

24 December 2009

Baroness Young  
Five Year Strategy  
Care Quality Commission  
103-105 Bunhill Row  
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Dear Lady Young

## Consultation on Care Quality Commission Strategy for 2010-15

I am writing in response to your call for feedback on the Care Quality Commission's Strategy for 2010-15. We would like to highlight a recommendation on the assessment of risk made in the Nuffield Council on Bioethics' recent report *Dementia: ethical issues*, in response to your first consultation question: Have we set the right priorities to improve the quality and safety of care?

Taking risks is an inherent part of our everyday lives, and a life without any form of risk is unimaginable. Those caring for people with dementia however, may often feel the need to do all they can to improve safety by reducing risk to an absolute minimum. Unfortunately, minimising risk often means forgoing benefits and restricting freedom, which in turn may be highly detrimental both to the person's sense of autonomy and to their overall well-being.

It is clearly important that those providing care for people with dementia assess and manage risks appropriately. However 'risk assessments' can often focus only on the possible risks, without considering what opportunities and benefits are being forgone as a result. For this reason we believe that the term 'risk assessment' should be replaced by 'risk-benefit assessment'.

In its report, the Council recommended that the Care Quality Commission, the UK Departments of Health and other bodies regulating adult social care in the UK should require care providers to consider risks not in isolation but in the context of a risk-benefit assessment. Such risk-benefit assessments should explicitly take

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into account the well-being and autonomy of the person with dementia, as well as their need for protection from physical harm and the needs and interests of others. The term 'risk assessment' should be replaced by 'risk-benefit assessment' in order to highlight the importance of benefits which may be lost in the attempt to reduce risk (see paragraph 6.17 in the report).

The Scottish Care Commission recently confirmed to us that it plans to change any referral to risk assessment within its guidance documents to our advised terminology of 'risk-benefit assessment'.

The report *Dementia: ethical issues* was published in October 2009. It sets out an ethical framework to help those providing day-to-day care, together with recommendations for policy makers. The report, together with a summary, can be downloaded at: [www.nuffieldbioethics.org/dementia](http://www.nuffieldbioethics.org/dementia).

I hope that this is a helpful contribution. Please let us know if we can be of further assistance.

Yours sincerely

A handwritten signature in black ink, appearing to read "Hugh Whittall".

Hugh Whittall  
Director