

Risk Assessment Form Version: V2 28/11/17

For further info on risk assessment see: BHCC Risk Assessment Guidance

To calculate Risk Rating (R): assess the likelihood (L) of an accident occurring against the **most likely** impact (I) the accident might have, taking into account

Task / Activity Covered by the assessment	Delivery of a Night shelter Service at the Brighton Centre			Likelihood (L)	X	Impact (I)
Workplace	Syndicate Wing Brighton Centre			Almost Impossible	1	Insignificant (minor injury, no time off)
Date of Assessment	27.11.17	Date Assessment to be reviewed		Unlikely	2	Minor (non-permanent injury, up to 7 days off)
Person Completing	Emily Ashmore	Manager	Sue Forrest	Possible	3	Moderate ((injury causing more than 7 days off)
Staff involved in assessment	Karen Leenders, Sue Forrest, Andrew Witham, Grant Ritchie, Alison Pitts			Likely	4	Major ((death or serious injury)
				Almost Certain	5	Catastrophic (multiple deaths)
				Low =1-3	Moderate = 4-7	Significant = 8-14
						High = 15-25

What are the significant, foreseeable, hazards? <i>(the dangers that can cause harm)</i>	Who is at Risk?	Current control measures <i>(What is already in place/done)</i>	Risk Rating			What additional controls can be put in place to reduce the risk further?	Revised Risk Rating			Sign as done
			L	I	R		L	I	R	
<i>E.g</i> Slip, trip or fall on wet flooring	- Staff - Visitors etc.	- Barrier matting - Wet floor signs - No running rules (in schools)	3	2	6	- Introduce non-slip flooring to areas by external doorways - Provide cleaning/drying equipment for staff	2	1	2	
Service User related risks to other users of the Night shelter and Staff										

1.	Substance Use – risk of overdose	Service users	<ul style="list-style-type: none"> • Service users will be informed at point of referral that the service is dry, i.e. that no substances or alcohol should be used on site. • Service users will be informed that use of alcohol or substances on site could lead to exclusion. • Where service users are known to be substance users there will be a completed risk assessment identifying this risk and a risk mitigation plan will have been drawn up. • All staff to have first aid training and to be briefed prior to working at the service on identifying markers of an opiate overdose. • Toilets will be locked and access will be via staff to minimise risks. 	4	4	16	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) • All staff to be trained in the use of naloxone • The provision of naloxone pens on site • Toilets will be fitted with UV lights to frustrate injecting on site. • Pavilions in-reach will be on offer 	4	3	12	S
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2.	Substance use – risks of coercion of vulnerable adults, dealing on the premises and related aggression issues	Service users and staff	<ul style="list-style-type: none"> • Service users to be informed at the point of referral that the project is dry, i.e. that no substances or alcohol should be used on site. • Service users will be informed that dealing or suspicion of dealing could lead to exclusion • Police to be informed of the location and dates of the night shelter being active and a request for a marker on the property • Where a service user is known to be at risk this will form part of the risk assessment provided on referral and an appropriate risk mitigation plan will have been drawn up. 	3	4	12	<ul style="list-style-type: none"> • Staff to receive ‘dealing with aggression and violent behaviour’ and de-escalation training • Supervisory staff on site for each shift, and senior staff on call each night for advice and assistance • All service users to receive service offer and code of conduct, see attached. • Staff to receive safeguarding training and be aware of the process for raising a safeguarding concern • Pavilions in reach will be on offer 	3	4	12	S
3.	<p>Substance and alcohol use and related health issues</p> <ul style="list-style-type: none"> • Fitting • Unconsciousness and breathing issues • Long term health issues, e.g. liver damage, infectious blood borne illnesses 	Service users	<ul style="list-style-type: none"> • Service users who are or appear to be under the influence of alcohol or substances to be placed on enhanced welfare checks • Service users to be offered support in accessing health services • Where service users are known to be substance users there will be a completed risk assessment identifying this risk and a risk mitigation plan will have been drawn up. 	4	4	16	<ul style="list-style-type: none"> • Provision of in reach medical care • Staff to receive safeguarding training and be aware of the process for raising a safeguarding concern • Pavilions in reach will be on offer 	3	4	12	S

4	Substance and alcohol use and increased risk from others	Service users	<ul style="list-style-type: none"> • Service users who are or appear to be under the influence of alcohol or substances to be placed on enhanced welfare checks • Where service users are known to be substance users there will be a completed risk assessment identifying this risk and a risk mitigation plan will have been drawn up. 	4	3	12	<ul style="list-style-type: none"> • Staff to receive safeguarding training and be aware of the process for raising a safeguarding concern 	4	3	12	S
5.	Needle stick injuries	Service users and staff	<ul style="list-style-type: none"> • Service users to be informed at the point of referral that the project is dry, i.e. that no substances or alcohol should be used on site. • Sharps bins to be provided on site • Needle safe gloves to be provided (PPE)including to cleaning staff • Bedding to be packed and unpacked by service users • Where service users are known to be substance users there will be a completed risk assessment identifying this risk and a risk mitigation plan will have been drawn up. 	3	4	12	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) 	3	4	12	S

6.	Parasitic infestation, scabies, bed bugs, body lice etc.	Service users and staff	<ul style="list-style-type: none"> • Service users to have personal identified bedding • Bedding not to be used by more than one client without high temperature laundering between uses • Bedding to be packed and unpacked by service users • PPE to be provided as required • Where service users are known to have a parasitic infestation there will be a completed risk assessment identifying this risk and a risk mitigation plan will have been drawn up. This will include a referral to the hostel nursing team. 	2	2	4	<ul style="list-style-type: none"> • Provision of in reach medical care • Staff to receive safeguarding training and be aware of the process for raising a safeguarding concern 	2	2	4	L
7.	Sexual assault and harassment including coercive control and prostitution	Service users and staff	<ul style="list-style-type: none"> • Women, and men will be provided with different areas to sleep. • Waking night staff will ensure that sleep areas are monitored • Toilets will be locked and access will be via staff to minimise risks. • Service users to be risk assessed prior to referral and any identified risk issues to have a mitigation and management plan put in place. 	3	3	9	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) 	2	3	6	M

8.	Verbal abuse from others including hate speech	Service users and staff	<ul style="list-style-type: none"> Staff to receive 'dealing with aggression and violent behaviour' and de-escalation training 	3	2	6	<ul style="list-style-type: none"> All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) 	2	2	4	L
9.	Threats of violence and actual violence from others including risks of domestic violence and abuse	Service users and staff	<ul style="list-style-type: none"> Staff to receive 'dealing with aggression and violent behaviour' and de-escalation training Service users to be risk assessed prior to referral and any identified risk issues to have a mitigation and management plan put in place. 	3	4	12	<ul style="list-style-type: none"> All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) Staff to receive safeguarding training and be aware of the process for raising a safeguarding concern 	2	4	8	M
10.	Body fluid spills and associated risks of infection including blood borne infection	Service users and staff	<ul style="list-style-type: none"> PPE and body fluid spills kits to be provided Service to be dry, to limit the possibility of substance use and related blood spills All staff (including cleaning staff) to be trained in body fluid disposal and first aid 	3	3	9		3	3	9	S

11.	<p>Risk from dogs</p> <ul style="list-style-type: none"> • Risk of bites • Risk of parasitic infections • Allergy risk 	Service users and staff	<ul style="list-style-type: none"> • Only known dogs to be admitted to the nightshelter, any risk issues to be identified prior to admittance and a risk management plan to be put into place (e.g. dog and dog owner's sleep space to be further away from others if there is a known risk) • Where a service user or staff member has a known allergy appropriate PPE and risk management to be implemented. 	2	3	6	<ul style="list-style-type: none"> • Provision of street vets service 	2	2	4	L
12.	Burns from hot drinks	Service users and staff	<ul style="list-style-type: none"> • Drinks to be provided in a settled location • Staff and service users encouraged not to carry drinks with them • Hot drinks not provided to substance affected or drunk clients 	3	2	6					M
13.	<p>Physical ill health</p> <ul style="list-style-type: none"> • Sudden onset ill health • Worsening of a chronic condition 	Service users and staff	<ul style="list-style-type: none"> • Staff to be first aid trained • Senior staff on shift and senior staff on call for advice • Access to emergency services via 999 • Where a service user is known to be experiencing ill health this will form part of the risk assessment provided on referral and there will be a risk mitigation plan as part of this referral 	3	4	12	<ul style="list-style-type: none"> • Provision of in reach medical care – hostel nursing team – this will not manage sudden onset but may form part of a risk management plan 				S

14.	Risks of transmissible diseases including TB	Service users and staff	<ul style="list-style-type: none"> • Staff to be first aid trained • PPE to be provided • Where a service user is known to be unwell additional risk management to be implemented; Service users to be risk assessed prior to referral and any identified risk issues to have a mitigation and management plan put in place. 	2	3	6	<ul style="list-style-type: none"> • Provision of in reach medical care – hostel nursing team – this will not manage sudden onset but may form part of a risk management plan 			M	
15.	Medication – risks of others accessing prescription medication not prescribed to them, risk of others stealing medication not prescribed to them.	Service users and staff	<ul style="list-style-type: none"> • All service users to be offered a secure place to store their belongings including prescription medication 	3	4	12	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) 	2	4	8	M
16.	Mental ill health <ul style="list-style-type: none"> • Challenging or distressing behavioural presentations including voice hearing, delusion and suicidal ideation 	Service users and staff	<ul style="list-style-type: none"> • All staff to receive training in Mental Health Awareness • All staff to be provided with details of the out of hours numbers to access mental health support • Where a service user is known to be experiencing mental ill health/suicidal ideation additional risk management to be implemented; Service users to be risk assessed prior to referral and any identified risk issues to have a mitigation and management plan put in place. 	2	4	8	<ul style="list-style-type: none"> • Supervisory staff on site for each shift, and senior staff on call each night for advice and assistance • Provision of in-reach mental health care – MHHT This will not manage crisis care but may form part of a risk mitigation plan 	2	4	8	M

	Building/Premises Risk Assessment and impact on staff and service users		•				•				
	Please see separate fire risk assessment for more detail. Fire risk assessment has found suitable control measures are in place.		•				•				
	Slips, trips and falls <ul style="list-style-type: none"> Including where clients are substance affected 	Service users and staff	<ul style="list-style-type: none"> Floors are in good condition with no trip hazards identified Stairs are necessary to access the nightshelter areas <ul style="list-style-type: none"> Where a client has mobility needs there is a lift – but there would need to be a PEEP for any service user unable to exit during a fire Where a client is substance affected and may present as at risk of falling the lift should be used and consideration given to how to enable the client to exit in the event of a fire 	2	4	8	<ul style="list-style-type: none"> Provision of evacuation chairs All staff to be trained in the use of evacuation chairs 	1	4	4	M
	Building being accessed by others, e.g. non risk assessed service users, or known associates. There is an unalarmed fire exit that would allow access if someone inside opened the door.	Service users and staff	<ul style="list-style-type: none"> CCTV monitoring is available but cannot be manned constantly 	3	4	12	<ul style="list-style-type: none"> Installation of an alarm on the fire door 	1	4	4	M

	Service users accessing restricted areas of the building including access via unalarmed fire door and cupboard holding bi-fold doors	Service users and staff	<ul style="list-style-type: none"> • Cupboard to be locked • Lift to be held at the ground floor by staff to prevent service users accessing it without supervision • Bottom doors to the lobby to be locked (no negative impact on fire exit routes) • Lavatories to be locked and access gained via staff to minimise potential risk issues 	1	4	4	•					M
	Lavatory and bathing provision inadequate to meet needs	Service users and staff	<ul style="list-style-type: none"> • First floor entrance lobby has one male, one female and one disabled access lavatory – this is considered sufficient • There are no showers but this is not considered necessary 	1	1	1	<ul style="list-style-type: none"> • Request provision from Anti-freeze mobile shower unit to allow service users to bathe. This unit has been fully risk assessed and will also allow laundry facilities to be provided 					L
	Provision of food, <ul style="list-style-type: none"> • risks of food poisoning • risks of burns, injuries etc. during food preparation 	Service users and staff	<ul style="list-style-type: none"> • Pre-prepared food only to be offered from reputable supplier with a good score on the door • No hot food to be offered 	1	4	4	<ul style="list-style-type: none"> • All staff to complete food handling course 					M

	Staff experience undue stress leading to sickness/ill health	Staff	<ul style="list-style-type: none"> • Provision of a separate welfare and rest area in the lobby area (staff will be provided with food as they will be unable to leave the building during their shifts) • Staff to receive induction, including building induction, and training as outlined in the risk assessment to minimise staff stress • Staff to receive appropriate supervision from their line manager • Staff to service user ratio in line with good practice guidelines • Supervisor on each shift and senior staff member available on call • Effective communication to meet safety needs – including provision of a staff mobile telephone, walkie talkies with panic buttons and effective handover with Brighton Centre staff/staff on the following shift • Risk management in place including risk plans for each client, safe word for staff to alert others to risk 	3	3	9	<ul style="list-style-type: none"> • Reflective practice to be provided monthly to the staff team 	2	3	6	M
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			<ul style="list-style-type: none"> • After each serious incident, or near miss (e.g. a client expressing suicidal ideation, a challenging or aggressive client incident) staff members will be debriefed by the manager and offered appropriate support • Senior staff to update all client risk assessments and this risk assessment after any incident or near miss and review risk mitigation plans as necessary • Staff will all be trained on the use of BHCC Threat Response Process, Client of Concern register and Incident Reporting Procedure 				•				
	Staff to service user ratio falls below acceptable levels due to staff sickness (including staff becoming unwell whilst on shift) or failing to attend work	Staff	<ul style="list-style-type: none"> • On call Senior to have access to emergency on call bank staff and/or attend the building to meet staffing needs • Best practice guidelines on staff to service user ratio to be met at all times to allow breaks and sickness cover (i.e. minimum 3 staff overnight with additional staff for welcome and breakfast) 	3	3	9	<ul style="list-style-type: none"> • Increase minimum overnight staffing to 4 waking night staff to allow for breaks and staff sickness/non attendance • Close the building when the service cannot be safely staffed 	2	3	6	M

	Staff being at risk on leaving the building/locking up	Staff	<ul style="list-style-type: none"> No lone working to be allowed- staff to lock up together Where risk incidents have occurred and a staff member feels they will be at risk on leaving the building the on call manager to be called and the staff member offered a taxi or other support safely leaving work Any risks or threats to staff to be reported to the police 	2	3	6	•				
	Community Impact/Risk to Local Authority Reputation		•				•				
	Clients who have not been referred to the service attending and wanting to gain access, presents as risk to staff, risk to community and risk to reputation	Staff, community and reputation of local authority	<ul style="list-style-type: none"> Message that access to the service is only via St. Mungo's referral to be widely disseminated Provision of SWEP at a lower threshold than the nationally required level Building to be appropriately staffed with well trained workers who are able to manage difficult situations 	3	3	9	<ul style="list-style-type: none"> All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) Where a referred client is in breach of the code of conduct they may be asked to leave/denied entry with the agreement of the on call manager 	2	3	6	M

	Anti-social behaviour/noise nuisance from service users or known associates	Staff, service users, community and reputation of local authority	<ul style="list-style-type: none"> • Message that access to the service is only via St. Mungo's referral to be widely disseminated • The location of the building is not near residential areas, and is in an area of high night-time economy activity – any noise is likely to be within normal parameters for the area • Effective doorstep management policy in place • Good communication with the BHCC Anti-Social Behaviour Team for support and advice 	2	3	6	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) • Where a referred client is in breach of the code of conduct they may be asked to leave/denied entry with the agreement of the on call manager 				M
	Known associates of service users or others rough sleeping in the immediate area	Staff, service users, community and reputation of local authority	<ul style="list-style-type: none"> • Message that access to the service is only via St. Mungo's referral to be widely disseminated • Provision of SWEP at a lower threshold than the nationally required level • Effective doorstep management policy in place • Good communication with the BHCC Anti-Social Behaviour Team for support and advice 	3	3	9	<ul style="list-style-type: none"> • All service users to receive a welcome and introduction from a staff member outlining the service offer and code of conduct (see attached) • Where a referred client is in breach of the code of conduct they may be asked to leave/denied entry with the agreement of the on call manager 	2	3	6	M
	Negative engagement with the local press and/or local campaign groups	Staff, service users, community and reputation of local authority	<ul style="list-style-type: none"> • Proactive engagement with the press via the Communications Team • Positive engagement with local campaign groups by T4DC and The Passage Charity Link worker 	3	3	9	<ul style="list-style-type: none"> • Open day event to invite the press and members of the community to attend the nightshelter • Recruitment and engagement of volunteers from the community 	2	3	6	M

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