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| **No.** | **Recommendation** | **Action Why** | **Who** | **Update** | **Time Frame** | **RAG** |
| 1 | **Record Keeping**  The Care Home and Care Provider should address standards of record keeping. | As part of the Multi-agency choking risks action plan an audit was undertaken to ensure that choking risks were clearly identified on care plans. This work has subsequently been audited and continues to form part of the quality assurance monitoring undertaken by commissioners. | Care Provider, Care Home, Clinical Commissioning Group (CCG) and Local Authority. |  | Ongoing – green | Green |
| 2 | **Investigation Recommendation Two:**  The Care Provider needs to consider how speedy and thorough investigation can be undertaken. | Safeguarding team will offer a rolling programme of training to key stake holders including care home providers with due reference to undertaking safeguarding investigation in a timely fashion as well as communication with family members. | Local Authority Safeguarding Team | Safeguarding Adults Board has offered safeguarding training to both Care homes and home care agencies In the borough and will continue to respond to training needs of providers. | Ongoing |  |
| 3 | **Investigation**  **Recommendation Three:** The Local Authority should coordinate post incident investigation, with LAS, CQC, CCG, the Trust, GP, the Care Provider. | The Section 42 forms have subsequently changed and now clearly include level of risks and actions to mitigate risks with a clear timeline for follow up actions | Local Authority | S42 forms amended and will continue to be reviewed. | Implemented | Green |
| Enquiry officer training to reiterate the need to ensure a multi-disciplinary approach including LAS, CQC and CCG with actions, follow up and closure of the investigation clearly communicated. | Local Authority | Rolling programme of enquiry and SAM training is delivered to staff throughout the year and highlights the need for a multi-agency approach | Complete |  |
| 4 | **Transfer of Speech and Language Therapy (SALT) information**  Trusts and Community Services should review arrangements for discharge and follow up. | To ensure work identified by the Multi-agency choking risk action plan is completed in relation to Hospital SALT discharge pathways and sharing information. | Clinical Commissioning Group (CCG) |  |  |  |
| All nursing homes are now supported by GP services commissioned by the CCG | Clinical Commissioning Group (CCG) | Implemented and in place | Implemented | Green |
| To ensure the use of the red bag scheme is being used by all care providers. | Local Authority Commissioners |  | Ongoing |  |
| 5 | **Communication with Family**  The Care Provider should review arrangements for investigation and communicating with families after serious adverse events and in relation to complaints handling. | Safeguarding team will offer a rolling programme of training to key stake holders including care home providers with due reference to undertaking safeguarding investigation in a timely fashion as well as communication with family members. | Local Authority Safeguarding Team | Safeguarding Adults Board has offered safeguarding training to both Care homes and home care agencies In the borough and will continue to respond to training needs of providers. | Ongoing |  |
| 6 | **Emergency Response** **:**  The Care Provider should review HR procedures and practices to ensure sustained recruitment, retention, training and support of those with the right values to care for older people. | Commissioners to ensure that emergency policies and protocols are in place and records and reporting to regulators is undertaken. | Care Provider, Care Home, CCG, Local Authority |  | Ongoing |  |
| 7 | **999 Emergency Call:** The training programme for Call-Handlers should identify this type of risk and ensure accurate first accounts are taken and transcribed. | LAS to provide and review annually call handlers training package and consider inclusion of areas of development or learning highlighted in Serious Adults and Children’s reviews. | London Ambulance Service (LAS) | LAS review the training packages annually and the training is mandatory for all EOC staff.  LAS audit calls for Quality Assurance purposes and if any potential issues arise at the time to ensure areas of development and/or learning is followed up.  This is a national system that the LAS are unable to put in place any change. | Complete | Green |
| 8a | **DNAR Orders-LAS:** LAS should review practice and procedures and ensure this is reflected in staff training programmes. | LAS to ensure it is linked in with Coordinate My Care (CMC) which will immediately flag resuscitation status. | London Ambulance Service (LAS) | LAS has implemented Coordinate My Care (CMC) which will immediately flag resuscitation status. | Implemented | Green |
| LAS to ensure appropriate training in the use of DNAR Orders is given to staff | London Ambulance Services (LAS) | LAS has implemented appropriate training in the use of DNAR Orders is given to staff.  LAS now has in place an end of life care team for additional advice and support if needed.  Training has been provided to all operational staff to accommodate coordinate my care and DNAR orders. | Implemented | Green |
| 8b | **DNAR Orders- Care Provider**  Training for staff in the Care Home on the purpose and effect of DNAR’s should be initiated, reviewed and evaluated by the Care Provider. | Attend the Care Home Provider Forum to identify what Policies and training on DNAR are in place. If not adequate, then joined up training will be offered to Care Home providers via Local Authority and CCG. | Care Provider, Care Home, CCG, Local Authority. | Resulting feedback was that a separate MDT meeting be convened with LAS in attendance to address Provider feedback on current working relationship with LAS ,GP and to scope the need for staff training on their understanding of DNAR and what reversible events means medically . | Ongoing | Amber |