| Finding No | Recommendation | Actions | By Who | Timescale | RAG | Update *(Feb 2022)* |
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| 1 | Development of a joint protocol between Housing and Adult Social Care Departments, to identify adults physically unable to leave their properties, due to them being inaccessible, and a shared action plan to remedy this. | To establish a joint Social Services and Housing Complex Case Panel to discuss complex cases. | Housing/ RBG |  | Amber | A housing panel is in place and works by either housing or social services bringing complex cases to be discussed and agree a way forward.  A protocol has not been developed – Housing colleagues to raise this. |
| To also identify those adults who are unable to bid for alternative accommodation and ensure their representative is included in any correspondence about offers of re-housing. | Allocations to publicise offer with assistance with bidding if required in a choice based lettings advert. | Housing allocations | Complete | Green | In August 2021 this offer was publicised and where, from the application for housing or other details provided the customer has advised housing they have someone acting on their behalf and has granted permission for us to copy them into any property offers, the team will do this. |
| Following a social care assessment that identifies an adult’s need to move, support and advocacy should be included as part of a subsequent Adult Services Care Plan to ensure that this is achieved. | Mechanism to be put in place to record any issues In relation to an adults need to move via the RBG recording system. | RBG | Complete | Green | This is now recorded as part pf the assessment form on Mosaic. |
| 2 | CCG to ensure that Primary Care Services thoroughly review all patients with epilepsy, at least annually. This should include use of the annual review template, as recommended by the epilepsy society[[1]](#footnote-1). | Quality and Outcomes Framework (QOF): indicator EP001 *“The contractor establishes and maintains a register of patients aged 18 years or over receiving drug treatment for epilepsy”* Liaise with primary care commissioning team to understand compliance with this indicator across Greenwich GP practices.NICE guidance for epilepsy includes a number of quality statements. Quality statement 4: “*Epilepsy care plan: Adults with epilepsy have an agreed and comprehensive written epilepsy care plan.”* Ensure that GPs are aware of this requirement through briefings, newsletters and training opportunities.Presentation at GP adult safeguarding forum on 8th JulyDisseminate and encourage the use of the annual review template as recommended by the epilepsy society | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |
| Where the review identifies issues with management of the condition the patient is referred to specialist secondary services for further assessment. | NICE Quality statement 8: “*Re-access to specialist care: Adults with epilepsy who have medical or lifestyle issues that need review are referred to specialist epilepsy services.”* Ensure that GPs are aware of this quality statement through briefings, newsletters and training opportunities.Presentation at GP adult safeguarding forum on 8th July | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |
| Where social care services or family members are aware that patients are not able/willing to self-medicate, this prompts an unscheduled and multi-agency review of their case. | Ensure there is a process in place for care agencies to alert RBG to review medication changes. | RBGDirect Payments Commissioner | August 2021June 2021 | AmberGreen | Process in place for care agencies to alert RBG if there is an issue with medication and advice is given to contact GP and family to undertake a medication review. |
| Update Direct Payments handbook to include any concerns regarding medication management to be referred to GP. | Handbook updated in June 2021 |
| That where Home Care Providers are supporting adults with epilepsy, they include monitoring, prompting of medication, until a responsible physician approves any changes in medication management. | As part of the new tendering process – Service providers with additional requirements for epilepsy training will be commissioned. | Commissioning/ Home Care providers | Ongoing /June 2022 | Amber | Specialist providers for epilepsy commissioned for new tender who have additional training requirements for epilepsy. Tendering process commences June 2021.All providers have better monitoring of care workers and medication policy in place to ensure medication is administered correctly. |
| If Home Care Providers amend care plans to not monitor medication, following an adult stating they are independent, this change is highlighted to families prior to the revised Care Plan being counter-signed by them | New tender to ensure that electronic system is available to local authority and information is more easily shared. | Commissioning/ Home Care providers | Ongoing-June 2022 | Green | This is included in the new tender -in the interim however we are assured that all provider, should be doing this as a matter of course.  In addition if there is evidence of non-compliance in relation to medication, the agency contact Adult social care and family which Can be recorded and tracked on Mosaic which may then create a pattern to request a meds review |
| 3 | Where a potential new service is being commissioned/transferred through the Brokerage Service, all relevant assessments are included as part of the first conversation, to enable a provider to make an informed view on whether they are willing and able to take on the case. | To ensure all assessments are transferred to brokerage services currently and is stipulated in the new tender. | Commissioning/ Home care providers | Ongoing- June 2022 | Green | Part of the current contract and strengthened in new tender. |
| Where this service involves a risk of non-compliance, or lack of access to the adult, then a fully joined up plan for carers to record, escalate to their managers and for subsequent responses is agreed by all parties, including the adult and their family. | Imbed the use of electronic recording systems for care providers and a pathway for escalation. | Commissioning/ Home care providers | Ongoing-June 2022 | Green | More provider using electronic systems and MARS sheet in current contract. In the new contract this is further strengthened to ensure that all providers use this system and that we have access to it and a new medication policy is being built around this If there is evidence of non-compliance in relation to medication, the agency contact Adult social care and family which Can be recorded and tracked on Mosaic which may then create a pattern to request a meds review |
| That any ongoing problems with service delivery are reported by the provider, the case is allocated to a social worker, is regularly reviewed and is not closed until an adequate risk management strategy is in place. | New tender ensures that electronic system is available to local authority and information is more easily shared and reviewed.Ensure a robust provider concerns process and sharing of information between Safeguarding Adults and commissioners. | Commissioning/ home care providers |  | Green | The Safeguarding Adults Team convenes regular (monthly) meetings with the Contracts and Commissioning team to review concerns and share intelligence relating to quality alerts and safeguarding concerning providers.  In addition the safeguarding team receives and reviews data on a weekly basis concerning safeguarding concerns relating to all provider services commissioned by the borough |
| Where the above reviews identify risks of self-neglect and concerns about adults’ insight into their care needs, the care plan is amended to document these. | Include in strengths based training and develop a policy and guidance notes for staff on self-neglect.Commission training for practitioners on how to support residents who may be self-neglecting.SAB participating in the Kings college research project on self-neglect and hoarding. | PSW and Head of Adult SafeguardingLearning and Development Sub-groupSAB | Ongoing |  | *SAB has engaged in the Kings college project on Self neglect and Hoarding which will result in some findings and guidance in relation to Self-neglect and hoarding.*   *Self-neglect and hoarding policy and guidance created and circulated. Self-Neglect conference held in November 2022.* |
| 4 | Where mental health problems, such as depression, are noted during a general hospital admission, this should be followed up by the responsible physician after discharge, for further assessment and treatment if necessary, based on the clinical judgement of the doctor in the community | Liaise and negotiate agreement with secondary care that this is clearly communicated in the “action for GP” section of the discharge summary.Ensure that GPs are aware of this recommendation through briefings, newsletters and training opportunities.Presentation at GP adult safeguarding forum on 8th July | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |
| Where adults are diagnosed with both a mental illness as well as a physical disability, the need for ongoing suitable mental health support should be considered, subject to the clinical assessment of any relevant mental health practitioner. Such support should be reflected in any subsequent care planning | Ensure that GPs are aware of this recommendation through briefings, newsletters and training opportunities.Presentation at GP adult safeguarding forum on 8th July | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |
| If an adult is known to suffer a long-term neurological condition associated with cognitive decline, this may indicate that their capacity is in doubt and therefore should prompt consideration of a mental capacity assessment, undertaken by the responsible decision-maker. | Ensure that GPs are aware of this recommendation through briefings, newsletters and training opportunities.Presentation at GP adult safeguarding forum on 8th July | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |
| 5 | Where a safeguarding enquiry has begun, and a criminal investigation is also undertaken, there is a plan for information sharing and cooperation, also an agreement whether both processes can appropriately continue to ensure neither process is unnecessarily delayed. | The DI at the meeting would take ownership of liaising with the OIC or SIO to clarify the position of what can and can’t be shared in line with the Section 42 enquiry request. Safeguarding Adults Policy to be amended to reflect this. | RBG/ Police | August 2021 |  |  |
| Where there is a plan for these parallel processes to occur together, this includes key markers for any non-criminal enquiries as set out by police investigation team to avoid sub judice. | Case conferences to be held in cases where both processes will run parrel and Police to draw up clear markers and timescales In relation to a s42 enquiry. Enquiry officer and Police officer to maintain close liaison throughout the process. | Police |  |  |  |
| The final decision as to what can be done as part of a Section 42 Enquiry and what areas that need to be avoided will be the decision of the Officer in Charge of the Criminal Process. | Safeguarding Adults Policy to be amended to reflect this. | RBG/ Police | August 2021 |  |  |
| 6 | Safeguarding Enquiries which identify significant abuse/neglect by a care provider include a plan for service level improvements, which are proportionate to the level of harm and overseen by an appropriate body (for example the provider concerns process, commissioners, or CQC). | Ensure robust provider concerns processes and sharing information is in place between adult social care, commissioners and service providers. | RBG | Complete | Green | In addition to the Provider concerns process, the Safeguarding Adults Team convenes regular (monthly) meetings with the Contracts and Commissioning team to review concerns and share intelligence relating to quality alerts and safeguarding concerning providers.  In addition the safeguarding team receives and reviews data on a weekly basis concerning safeguarding concerns relating to all provider services commissioned by the borough. |
|  | That these recommendations are shared with any other provider to ensure that learning from one case can be applied to improve other similar services. | Commissioning will ensure actions are monitored through quality monitoring visits.Completed | Safeguarding/ Commissioning | Complete Ongoing | Green | The SAR recommendations are shared with the provider and deadlines put in place for any action that is required. – information around providers (including the outcome of monitoring visits etc ) is shared monthly with care management teams |
|  | Complaints Investigations which are upheld regarding the conduct of Adult Services are also sufficiently overseen to ensure any recommendations are implemented and effective. | Actions taken in relation to recommendations are overseen by the RBG complaints team in consultation with the relevant senior assistant director. | RBG (Complaints) | Complete/ Green | Green | Overseen and implemented by the Complaints team. |
| 7 | That any safeguarding enquiry undertaken into neglect or abuse, post-death of the adult, is communicated to the relevant medical examiner and is then included in the reporting requirements for the medical examiner to report the death to the coroner for consideration of the cause of death. | CCG to ensure that relevant health services are aware of the requirements of the Notification of Death Regulations (2019) to report the death to the Coroner if the death was due to neglect or self-neglect.Ensure that GPs are aware of these regulations through briefings, newsletters and training opportunities. | CCG: Designated Nurse & Named GP for Adult Safeguarding | August 2021 |  |  |

1. https://epilepsysociety.org.uk/sites/default/files/2020-08/PrimarycarereviewtemplateApril2015\_0.pdf [↑](#footnote-ref-1)