

## **Harm Levels On-line Survey Completion Guidance**

The Harm Levels On-line Survey forms part of your contractual obligations as a Care Provider within Stockport and must be completed on a Quarterly basis. Within Stockport, the Quarters are:

- Quarter 1 (April, May, June)
- Quarter 2 (July, Aug, Sept)
- Quarter 3 (Oct, Nov, Dec)
- Quarter 4 (Jan, Feb, Mar)

The on-line Survey will be e-mailed to all Care Providers within Stockport at the beginning of each Quarter to collate the data from the previous Quarter. If you have not received the link within 5 working days (Monday – Friday) of the beginning of a financial Quarter, please contact:

**Susan Holroyd, Quality Assurance Officer:** [susan.holroyd@stockport.gov.uk](mailto:susan.holroyd@stockport.gov.uk)

From receipt of the link, you then have until the end of the same month to submit your return. The deadline date will be stipulated within the e-mail and is also shown on the survey.

---

Within the Survey, there are 8 Sections, all of which must be completed.

### **1<sup>st</sup> Section: Service Type**

The options to choose from are:

- Adult Residential Care
- Nursing Care
- Home Care
- LD Residential
- LD Tenancies
- LD Day Services
- Mental Health Services

### **2<sup>nd</sup> Section: Provider Name**

Select your Provider Name from the drop-down box.

There is an option “Other Provider”. There is no need to complete this as this option is solely for New Providers who Stockport have commissioned with within the last quarter. (i.e. their name will not yet appear in the drop-down box).

If your name does not appear in the drop-down box, please inform [susan.holroyd@stockport.gov.uk](mailto:susan.holroyd@stockport.gov.uk)

### **3<sup>rd</sup> Section: Have you any Harm Levels to Report**

Complete either Yes or No. (If you have any Safeguarding Incidents to declare then the answer in this section is Yes).

### **4<sup>th</sup> Section: Number of Harm Levels 1 - 5**

Please complete with the number of Safeguarding Incidents within each Harm Level category (i.e. categories 1 – 5) recorded within your care provision.

If you have no Harm Levels to report complete each Level with a zero. This is classed as a Nil Return.

**The remainder of the Survey is to capture information relating solely to any Harm Levels reported in Section 4. If you have reported no Harm Levels, then the rest of the survey must be completed with zeros as there is no information to report.**

### **5<sup>th</sup> Section: Incident Type**

Log the numbers of incidents relating solely to the Harm Level numbers declared within Section 4.

### **6<sup>th</sup> Section: Safeguarding Actions**

Log the numbers of Safeguarding Actions relating solely to the Harm Level numbers declared within Section 4.

### **7<sup>th</sup> Section: Risk Factors**

Log the numbers of Risk Factors relating solely to the Harm Level numbers declared within Section 4.

At the end of this section, there is also a box for completion with an example of good practice you have identified during a safeguarding investigation and how this was used and shared.

### **8<sup>th</sup> Section: Learning from Incidents**

Log the numbers of Learning relating solely to the Harm Level numbers declared within Section 4.

At the end of the survey there is the facility to request a PDF summary of your responses.

---

### **Example for Illustration Purposes only.**

If you have 26 Safeguarding Incidents to declare, e.g. 10 Slips, Trips and Falls, 14 Medication Errors and 2 Behavioural Incidents, you would report Yes in Section 3. The 26 incidents would then be recorded in the appropriate Harm Level categories 1 – 5 in Section 4. The 26 incidents would be logged in the appropriate Incident type in Section 5, the Safeguarding Actions taken to deal with these 26 Incidents would be recorded in Section 6, the risk factors relating to these 26 incidents would be logged in Section 7 and the Learning from these 26 incidents would be logged in Section 8. There may be more than 26 records within Sections 6, 7 and 8 depending on how the individual incident was dealt with.

---

**Please find attached two appendices. The first is a list of the specifics within each of the sections outlined above and the second is guidance around the descriptions of Harm Levels 1 – 5.**

## **Appendix 1 – Harm Level On-line Survey Section Specifics**

### **Incident Type (Section 5)**

- Slips, Trips and Falls
- Burns/Scalds
- Skin Conditions/Integrity
- Medication Errors
- Poor Practice
- Environment
- Food/Fluid Intake
- Communication/Record Keeping
- Behavioural
- Cultural/Ethnic Barriers
- Abuse between Adults at Risk
- Abuse from Staff to Adults at Risk
- Unexplained Bruising
- Accidental Bruising
- Missed Appointments/Missed Calls
- Any Other Incidents – Please Specify

### **Safeguarding Actions (Section 6)**

- ASC Notified
- Police Notified
- CQC Notified
- Risk Assessments Completed
- Appropriate Referrals to Identified Professionals
- Review of the Care Plan
- GP Referral
- Family and Service User Consulted
- Advocacy being Considered
- Increased Monitoring/Resources
- Disciplinary Action
- Body Mapping
- Other – Please Specify

### **Risk Factors (Section 7)**

- Mental Health
- Physical Health
- Staffing Levels (or other Resource Issues)
- Social Isolation
- Social Circumstances – Neighbour or Family Concern
- Financial Concerns
- Breakdown in Communication
- Difference in Communication (Barriers)
- Lack of Support from Carers
- Lack of Practical or Emotional Support
- Trauma
- Substance Misuse
- Domestic Abuse
- Lack of Equipment

- Faulty Equipment
- Equipment Unavailable

**Learning from Incidents (Section 8)**

- Adherence to Care Plan/Risk Assessment
- Monitoring and Review of Individuals Care
- Training Needs Identified
- Regular Supervision
- Increased Resources
- Advocacy Considered
- MCA & DoLS Considered
- Audits of Documentation and Systems
- Accuracy of Record Keeping

## **Appendix 2 – Descriptions of Harm Levels (Guidance Only)**

(These are examples to illustrate the levels of harm relating to adults at risk, but this list is not exhaustive).

### **Harm Level 1**

- One off incidents of poor practice that cause little or no harm.
- One off incidents or service user on service user abuse that cause no harm and measures put in place to reduce risk of repeat incident.
- Staff error causing no/little harm, e.g. skin friction marks due to ill-fitting socks on one occasion.
- One off incident of money not recorded appropriately by a professional e.g. receipt not retained.
- Isolated missed home care visit - no harm occurs – measures put in place to reduce risk of further incident.
- Adult is not assisted with a meal/drink on one occasion and no harm occurs.
- Temporary environment restrictions but action to resolve is in place e.g. temperature, lighting, access to outside or communal areas.

### **Harm Level 2**

- Poor quality of care rather than issues of abuse e.g. low staffing levels, issues relating to the environment, adherence to the care plan in the delivery of care etc.
- Disputes between service users quickly resolved that cause little or no harm and risk assessment and plan put in place.
- Adult does not receive prescribed medication (missed/wrong dose) on one occasion - no harm occurs.

### **Harm Level 3**

- Non adherence to Mental Capacity Act particularly the application of the 5 principals in the delivery of care or treatment.
- Service user on service user incident that is either recurring or results in actual injury.
- Any error that causes a high risk of harm.
- Recurring treatment that undermines dignity.
- On-going denial or failing to recognise an adult's choice or opinion.
- Recurrent missed home care visits where risk of harm escalates, or one missed visit where harm occurs.

### **Harm Level 4**

- Significant impact on an adult at risk resulting in fear, humiliation, injury, loss or neglect.
- One –off incident that causes significant harm to an adult at risk.
- On-going treatment that undermines dignity.
- Re-occurring errors in a service setting that impact on one or more adults at risk at a level that moves from poor practice into abuse.
- Institutional abuse where more than one adult at risk is affected e.g. issues relating to moving and handling, medication, care plans, cultural issues in hospitals, care homes, day care settings etc.).

### **Harm Level 5**

- An adult at risk has been abused and a crime is suspected to have taken place (e.g. sexual abuse, threats to injure/kill, hate crime, theft/fraud).
- An adult at risk has sustained a potentially life-threatening injury through abuse or neglect.

- An adult at risk is being exploited, ill-treated or wilfully neglected by a person in trust in a professional capacity.
- An adult at risk dies & abuse or neglect is suspected to be a factor in their death.
- Consider immediate referral to emergency services as appropriate.