


Document Name	Silvergrove Home Care Risk Management Policy			
Document Number				
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01/01/2026	01	01/01/2029	Emily Boyd on behalf of Silvergrove Home Care	

### 1. Purpose

The purpose of this policy is to set out how Silvergrove Home Care manages risk across its home care and support services. The policy establishes a clear framework for identifying, assessing, treating, recording, communicating and reviewing risks so that service delivery supports safe outcomes, legal compliance, good governance and continual improvement.

### 2. Scope

This policy applies to all directors, managers, office staff, care staff, agency staff, students, contractors and volunteers engaged by or on behalf of Silvergrove Home Care. It applies to risks arising in service users' homes, during travel and lone working, within offices and administration, in digital and information systems, and in any activity connected with the planning, organisation or delivery of care.

- Both strategic risks and day-to-day operational risks fall within scope.
- Clinical and care risks for individual service users must also be managed through service-specific assessments and care planning.
- Health and safety risks, safeguarding concerns, data protection risks, business continuity risks and contractor-related risks must be considered within the same overall risk framework.

### 3. Legislative and reference framework

Silvergrove Home Care will implement this policy with due regard to Irish health and safety and governance requirements and with reference to the structures described in the Health Service Executive (HSE) Enterprise Risk Management Policy and Procedures 2023 and the Health and Safety Authority (HSA) guide Managing Health and Safety at Work in the Health and Social Care Sector.

- Safety, Health and Welfare at Work Act 2005.
- Applicable duties under health and safety legislation for safe place of work, safe systems of work, information, instruction, training, supervision, emergency arrangements and protective equipment.
- HSE Enterprise Risk Management Policy and Procedures 2023, including the risk management cycle of scope, context, criteria, assessment, treatment, recording, reporting, communication, consultation, monitoring and review.
- Any additional legal, contractual, safeguarding, data protection and employment obligations relevant to home care services.

#### **4. Principles**

- Risk management is everybody's responsibility and must form part of normal day-to-day work.
- Risk management must support person-centred, safe and effective care rather than operate as a stand-alone administrative task.
- Risk is managed at the level at which it is expected to materialise, with escalation where authority, resources or system-wide action are required.
- Controls must be practical, proportionate, understood by staff, and capable of reducing either the likelihood or the impact of harm.
- Decision-making should be informed by evidence including incidents, complaints, audits, service reviews, staff feedback, inspections, trends and professional judgement.
- Where a risk cannot be fully removed, Silvergrove Home Care will reduce the risk to the lowest reasonably practicable level and maintain a clear treatment plan.

#### **5. Definitions**

- Risk: the effect of uncertainty on objectives; in practice, any event, circumstance or threat that may affect safe care, staff welfare, compliance, continuity of service, finances, reputation or organisational objectives.
- Risk assessment: the process of risk identification, risk analysis and risk evaluation.
- Control: an existing measure that is in place and working to reduce either the likelihood or impact of a risk.
- Action: a further planned measure required to reduce a risk.
- Risk Owner: the manager accountable for ensuring that a particular risk is assessed, controlled, monitored and escalated where needed.
- Risk register: the record of significant assessed risks, controls, actions, owners, ratings and review dates.
- Inherent risk: the level of risk before controls or actions are taken into account.
- Residual risk: the level of risk remaining after existing controls are considered.
- Target risk: the planned level of risk after completion of agreed actions.

#### **6. Roles and responsibilities**

##### **6.1 Service Provider / Directors / Senior Management Team**

- Approve this policy and promote a culture in which risk management, health and safety and quality improvement are taken seriously.
- Ensure adequate systems, staffing, training, resources and oversight are in place to manage risks across the service.
- Review high-level and emerging risks, ensure significant risks are escalated appropriately and allocate resources or decisions required to support risk treatment.

##### **6.2 Managers and Supervisors**

- Implement this policy within their areas of responsibility.
- Ensure risk identification processes are active for both clinical and non-clinical risks.
- Complete and review risk assessments, maintain relevant registers, assign actions and monitor progress.

- Risk assess changes to service delivery, staffing, equipment, digital systems, premises, travel arrangements, working practices and new developments before implementation where appropriate.
- Ensure staff receive suitable information, instruction, training and supervision.

### 6.3 Staff

- Work in accordance with policies, procedures, training and professional responsibilities.
- Take reasonable care for their own safety, the safety of colleagues, service users and others affected by their work.
- Promptly report hazards, near misses, incidents, safeguarding concerns, defective equipment, environmental concerns and any emerging risks to management.
- Participate in training, consultation, review and improvement actions.

### 6.4 Risk Owner / Action Owner / Control Owner

- Each significant risk will be allocated to a Risk Owner, usually the manager of the service or function in which the risk arises.
- Action Owners are accountable for completing assigned actions within agreed timescales and reporting progress.
- Control Owners are responsible for ensuring that specific controls operate as intended and remain effective.

## 7. Risk management framework

Silvergrove Home Care will use a structured risk management process adapted for a home care setting. Risk management activity shall include: establishing context, identifying risks, describing the risk clearly, analysing likelihood and impact, evaluating whether the level of risk is acceptable, deciding on treatment, recording and reporting the risk, communicating with relevant stakeholders, and monitoring and reviewing the effectiveness of controls and actions.

Identify	Analyse	Evaluate	Treat	Record	Review
What could happen?	Likelihood x impact	Accept / reduce / transfer / stop	Controls and actions	Risk assessment and register	Monitor, audit and update

## 8. Risk identification

Risk identification must be ongoing and must draw on both formal and informal sources of information.

- service user assessments, care plans and home environment reviews;
- staff observations and handovers;
- incidents, accidents, near misses and safeguarding concerns;
- complaints, compliments and service-user feedback;
- audits, spot checks, supervision, competency assessments and training records;
- regulatory or commissioning findings, internal reviews and external guidance;
- changes in staffing, dependency, equipment, technology, transport, infection trends or service demand.

**Typical home care risk areas include, but are not limited to:**

- moving and handling; falls; lone working; violence or aggression; medication support; infection prevention and control; driving for work; use of equipment; fire safety; slips, trips and poor home environments; communication failures; missed calls; deterioration in a service user's condition; safeguarding; information governance and cyber/data risks; contractor risks; emergency business continuity risks.

**9. Risk assessment and rating**

Each significant risk must be described in a consistent way: there is a risk of [event] due to [cause] resulting in [impact]. The risk must then be analysed against two dimensions: likelihood and impact. Silvergrove Home Care will use a 5 x 5 approach so that risks can be prioritised consistently and reviewed over time.

Measure	Definition	Scoring approach	Use
Inherent risk	Risk level before controls and actions	Likelihood 1-5 x Impact 1-5	Used to understand the untreated level of exposure
Residual risk	Risk level after existing controls are considered	Likelihood 1-5 x Impact 1-5	Used to decide whether additional treatment is required
Target risk	Planned level of risk after agreed actions are completed	Likelihood 1-5 x Impact 1-5	Used to set improvement goals and review timescales

**A practical guide to priority levels:**

- High risk (red): not acceptable without active treatment, senior oversight and clear timescales.
- Medium risk (amber): requires management review and either treatment or monitored acceptance with rationale.
- Low risk (green): usually manageable through routine controls and periodic review.

**10. Risk treatment and controls**

The aim of treatment is to prevent harm, reduce likelihood, lessen impact, improve resilience or, where necessary, stop an unsafe activity.

- avoid or terminate;
- reduce through improved controls;
- transfer or share through escalation, contractual arrangements or specialist support;
- accept for a defined period where justified, documented and reviewed.

**Controls should be proportionate and may include:**

- directive controls such as policies, procedures, care protocols, supervision and training;
- preventative controls such as competency checks, scheduling safeguards, safe staffing, equipment maintenance, lone-worker systems and access controls;

- detective controls such as audits, call monitoring, spot checks, incident trending, complaints review and management oversight;
- corrective controls such as action plans, retraining, environmental changes, equipment replacement and service redesign.

### **11. Risk register, reporting and escalation**

Silvergrove Home Care will maintain a risk register for significant risks. The register should record, at a minimum, the risk description, category, owner, current controls, actions, due dates, rating, review date and status.

- Risks must be managed at the level at which they are expected to materialise.
- Where a risk cannot be effectively managed at local level, or where resources, authority or wider service changes are required, the risk must be notified or escalated to the next management level without delay.
- Risk reviews should form part of management meetings and service governance arrangements.
- As a minimum, the formal risk register should be reviewed quarterly; higher risks may require monthly or more frequent review.

### **12. Health and safety risk management in service users' homes**

Because care is delivered in service users' homes and community settings, risk management must reflect the realities of a non-controlled environment. Before services commence, and whenever needs or circumstances change, Silvergrove Home Care should ensure that relevant home, task and care-related risks are considered and that workable controls are in place.

- home environmental hazards including access, lighting, floor surfaces, pets, smoking, clutter, fire arrangements and infection risks;
- moving and handling tasks and the suitability, maintenance and use of equipment;
- lone working arrangements, personal safety and communication systems;
- manual tasks, travel between calls, vehicle safety and adverse weather or community conditions;
- service-user-specific needs including cognition, behaviour, frailty, skin integrity, nutrition, medication support and safeguarding vulnerabilities;
- risks to others including family members, visitors, contractors and members of the public who may be affected by service delivery.

Where a serious uncontrolled risk remains and cannot be reduced to a reasonably practicable level, Silvergrove Home Care may need to delay, modify or suspend the activity while alternative arrangements are considered and the matter is escalated.

### **13. Information, instruction, training and consultation**

- All staff must receive induction to relevant safety, quality, safeguarding and risk management arrangements.
- Training needs must be informed by role, tasks, service-user dependency and identified risk patterns. Refresher training must be provided where appropriate.
- Staff must be consulted on safety and risk matters and informed of findings from relevant risk assessments, incidents, reviews and changes to controls.
- Silvergrove Home Care will support appropriate consultation arrangements, including engagement with staff representatives where relevant.

#### 14. Incident, near-miss and hazard reporting

All accidents, incidents, near misses, work-related ill health, safeguarding concerns and identified hazards must be reported promptly in line with Silvergrove Home Care procedures. Reports must be reviewed so that immediate actions are taken, people are supported, causes are examined and recurrence is prevented where possible.

- Incidents must be investigated proportionately to understand contributory factors and whether current controls were effective.
- Where required by law, reportable work-related events must be notified to the Health and Safety Authority within the required timeframes.
- Records of work-related incidents and associated actions must be retained in line with records management requirements.

#### 15. Monitoring, assurance and review

- Managers must monitor implementation of this policy and seek assurance that controls are operating effectively.
- Assurance activity may include supervision, file reviews, competency assessments, service-user feedback, audits, trend analysis, review of incidents and review of action-plan completion.
- This policy and the effectiveness of Silvergrove Home Care's risk management arrangements must be reviewed at least annually and sooner where incidents, audit findings, legal change or service change indicate a need.
- Lessons learned must be communicated and used to improve systems, training, care planning and operational arrangements.

#### 16. Equality, dignity and person-centred care

Risk management must support rather than undermine dignity, autonomy and person-centred care. Controls should be proportionate, respectful, and based on the assessed needs of the individual service user while also protecting staff and others. Service users and, where appropriate, their family or representative should be involved in understanding relevant risks and agreeing practical arrangements for safe service delivery.

#### Appendix 1 - Home care risk categories and examples

Risk category	Examples in a home care setting
<b>Harm to a person</b>	Falls, moving and handling injuries, medication support errors, pressure damage, infection transmission, violence or aggression, deteriorating condition, staff injury.
<b>Service continuity</b>	Missed calls, staffing shortfalls, extreme weather disruption, vehicle breakdown, communications failure, out-of-hours escalation delays.
<b>Compliance and governance</b>	Failure to follow care plans, inadequate records, unreviewed risk assessments, data protection breaches,

	failure to act on safeguarding or health and safety concerns.
<b>Information and cyber</b>	Loss of devices, insecure records, unauthorised access, weak passwords, communication of personal information by insecure means.
<b>Environment and equipment</b>	Unsafe home layout, faulty hoists or aids, blocked exits, inadequate lighting, manual handling equipment unavailable or unsuitable.
<b>Reputation and confidence</b>	Poor communication, complaint themes, repeated missed visits, inadequate response to incidents, failures in dignity and respect.

### **Appendix 2 - Core sources used to inform this policy**

This policy has been informed by the following source documents supplied for adaptation to Silvergrove Home Care:

- Health Service Executive (HSE), Enterprise Risk Management Policy and Procedures 2023.
- Health and Safety Authority (HSA), Managing Health and Safety at Work in the Health and Social Care Sector.