

Risk Assessment Tool
Training Manual
Community Care Facilities Licensing
Ministry of Health

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Introduction

The first risk tool “*Risk Management Approach for Community Care Facilities Licensing Officers*” was developed from the Ministry of Health and Ministry Responsible for Seniors, Community Care Facilities Licensing Branch guidebook in 1996, it was used as a general practice guide to assist licensing officers in determining the level of risk, planning for and mitigating further risk and supporting the mandated duties and responsibilities under the former *Community Care Facility Act and Regulations*.

Risk management has evolved and expanded quite considerably over the last decade, prompting government and industry to re-examine its approaches. In 2007, to keep current with new practices and methodologies the Ministry of Health undertook the task of renewing the “*Risk Management Approach for Community Care Facilities Licensing Officers*” to a version more reflective and formalized to the current state of regulatory practice.

The Community Care Facilities Licensing new Risk Assessment Tool is based not only on extensive stakeholder input but also the BC Government Enterprise Risk Management Guideline, the Virginia Department of Social Services: Risk Assessment and Enforcement Options Guidance Manual and various other risk process reviews.

The new risk assessment methodology will assist Licensing Officers to promote the health and safety of persons in care through the identification of risks of harm associated with non compliance of the *Community Care and Assisted Living Act (CCALA)*. The Risk Assessment Tool is not intended to substitute a Licensing Officer’s professional judgment, only support it.

For the purposes of this new assessment tool, risk is an estimate of the **scope** of harm that may result from a situation and the **severity** of harm likely to be suffered if the adverse situation were to occur.

The Risk Assessment Training Manual will provide step-by-step instruction on how to use **scope** and **severity** methodology in a routine inspection conducted under the *CCALA* and Regulations. The Risk Assessment Tool may also be used in circumstances where significant changes (positive or negative) occur, serious health and safety issues arise, or following a significant investigation with substantiated non-compliance issues.

1. Why Use a Risk Assessment Tool in Community Care Facilities?

The purpose of the *CCALA* and regulations are to ensure the health, safety, and dignity of persons in care are promoted and protected by establishing minimum standards for acceptable care that facilities must meet to be licensed. As the threshold set by the legislation is at the minimum acceptable level, any non-compliance poses a degree of risk to persons in care. However, some instances of non-compliance can pose significantly more risk, for this reason, identifying non-compliance alone is insufficient and an assessment of risk and its on-going management are required.

Risk is an estimate of the *scope* of harm that may result from a situation and the *severity* of harm likely to be suffered if the adverse situation were to occur. Risk assessment adds depth to the level of a facility's compliance with legislated standards and how compliance relates to the health and safety of the persons in care.

For example, two facilities may have the same number of contraventions identified during an inspection. In this case, if we use "number of violations" as a proxy marker of safety of persons in care these two facilities would appear to present the same degree of risk to persons in care. However, if we use the degree of risk posed to persons in care by the contraventions we may get quite a different picture. One facility's violation may have posed very little immediate risk to a person in care perhaps an employee record was not present. The other facility violation may be to store hazardous chemicals within reach of persons in care which poses both an immediate and serious degree of risk of harm to a person in care. These examples illustrate how a risk assessment adds richness and meaning to compliance information with regards to health and safety of persons in care.

By incorporating a risk assessment with compliance inspection it will promote the health and safety of persons in care and support facility operators understanding of the links between non-compliance and potential harm to persons in care.

The accuracy of assessing risk of harm from an event is influenced by the subjectivity of the assessor. Having a structured systematic approach to evaluate the impact of non-compliance will bridge the bias of how to determine a risk and support decision-making with established criteria. Licensing Officers can effectively integrate expert opinion to make evidence-based decisions.

Using a systemic approach to assess risk to persons in care can establish comparability across the province, data can reveal trends over time and place and be used for workload management, resource allocation, informing strategic planning, evidence-based policy and supporting decision makers for long-term planning. A common tool may also promote dialogue between health authorities and comparative analysis to facilitate continuous improvement and consistency in licensing practice.

2. Risk Assessment Process

A licensing officer begins a risk assessment with a review of the facilities compliance with the existing Act and regulation based on the routine inspection, observations, interviews, examination of records and facility history. When non-compliance is identified that area of non-compliance will be assessed, using the Risk Assessment Tool for potential risk to the persons in care in that facility. The Risk Assessment Tool concentrates on two components of risk:

- **SCOPE** is the potential for harm presented by the risk situation identified.
- **SEVERITY** is the degree of harm presented by the risk situation identified.

Licensing officers must take the initiative to determine needs, adapt and learn, and maintain awareness in a continually shifting risk environment. A risk assessment is not a mere scripted compliance exercise.

The following pages explain the process and steps required to complete the Risk Assessment Worksheet. The Risk Assessment Worksheet is comprised of two parts: Part A - the Inspection Risk Assessment and Part B - the Operational History Assessment and can be found in Appendix A.

PART A: INSPECTION RISK ASSESSMENT

The Inspection Risk Assessment steps 1 through 3 are to be followed sequentially.

Step 1. Classify all of the non-compliance observed during the routine inspection into the 10 defined categories. Then, for each of the non-compliance observations identified use the Risk Inspection Matrix to determine the **scope** and **severity** score relative to risk.

Step 2. Take the **three*** highest scoring non-compliances for each of the 10 defined categories, based on the Risk Inspection Matrix ranking above, and record them on the Risk Assessment Worksheet. On the Risk Assessment Worksheet: record under “Details” the section of the Act or regulation of non-compliance; record under “Matrix Output” the Risk Inspection Matrix number for **scope** and **severity**; record under “Notes” comments relating to the non-compliance. Repeat this process for each non-compliance observed for each category.

*If there are no observations under a given category then leave it blank. If there is only one observation, record only one. If there are more than three observations per category you must determine **the three that scored the highest and record only those** (using the Risk Inspection Matrix). If an operator corrects non-compliance at the time of the routine inspection, it still must be recorded (as it was observed upon your arrival) and assigned a score, noting that corrective action was taken. [For example, “*The husband of the family child care licensee smokes and at the time of this and other inspections cigarette butts in an ashtray are visible and accessible to children on the back porch. The licensee removes the ashtray at the time of each inspection but must first be prompted, therefore is not proactively removing the potential risk*”].

Step 3. The Risk Assessment Worksheet adds together the Matrix Output sub-totals to get a Matrix Output Total Score for Part A: INSPECTION RISK ASSESSMENT.

PROCESS EXAMPLE

If the observation is “*Furniture used by visitors and persons in care is not clean nor in good repair*”, you may look at the Risk Inspection Matrix and determine that the **severity** of the issue has the “**potential for minimal harm**” (mostly the harms are scratches and splinters from the furniture). You also may note the problem is “**widespread**” in **scope** (all of the furniture is in poor repair). For this, the Risk Inspection Matrix non-compliance score could be “3”.

Another example may be the observation that “*personal care card numbers, physician contact and allergy information is missing from several children’s files*”. You may determine the **severity** as “**potential for more than minimal harm**” (inadequate information available to provide safe care) while the **scope** of the issue is “**recurring**” (more than one but not all of the children’s files has missing information). For this, the Risk Inspection Matrix non-compliance score could be “8”.

When determining the **scope** and **severity** of the situation consider the following:

*What are the **exacerbating variables** in the situation? **Something that puts the population at a higher risk of being affected by an adverse event** - for example a population with the presence of severe mental health issues or dementia.*

*What are the **mitigating variables** in the situation? **Something that is protective and reduces the probability of the harm occurring** - for example very high staffing ratios that provide extra supervision and therefore reduces risk of harm caused by lack of supervision or marginal staff coverage.*

- *Will the risk of harm affect multiple people or just one?*
- *Would the harm require outside intervention such as a doctor, transport by ambulance or review by another professional?*
- *Would the risk of harm result in permanent disability, trauma or death?*
- *Is the harm reversible?*
- *Would the harm get worse over time?*
- *What are the unique features of the facility or population in care that may protect or increase risk of harm?*
- *If risks are eliminated or reduced does that meet the outcome of ensuring health and safety?*

RISK INSPECTION MATRIX		<i>Scope is the potential for harm presented by the risk situation identified.</i>		
<i>Severity is the degree of harm presented by the risk situation identified.</i>	Isolated	Recurring	Widespread	
Actual harm / Immediate jeopardy	15	18	19	
Potential for significant harm	10	13	14	
Potential for more than minimal harm	5	8	9	
Potential for minimal harm	1	2	3	

PART B: OPERATIONAL HISTORY ASSESSMENT

Operational History Assessment steps 1 through 3.

Step 1: Review the last three years of the licensee’s file, if the licensee has operated less than three years, review the application process and operation to date. Reflect upon interactions and actions of the licensee for reportable incidents and inspection response. Use the Operational History Scale to choose a score between “1” and “5” that best supports your assessment. A “5” score is minimal and a “1” score is exceptional (*half value scores may not be applied*).

On the Risk Assessment Worksheet record; under “Matrix Output” the Operational History Scale score; record under “Details” comments relating to the reasons for the assigned score. Repeat this process for both reportable incidents and inspection response.

When determining an Operational History score consider the following:

Reportable Incidents: evaluate the licensee’s history of

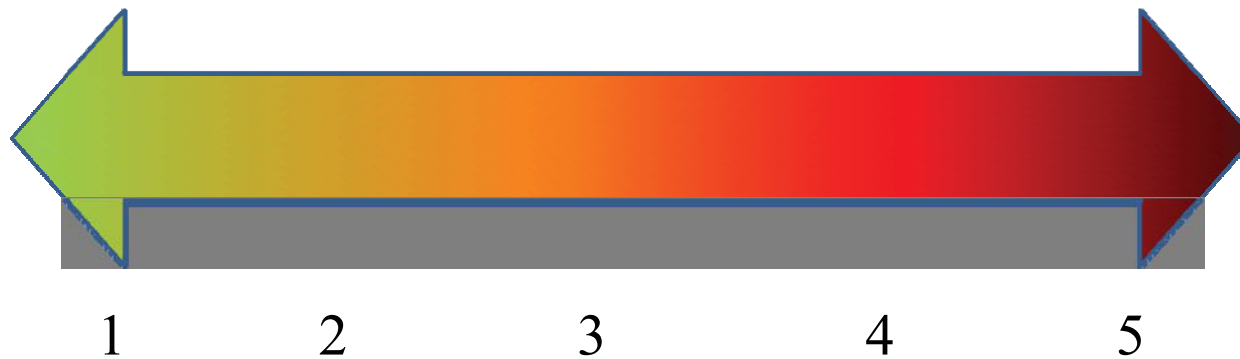
- timeliness of reporting;
- appropriateness of reporting;
- follow-up and corrective actions.

Inspection Response: evaluate the licensee’s history of

- the type and number of non-compliance identified;
- response to issues identified in the inspection;
- timeliness in correcting non-compliance.

Part B Categories (reportable incidents, inspection response and investigation) are not totally discrete. There will be overlap, for example: *a licensee will likely have corrective actions as a result of an inspection or reportable incident, and possibly an investigation as a result of a reportable incident or an inspection.*

Operational History Scale



The Operational History Scale

Parameters to consider when applying the Operational History Scale;

Reportable Incidents a “1” score for example could be considered when the licensee files reportable incidents within the 24 hour time period of occurrence; it appears that all reportable incidents are being reported and responses and follow-up actions to the reportable incident are appropriate. A “5” for example could be considered when the licensee is chronically late filing reportable incidents, reportable incidents actions are not followed-up or inappropriately followed-up, the reportable incident has missing or inaccurate information, or the licensing officer determines that reportable incidents are being under reported or not filed at all.

Inspection response a “1” score for example could be considered when the licensee has few or no difficulties maintaining compliance and when non-compliance is identified the licensee makes correction actions immediately and the licensee proactively identifies and takes steps to address risks. A “5” score for example could be considered if the licensee is chronically non-compliant, slow and resistant to resolve issues and take corrective action, or does not appear to address all issues (the same areas of non-compliance appear on several routine inspections).

Given the vast possible combinations of licensee’s actions, the licensing officer must use their professional judgement on a case by case basis in assigning scores. A midrange score could be given when the licensee responds cooperatively to issues identified but is late in making corrections on several of the issues identified or, when reportable incidents occur, the licensee does follow up but typically files late or responds cooperatively to issues identified on the inspection but is late in making corrections on several of the issues identified.

Step 2: Review the last three years of the licensee’s file, if the licensee has operated less than three years, review the application process and operation to date. Reflect upon interactions and actions of the licensee relating to investigations. Use the Investigation History Scale to choose a score between “1” and “10” that best supports your assessment. A “10” score is minimal and a “1” score is exceptional (*half value scores may not be applied*).

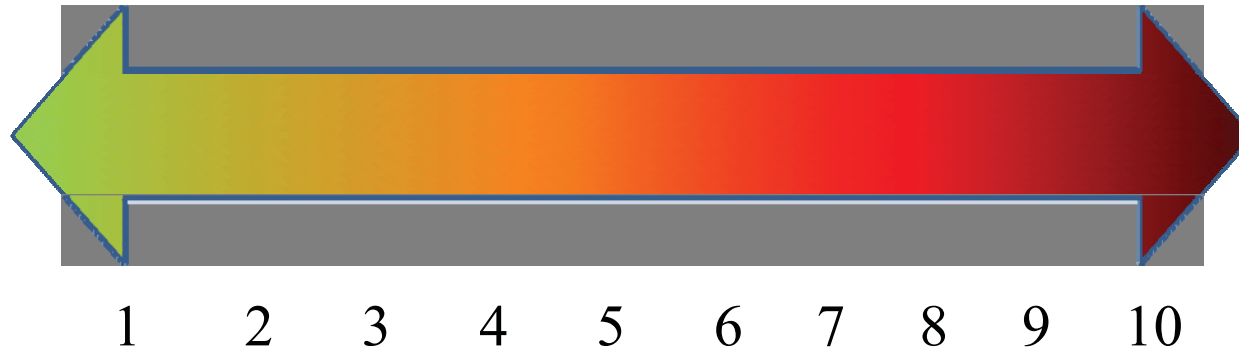
On the Risk Assessment Worksheet record; under “Matrix Output” the Investigation History Scale score; record under “Details” comments relating to the reasons for the assigned score.

When determining an Investigation History score consider the following:

Investigations: evaluate the licensee’s history of

- appropriate corrective actions to prevent the future occurrence of similar allegations or incidents;
- cooperation during an investigation;
- investigations where there is substantiated non-compliance or investigation where substantiated non-compliance is found but is not the original allegation);
- the severity of harm/scope of substantiated allegations.

Investigation History Scale



The Investigation History Scale

Parameters to consider when applying the Investigation History Scale;

Investigation a “1” score for example could be considered when a licensee had no investigations or substantiated complaints or, if when an investigation did occur, the licensee was cooperative and responsive in providing information and access during the investigation and remedied the issues immediately. A “10” score may be considered if a licensee has several substantiated complaints and during investigation the licensee withheld information or hindered the investigation and failed to rectify any issues identified. Given the possible combinations of licensee’s actions, the licensing officer must use professional judgement on a case by case basis in assigning scores. A midrange score could be assigned if the licensee was cooperative but had multiple investigations or the licensee was only moderately responsive throughout the investigation.

Step 3: The Risk Assessment Worksheet adds together the Matrix Output sub-totals to get a History Score for Part B: OPERATIONAL HISTORY ASSESSMENT.

RISK RATING

The Risk Assessment Worksheet will determine a Total Risk Assessment Score. This is calculated by first applying an “Interval Score” to Part A (Inspection Risk Assessment) Matrix Output Total Score. The Matrix Output Total Score of Part A corresponds to an Interval Assigned Score to calculate the result out of 20. Part B (Operational History) History Score is also out of 20. Part A and Part B Matrix Output Total Score and History Score are then added together for a Total Risk Assessment Score out of **40**.

Part A Inspection Risk Assessment Interval Score	
Matrix Output Total Score	Interval Assigned Score
0	0
1 to 5	1
6 to 10	2
11 to 15	3
16 to 20	4
21 to 25	5
26 to 30	6
31 to 35	7
36 to 40	8
41 to 45	9
46 to 50	10
51 to 55	11
56 to 60	12
61 to 65	13
66 to 70	14
71 to 75	15
76 to 80	16
81 to 85	17
86 to 90	18
91 to 95	19
greater than 95	20

FACILITY RISK SCORE

A newly licensed facility will not be given a Facility Risk Rating until it has received the first comprehensive routine inspection; generally occurring after 6-12 months of operation.

The Risk Assessment Worksheet will determine a Total Risk Assessment Score by adding Part A (Inspection Risk Assessment) and Part B (Operational History) together. The Total Risk Assessment Score is out of a maximum of **40**. A Facility Risk Rating is measured on a low, medium or high basis.

Facilities which receive a Total Risk Assessment Score below 13, measure at a **Low** Facility Risk Rating.

Facilities which receive a Total Risk Assessment Score between 14 and 20, measure at a **Medium** Facility Risk Rating.

Facilities which receive a Total Risk Assessment Score between 21 and 40, measure at a **High** Facility Risk Rating.

Facility Risk Rating
Low: 3 - 13
Medium: 14 - 20
High: 21 - 40

Appendix A: Risk Assessment Worksheet

RISK ASSESSMENT WORKSHEET

Facility Name:		LO:
Facility Address:		Other:
Licensee:		
Last routine inspection:		
Last risk assessment:		
Today's date:		

PART A: INSPECTION RISK ASSESSMENT

Category	Details (top 3 observed non-compliance)	Matrix output	Notes
Care and Supervision			
(1+2+3) →			
Hygiene and Communicable Disease Control			
(1+2+3) →			
Licensing			
(1+2+3) →			
Medication			
(1+2+3) →			
Nutrition and Food Services			
(1+2+3) →			

Physical facility, equipment and furnishings			
		(1+2+3) →	
Policies and Procedures			
		(1+2+3) →	
Program			
		(1+2+3) →	
Records and Reporting			
		(1+2+3) →	
Staffing			
		(1+2+3) →	
		Matrix Output Total Score (Part A) →	0
<u>PART B: OPERATIONAL HISTORY</u>			
Reportable incidents			
Inspection response			
Investigations			
		History Score (Part B) →	0
		TOTAL RISK ASSESSMENT SCORE (Part A + Part B) →	0

APPENDIX B (1): Category Definitions Child Care

<p>Care and supervision: Licensees are required to ensure children are supervised at all times. Supervision requires staff to take practical measures to protect children from injury or harm. Children must be provided with a healthy and safe environment where staff attends to the individual needs of each child. Licensing Officers assess whether appropriate care and supervision is being provided.</p>	<p>Physical facility, equipment and furnishings: Licensees are required to maintain the facility, all equipment, furnishings and toys in sanitary and working condition. Licensing Officers inspect to ensure the facility and equipment is safe, free from hazards, in good repair, and is for appropriate for the age and developmental level of the children.</p>
<p>Hygiene and communicable disease control: Licensees are required to ensure facilities maintain acceptable levels of hygiene. Licensing Officers inspect for appropriate hand washing and diapering/toileting communicable disease control practices to ensure the health and safety of children is not compromised.</p>	<p>Policies and procedures: Licensees are required to have written policies and procedures to guide staff in all matters regarding the care and/or supervision of children. Licensing Officers inspect to ensure that the facility has policies in place that are appropriate to meet the needs of the children in care based on their age and developmental level and that they are adequately implemented by staff.</p>
<p>Licensing: Licensees have a continuing duty to inform the Medical Health Officer of any significant changes to the structure or operation of the community care facility. This category contains a number of administrative requirements that Licensing Officers assess for compliance.</p>	<p>Program: Licensees must ensure children are provided with a variety of age and developmentally appropriate indoor and outdoor, activities. The program must be adapted to meet the needs of children who require extra supports. Licensing Officers look for a balance of programming that promotes children’s intellectual, physical, social and emotional well being.</p>
<p>Medication: Licensees who provide care to children who require medication must ensure that they store and administer medication appropriately. Licensing Officers examine medication practices to ensure staff follow legislated requirements.</p>	<p>Records and reporting: Licensees are required to keep records on facility matters and matters that guide staff in ensuring the health and safety of children. Licensing Officers inspect record keeping and reporting practices to ensure they are compliant with regulations.</p>
<p>Nutrition and food services: Licensees need to promote healthy eating and nutritional habits and ensure that parents are provided with information regarding foods and drinks offered. Licensing Officers inspect nutrition and food service practices.</p>	<p>Staffing: Licensees are required to ensure a facility has enough staff, who possess adequate training and experience, to meet the care, supervision and needs of the children. Licensing Officers inspect to ensure licensees maintain the correct number and ages of children they are licensed for and that all employees meet basic health and competency standards and are able to carry out their duties effectively.</p>

APPENDIX B (2): Category Definitions Residential Care

<p>Care and/or supervision: Licensees are required to ensure adequate care and/or supervision of residents. Licensees must maintain and follow individual plans of care for every resident that may include oral care, therapeutic instructions, medication administration and activity planning. Licensing Officers audit care plans to ensure they adequately guide employees in their duties to ensure residents are safe and their care needs are met.</p>	<p>Physical facility, equipment and furnishings: Licensees are required to maintain the facility, all equipment and furnishings in sanitary and working condition. Licensing Officers inspect to ensure the facility and equipment is safe, free from hazards, in good repair, and is appropriate for the needs of the residents.</p>
<p>Hygiene and communicable disease control: Licensees are required to ensure facilities maintain acceptable levels of hygiene. Licensing Officers inspect for appropriate communicable disease control practices and other practices that would compromise the health and safety of residents.</p>	<p>Policies and procedures: Licensees are required to have written policies and procedures to guide staff in all matters regarding the care and/or supervision of residents. Licensing Officers inspect to ensure that the facility has policies in place to meet the needs of the residents and that they are adequately communicated and implemented by staff.</p>
<p>Licensing: Licensees have a continuing duty to inform the Medical Health Officer of any significant changes to the operation of the community care facility. This category contains a number of administrative requirements that Licensing Officers assess for compliance.</p>	<p>Program: Licensees must ensure residents are provided with indoor and outdoor recreation areas that are easily accessible and safe. Residents must be offered, without charge, an ongoing program of physical, social and recreational activities. Licensing Officers look for a planned program that is designed to meet the needs of residents.</p>
<p>Medication: Licensees are required to store, administer and record the medications of residents according to requirements in the regulations, and established by the medication safety and advisory committee. Licensing officers examine medication administration records, policies, and storage practices to ensure legislated requirements are met.</p>	<p>Records and reporting: Licensees are required to keep records on facility matters and matters that guide staff in ensuring the health and safety residents. Licensing officers inspect record keeping and reporting practices to ensure they are compliant with regulations.</p>
<p>Nutrition and food services: Licensees are required to store, prepare and deliver foods and fluids safely. Licensees must ensure appropriate nutritional content of meals, assistance with eating and texture modifications are made as necessary. Licensing Officers inspect nutrition and food services.</p>	<p>Staffing: Licensees are required to ensure a facility has enough staff, who possess adequate training and experience, to meet the care, supervision and activity needs of the residents. Licensing Officers inspect to ensure licensees maintain enough staff to meet the needs of residents and that all employees meet basic health and competency standards and are able to carry out their duties effectively.</p>

APPENDIX C (1): Regulation Categorization Child Care

Excel spreadsheet printed separately.

APPENDIX C (2): Regulation Categorization Residential Care

Excel spreadsheet printed separately.

APPENDIX D: Glossary

SCOPE is the potential for harm presented by the risk situation identified. Think about how many people may be impacted or how far the harm may reach...

- There is no flu prevention strategy at a Long Term Care Facility.
- The front door ramp access is rotted and requires fixing immediately.

ISOLATED means an independent, irregular or single occurrence:

- The hot water temperature exceeds 49° in one of the four bathrooms.
- The fence was damaged by a recent wind storm.
- One staff was missing a completed criminal record check.

RECURRING means multiple examples/observations, something that appears in intervals:

- 3 of 12 staff did not have a completed criminal record check.
- Several persons in care had changes to medication use that had not been recorded in the medication administration record.
- The licensee neglected to renew liability insurance for 6 of the 10 Long Term Care Facilities.

WIDESPREAD means an occurrence distributed over a considerable extent, widely extending to all of most of:

- No records were kept regarding money and valuable of person in care.
- Criminal record checks were not completed for any staff working in the facility.
- Directional signs were not installed in the new wing of the large Long Term Care Facility.

SEVERITY is the degree of harm presented by the situation identified. Think about how bad the harm may be...

- The child care facility does not have gates at the top or bottom of the stairs.
- Admission screening is not completed before admission to the long term facility.

ACTUAL HARM/IMMEDIATE JEOPARDY: life threatening, partial or total physical and/or mental impairment.

POTENTIAL FOR SIGNIFICANT HARM: sufficiently serious to adversely affect health and safety, non-life threatening.

POTENTIAL FOR MORE THAN MINIMAL HARM: negatively impacts physically or mental well being.

POTENTIAL FOR MINIMAL HARM: no actual harm but has potential for smallest amount of harm

Example:

Isolated risk with actual harm/immediate jeopardy water temperature in the one bathroom is 75’.

Isolated risk with potential for significant harm the secondary emergency exit is blocked by boxes.

Isolated risk with potential for more than minimal harm an ill/vomiting child is left unsupervised. Isolated with potential for minimal harm parents were not notified of a substitute caregiver.

Example:

Recurring risk with actual/immediate jeopardy water temperature in 3 of the 6 bathrooms is 75’

Recurring risk with the potential for significant harm electronic signalling devices in one wing of a large long term facility is not working.

Recurring with the potential for more than minimal harm the sharp cutting knife draw and the teachers sharp scissors craft draw were not inaccessible.

Recurring risk with potential for minimal harm several staff take smokes breaks beside the back door.

Example:

Widespread risk with actual/immediate jeopardy water temperature in all bathrooms is 75’

Widespread risk with potential for significant harm the residents are not supervised while in the smoking room.

Widespread risk with potential for more than minimal harm children are napping in a storage room with only one exit.

Widespread risk with potential for minimal harm fire extinguishers in the family child care facility have not been serviced in over a year.