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12 February 2015

Dear Mr Horsley

Coroner's Report to Prevent Future Deaths – Mr Alois PISKA (Date of Death: 31 May 2014)

I write to address your concerns highlighted in the Regulation 28 report dated 23 December 2014.

The matters addressed in the Report state that your concerns are, *"that there were inadequate numbers of staff at Harry Sotnick House to supervise residents in communal areas at all times when such areas are in use."*

To address your queries I have reviewed our internal records and guidelines and will explain each in turn:

1. **Staff Rota for 29 May 2014 when Mr Piska suffered a fall**

On the 29th May I can confirm that the occupancy of the unit in question was 15 residents. The staff deployed to support these residents were: 1 Registered Nurse and 5 care staff which is a ratio of 1 member of staff to 2.5 residents.

The industry average advises that there should be one member of staff for every 4 residents. CAPE ("Caring About People Everyday") is an industry tool used to assess the nursing requirements for patients. The tables below show a comparison of nursing hours provided by Care UK in comparison with the recommended guidelines.

Table 1: Average hours of nursing recommended by the RCN ("Royal College of Nursing").

CAPE Dependency Range		RCN / NI	
		Need	Hours
0	8	Self Caring	1.0
9	17	Low	2.0
18	26	Medium	3.0
27	36	High	4.0

Table 2: Average hours of nursing recommended and used by Care UK.

CAPE Dependency Range		CUK	
		Need	Hours
0	8	Self Caring	1.5
9	17	Low	2.5
18	26	Medium	3.5
27	36	High	4.5

Therefore, for the date in question, the unit was in fact over- staffed if compared to the industry average.

2. Particular care needs for residents

Staff are deployed in the unit based on the identified needs of the residents. We do advocate that when clients are sat in communal areas there is a member of staff to support them. Due to the unpredictability and the nature of the Dementia disease it is extremely difficult to anticipate when a client may attempt to mobilise and subsequently have a fall in any area of the home, be it a communal area or their room.

Risk assessments for falls are completed on every resident in the home and updated monthly. These assessments consider gender, age, falls history, sensory deficits, medication, medical history, mobility and gait. The assessment scores a risk and puts them into a high, medium or low category. Depending on the category, then depends on the care and the support that they are provided with e.g review medication, physiotherapy, opticians, etc. Mr Piska was classified 'low' as it was indicated in the plan of care that he was not mobile.

Staff members are trained not to catch residents if they fall. This is to prevent injury to both resident and staff member. Therefore, even if a member of staff was present when Mr Piska fell, they would not have been able to prevent him from falling.
On the 29th May it is my view that there were appropriate numbers of staff in the unit in question to meet the needs of the residents at that time

I hope you find the response acceptable. Please do not hesitate to request further information should this be required.

Yours sincerely,

[redacted]

Jonathan Calow
Group Legal Director