Audit of Risk Assessment in Approved Centres in 2013

Introduction

In 2013, a brief audit of risk assessment in a number of approved centres nationally was carried out by the Inspectorate during the course of inspections. As part of the inspection process, inspectors completed a short template which identified a number of issues related to risk assessment.

Method

The information was gathered in 15 different approved centres which were located throughout the country and related to in-patients only. The template was completed by inspectors during inspection of clinical files which is part of the normal inspection process; it was anonymised and dated by the relevant inspector. The completed templates were returned to the two lead inspectors of this report who collated the data which is presented here. The information was gathered only by inspection of clinical files and neither residents nor staff were interviewed in the process. Some templates were incomplete and therefore the results in terms of numbers differ for each question.

Results

Information on risk assessment was gathered on 35 residents in 15 approved centres. Risk assessment was carried out either at the time of admission or subsequently during the admission.

Risk assessment had been carried out at the time of admission in the case of 26 residents; other risk assessments were conducted at a later time during the admission. A screening tool was used in the assessment of 32 residents and in 23 of these cases the assessor used a localised risk assessment tool. Only in nine cases was a standardised tool used.

The majority of formal (i.e. a risk assessment tool was used) risk assessments were conducted by the doctor (23 cases); a nurse carried out the assessment in six cases and in the case of three residents, both the doctor and nurse contributed to the assessment.

There was evidence in the clinical files that the initial risk assessment had been reviewed in 17 cases; there was insufficient information in the returned templates to determine who had carried out the reviews.

Risk assessments did not identify strengths or vulnerabilities in 27 of the 31 cases assessed.

Inspectors were asked to record which risks were identified. Some residents presented with many different risks. The following figures were obtained:

Risk Identified	Number of residents	%
Risk of Suicide	12	34
Risk of Self-harm	15	43
Risk of Harm to Others	17	49
Risk of Absconsion	7	20
Risk of Self-neglect	13	37
Risk of Misuse of Drugs/Alcohol	5	14

Inspectors identified involvement by family/carers in relation to risk assessment and management in only two of the cases recorded.

As all those whose risk assessment was recorded were in-patients and were not due for discharge, the issue of risk assessment prior to discharge was not a feature of this brief audit.

Summary

A brief audit of risk assessment practices in 15 approved centres in Ireland in 2013 revealed that 74% of services used a localised risk assessment tool. Somewhat surprisingly, the item of risk which was noted most frequently was risk of harm to others, followed by risk of self-harm and suicide.