

Our Ref: SUCM - ACI116-0850043 - [REDACTED]
Your Ref:
1 July 2014



Coroner Stephanie Haskey
Nottinghamshire Coroner's Service
Resources
The Council House
Old Market Square
Nottingham
NG1 2DT

Dear Coroner Haskey

I am writing in response to your Prevention of Future Deaths Report following the inquest touching on the death of Mrs Beryl French.

First, I would like to again express my sincere condolences to the family and friends of Mrs French.

Your report raises two matters of concern, namely:

1. There was a lack of understanding amongst nursing staff at Landmere about the nature of DNACPR forms and the information that should be provided for them to be complete and appropriate to be relied upon;
2. That End of Life Care planning was insufficient to guide care and nursing staff to help residents to die peacefully and with dignity in appropriate cases

Your report confirms that you were satisfied, at the conclusion of the inquest, that no active intervention would have saved Mrs French, and that it was in her best interests not to intervene, however you were concerned that in other cases this may not be in the case.

At the inquest it was confirmed that Landmere Nursing Home is closed. In view of this, your concerns have been addressed to Life Style Care Plc who owned and operated Landmere Nursing Home and continue to own and operate 38 homes throughout the United Kingdom.

I deal with your concerns below:

1. **Lack of understanding amongst nursing staff at Landmere about the nature of DNACPR forms and information that should be provided for them to be complete and appropriate to be relied upon**

At the conclusion of the inquest your determination was that Mrs French died as a result of a massive pulmonary embolism. Based on the evidence disclosed, you determined that it was likely the cause of this was a DVT which travelled up from her legs. Your determination was that Mrs French died of natural causes and you were satisfied that no active intervention would have saved her.

As confirmed at the inquest, Landmere Nursing Home is closed. I joined Life Style Care Plc at a late stage in the problems which were experienced with Landmere. There was an unsettled management team in the home over a long period. A robust auditing and monitoring system was in place at Landmere but the way it was being used at the time was not as effective as it should have been.

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Life Style Care Plc has learnt a huge amount from the issues with Landmere. The home had issues with the CQC and safeguarding. It was also the case that 15 or more staff at the home had been suspended. Some members of staff were suspended for minor employment issues which was not the correct procedure.

Three Relief Managers, all full time, were trying to support the staff at Landmere to bring the home through its problems. Among the problems at Landmere was that the documentation at the home, including care plans for residents, was not kept up to date and was in a muddle.

Due to the problems with staff levels at Landmere, Life Style Care Plc negotiated with a staff recruitment agency to ensure there was some consistency with the cover staff at Landmere. Four experienced members of care staff were also drafted in from other Life Style Care Plc homes to provide some consistency.

Unfortunately despite the best efforts of Life Style Care Plc it was felt the problems at Landmere could not be rectified and a decision was taken that it was in the best interests of all concerned that the home be closed.

The experience with Landmere has resulted in huge improvements at Life Style Care Plc in particular with regards to assessing staff training and competencies. In approximately April 2013 Life Style Care Plc were way below the average standard for compliance when assessed by the CQC. In April 2014 Life Style Care Plc were assessed again by the CQC and have now been confirmed as higher than the national average in terms of compliance.

The auditing process and the support and training for staff has improved since Landmere and if any improvements are recommended after an audit then these recommendations will be actioned.

The improvements since Landmere have included better staff training and the new attached protocol in respect of decisions as to whether a service user should be resuscitated. This protocol is being put through an extensive consultation process at Life Style Care Plc with input from staff at ground level in various homes and is currently at the stage of being reviewed by the Quality Assurance team in consultation with the Regional Directors. We anticipate that this protocol will be signed off and implemented in the full portfolio of homes by the end of September 2014.

Life Style Care Plc now require a DNAR form signed by a GP to be in place on a service user's file in order for it to be effective. Life Style Care Plc is not able to develop its own DNAR form because homes in different regions and boroughs are often required to use a particular DNAR form which is individual to that particular local health authority. With a DNAR form signed by a GP in place this provides clarity to both staff and paramedics about the status of the service user.

If a service user is admitted to a Life Style Plc home from hospital or another care setting with a DNAR in place then they are reviewed by a GP and a nurse and if appropriate a DNAR form is produced and signed by the GP.

Once the protocol has been signed off, this will be delegated down from senior management to the Regional Directors who will then provide appropriate training to the home managers. The home managers will then filter the information down to their staff by way of meetings and handovers and will also provide appropriate training.

2. That End of Life Care planning was insufficient to guide care and nursing staff to help residents to die peacefully and with dignity in appropriate cases

As stated above, the documentation at Landmere was a muddle and not always kept up to date. Mrs French did have in place an End of Life care plan and an extract of this was provided at the inquest. However, due to the issues regarding documentation management at Landmere the End of Life care plan for Mrs French was not sufficiently comprehensive.

The first stage in End of Life care planning now is that there will be a Multi-Disciplinary Team meeting which will include all bodies involved in the care of a service user. These meetings used to be fragmented with different parties meeting together but now the meeting will include all bodies. At the conclusion of the meeting an informed judgment will be made and a comprehensive End of Life care plan will be drafted if appropriate. The End of Life care plan provides clarity and clear guidance to staff.

I attach a template of the End of Life care plan and a redacted copy of an example of a care plan used for a service user. The plan includes parts on pain relief and medication, personal care and elimination, skin integrity and mobility, mouth care, eating and drinking and visitors. There is also provision in the plan for documenting when the plan was discussed with the service user or relative. The purpose of the care plan is to ensure that respect and dignity is maintained for service users. The parts of the care plan include evaluation sheets for when the plan is evaluated once every day or more than once a day if appropriate. Provision is also made to document should the part of the care plan be discontinued at any point.


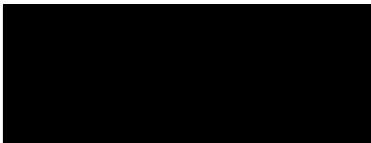
The End of Life care plan has been piloted in 3 homes in different areas. In one home the pilot has been running for approximately 4 months and in the other 2 homes the pilot has been running for approximately 3 months. We have received regular positive feedback from the staff in the homes regarding the care plan. We have also received positive feedback from the CQC who had the view that the plan was clear and provided good guidance to staff.

The End of Life care plan is currently being considered by the Quality Assurance team and we anticipate this will be signed off by the end of September 2014. Once the care plan is signed off it will be implemented into the full portfolio of Life Style Care Plc homes with appropriate training for staff being provided.

Once implemented, both the protocol and care plan outlined above will be reviewed at least every 3 years as a minimum to identify whether any changes are required. The protocol and care plan will be reviewed before the end of the 3 year period if changes are required such as if new legislation is introduced or an incident occurs which triggers a review.

Please let me know if I can be of any further assistance.

Yours sincerely



Clinical & Operations Director
Life Style Care Plc