



# Incident Reporting Policy for SSA Star Care

**!** Please ensure this document is read and understood by all new members of the team.

SSA Star Care Services Quality Control and Policy Reviews department has made every effort to ensure this document/policy/form does not have the effect of discriminating, directly or indirectly, against employees, service users, contractors or visitors on grounds of race, colour, age, nationality, ethnic (or national) origin, sex, sexual orientation, marital status, religious belief or disability. This will apply equally to full and part time employees.

This is a controlled document. Whilst this document may be printed, the electronic version is maintained on the server at our offices.

Please consider the environment before you print this document and where possible copies should be printed double-sided.

Registered in England & Wales Company Number 11945675  
Office 5 89A High Road, Wood Green, London N22 6BB  
Web: [www.ssastarcare.co.uk](http://www.ssastarcare.co.uk) Email: [info@ssastarcare.co.uk](mailto:info@ssastarcare.co.uk) Tel: On Call 07796 340377



## Policy Aims

SSA Star Care, in its approach to incident investigation, aims to develop an open, fair, transparent and non-punitive culture so long as there has been no flagrant disregard of our policies, fraud or gross misconduct. We understand that things can go wrong and incidents can happen.

**The aim of this policy is to set out our overall approach to dealing with Serious incidents.**

The purpose of an investigation into a Serious Untoward Incident is to identify any deficiencies in care and to learn lessons from these findings to develop safer practices and environment for the benefit of Service Users, staff and all other parties involved.

## Policy Statement

This policy describes SSA Star Care's policy for the management of incidents classified as 'Serious Untoward Incidents' that members of staff must follow if the event occurs as a result of any work activity conducted by or on behalf of SSA Star Care. It encompasses the management of both Service User and non-Service User-related Serious Untoward Incidents.

### Key Question: What exactly is a Serious Untoward Incident?

- An accident or incident when a Service User, member of staff or member of the public suffers serious injury, major unexpected harm or unexpected death (or the risk of death or serious injury) on premises where care and support is provided, or whilst staff are engaged in duties for and on behalf of SSA Star Care
- Any event where the actions of SSA Star Care staff are likely to cause significant public concern
- Any event that might seriously impact upon the delivery of services and / or which is likely to produce significant legal, media or other interest and which, if not properly managed, may result in the loss of SSA Star Care's reputation or assets

## General Standards

**The investigation will be undertaken in line with the SUI investigation process outlined in this document**

**Where appropriate, the implementation of immediate action to prevent or minimise the risk of re-occurrence of the incident must be initiated;**

**All SUIs, once identified must be brought to the attention of the company Directors without delay;**

**Out of hours SUI's should be brought to the attention of the on-call director;**

**An incident form should be completed without delay so as to ensure a full and contemporaneous record is made;**

**A senior manager or Director will co-ordinate the management of the incident;**

**The initial scope of the investigation will determine the extent of the problem and define the resources required to support the investigation;**

**The SUI process will incorporate the appropriate communication standards**

**The Directors will communicate with all relevant external organisations during the investigation, such as the Local Authority, Local Safeguarding Adults Board, CQC, Health and Safety Executive and / or the Police, as appropriate.**

## Responsibilities

### Company Director(s)

One of the Directors will be nominated as the executive lead for the investigation, reporting and overall handling of the SUI. They will:

- Take Executive lead for the investigation of the SUI.
- Oversee a thorough and timely investigation process
- Oversee a review meeting to highlight any lessons arising for the SUI and delegate actions and responsibilities for remediation and development

As required, they may also

- Attend meetings with external agencies
- Meet with the family
- Attend an inquest



## Investigation Lead

An investigation lead will be appointed from amongst the Senior Management Team. Their responsibilities will be:

- To secure the support package documentation and notes and coordinate an initial scoping of the incident to determine the extent of the problem and any resources needed to manage the incident.
- To support the executive lead in the investigations process
- To arrange interviews and meetings with internal and external parties
- To ensure that external organisations are kept informed of the investigations process – as outlined in the SUI procedure
- To ensure that SUI documentation is kept as appropriate and in line with SUI investigation process outline in this document
- To communicate with the Service User(s)/relative(s) where possible, advising them of the investigation in line with our Duty of Candour / Being Open Policy.
- To provide appropriate advice and support for staff in line with the Supporting Staff Policy

To ensure that the action plan is forwarded to the Directors who will take overall responsibility for ensuring implementation and monitoring through to completion

## All Employees

**All staff are required to report incidents in line with the Incident Reporting Policy**

## Training

The Directors will ensure provision of training for relevant staff, to enable them to carry out their duties and responsibilities relating to incident management. This may include the risk



management training day and other support and advice, as appropriate to the needs of the individual.

## Improvement

We are committed to a culture of continuous development, using all experiences and resources to improving the quality and safety of the services we provide. This includes drawing on the experience gained from investigating SUIs.

Following any SUI investigation, we will convene a review meeting to be attended by the Directors, Senior Managers and senior Branch staff. Appropriate external parties, such as Local Authority and CQC representatives may be invited to this meeting in the interests of openness.

The meeting will be used to review the nature of the SUI and the scope and findings of the subsequent investigation. The intention of the meeting will be to identify areas for improvement or areas where remedial actions is required. We will look to take away both specific, i.e. location, procedure lessons as well as system-wide, i.e. where lessons can be applied preventatively to other areas of the company. We will also be looking to learn lessons about the investigation process.

Where lessons are identified, there will be a specific action plan drawn up with nominated responsibility being identified. A follow-up review will be timetabled to ensure actions are completed in a timely and satisfactory way.

## Identification and response to a Serious Untoward Incident

In the event of an incident, employees are responsible for ensuring that appropriate remedial action is taken immediately after the event to minimise or prevent further harm to the individuals concerned and to re-establish a safe environment. Employees should have regard for their own health and safety at such times – and therefore request assistance, where appropriate.

Where the incident has involved any equipment, the equipment and any consumables e.g. hoist and straps, should be isolated immediately and labelled. It should not be used and should be preserved as evidence as part of an investigation.

The equipment and any consumables should be retained in a secure location pending further instructions. Where practical, the scene of the incident / immediate environment should also be 'preserved' to allow for more detailed investigation. Service Users' belongings should also be stored securely, where appropriate, as they may be required by the police or other external agencies.

All relevant documentation including the Support Package records should be secured. Original records should be provided to the Investigation Lead and copies should not be released to a third party without prior agreement. A full record of the details of the event should be documented in the Support Package records or a statement as soon as possible by staff involved.

### **Key Question: How do I report a suspected SUI?**

The incident should be reported immediately to the Branch Manager and appropriately escalated to the senior management team.

The senior management team should notify the Directors without delay where a SUI is suspected.

At weekends and during holiday periods the on-call Director should be notified and should take responsibility for the immediate management of the incident and initial phase of the investigation to make the situation secure and safe.

The escalation process may include the need to inform one or more external agencies e.g. the Health and Safety Executive, the Police, the CQC or the Local Authority.

Early consideration should be given to the provision of information and support to the Service User / relatives, carers and staff involved in the incident in line with our Duty of Candour policy. Any formal action in relation to staff should be undertaken following discussion with the appropriate Branch Manager and Director, or other management lead as appropriate.

## **Incident Management**

### **Determining a SUI**

A Director will nominate an appropriate Investigation lead, depending on the nature of the incident.

The nominated Investigation Lead will coordinate an initial scoping exercise. The result of this will determine whether the incident is considered to be a SUI and level of investigation required. This will be confirmed by one of the Directors.

A Director will be nominated as executive lead.

### **Reporting**

Once the incident is confirmed as a SUI, the Branch Manager should undertake appropriate immediate action to ensure that Service Users and staff are not put at risk whilst an investigation is undertaken.

The Service User(s) / relatives, where appropriate, and relevant staff should be notified at the earliest opportunity, in line with our Duty of Candour policy. If there is a delay in informing the



Service User / relative then the most appropriate person and method of communication should be discussed with the Director.

The Local Authority and CQC will be informed verbally **within 24 hours** of the confirmation of a SUI by the Investigation Lead. If this occurs at the weekend, it should be notified on the Monday following. If media attention is likely, and the incident occurs on the weekend, the on-call Director should be informed and relevant stakeholders notified.

We will then inform the Local Authority and CQC in writing within **3 working days**, following a fact-finding period, as to whether the incident is a SUI or whether it can be downgraded.

At this stage further consideration should also be given to the immediate notification of any other external agencies including: Police; HSE; Coroner; Company Solicitors. The Investigation Lead is responsible, on behalf of the Directors, for ensuring all relevant stakeholders have been informed.



## **First round table meeting**

A meeting to review the incident must be held, where possible within 2 working days of the declaration of a SUI.

The Investigation Lead is responsible for arranging the first round table meeting. The following individuals will be invited to attend this meeting as required:

- **Director**
- **Investigation Lead**
- **Senior Branch / Location Manager(s)**
- **Any other expert help as required e.g. HR, IT, Company Solicitors**

The purpose of the first round table meeting is to:

**Review progress of immediate actions**

**Ensure that all relevant stakeholders have been notified;**

**Consider any immediate action required in relation to staff involved or systems;**

**Determine the terms of reference for the investigation and the level of investigation required**

**Establish links with other Company policies e.g. Safeguarding**

**Confirm the time and resources required by the investigation lead;**

**Explore what support may be required for Service Users and staff involved in the incident;**

**Plan communication with the family in line with the Duty of Candour / Being Open Policy; Ensure appropriate support is offered to the family in the case of bereavement**

**Confirm timeline for the investigation.**

**Identify witness statements/ that are needed and how these will be requested / supported by the investigation team. Consider potential media plan where required**

All meetings relating to the investigation should be documented.

**Note: the work of this group may need to be adjourned if for example a Police / Health and Safety Executive investigation commences**

### **Investigation - Root Cause Analysis and Action Plan Development**

A Director, supported by the Investigation Lead will be responsible for conducting the investigation and carrying out a Root Cause Analysis (RCA).

Staff involved in the incident will be required to attend interviews or submit statements as requested by the Investigation Lead, ideally within 10 working days. The release of staff and cover of their duties to attend these meetings should be prioritised with their line manager.

The Investigation Lead will obtain witness statements, interview staff and use this information along with the care records and any other relevant evidence available to complete an RCA.

The Investigation Lead will be responsible for ensuring an appropriate record is kept of all meetings and documentation is kept secure.

On completion of the RCA, a final draft report and recommendations will be produced, ideally within **30 working days**, by the Investigation Lead, following discussions with relevant staff.

A second round table meeting will be arranged by the Investigation Lead, ideally within **35 working days**. The purpose of this meeting will be to agree and finalise the report and recommendations, identifying recommendation / action leads where possible. If an inquest is planned, the Company Solicitors may be asked to attend this meeting.

The group will review the outcome of the investigation and agree any further actions required in relation to:

- **Review of final report to confirm accuracy of facts**
- **Agree recommendations including system improvement where appropriate.**
- **Review any performance/ capability concerns considered in line with HR procedures.**

### **Director Review and Sign off**

The final report, action plan and recommendations will be reviewed and formally signed off by a Director, where possible within **45 working days**. The report and recommendations are then provided to the relevant Local Authority and to the CQC.

## Actions Implementation, Monitoring and Closure

The Investigation Lead will be responsible for ensuring that:

- The report is anonymised and does not contain the names of Staff or Service Users. Person identifiers must be documented separately.
- A meeting has been offered to the Service User / relative / carer for presentation of the report by the Incident Investigation team;
- The recommendations / action plan is forwarded to the Local Authority within 5 days of the report being signed off;
- The recommendations / action plan is copied to the Directors who will be responsible for ensuring the monitoring of the action plan. Evidence and/or confirmation of completion of actions will be collected as appropriate.
- An executive summary Closedown report has been prepared for Directors.
- The Directors are provided with the relevant documentation to assist in any complaint, coroner's or claim's process.

## Record Keeping

It is easy in the immediate aftermath of an incident to overlook the need to secure and preserve evidence. This may be particularly true of busy office areas that are in constant use by staff.

However, safeguarding physical and documentary evidence is critical to understanding what has happened, thereby protecting public safety and ensuring the conduct of a satisfactory investigation. Advice about the storage of evidence will be provided, as required, by the investigation lead.

**Clear and factual records should be made by staff involved in the incident and by the investigation team throughout the investigation process.**

## Communications

The Directors will assume responsibility for developing the communication strategy in relation to the SUI when media attention has been attracted. They should ensure the relevant external stakeholders are made aware of any media attention.

## Service User(s) and Relatives

It is essential to work on the principle that the Service User / relatives must know of the incident before the media (although it is recognised that this is not always achievable). The incident must be communicated to the family in line with the Duty of Candor Policy.

The Investigation Lead should ensure that the family receive updates, as required, on the progress of the investigation and arrange a meeting with them for discussion of the final report.

## Monitoring and Review

The Managing Director, \_\_\_\_\_NAME TBC\_\_\_\_, will check this policy is working properly and they will review it at least once a year. We will make improvements to the policy wherever we can.

Employees are invited to suggest any ways the policy can be improved.

### Key Points to Take Away

- A SUI is An accident or incident when a Service User, member of staff or member of the public suffers serious injury, major unexpected harm or unexpected death (or the risk of death or serious injury) on premises where care and support is provided, or whilst staff are engaged in duties for and on behalf of SSA Star Care
- All SUIs, once identified must be brought to the attention of the company Directors without delay
- Clear and factual records should be made by staff involved in the incident and by the investigation team throughout the investigation process.

## Authorisation and Signature

This Policy is the authorised version agreed by the Directors of SSA Star Care. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

**Registered Manager**