

## Safeguarding Adults Review (SAR) Sub Group Action Plan RE AS

<b>Manager/Lead</b>	Pam Smith, Deputy Chief Nurse, Dudley Group NHS Foundation Trust (Chair of Safeguarding Adults Review Sub Group)
<b>Associated Staff</b>	Judith Page, Named Nurse Safeguarding Adults Dudley Group NHS Foundation Trust; Anne Harris, Head of Safeguarding Dudley MBC; Donna Patel, Head of Service Whole Life Disability - People Dudley MBC; Jayne Emery, Health Watch Dudley; Jane Atkinson, Designated Nurse Adults Dudley Clinical Commissioning Group; Deb Cooper, Safeguarding Lead Dudley & Walsall Mental Health Trust; Simon Reeves, Black Country Partnership Foundation Trust; Mayada Abuaffan, Public Health
<b>Date Action Plan agreed</b>	Wednesday 5 <sup>th</sup> October 2016

<b>Action not started</b>	<b>Action underway</b>	<b>Action completed and full assurance received</b>
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Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
5.10.16	Care plans and risk assessments should be integrated. Risk assessments for people who have learning disabilities and complex health and care needs should be guided by the relevant health professional.	Care plans and risk assessments to be monitored. Annual reviews to be completed. Reviews to be requested when the needs of the person changes.	Explore the roles and responsibilities of agencies.	Donna Patel Scott Humphreys BCPFT	The organisation has reviewed its practices and implemented a process to continually improved performance and practices.	March 2017	
5.10.16	Consideration should be given to appointing a named lead health professional for each person with a learning disability and complex health needs.	Engage families with the lead professional in co-production.	Lead professional required. Engage families.	Black Country Partnership Foundation Trust/ Dudley Group/ Clinical Commissioning Group	Community nurse learning disability specification is being reviewed in consultation with Black Country Partnership Foundation Trust.	March 2017	
5.10.16	Job Descriptions and person specifications for support worker should include demonstrating competence in menu planning, healthy eating and food preparation.	Providers to provide training to staff.	To be included in the Provider contract. Training to be part of staff induction.	Dudley Metropolitan Borough Council Commissioners All Providers	Included in the provider contracts. Impact being monitored.	March 2017	
5.10.16	People with dysphagia must have support from staff who have had training in dysphagia/safer swallowing and nutrition awareness.	Ensure staff are trained in dysphagia.	Training programme in dysphagia/safer swallowing/Nutrition awareness.	Black Country Partnership Foundation Trust Dudley Group	Training programmes for all staff implemented. Training compliance being monitored.	March 2017	
5.10.16	Dudley Safeguarding Adults Board should consider developing a local strategy to reduce the risk of choking for people with learning disabilities and complex needs	Dudley to have a policy, procedures and guidelines in place regarding	A Task and Finish Group has been set up to include SALT, Commissioning and Health to complete a	Jane Atkinson Julie Cox	Strategy to be developed. Work is in progress.	September 2017	

Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
	using the approach developed in Hampshire.  <a href="http://documents.hants.gov.uk/adultservices/safeguarding/Reducingtheriskofchokingforpeoplewithalearningdisability.pdf">http://documents.hants.gov.uk/adultservices/safeguarding/Reducingtheriskofchokingforpeoplewithalearningdisability.pdf</a>	the risk of choking for people with learning disabilities.	Dudley policy/procedures and guidelines.				
5.10.16	Regular multi-agency reviews should be arranged by the Commissioning authority to support the delivery of person centred services. The frequency of these reviews should be agreed around the needs of the individual, and families and advocates should have access to clear information about how to request a multi-agency review. A change in an individual's needs or health should trigger a multi-agency review.	Annual reviews to be completed and to link with the lead professional. Professional contacts to be available and to promote awareness that reviews can be requested.	To include professional contacts on the support plan. A note on the support plan to request a review when circumstances change.	Donna Patel	Assessment and support plans to be updated to reflect individual and specific current needs.  Review process to be more robust.	March 2017	
5.10.16	Commissioners and Providers should undertake further work to ensure that contracts are explicit and specific in setting out what is expected from services that are supporting people with learning disabilities and complex health needs.	Provider contracts to be updated.	To be included in provider contracts.	Julie Cox, Commissioning Dudley Metropolitan Borough Council  Neil Bucktin, Clinical Commissioning Group	Provider contracts have been updated. To be monitored as part of the annual multi-disciplinary team review and contract monitor.	November 2017	
5.10.16	Support and care providers should ensure that integrated care plans and risk assessments are discussed and reviewed in supervision sessions and staff meetings and that these discussions are recorded.	Provider to ensure risk assessments are regular reviewed. Support staff to fully understand and be competent.	Training needs to be addressed by providers.	Donna Patel, Dudley Metropolitan Borough Council	Presented to Adult Social Care Management Team & Learning Disability Partnership Board for Governance and Accountability and to monitor impact.	March 2017	
5.10.16	Health action plans should be overseen by a health professional and agreed with the GP linking to the individual's annual health check.	GPs complete the annual reviews but do not see the health care plans	A new Learning Disability page on the annual review, a section for Black Country Partnership Foundation Trust is completed if there is a new problem this	Black Country Partnership Foundation Trust/ Clinical Commissioning Group	Specific section on dysphagia to be included in health checks for people who have a learning disability.  Audit to be completed six months after template has been agreed and uploaded onto GP system.	September 2017	

Date Action Agreed	SAR Recommendations	Outcome/ Improvement Required	Actions Required	By whom	Progress to date	Agreed Completion Date	Status (rag)
			will then feed into the DES/Health plan.				
5.10.16	Support for the right to family life should be explored when people move home or if there are changes in their circumstances and plans developed to make it happen, including discussions with staff, agreement about how staff should support the person when they are with their family and friends, equipment and any other issues pertinent to that individual's choices and wishes.	Review did not reflect wishes. The My Assessment and Support Plan has now replaced the review. Further work required to capture the voice of the person/ family.	Dip sampling/multi-agency audit of cases. Auditing of 2 cases from each agency.	Black Country Partnership Foundation Trust/ Clinical Commissioning Group/ Dudley Group/ Dudley and Walsall Mental Health	Dip sampling audit scheduled for September 2017. Practice Learning Event to raise awareness of dysphagia. Update to be provided in agency newsletters.	March 2017	
5.10.16	That Dudley Safeguarding Adult Board gives consideration to commissioning a strategy to develop a victim's code for Health and Social Care, to be informed by the Police and local signatories of the Code of Practice for Victims of Crime, families of those who have deaths have been subject to a SAR, and linking with the findings of the recent Making Families Count Conference April 2016.	A care co-ordinator required. Increased Awareness of processes. Model used by Police to be shared.	Waiting on the appointment of the Lay member.	Police Black Country Partnership Foundation Trust /Clinical Commissioning Group/ Dudley Group Dudley and Walsall Mental Health	Meeting with Policy scheduled for December 2017 to learn about Victims Code. Police to attend Dudley Safeguarding Adults Board to present the Victims Code. Safeguarding Adults Review Group to identify actions to implement a Victim's code across all agencies.	September 2017	

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Andrew Strazdins

Agency: Dudley MBC – Complex & Inclusion Service

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
<p>1. Assessments and care/ support plans to be integrated and to clearly define individual needs and how these are to be met to manage risks.</p> <p>To be monitored by Commissioning as part of the contract monitoring process and as part of the Multi Disciplinary Team annual review process.</p> <p>To support individuals with a learning disability and complex needs to access appropriate care and support in a timely manner. To manage risks, promote and maximise independence and wellbeing.</p>	<p>The organisation has reviewed its process and put in place a process to continually improve performance and practices.</p> <p>Annual reviews are being targeted with performance matrix in place to measure activity, priority is being given to adults with complex needs/potential risks.</p>	<p>Performance matrix</p>	<p>More joined up working with community nurses learning disability, in relation to specific health needs to mitigate against risks.</p>
<p>2. All individuals with a learning disability and complex health needs to have an allocated Community Nurse Learning Disability/Health Professional as a Care Co-ordinator.</p>	<p>This has been identified as a need but requires agreement from Black Country Partnership Foundation Trust</p>	<p>The community nurse learning disability specification is being agreed/reviewed.</p>	<p>Agreement to be reached in relation to the community nurse learning disability specification roles and functions.</p>
<p>3. To ensure that support staff are clear in terms of the specific needs of individuals with a learning disability and complex needs and potential risks.</p> <p>To mitigate against risks and ensure that needs are being met appropriately.</p>	<p>The Commissioning team have been more proactive in terms of provider contracts and specific requirements.</p>	<p>Monitoring visits and when contracts are reviewed. Quality assurance.</p>	<p>Ongoing monitoring for compliance.</p>
<p>4. People with Dysphagia must have support from staff that have had training in dysphagia /safer swallowing and nutrition awareness.</p> <p>To be included in the provider contract and monitored as part of the annual Multi Disciplinary Team review and contract monitor.</p>	<p>Raised awareness with providers and staff who undertake assessments to identify specific needs, support and risks.</p>	<p>Provider contracts, quality monitoring visits to providers. Annual/specific reviews.</p>	<p>To ensure that all providers ensure that staff are fully trained and have refresher training.</p>
<p>5. Develop a local strategy to reduce risk of choking for people with learning disabilities/complex health needs. To enable appropriate management of dysphagia and minimise risks.</p>	<p>Dudley Clinical Commissioning Group, Black County Partnership Foundation Trust, Dudley Group NHS Foundation Trust and Dudley Metropolitan Borough Council to develop standards/practice guidance via a Task and Finish Group. Dudley leading on a development strategy.</p>	<p>Annual reviews as part of provider contracts and monthly quality reviews.</p>	<p>Strategy to be developed.</p>

<p>6. Regular multi agency /multi disciplinary reviews should be arranged by the Commissioning authority to support the delivery of person centred services. The frequency of these reviews should be agreed around the needs of the individual, and families and advocates should have access to clear information about how to request a multi agency/Multi Disciplinary Team review.</p> <p>A change in an individual's needs or health should trigger a multi agency review. Annual Multi Disciplinary Team reviews should be undertaken as a minimum in all complex cases as a standard.</p> <p>Assessment and support plans need to be updated to reflect individual and specific current needs.</p> <p>Dudley Metropolitan Borough Council are to ensure that annual reviews with the wider Multi Disciplinary Team are undertaken and assessments, care and support plans updated to reflect current needs from all specialism's.</p> <p>Priority is to be given to reviewing individuals with a learning disability, complex needs as a priority.</p>	<p>Planning annual reviews to be undertaken. Recognition of importance and value of undertaking Multi Disciplinary Team reviews to meet complex needs.</p>	<p>Performance matrix. Quality audits</p>	<p>Review process to be more robust to achieve best outcomes for adults with complex needs.</p>
<p>7. Commissioner and Care Providers should undertake further work to ensure that contracts are explicit and specific in setting out what is expected from services that are supporting people with learning disabilities and complex health needs.</p> <p>Including a requirement for staff to undertaken specific training as part of and to be recorded in the Providers Contracts as a standard requirement.</p>	<p>This is now in place with providers as a quality standard. Reviewed monthly as part of the Commissioning for Quality and Innovation quality assurance.</p>	<p>Monthly update meetings with providers. Annual contract reviews</p>	<p>Dysphagia strategy to be completed. Community nurse learning disability specification to be agreed with Black Country Partnership Foundation Trust.</p>
<p>8. A specific question is to be included in the Adult Social care Assessment form (My Assessment and Support Plan), about Dysphagia/ swallowing needs. Also a specific question related to communication needs and Dystharthria. This is to form part of the risk assessment and support plan in terms of the specific needs and how these are to be met to manage potential risks.</p> <p>Updated Speech and Language Assessment and other Multi Disciplinary Team Assessments to be in place.</p> <p>Communication and Hospital passports to be in place for all individuals with a learning disability and complex needs.</p>	<p>A requirement to identify very specific needs and agreed how these needs are met appropriately and to manage risks.</p>	<p>The form 'My Assessment and Support Plan' is currently being updated to include more specific needs linked to</p> <ul style="list-style-type: none"> <li>• Health Needs</li> <li>• Dysphagia</li> <li>• Communication</li> </ul> <p>Hospital passports are in place for some people with learning disabilities/complex needs.</p>	<p>Ensure all individuals with complex needs have appropriate and updated as a standards.</p> <ul style="list-style-type: none"> <li>• Dysphagia plans/risk assessments.</li> <li>• Communication passports.</li> <li>• Hospital passports.</li> </ul>
<p>9. All individuals with a learning disability and complex health needs should have a Health Action Plan and</p>	<p>To understand the value and impact of the health action plan and annual health check.</p>	<p>Health action plans and annual health checks are undertaken.</p>	<p>Monitoring of this activity via the Learning Disability Partnership Board</p>

Annual Health Check undertaken.  These should be overseen by a health professional and agreed with the GP as part of the annual health check.	Prevention and proactive approach to supporting individuals with complex health needs.	To be monitored via Health Sub Group (Learning Disability Partnership Board).	and Promoting Access to Mainstream Health Services team (Black Country Partnership Foundation Trust) to ensure full compliance.
10. Regard to family life involvement of the family in care and support. In decision making whilst respecting the views of the person. Offering appropriate support to facilitate this, including making reasonable adjustments.	Understanding the importance of engagement with families, to support decision making, whilst respecting an individual's right to self determination. The importance of Best Interest decisions under the Mental Capacity Act.	Annually Multi Disciplinary Team reviews. Re-assessments	To fully embed this across all services, in line with best practice.
11. Staff to be made aware of services that are currently available and that can be utilised to support any individuals with Dysphagia, Dysphasia and Dystharthria.	Greater awareness and access to Dysphagia advice, information and support services. A list compiled for staff to use as a resource.	Reviewed annually	To update the list and circulate across all services in Adult Social Care annually.
12. Lifeways as a provider to receive additional support to ensure ongoing improvements via Commissioning and any concerns to be addressed. Improvement action plan to remain in place until Dudley Metropolitan Borough Council are confident that all issues of concern are addressed.	Working together to implement an improvement plan.	Currently closely monitor and reviewed monthly. Meetings with providers, professionals, Commissioning and families/carers.	To ensure all requirements listed in the improvement plan fully met.  Ongoing monitoring and support until standard achieved. Benchmarked against other providers.
13. Meeting with families, Commissioning and Whole Life Disability Team Managers to continue to until Dudley Metropolitan Borough Council are confident that no ongoing issues of concern from families and that Lifeways operating safely. These are currently held on a 3 monthly basis.	Working together to implement an improvement plan.	Currently closely monitor and reviewed monthly.  Meetings with providers, professionals, Commissioning and families/carers.	To ensure all requirements listed in the improvement plan fully met.  Ongoing monitoring and support until standard achieved. Benchmarked against other providers.
14. All staff working with individuals with Dysphagia (Swallowing difficulties) and Dystharthria (Communication Difficulties) are to access Training.	Understanding the value and importance of this specialist training to achieve best outcomes for individuals.	Monthly as part of provider monitoring.  Annual contract monitoring. Staff Performance Review Discussion.	Ensure all staff fully trained/rolling programme.
15. Lifeways as a provider are to ensure that the Holiday risk assessments, care and support plans, dypshagia guidelines are updated to ensure compliance.  Lifeways need to improve the culture of their organisation to ensure compliance with policies and procedures.	To understand risks, and how to be managed via a completed robust risk assessment.  Multi Disciplinary Team reviews to monitor full compliance.  Commissioning contracts/monitoring to be specific in term of requirements and adherence to policies and procedures.	Multi Disciplinary Team annual reviews. Commissioning monthly/annual reviews.	Completion of all annual reviews.
16. Dudley Clinical Commissioning Group to monitor ongoing medication procedure/protocol compliance with Lifeways until fully compliant.	This activity has taken place since the AS incident. Dudley Clinical Commissioning Group providing ongoing support.	Provider contracts/quality checks.	To be agreed by Dudley Clinical Commissioning Group based on findings.

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Andrew Strazdins

Agency: Dudley Clinical Commissioning Group

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
Health checks for people who have learning disabilities needs to include a specific section on dysphagia	Dudley Clinical Commissioning Group GP Template for completing the Annual Learning Disability Health checks now includes dysphagia	Audit to be completed 6 months after template has been uploaded on the GP System	Audit needs to be implemented
GP practices to monitor any missed appointments with specialist and follow up any referrals which have been completed	To ensure that individual with complex health care needs have timely access to the appropriate services	Monitored through the Multidisciplinary Team Meeting at the Practices.	To ensure that all GP Practices have section in safeguarding policy for escalation for missed appointments and to discuss any high risk patients at Multi Disciplinary Team meeting

Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Andrew Strazdins

Agency: Lifeways Community Care

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
<p><b>Risk Assessment</b> Risk management controls identified in the risk assessment should be included in the relevant support plans so that staff have all the information readily available in one document. Previously the risk management plans were addition to the support plans</p>	<p>This recommendation was considered as part of a review of assessment and support planning documentation and has been incorporated into a revised suite of documentation that has been implemented across the organisation. Support staff now have integrated risk management and support plans to allow more specific, personalised and appropriate support to be delivered</p>	<p>These changes were implemented in June – September of 2015 and have recently been reviewed as part of our internal Quality Assurance processes.</p>	<p>Ongoing workshops with managers to ensure consistency, appropriate levels of detail and review and implementation by support staff</p>
<p><b>Support Plans</b> Information should be concise and precise, not too much, not too little and should be presented in one document wherever possible. Guidance by Speech and Language Therapy (SALT) is either fully and accurately incorporated in the support plan or clearly referenced within the support plan and signposted. Co-production of Dysphagia eating and drinking support plans is the preferred option. When any changes are made by the SALT/Dysphagia Team to the eating and drinking guidelines, these need to be specifically identified and communicated to staff so that they do not misinterpret them. This is particularly important when only one part of the guidance has been changed as one small change may be missed by staff. Communication is made in the communication book which staff read and sign and are required to sign. Staff are also required to read and sign any amended eating and drinking plan. Health Action Plans should be overseen by a Health Professional and agreed with the GP, linking in to the annual health check. Support with the right to family life to be explored and discussed and included in support plans</p>	<p>Processes have been adopted across the organisation to consolidate all relevant information into one support plan document instead of several wherever possible.</p> <p>Communication has been reviewed to ensure that changes to support are recorded by the appropriate responsible individual to ensure all staff have the most up to date information regarding the support required and that they have understood any changes. Embedding this change in process has shown that work around communication will be an ongoing improvement.</p> <p>When attending annual health checks, where in place, staff now take Health Action Plans for review, input and agreement with GP's</p> <p>A specific support plan is included to identify support required around relationships with families and others. This is identified more prominently in our initial assessment documentation and subject to regular documented reviews. Staff are supported to discuss any concerns they may have around supporting individuals to the family home and where necessary, managers address those</p>	<p>These processes are reviewed during internal Quality Audits and through team meetings and supervisions bi-monthly.</p> <p>Support plans are subject to an internal review quarterly, a person centred review 6 monthly and managers strive to arrange a statutory review annually. Families and involved professionals are invited to participate at the request of the individual service user.</p> <p>Health Action Plans are reviewed bi-annually or sooner if a change in health need is identified in partnership with health professionals.</p> <p>Contact with families/carers is reviewed bi-annually to ensure consistent, appropriate communication and to identify any changes required.</p>	<p>Closer working relationships with some health partners are still required and this will be an ongoing process.</p> <p>Where concerns exist with families, a coordinated approach needs to be agreed with the local authority for consistency.</p>



	<p>concerns and provide support to increase confidence where it is lacking. This is now featured as a regular discussion topic to reinforce the requirements for the people we support.</p> <p>Managers have undertaken a review piece of work with families and carers to identify the most appropriate type of communication and frequency of communication preferred to ensure they are included as much or as little as they wish.</p>		
<p><b>Dysphagia Assessments and Eating and Drinking Guidelines</b></p> <ul style="list-style-type: none"> <li>• These guidelines provided by SALT need to be typed rather than handwritten.</li> <li>• All reports and guidelines from SALT/Dysphagia Team are sent direct to the responsible Operational Manager who will ensure that all staff are aware of any changes and that support plans are updated.</li> <li>• Service Manager to seek clarification with SALT if there is any ambiguous information or queries.</li> <li>• Best Interest Decisions to be recorded if the person lacks capacity to consent</li> <li>• Assessment of safe administration of medication should be incorporated into all swallowing assessments.</li> <li>• Review dates should be agreed in advance with SALT and noted on the guidelines</li> <li>• Specification of which are the 'trigger' points for each person for a referral back for a SALT for further advice or for a re-assessment</li> </ul>	<p>We have incorporated learning into a revised organisational eating and drinking policy.</p> <p>We have added an internal dysphagia training course for all staff and a new suite of documentation around eating and drinking and dysphagia has been produced to reflect key areas that were previously missing.</p> <p>Part of the new suite of documentation includes observational assessments which are completed annually to ensure staff have a full understanding of dysphagia and what that means for individuals we support</p>	<p>These changes will be reviewed as per policy review.</p> <p>Our internal training course is reviewed regularly by managers and feedback given to ensure the training material is relevant and of meaning.</p> <p>Our documentation is reviewed as part of our quality assurance process on an annual basis as well as by Registered Managers throughout the year</p>	<p>Final agreements to be made with health partners to the revised documentation specifically around medication, review dates and triggers.</p>
<p><b>Holiday Planning Pack</b></p> <p>Provide a formalised written risk checklist to guide managers when planning a holiday to ensure all relevant risks have been considered and actioned. Previously the holiday risk assessment was included in the overall support risk assessment</p>	<p>Managers have benefitted from clearer guidelines on what is required and what should be considered. Paperwork is now more streamlined and effective and a checking process before final sign off ensures the documents are checked for all identified risks</p>	<p>Registered Managers review and authorise the content of the paperwork on each occasion and the documentation itself is reviewed on an annual basis to ensure it covers all necessary areas</p>	<p>Continue to embed process into services where staff have previously planned holidays without obtaining the required consent and considering all the possible risks</p>
<p><b>Daily Records</b></p> <p>Regular and recorded review and analysis of food diaries should be undertaken to ensure full compliance with eating and drinking guidelines and to identify any non-compliance or other risks and concerns with actions required.</p> <p>Staff's understanding of, and compliance with eating and drinking guidelines should be confirmed through an observation of practice</p>	<p>The revised nutrition support and assisted eating and drinking policy has incorporated a weekly check into the food diary template.</p> <p>To ensure food diaries are checked for compliance with eating and drinking plans these are reviewed by management and where deviations are identified these are addressed in formal supervision and re-observations are</p>	<p>These policy changes will be reviewed as per policy review.</p> <p>Registered managers conduct a 'show and tell' exercise in supervision with managers to evidence that food diaries are being reviewed and discussions are taking place in team meetings and supervisions covering dysphagia, eating and drinking plans and changes to both.</p>	<p>This has been a cultural practice that has been challenged and will continue to be challenged as we progress. Whilst daily record keeping has improved significantly across our services, we continue to work with individual staff to bed in best practice and will continue to do so.</p>

	<p>completed.</p> <p>Staff now routinely take any observational documentation with them to health appointments so that health practitioners have the most accurate information to work with.</p> <p>Annual observations of staff practice are undertaken to ensure staff understand and can implement the eating and drinking guidelines</p>	<p>Either a Team Leader or Service Manager arranges health appointments and ensure staff go through a checklist of what to take on each appointment. This is recorded in service diaries</p>	<p>Eating and drinking plans will be reviewed by another manager who has not been involved in the production of the support plan to ensure compliance and quality.</p>
<p><b>Policy</b></p> <p>The revised Food Safety and Nutrition Policy should address dysphagia, reference current best practice guidance in management of dysphagia and choking risks and give specific guidance around this</p>	<p>Revised policy (now known as nutrition support and assisted eating and drinking policy) has been rolled out across the business. Understanding has been assessed via a Policy Knowledge Check and where identified in service, is a discussion point at team meetings.</p>	<p>These policy changes will be reviewed as per policy review.</p> <p>Team meetings minutes are reviewed by Registered Managers to ensure that dysphagia is discussed and that staff are fully understanding of the issues for individuals with dysphagia.</p>	
<p><b>Training</b></p> <p>Job descriptions and specifications should reflect the needs around nutrition, healthy eating, and menu planning and food preparation.</p>	<p>Due to the difficulties in recruiting the right staff with the right skills to work in social care, additional work has been done around questions asked at interview or during assessment centres and more inclusive recruitment so we can assess an individual's knowledge of healthy eating and experience of cooking/menu planning in relation to specific individuals.</p> <p>All new staff attend the Swallowing Awareness training provided by the local SALT team as soon as practicably possible after they start. No new staff will prepare food or support individuals to eat until they have undertaken either the Swallowing Awareness course or an internal Dysphagia course, dependent upon availability of either.</p> <p>Service Managers and Team Leaders attend (and will continue to attend) the Assistant Dysphagia Practitioner course to ensure effective management of dysphagia</p>	<p>Training is reviewed and assessed regularly throughout the year by both senior managers and the learning and development team to ensure it consistently delivers the most appropriate detail and instruction.</p> <p>Recruitment processes are reviewed monthly by the Senior Management Team to ensure the selection criteria used, and questions being asked, are reflective of the needs of service users and the supported needed</p>	<p>Person specifications have been modified to reflect the need for skills and knowledge around food but as part of a larger piece of work, job descriptions will be changed to reflect the same.</p> <p>The training course that we commission to be provided in house is being tailored further following specific feedback from the Dudley Registered Manager to ensure it is more practical than theoretical as this is of more benefit to staff.</p> <p>Staff will continue to refresh this training bi-annually</p>
<p><b>Supervision of Staff</b></p> <p>Supervisions should be delivered consistently throughout the year to all staff. This should include challenging staff where appropriate and providing effective leadership and development</p>	<p>Standardised agendas have been introduced for all levels of supervision to ensure consistency around the issues discussed.</p> <p>Training has been provided to Service Managers and Team Leaders around effective</p>	<p>Team Leaders, Service Managers and Area Managers are now completing a 'show and tell' exercise with their own line managers at each supervision to ensure the quality of supervisions and supervision records is effective. These are reviewed against Quality Workbooks to ensure</p>	<p>Sustained rolling programme of workshops to be set for the coming 12 months and identified to staff so that attendance can be pre planned</p> <p>Further discussions with commissioners</p>

	<p>supervision and leadership and mini workshops are being rolled out to ensure anyone in a line management role has continual training around how to supervise and lead. This is led by HR Managers.</p>	<p>reporting is accurate and all staff receive regular supervisions as per contract.</p> <p>Senior managers are involved in the workshops for line managers to ensure delivery and understanding</p>	<p>around specific supervision requirements and how they are embedded into contracts.</p> <p>Further discussions to be held with commissioners with regards to hand over time being included in contracts.</p>
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## Safeguarding Adults Review (SAR) Reports – Agency Update Pro Forma for SAR Regarding Mr Andrew Strazdins

Agency: Care Quality Commission

What was the agency learning from the SAR	What difference has this learning made to the organisation	When will these changes be reviewed for their effectiveness	What additional work is there still to do
The Commission to ensure notifications, safeguarding alerts and concerns are dealt with in a timely way and actions are recorded.	There is now a sector support report which gives managers an overview of notifications and safeguarding alerts and the actions taken. Managers have a 'dashboard'. This is monitored through meetings and supervision. Inspectors understand the need to document information to provide an audit trail.	Ongoing through team meetings and supervisions.	To continue to monitor. Internal systems and information management are constantly being reviewed and developed.
Inspectors will be required to provide an update on their enquiry management during one to one discussions; this will include actions taken to address safeguarding alerts and concerns. Appropriate action will be taken in regard to poor practice and discussions recorded.	Inspectors have their own 'dash board' where they can review their notifications and safeguarding concerns. Inspectors understand the need to document information to provide an audit trail. Concerns are discussed at supervision or ad hoc as they arise.	Ongoing through supervisions.	To continue to monitor.
Inspection scheduling to continue to take into account locations where there are ongoing breaches of Regulation and those with increased risk are dealt with as a matter of priority.	We have improved information to ensure that where there are breaches of Regulation the location has a focussed follow up inspection scheduled.	Ongoing through weekly management report and during supervision.	To continue to monitor.
The induction and mentorship of new inspectors to include more in depth training and guidance on managing notifications and safeguarding enquiries. Inspection Managers and mentors of new inspectors to ensure that employees have adopted robust Customer Relations Management (CRM) practices following induction.	Through induction and 'buddy' arrangements new inspectors have a more robust knowledge of how to manage and record information.	Ongoing through supervision.	To continue to monitor.