.3 Risk management covers a broad range of responses and may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risks, and to promote the potential benefits of taking agreed risks. These will occasionally involve more restrictive measures and crisis responses where the identified risks have an increased potential for harmful outcomes.

5.1.4 Some of the main risk mitigation strategies include the following approaches: Transferring, Tolerating, Treating, Terminating, and Taking the Opportunity.

- **Transfer** – Shifting the risk to another party, such as through insurance or contractual agreements.
- **Tolerate** – Accepting the risk and its potential consequences, often without taking active steps to mitigate it.
- **Treat** – Implementing measures to reduce the likelihood of the risk occurring, lessen its impact, or prevent it altogether.
- **Terminate** – Eliminating the risk entirely, typically by stopping the activity or process that causes the risk.
- **Take the Opportunity** – Leveraging the risk for potential positive outcomes, such as developing new activities, action plans, or innovative strategies.

- 5.1.5 To effectively identify and manage risks, Nursing Direct ensures that all necessary risk assessments linked to individual care plans are completed. These assessments consider potential threats and vulnerabilities that may affect the lives, health, and well-being of Service Users, helping to inform the selection of appropriate risk management strategies.

5.2 Risk Assessment and Identification

- 5.2.1 Risk must be considered and assessed before it occurs. This should include identifying the probability of the risk occurring and the impact if it does.

The impact of a risk can also be positive and not all risks will require management.

- 5.2.2 Risk assessment practice is dynamic and flexible and should respond to change. At Nursing Direct, the risk assessment process follows a structured approach, which includes the following key stages:

- Understanding the individual's circumstances
- Identifying potential risks
- Assessing the likelihood and potential impact of those risks, including the probability of occurrence or recurrence
- Exploring ways to avoid, reduce, mitigate, or manage risks through appropriate risk management strategies

- 5.2.3 Risk assessments are undertaken with a thorough and multi-method approach in order to understand risk from multiple perspectives (e.g. service user, family, professional network). This includes but is not limited to the clinical history, network meetings, risk history and analysis to help assess the likely impact of risks and ways to mitigate them.

- 5.2.4 When Nursing Direct engages with individuals during the risk assessment process, it is important to recognise that a person's ability to participate may fluctuate. This may be due to cognitive impairments affecting the mind or brain, or as a result of physical or emotional challenges.

In such cases, it is essential to schedule discussions at times that are suitable for the individual and to provide additional support as needed. This may include involving the multidisciplinary team (MDT), next of kin (NOK), or other relevant support networks. Doing so ensures that all relevant perspectives are considered in the context of the individual's life—particularly the emotional, social, and psychological impacts of risk and their potential effect on quality of life.

This collaborative approach enables a thorough evaluation of both high- and low-risk concerns based on the individual's unique circumstances.

- 5.2.5 Assessment of risk should:

- Include the views of Service Users and those of their families, carers, and legal representatives
- Focus on the Service User's strengths to give a positive base from which to develop plans that will support positive risk taking
- Include the strengths and abilities of the Service User, their wider social and family networks, and the diverse support and advocacy services available to them to provide a balanced approach
- Include historical information which is of value in the assessment and management of risk. Historical information should not prejudice a positive approach to risk taking in the future
- Be proportionate to the risk identified and the potential impact, and be subject to ongoing monitoring and review
- Use the principles of multi-agency working in proportion to risk and the impact on the Service User and others
- Use a person-centred approach to assess, identify, and manage risk
- Ensure that staff including Agency Workers have access to appropriate training to support them to promote positive risk taking
- Ensure that written assessments have a review date and include the signature of the person completing the risk assessments, along with an authorising signature from management
- Be used to update the risk register, allowing for ongoing monitoring and evaluation of risk management efforts.

5.3 The Principles of Working with Risk

- Risk assessment and management are part of everyone's job
- Everyone (including Service Users) has the right to take risks, but this does not give them the right to put others at risk
- The identification, assessment and management of risk should promote the independence and social inclusion of Service Users
- In any given course of action, some risks can be acceptable where they are outweighed by the potential benefits of that course of action
- Risks change as circumstances change, and risk management must keep pace
- Risk can be minimised, but not eliminated
- To ensure information is as complete and accurate as possible, the limitations of the risk assessment should be documented alongside multidisciplinary input, ensuring decisions made are reasonable and proportionate, and reviewed regularly.
- The identification of risk carries a duty to do something about it, i.e. risk management
- Involvement of Service Users, their advocates and where appropriate, their families, is vital to the quality of risk assessments and decision making
- 'Defensible' decisions are based on clear reasoning and made through proper process
- Risk management must involve everybody working together to achieve positive outcomes
- Confidentiality is a right, but not an absolute right and may be breached in exceptional circumstances when people are deemed to be at serious risk of harm or it is in the public interest
- The standards of practice expected of staff, including Agency Workers, must be made clear by Nursing Direct to give them the confidence to support decisions to take risk
- Sensitivity should be shown to the experience of people affected by any risks that have been taken, particularly if things go wrong

5.4 Positive Risk Taking

- Positive risk taking is a process which starts with the identification of potential benefit or harm. The desired outcome is to encourage and support people in positive risk taking to achieve personal change or growth.
- Positive risk management does not mean trying to eliminate risk. It means managing risks to maximise a Service User's choice and control over their lives.
- Positive risk taking recognises that, in addition to potentially negative characteristics, risk taking can have positive benefits for Service Users, enabling them to do things which most people take for granted. In the right circumstances, risk can be beneficial, balancing necessary levels of protection with preserving reasonable levels of choice and control. A balance must be achieved between the wishes of Service Users at risk of abuse or neglect, and the common law duty of care.
- The risk decision options that Service Users will tend to choose and that staff including Agency Workers will support actively – or through inaction – are those where the potentially beneficial outcomes outweigh the potentially harmful outcomes.
- As well as evaluating the balance of negative and positive outcomes, a risk decision must also take account of the additional dimension of 'likelihood.'
- A decision which is considered to involve some possibility of a harmful outcome may be judged to be worth taking for the possible beneficial outcomes if the likelihood of the negative outcome is extremely low. However, even if the likelihood of a harmful outcome is very low, if the harm in question is considered to be very great, then the action may be considered inadvisable.
- The Service User's strengths must always be considered when evaluating risk.

- Multi-agency working is important in assessing and managing risk but should always take place within a person-centred framework that avoids blanket restrictions.
- Nursing Direct will ensure a positive approach to risk taking that supports Service Users to live the life they want. Decisions about risk must be reasonable, proportionate, accountable, and defensible, and rooted in evidence-based practice and partnership working.

Key Aspects of Positive Risk Taking

- **Involvement** – Involving the Service User concerned and the people who are close to them is one of the most fundamental principles of any person-centred approach
- **Proportionality** – The management of the risk must match the importance of potential harm
- **Flexibility** – Using person-centred thinking
- **Contextualising behaviour** – Consider why the Service User behaved in this way, at this time, in this situation
- **Defensible decision making** – There is an explicit and justifiable rationale for risk management decisions
- **Positive and informed risk taking** – The process is built around a positive view of the Service User, to learn what the Service User's skills are, what other people like and admire about the Service User, as well as investigating what would be necessary to keep the Service User and others safe while taking the risk
- **A learning culture** – The positive and productive approach to risk has a deep emphasis on ongoing learning using learning and reflective tools like the learning log. Consider what is working or not working
- **Acceptable risks** – A key aspect of the person-centred approach is that it uses creative thinking techniques to mitigate risk and improve quality of life, moving from situations which make the Service User happy but unsafe, to where they and the community are safer, and from strategies where the Service User is 'safe but unhappy', to where they can be happier

5.5 A Positive Risk-Taking Framework

There are four basic stages of positive risk management:

1. IDENTIFICATION:

Identification of risk should involve a balanced approach, which should be based on the Service User's aspirations, and which aims to support them to get the best out of life. It should be proportionate and realistic while being comprehensive enough to identify all risks which might reasonably be expected to occur

2. ASSESSMENT:

- Positive risk taking may sometimes need to distinguish between the short-term and long-term position. Short-term heightened risk may need to be tolerated and managed for longer term positive gains
- There should be a focus on a Service User's strengths to give a positive base from which to develop plans that will support positive risk taking. Consider the strengths and abilities of the Service User, their wider social and family networks
- Relevant historical information should be included, but should be concerned with learning lessons from the past, and not used as an excuse not to try something again with better safeguards
- An assessment needs to be clear if it is to protect the Service User or others. It should consider the likelihood of something happening and the potential level of harm if it did happen. It should include a review date and the signatures of everyone involved in the assessment process

3. MANAGEMENT:

- Risk management entails a broad range of responses and may involve preventative, responsive and supportive measures to reduce the potential negative consequences of risk, and to promote the potential benefits of taking agreed risks.
- Once the risks have been identified and assessed, the next step is to agree with the Service User how the risks are going to be managed in personalised ways which improve the quality of life of the Service User, to promote their independence or to stop these deteriorating if possible.
- When carrying out risk management, the following must be considered:
 - Decision making in relation to risk must be clearly evidenced on relevant documentation
 - Whilst the Registered Manager has overall responsibility for risk management, there is joint accountability and ownership of risk decisions. Clinical Leads have a responsibility to ensure their supervision is conducive to supporting staff including Agency Workers in risk decisions. Risk management should become part of the staff including Agency Workers ongoing work with a Service User and events should be reflected in the Service User's Care Plan where appropriate
 - The rights of Service Users to make decisions are fully acknowledged. However, in certain circumstances, these can be overruled, particularly when the Service User is regarded as lacking in mental capacity in relation to a specific decision. Where someone lacks mental capacity, anything done for, or on their behalf, must be in their best interests
 - Where this happens, staff including Agency Workers should refer to guidance on best practice in dealing with decision making and incapacity, and on the principle of best interests of the service user who lacks capacity
 - Positive risk taking needs to be underpinned by contingency planning for the 'fears' and possibilities of failure. This will help to prevent some harmful outcomes and minimise others. Risk taking should be pursued in the context of promoting opportunities and safety, not negligence
 - Where Service Users are behaving recklessly, risk management may include the setting of explicit boundaries to contain situations that are developing into potentially dangerous circumstances for all involved
 - Positive risk taking should be ingrained into the working culture at Nursing Direct and be reflected in the content of team training

4. REVIEW:

- Reviews should take place regularly to assess whether the risk management process is working, to see what can be learned from the process so far and whether any changes need to be made to improve outcomes. The level and frequency of these should be proportionate to the level of risk. The review should always include the Service User and, with their consent, other relevant people.
- The review should include a reassessment of identified risks and an opportunity to identify any further risks. These should be addressed in the same way as any other risks identified.
- Reviewing past records, such as accidents, incidents, complaints, near misses, and other health-related events, can help monitor existing risks and evaluate current control measures. This information can then be used to inform and plan new risk control or mitigation strategies.
- It is important to evaluate the severity the risk may present (should it occur/ reoccur) and establish suitable and effective controls to reduce this level of risk as far as is reasonably practicable. This means that everything possible is to be done to ensure health and safety considering all relevant factors including:
 - Likelihood that harm may occur
 - Severity of harm that may occur
 - Knowledge about eliminating reducing or controlling hazards and risks
 - Availability of control measures designed to eliminate, reduce, or suitably control or risk
 - Costs associated with available control measures designed to eliminate, reduce, or suitably control or risk

5.6 Capacity and Consent

Service Users who have the mental capacity to make a decision and choose voluntarily to live with a level of risk, are entitled to do so. The law will treat the Service User as having consented to the risk and there will be no breach of the duty of care by Nursing Direct. Service Users with capacity can make unwise decisions if they choose.

5.7 **Choice, Rights and Responsibilities**

To make good choices, Service Users need to understand the consequences and take some responsibility for their choices. Nursing Direct will promote a culture of choice that entails responsible, supported decision making.

5.8 **Safeguarding**

Nursing Direct should liaise with the safeguarding team where there are concerns. This should consider:

- The circumstances of the Service User in terms of safeguarding procedures
- The severity and scope of the current risks to the Service User, rating these in a systematic way
- The capacity of the Service User to evaluate and make choices about these risks
- The potential risks to the Service User if safeguarding actions are not put in place
- The urgency and focus of what these actions might be if safeguarding interventions are working or not (and measuring this). Encouraging the Service User at risk to quantify the risks is central to the process, unless this action would place them at more risk at that time
- Mental capacity and ensuring compliance with the relevant code of practice also underpin risk evaluation. It is often necessary to strike the right balance between enabling a person to have choice and control while lessening the risks of harm, exploitation, or mistreatment that some choices could lead to. As partners in the safeguarding process, difficult judgements have to be made to determine this balance
- A good risk assessment tool should aid such judgements by providing a clear, standardised framework for assessing risk as part of the safeguarding process i.e. Care Act 2014 and Five Steps (HSE).

Please refer to the Safeguarding policies for children and adults of Nursing Direct.

5.9 **Health and Safety**

There is a legal duty placed on Nursing Direct, to ensure, as far as is reasonably practicable, the health, safety, and welfare at work of all their staff including Agency Workers. In addition, there is a duty to protect the health and safety of other people who might be affected by their undertaking. Fears of breaching health and safety legislation can sometimes prevent people from being supported to do certain activities.

The Department of Health guidance, informed by the Health and Safety Executive (HSE), is clear that health and safety legislation should not block reasonable activities. A helpful five-step guide to risk assessment is provided by the HSE. Please refer to the Health and Safety Policy and Procedure and the Risk Assessment Policy and Procedure.

5.10 **Recording Decisions About Choice and Risk**

An accurate record must always be kept of discussions that take place about a Service User's choice. This is critical to protect the Service User in making their own choices as well as safeguarding Nursing Direct in the event of any complaints or litigation and will encourage an open discussion with the Service User about the consequences of their particular choices.

Records must clearly show how decisions are made about enabling positive risk taking, how risks of harm are identified, and what steps are taken to reduce the likelihood and severity of harm to the Service User or others.

Restraint and restrictions on liberty are fully recorded, with evidence of consideration for a less restrictive option. Restraint and restriction on liberty are only used when necessary and proportionate; records contain evidence of the search for ways that restrict the individual Service User as little as possible, enabling them to live, as far as possible, in the way they choose.

5.11 **Risk Management Review**

Reviews must take place regularly to assess whether the risk management process is working, to see what can be learned from the process so far and whether any changes need to be made to improve outcomes. The level and frequency must be proportionate to the level of risk. The review should always include the Service User and, with their consent, other relevant people.

The review should include a reassessment of identified risks and an opportunity to identify any further risks. These should be addressed in the same way as any other risks identified.

5.12 **Review of Incidents**

An incident is something which results in physical, emotional, or psychological harm to any person as a result of positive risk taking.

When positive risk taking has a negative consequence, it is necessary to identify what has gone wrong and how the assessment and management of the risk contributed to this.

In situations where incidents of serious concern occur:

- Nursing Direct will be notified as soon as is reasonably practical after an incident has occurred
- Nursing Direct will identify whether the incident should be reported to Local Authorities, CCG's and other service users and/or Care Quality Commission

Following an incident, whatever its degree, Nursing Direct will:

- Start an investigation from a 'no blame' standpoint
- Offer any support or supervision that staff including Agency Workers involved feel are appropriate following an incident and through any investigation process
- Keep all parties affected fully involved and informed throughout the investigation process that will try to determine the sequence of events that led to the incident
- Deal appropriately with any case of negligence or bad practice that is identified
- Share the findings from investigations and reviews following an incident

5.13 **Information Sharing**

Due to the nature of this policy, there may be times when Service User information is shared with health professionals and the wider multidisciplinary team.

Where support requires information to be shared, this will be done in line with UK GDPR and the data protection policies and procedures of Nursing Direct.

5.14 **Learning and Development**

Nursing Direct ensures that all relevant staff including Agency Workers receive guidance and support on risk taking, training on the Mental Capacity Act 2005 and Codes of Practice so that they understand how to maximise capacity and recognise lack of capacity to make specific decisions about risk.

Staff including Agency Workers must also have knowledge of the common core principles in supporting self-care.

6. DEFINITIONS

6.1 Staff including Agency Workers

6.1.1 Staff

Denotes the employees of Nursing Direct Healthcare Limited.

6.1.2 Agency Workers

Refers to individuals who are contracted with Nursdoc Limited or another employment business as an Agency Worker (temporary worker) provided to Nursing Direct Healthcare Limited to perform care services under the direction of Nursing Direct.

6.2 Nursing Direct

Nursing Direct, also known as Nursing Direct Healthcare Limited, is the entity regulated by the CQC (Care Quality Commission) and responsible for the care service provision, contracted to provide homecare services to service users in their homes, in placements, essential healthcare facilities and in the community.

6.3 Nursdoc Limited

As the sister company to Nursing Direct Healthcare Limited, Nursdoc Limited acts as an employment business, specialising in providing staffing solutions to the healthcare sector.

6.4 CQC (Care Quality Commission)

CQC throughout this policy, the term "CQC" refers to the Care Quality Commission (CQC) which is the independent regulator of health and social care in England.

6.5 Restraint

The Mental Capacity Act 2005 says that, for restraint to be lawful, it must be both necessary to prevent harm to the person and proportionate to the likelihood and seriousness of that harm. It describes restraint as:

- The use, or threat, of force to make someone do something against their will; or
- Restricting someone's freedom of movement, whether they resist or not

6.6 Best Interests

The Mental Capacity Act 2005 is clear that best interests are person-specific, and holistic. Best interests' decisions must start from the person's wishes and feelings, and restriction of freedoms must be the least restrictive that will meet the needs of that person, to be happy as well as safe

6.7 Defensible Decision

This means recording a clear rationale for all the decisions made and the discussions that led to the decisions, including reference to relevant legislation such as the Mental Capacity Act 2005 or the Human Rights Act

6.8 Positive Risk Taking

This is defined as balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether


6.9 Autonomy

- The right to make our own decisions, about our own lives, as long as we have the capacity to do so and do not cause harm to others. This right has been described as 'making life worth living', so should be respected wherever possible
- Autonomy must sometimes be restricted in the best interests of a person, for example, when they refuse essential personal care and lack capacity to understand why it is necessary, or when someone lacks capacity to act safely on busy roads

OUTSTANDING PRACTICE

To be "outstanding" in this policy area you could provide evidence that:

- Nursing Direct can demonstrate that Care Plans are person-centred and tailored to the wishes of each person
- Staff including Agency Workers understand how to balance protection from harm with as much freedom of choice and action as possible
- Staff including Agency Workers are proud of the amount of individuality and creativity in Care Plans
- Ways are found to lessen the effect on the Service User when their freedom of choice has to be restricted in their best interests
- There is evidence of a positive approach to risk taking that supports Service Users to live the life they want, rather than a defensive approach that has a greater focus on risk to the organisation
- The focus is on the Service User when assessing positive risk-taking

COMPLETED DATE:	25/06/2025
SIGN OFF DATE:	25/06/2025
REVIEW DATE:	25/06/2026
SIGNED:	 Marc Stiff – Group Managing Director