REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

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	THIS REPORT IS BEING SENT TO:
	The Chief Executive, Kent Community Health NHS Trust
1	CORONER
	I am Rebecca Margaret COBB, Senior Coroner for the Coroner area of North-East Kent
2	CORONER'S LEGAL POWERS
	I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013.
3	INVESTIGATION and INQUEST
	On 25 th July 2013, I commenced an investigation into the death of Winifred Olive DENNIS. The investigation concluded at the end of the inquest on 22 nd January 2014. The conclusion of the inquest was a Narrative (as set out in box 4 below), the clinical cause of death being: 1a. Bronchopneumonia, Deep sacral pressure sore.
	2. Coronary atheroma, Diabetes mellitus.
4	CIRCUMSTANCES OF THE DEATH
	Mrs. DENNIS died on 27 th December 2012 at her home address of St Alban's House, 12 The Grove, Deal, Kent following a slow deterioration in her health leading to reduced, and ultimately no, mobility. The sacral pressure sore started on around 19 th September 2012, initiated by a scratch as a result of an infection she was suffering from. During her time at St Alban's, from the end of July 21012 up to the time of her death, she was regularly seen by community nurses, podiatrists and general practitioners and had a pressure-relieving mattress, an air cushion for sitting on and, from early September, heel protectors, but not an airflow mattress that she had had at the previous Home. No indication was given by anyone to the Residential Home that such a mattress would be appropriate, until December when she was too poorly to be moved.
5	CORONER'S CONCERNS
	During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.
	The MATTERS OF CONCERN are as follows. –
	(1) The evidence was that within Kent Community Health NHS Trust the community nurses are organised into teams dependent upon the GP surgeries that they are covering. As a result, the moving of a patient from her own home to a Care Home, or between Care Homes, can cause her to be transferred from one Community Nursing Team to another, as occurred in this instance. Although the patient's notes would transfer, the Trust had no formal handover document as such for a patient in these

	circumstances and, in this instance, the information that at her previous Home she had had the benefit of an airflow mattress was not communicated to the next Home on her move there. Care Homes look to the community nurses for such guidance. (2) In other cases, similar important information not directly of a clinical nature might not be transferred and the chances of optimum care being delivered to a patient might accordingly be reduced.
6	ACTION SHOULD BE TAKEN
	In my opinion action should be taken to prevent future deaths and I believe you and your organisation have the power to take such action.
7	YOUR RESPONSE
	You are under a duty to respond to this report within 56 days of the date of this report, namely by 9 th June 2014. I, the Coroner, may extend the period.
	Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.
8	COPIES and PUBLICATION
	I have sent a copy of my report to the Chief Coroner and to the following Interested Person: I have also sent it to The Chief Executive, Care Quality Commission.
	I am also under a duty to send the Chief Coroner a copy of your response.
	The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.
9	14th April 2014 Resecta Coss,