

Document Name	Incident Management Policy			
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Issue Date	Revision	Review Date	Policy Owner	Signature
01/01/2026	01	01/01/2029	Emily Boyd on behalf of Silvergrove Home Care	<i>Emily Boyd</i>

1. Policy statement

1.1 Silvergrove Home Care is committed to a safe service for Service Users, families, staff and the public. All incidents, near misses and hazards must be reported, managed and reviewed to reduce the risk of recurrence and to support continuous improvement.

1.2 Incident management will be proportionate, timely and person-centred. Where an incident affects a Service User, we will prioritise their immediate safety, dignity and wellbeing, and communicate appropriately with authorised representatives and relevant professionals.

1.3 Staff are supported to report incidents without fear of blame. Deliberate unsafe acts, serious misconduct, or abuse will be managed under appropriate disciplinary and safeguarding procedures.

2. Purpose

This policy aims to:

- Define what must be reported and how incidents are managed in home-care settings.
- Ensure prompt response to urgent situations and clear escalation pathways (including safeguarding and emergency services).
- Support accurate documentation and learning from incidents (trend analysis, action plans).
- Clarify responsibilities for staff, supervisors and senior management.

3. Scope

This policy applies to all Silvergrove Home Care activities, including care delivered in a Service Users home and in the community (appointments, outings), and covers incidents involving Service Users, family/visitors, staff, contractors or members of the public.

4. Definitions

- Incident: An event that results in, or could have resulted in, harm, loss, damage or distress (e.g., falls, medication errors, aggression, missing person, fire, infection exposure).
- Near miss: An event that did not cause harm but had the potential to do so.
- Hazard: Anything with potential to cause harm (e.g., unsafe flooring, hoarding risks, aggressive pets, faulty equipment).
- Safeguarding concern: Any concern about abuse, neglect, exploitation, coercive control, or risk to a vulnerable person.
- Serious incident: An incident involving significant harm, high risk, emergency services, media interest, or requiring external notification.

5. Principles

- Immediate safety first: ensure the Service User and others are safe before completing paperwork.
- Least restrictive, respectful approach at all times.

- Timely reporting and escalation.
- Confidentiality and data protection in all records and communications.
- Learning culture: focus on prevention and improvement.

6. Roles and responsibilities

6.1 All staff

- Take immediate action to protect life and prevent further harm.
- Report incidents/near misses/hazards promptly and complete the Incident Report Form.
- Inform line manager/on-call without delay for urgent or serious incidents.
- Cooperate with reviews and follow-up actions.

6.2 Home Care Manager

- Provide guidance to staff, ensure immediate risks are controlled, and coordinate follow-up.
- Ensure incidents are recorded, categorised and reviewed; identify trends and required actions.
- Ensure communication with Service Users/representatives and professionals is appropriate and documented.
- Ensure staff receive debriefing and support following distressing incidents.

6.3 Service Provider / Senior Management Team

- Ensure robust incident management systems are in place and reviewed.
- Oversee serious incident management, external notifications (where applicable) and organisational learning.
- Ensure training, audits and quality improvement actions are implemented.

7. What must be reported

Incidents must be reported when they involve (or could involve) harm, risk or distress. Examples include:

- Service User falls, injuries, unexplained bruising, burns, scalds, choking episodes.
- Medication incidents (missed dose, wrong dose, wrong time, refusal with risk, adverse reaction).
- Service User behavioural incidents resulting in risk, aggression, threats, or property damage.
- Safeguarding concerns or allegations.
- Service User missing/unaccounted for, or wandering with risk.
- Infection prevention and control incidents (needle-stick injury, exposure to bodily fluids, outbreak concerns).
- Equipment failure that impacts safety (hoist, bed, commode, oxygen, alarms).
- Lone working incidents (feeling unsafe, threats, aggressive pets, environmental hazards).
- Road traffic incidents during Service User transport/community support (if applicable).
- Complaints where safety/quality concerns are raised.

8. Immediate response and escalation

8.1 Emergencies

- Call emergency services immediately where there is imminent danger (e.g., chest pain, stroke symptoms, severe breathlessness, collapse, serious bleeding, major injury).
- Provide first aid within your competence and follow the care plan.
- Notify line manager/on-call as soon as it is safe to do so.

8.2 Safeguarding concerns

- If you suspect abuse/neglect/exploitation or immediate risk, escalate urgently via Silvergrove safeguarding procedures.
- Preserve evidence where appropriate and do not investigate beyond your role.
- Record factual observations and actions taken.

8.3 Unsafe environment / lone working risk

- If you feel unsafe, remove yourself from the immediate risk and leave the home if necessary.
- Contact your line manager/on-call immediately and follow lone working guidance.

9. Reporting process

9.1 Incidents must be reported as soon as possible and no later than the end of the shift/visit, unless an exceptional circumstance is agreed with management.

9.2 The Incident Report Form must be completed objectively and include actions taken and outcomes.

9.3 Managers will review reports, determine severity, decide on escalation, and ensure follow-up actions are implemented.

9.4 Where required, incidents will be communicated to senior management and external bodies according to applicable legal/regulatory requirements and contracts.

10. Investigation and learning

- For significant incidents, a proportionate review will be completed to understand what happened, contributory factors and how to prevent recurrence.
- Root cause analysis tools may be used (e.g., 5 Whys, timeline, contributory factors).
- Actions will be assigned to a named person with timescales and monitored to completion.

11. Communication following incidents

- Service Users will be informed in a timely, respectful manner (and representatives where authorised), including what happened and what will be done next.
- Staff should not assign blame. Communication must be factual and documented.

- Where required, relevant healthcare professionals will be contacted (e.g., GP/PHN) and this must be recorded.

12. Staff support and debriefing

Incidents can be stressful. Staff involved will be offered debriefing and support. This reflects the approach used in Silvergrove's responsive behaviours guidance, which supports post-incident debriefing for staff after incidents/accidents. [filecite:turn3file00519-L525](#)

13. Records management and confidentiality

- All incident records are confidential and must be stored securely in line with Silvergrove record-keeping and data protection requirements.
- Incident records must be accurate, factual, dated, and attributable to the reporter and reviewer.

14. Monitoring, audit and review

- Incidents will be reviewed for trends (e.g., falls, medication, behaviours, lone working) to inform quality improvements.
- Audit findings and learning will be shared with staff via supervision, team meetings and training.
- This policy will be reviewed at least every three years or sooner if required.

Appendix 1: Incident Report Form (Silvergrove Home Care)

Complete as soon as possible after the incident. Use factual, objective language.

A. Reporter details

Reporter name	
Role	
Phone/email	
Date/time report completed	

B. Service User details (if applicable)

Service User name	
Address/location	
Service User DOB (optional)	
Care package / service type	
Next of kin / authorised representative	

C. Incident details

Date of incident	
Time of incident	
Exact location (home/community)	
Type of incident (tick/describe)	<input type="checkbox"/> Fall <input type="checkbox"/> Medication <input type="checkbox"/> Behaviour <input type="checkbox"/> Safeguarding <input type="checkbox"/> Infection exposure <input type="checkbox"/> Equipment <input type="checkbox"/> Lone working <input type="checkbox"/> Other
Brief factual description of what happened (include sequence of events)	
Immediate actions taken (first aid, safety measures, stopped task, etc.)	
Were emergency services called? (Y/N) If yes, details	

D. People involved / witnesses

Who was involved (Service User/staff/other)?	
Witnesses (names/contact)	

E. Injury / outcome

Was anyone injured? (Y/N). If yes, who and nature of injury	
Body map required? (if used) (Y/N)	
Was medical advice sought? (GP/PHN/Out of hours/ED)	
Outcome for Service User (monitoring plan / observations / referral)	
Outcome for staff (treatment, time off, support)	

F. Safeguarding

Is this a safeguarding concern/allegation? (Y/N)	
If yes, what type? (abuse/neglect/other) and immediate risk actions	
Safeguarding escalation completed? (Y/N) Details	

G. Notifications and communication

Line manager / on-call notified (name, date/time)	
Service User informed (date/time and what was said)	
Representative informed (if authorised) (date/time)	
Other professionals contacted (GP/PHN etc.)	
External notifications required? (specify)	

H. Contributory factors (tick/describe)

<input type="checkbox"/> Environment <input type="checkbox"/> Equipment <input type="checkbox"/> Staffing <input type="checkbox"/> Training <input type="checkbox"/> Communication <input type="checkbox"/> Health/medical <input type="checkbox"/> Behavioural triggers <input type="checkbox"/> Other	
Additional detail	

I. Follow-up actions (to prevent recurrence)

Immediate controls put in place	
Actions required / by whom / due date	
Care plan or risk assessment updated? (Y/N) Details	

J. Manager review and closure

Reviewer name & role	
Severity rating (Low/Moderate/High) & rationale	
Investigation required? (Y/N) If yes, summary and findings	
Actions signed off as completed (date)	
Close date	

Appendix 2: Quick guide – when to escalate immediately

- Immediate danger to life or serious injury → call emergency services.
- Safeguarding allegation or immediate risk to a vulnerable person → escalate via safeguarding procedure immediately.
- You feel unsafe during a visit → leave if necessary and contact on-call/manager.
- Significant medication error or adverse reaction → seek medical advice and notify manager urgently.