



Risk control
Briefing Note
Choking Risk Assessments



In partnership with



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Introduction

The Client's Insurance Manager requested an independent review of the risk assessment system in relation to choking risk following a fatality in a care home reported to the Health and Safety Executive.

With no next of kin, it was considered unlikely that this would result in any civil action however the report content would not be a privileged document and therefore disclosable in any future cases.

The HSE have subsequently investigated this matter and served an improvement notice on an unrelated matter but have advised that any further non-conformances will result in going straight to prosecution.

A document review and site visits to three care homes, a care home repurposed as a reablement centre, a short stay and respite unit for SEND and a SEND school. The visits took place between February and March 2024. The client now has the report and we have offered to speak to it at an Executive Team meeting if they wish, to explore and expand on details and issues raised from the visits.

Recommendations

The following 16 recommendations were made:

- Review how strategic risks, such as choking risk in various settings, are identified and resourced at the outset.
- Provide recognition in the Health and Safety Policy, or in a separate policy, on the importance of managing choking risk.
- Amend the Health and Safety Policy to make it clearer that Service Unit Managers & Head Teachers are also responsible for taking care of non-employees.
- Review the planning risk assessment process to ensure that resources are deployed to manage the risks in a timely manner.
- Review the use of HR16B (Routine) and HR16 (Complex) as blind spots such as Choking Risks which are not explicitly identified on HR16B would be easier to identify using HR16.
- The training requirements of risk assessors of the Council require clarification and a more consistent approach.
- A choking incident needs recording formally, using the SHE ASSURE system to provide oversight.
- Clearer formal recording, including the key outcomes, of a risk assessment review must be made.

- Encourage risk assessors to challenge the clarity of information provided by Speech and Language Therapists (SALT).
- Ensure risk assessment peer review across the care environment is completed where significant incidents have occurred to ensure a consistent approach.
- Ensure risk assessments can be cross-linked where a common hazard extends beyond one routine risk assessment.
- Provide clearer evidence of post visit reviews when the HSE or Care Inspectorate make recommendations or intervene in specific premises.
- Review the training matrix identifying the key staff who require the International Dysphagia Diet Standardisation (IDDSI) awareness and detailed training.
- Use SHE ASSURE to record and report the incidence of choking incidents.
- Prepare a clear statement on the provision of food such as frozen standby foods, prepared meals, and takeaways in environments where an IDDSI choking risk has been identified.
- Review the use of agency staff in key roles such as carers and cooks to ensure continuity of food preparation and serving.

Summary

Managing choking risk in care homes and other care environments is crucial to ensure the safety and well-being of residents.

By implementing well thought out strategies based upon a suitable and sufficient risk assessment, care homes can effectively manage choking risk and create a safer environment for their residents. Regular staff training, individualized care plans, and ongoing risk assessments are essential to ensure the well-being of residents with swallowing difficulties.

Further information

For access to further RMP Resources you may find helpful in reducing your organisation's cost of risk, please access the RMP Resources or RMP Articles pages on our website. To join the debate follow us on our LinkedIn page.

Get in touch

For more information, please contact your broker, RMP risk control consultant or account director.

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